The Role of Music in Recovery from the Effects of Domestic Abuse in Women's Refuges: A Community Music Approach

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The candidate confirms that the work submitted is her own and that appropriate credit has been given where reference has been made to the work of others.

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Abstract

This research is set within the women's refuge and explores the effects of domestic abuse and the use and avoidance of music within the recovery journey. Women's refuges are by their nature hidden and inaccessible. Their inhabitants may also have experienced isolation and oppression, which may lessen their ability to acknowledge their own support needs. The recovery benefits of creative activities such as music have long been known (Pavlicevic & Ansdell, 2004; Curtis, 2012a & 2012b), but how might music interact with recovery within this unique setting over a period of two years?

My approach to practice and research aligns with that of community music. This approach values: facilitation, democracy, transformation, inclusivity, equality, and reflexivity. The community music approach ensured that all work was ethical and empowered the participants. Thirty-six adult participants engaged with the project over a period of two years, with eight participants consenting to regular discussions to be used for interpretative phenomenological analysis (IPA). The use of participatory action research (PAR) and IPA ensured that participant voices were forefronted. Additional perspectives were gained from linked refuge workers, clinical professionals, and an NHS strategic lead. As a practitioner-researcher with lived experience, my ethnographic understanding of the data gave further insight and informed lines of inquiry, offering 'inside positionality'.

The findings suggest that music offers an accessible and adaptable tool for psychological recovery and maintenance which can be used within the women's refuge and beyond. They also demonstrate how PAR can be developed into an effective tool for autonomous psychological maintenance.

The conclusions highlight recommendations for provision within the refuge setting and insights related to effective community music research. They also have relevance for refuge providers, local authorities, social prescribers, and the NHS in terms of provision and legislative duty.

Content Note

Please be aware that this thesis contains themes of domestic abuse, violence, sexual violence, self-harm, suicidal ideation, and child loss. If you are experiencing domestic abuse and need support, you can visit www.womensaid.org.uk or the www.nationaldahelpline.org.uk .

Please also note that a minimal number of redactions have been made prior to publication. These have been made in order to further protect participant identities.

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Abbreviations

APPG	All-Party Parliamentary Group
ASD	Acute Stress Disorder
BIPOC	Black, indigenous, and other people of colour
BPS	The British Psychological Society
CHWA	The Culture, Health, and Well-being Alliance
CM	Community Music
CoMT	Community Music Therapy
DBS	Disclosure and Barring Service
ESRC	Economic and Social Research Council
GDP	Gross Domestic Product
GP	General Practitioner
ICS	Integrated Care System
IDAS	The Independent Domestic Abuse Services
IPA	Interpretative Phenomenological Analysis
MT	Music Therapy
NCCH	The National Centre for Creative Health
NHS	The National Health Service
OCD	Obsessive Compulsive Disorder
ONS	The Office for National Statistics
PAR	Participatory Action Research
PhD	Doctor of Philosophy
PTSD	Post Traumatic Stress Disorder
R&B	Rhythm and Blues
WHO	The World Health Organisation

Chapter 1 Introduction and literature review

1.1 Introduction and background to the research

This section will present information regarding the prevalence of domestic abuse, alongside a broad overview of the psychological and social symptoms. The provision for women who decide to leave an abusive partner will also be discussed. My original community music projects within women's refuges will be explored in order to give insight into the desire to research this area further, extending the therapeutic provision offered within the refuge setting. This section will end with an outline of the research aims; followed by a discussion of an early pilot project and conference questionnaire related to the draft domestic abuse bill (2019) (this project and questionnaire feedback informed the scope of the research).

According to the *Women's Aid Annual Survey* (Women's Aid, 2015), an average of two women are killed each week in England or Wales by a partner or ex-partner. The *Crime Survey of England and Wales 2013/14* suggests that domestic violence affects 8% of the female population each year with only 41% of the 1.03 million cases recorded being classed as a criminal offence by the police (Office for National statistics, March *2016*). Crisis accommodation is a growing necessity with 92 women and 75 children being turned away from the refuge services in England and Wales in just one day (Women's Aid, 2015). In a recent survey, undertaken by Refuge (2022), 87.8% of service users had experienced emotional abuse, 66.6% had experienced jealous or controlling behaviour, 51% financial abuse, 67.2% physical abuse, and 36.1% had experienced death threats (p. 19). As of 2022, There was a 24.2% shortfall in refuge spaces for women, with 87.7% of refuge services seeing increased demand because of Covid-19.

There is a growing body of research which links acute and persistent psychological symptoms directly to domestic abuse (Crawford et al., 2009; Flury et al., 2010; Pastwa-Wojciechowska et al., 2013; Tutty, 2015; WHO, 2012; Women's Aid, 2017). Sutton (2002) acknowledged two common conditions which ensued following traumatic events or periods in life, these include PTSD (Post Traumatic Stress Disorder) and ASD (Acute Stress Disorder). The former is a chronic condition consisting of life changing symptoms linked to anxiety, avoidance, numbing or detachment, derealisation, and depersonalisation; the second is one or all the same symptoms over a shorter period (lasting days or months) with initial severe symptoms which have some potential for

recovery (p. 22). Little is known about the relationship between these symptoms, the use of music, and the process of recovery[1] within the women's refuge (particularly over a period of months or years).

This investigation was inspired by the provision of community music sessions which I have delivered in women's refuges since 2012. Qdos Creates, who were commissioned to deliver these sessions, were an arts charity providing creative sessions for IDAS women's refuges from 2009. The Independent Domestic Abuse Services (IDAS), who manage the refuges, are also a charity who take referrals from the police, social services, domestic violence groups and health services. The therapeutic music activity which has been delivered within IDAS refuges has been provided on a charity funded project basis by Qdos Creates. IDAS support the individual transformational aims of their residents within their core values outlined in their information for trustees:

> We are committed to the principles of empowerment and encourage all the individuals who use our services to take control of their futures and make their own choices. Because of this our clients and service users are able to fulfil their potential (IDAS, April 2015a, pg. 2).

The same document also highlights the general effects of abuse in relation to making the victim subordinate and dependent, isolating them from the support of others, exploiting their resources, reducing their means of being independent and controlling their everyday behaviour. The statement above seeks to address and reverse this state, acknowledging that intervention and recovery form the bridge between entry to the refuge and eventual reintegration within society.

During the weekly sessions in 2012, reports were written, a case study was formulated, and an article written for the charity commission which included the women's views about the sessions in relation to their recovery. One such participant view can be seen below:

> Writing music has helped so much… I've had to work at writing and expressing feelings to help people understand how I felt at that time. I've had to think about different lyrics and how to say things. It has forced me to realise who I am and reflect on how I reacted to situations and now I won't make the same mistake again (Qdos Creates, 2013).

This initial community music project echoed a growing recognition of the use of arts and culture for the benefit of health and well-being. Several initiatives followed within

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[1] Recovery: "A process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential" (SAMHSA, 2012, p.3)

the United Kingdom which aligned with the findings of the 2013 case study and sought to integrate creativity alongside primary and secondary care. These initiatives have had a significant impact upon the value of creativity in relation to health and well-being. In 2014, the All-Party Parliamentary Group on Arts, Health, and Well-being formed. They commissioned a two-year investigation in 2015 which highlighted the arts as beneficial in addressing several health and well-being needs. The document recommended access to creative activities as a way of managing mental health conditions or improving recovery outcomes (APPG, 2017). A review of 'Social Prescribing' took place in 2017, to ascertain the outcomes of the integration of the arts within clinical practice as an alternative to purely medical approaches to health maintenance and recovery; the results were overwhelmingly positive (Chatterjee et al., 2017). In 2018, the NHS presented their long-term plan for social prescribing, saying that:

> Within five years over 2.5 million more people will benefit from 'social prescribing', a personal health budget, and new support for managing their own health in partnership with patients' groups and the voluntary sector (NHS, 2019).

This initiative opened the door to the voluntary sector (including community musicians) to work alongside the NHS in fields of health, well-being, and recovery. The College of Medicine and Integrated Health (formed in 2010) joined by the Social Prescribing Network in 2020 to promote and support the growth of social prescription within primary care networks (College of Medicine, 2016). These initiatives promoted the ideas of autonomy and creativity within health and well-being maintenance and recovery.

A range of studies highlight the benefits of music-making as an intervention to address psychological maintenance and recovery. These studies, which will be explored within the literature review, are linked to several fields which include music therapy, community music therapy, community music, trauma and domestic abuse informed community music/community music therapy, social prescribing, and alternative health interventions.

Although all approaches to music as a psychological intervention will be considered within this research project, it is important to position the practice and research within the field of community music: where music is an "ethical" and "reciprocal" experience, and intervention is not 'blocking the way' but working together for positive change (Barleet & Higgins, 2018, p. vii). Like community music, there are other recent initiatives which forefront the importance of non-medical forms of recovery intervention. The social prescription model and alternative complementary medicine

approaches will be considered alongside the findings of this study, as both approaches mirror the same values as community music practice by employing music to facilitate a return to wholeness and well-being within the context of creativity. The idea that music can support a return to wholeness and well-being has been endorsed by several investigations which find a range of benefits to physical and psychological health using music (Aldridge, 2005; Bibb & Skewes McFerran, 2018; Bieleninik & Lawendowski, 2017; Choi et al., 2008; Curtis, 2012a & 2012b; Hense & Skewes McFerran, 2017; Hernandez-Ruiz, 2005; Pavlicevic & Ansdell, 2004; Stige, 2010; Sutton, 2002; Tanner, 2012; Teague, 2006).

The community music approach to practice and research will be explored within the following chapters, showing how the research methodology aligns to the same ethical sensitivities. Several investigations into the efficacy of creativity in health and well-being have not employed a participatory or community music approach. Reviews of existing research have been scoped and highlighted limitations and variability in relation to both ethical control and the research methods employed (Bieleninik & Lawendowski, 2017; Chatterjee et al., 2017; Dowlen, 2020; Fancourt & Finn, 2019). Although effective as a general scoping exercise, there is potential for substantial variability within findings against practice, research methods and data interpretation tools. As a practitioner-researcher, the benefits for understanding and managing the whole process in a responsive and ethical way are clear. It is possible for the community music practitioner-researcher to share in the 'lived experience' (Reason, 1994) of the participants and to gain further insights linked to the refuge context: 'Situated knowledge' (Haraway, 1988). This may be lost in larger research projects, or studies which collate positive or negative outcomes without charting the reasons for this. This research project will develop a community music approach to social epistemology using Reason's ideas of "Experiential Knowing" (Reason, 1994, p. 44). This will be discussed further in chapters 3.

The research aims are to:

- Explore the various aspects of recovery from the effects of domestic abuse and the ways in which music activity might link
- Develop effective approaches to the use of music as a tool for recovery within the women's refuge setting by working directly with the participants and their supporting professionals

- Formulate a suggested model of community music practice and research in the women's refuge setting which links directly to participant feedback
- Highlight recommendations for future practice and research within the women's refuge (linked to all government and local authority legislation and initiatives).

The research questions are to investigate:

- What aspects of recovery are identified and how does music activity link?
- What are the individual and community[2] outcomes?
- What are the themes presented within the data?
- What are the phenomena presented within the data?
- What is the significance of the findings in terms of future practice and research?

The questions above were explored in this thesis using PAR and IPA. Methodology design, including adaptations and enlightenments, will be discussed within the following chapters. Any practice which may be found to be effective could also form the basis for future research with other groups of vulnerable adults in crisis, addressing drug or alcohol dependency, addiction, post-traumatic stress disorder and psychological recovery and maintenance.

Could community music, delivered within women's refuges, improve recovery outcomes for survivors of domestic abuse? What are the psychological symptoms and challenges faced by women recovering within the refuge setting, and could music provide therapeutic benefits in relation to these? It is also important to explore the reasons why people chose not to engage in community music activities, determining if music had the potential to cause harm.

1.1.1 The Draft Domestic Abuse Bill (2019): Pilot project and conference questionnaire

The government consulted with all supporting services linked to domestic abuse, as well as the public from March to May 2018. This feedback was sought to address the government's failures in relation to supporting the victims and survivors of abuse from the criminal justice system and social interventions to refuge provision and

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[2] Community primarily refers to the women's refuge community within this context.

psychological support for survivors. As part of this consultation, new legislation was created which promotes domestic abuse awareness and supports the survivors of abuse more appropriately. This includes the support given to survivors by local authorities, agencies, and support services (Draft Domestic Abuse Bill, Government, 2019, p. 32). As part of the draft Domestic Abuse Bill, the government urged all services and support agencies to collaborate in providing a range of preventative and restorative activities and programmes to limit the damage caused by domestic abuse and to enable victims to re-integrate safely within society (Draft Domestic Abuse Bill, Government, 2019). It is also important to note that the law now protects people against the psychologically damaging effects of controlling and coercive behaviour described below by the U.K. government:

> **Controlling behaviour:** a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them from the means needed for independence, resistance and escape and regulating their everyday behaviour.
>
> **Coercive behaviour:** a continuing act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.
>
> (Home Office, 2015)

The coercive control law came into effect in 2015, prior to the domestic abuse bill, and showed a commitment to the changes needed to understand more fully and protect people from the effects of domestic abuse. The North Yorkshire Safety Partnership brought professionals together in 2019 who were linked to the services that supported victims and survivors of domestic abuse. Within this conference the draft domestic abuse bill was discussed, including more effective ways of supporting recovery and social justice for survivors. Qdos Creates shared some of the outcomes of their creative workshops taking place within the women's refuges at this conference. After sharing my community music work within women's refuges, I administered a questionnaire which was given to delegates to gauge the understanding and prevalence of music as a creative tool for recovery within the refuge setting. Some of the findings can be seen in Figure 1.1 below:
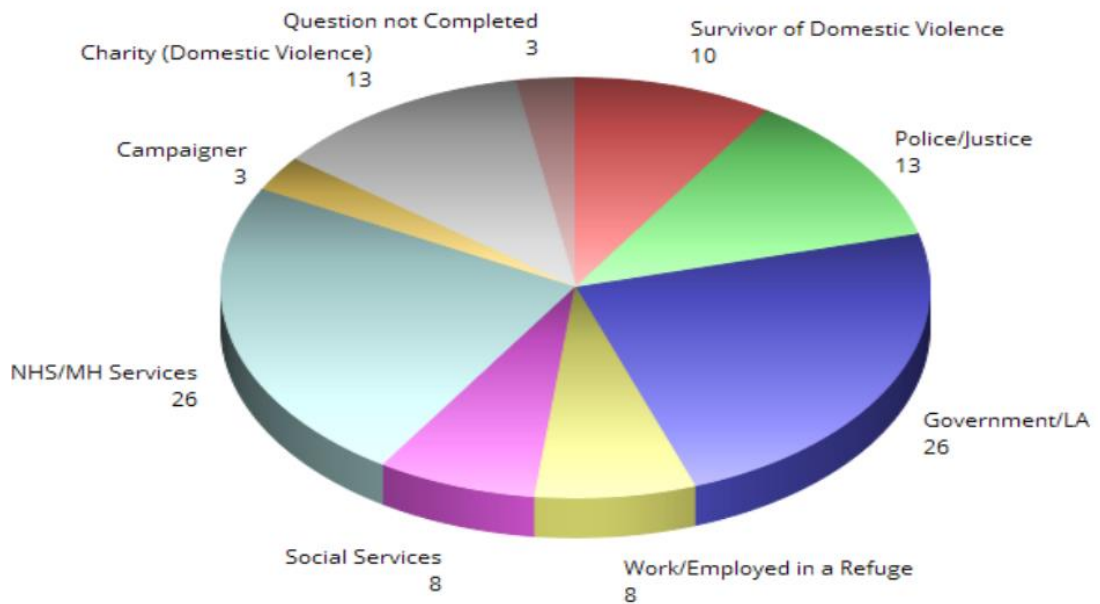
Figure 1.1 A chart showing the range of professionals who completed the creative provision questionnaire (North Yorkshire Safety Partnership Conference, Susan Donnelly, 2019)

Figure 1.1 shows the range of professionals attending the conference who were linked to women's refuge services in some way. Of that cohort, 79% were not aware of the use of creative provision for women as part of their recovery. Many of the delegates who had said they were aware only cited the Qdos Creates pilot project, showing that creative provision was in no way standard or widespread. Yet could the provision of community music enhance or accelerate recovery outcomes for women within the refuge setting and could the provision of activities be resourced through collaboration and co-operation within local authority partnerships? Figure 1.2 suggests that local authority partnership members were not sure who would be responsible for the provision or resourcing of creative activities within women's refuges:
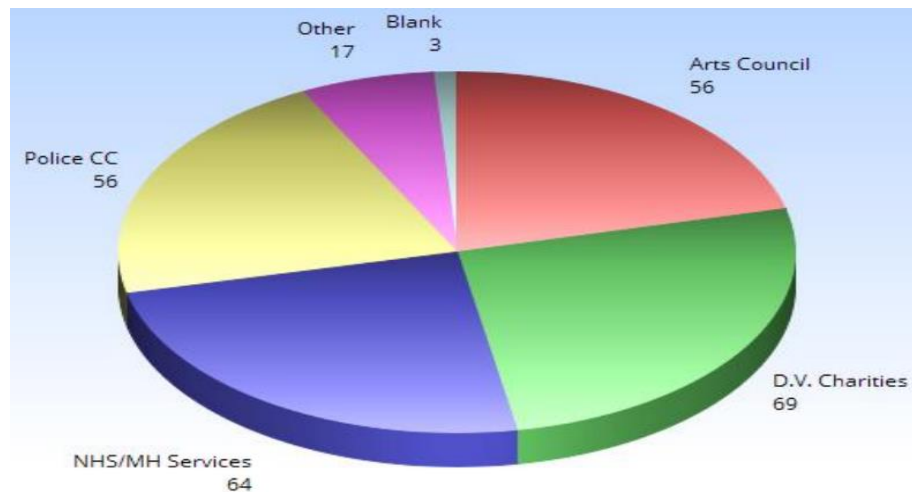
Figure 1.2 A chart to show who delegates thought should be responsible for the funding of creative activities in the women's refuges for adults (The North Yorkshire Safety Partnership Conference, Susan Donnelly, 2019)

Research was needed to determine how community music might interact in the recovery of the women's lives, leading to recommendations for roles and responsibilities related to provision. All results show that without a clear understanding of the use of music and creativity within recovery in the refuge setting, there is a danger that any form of bespoke provision will not be required, commissioned, or resourced. As a community music practitioner, having worked in women's refuges since 2012, there has never been a sustainable source of funding to support therapeutic arts provision. Sporadic awards have been granted from multiple sources (mainly charity-based) but all lasting between six weeks to two years. As can be seen from the Figure 1.2, the survey produced a mixed response as to the responsibility for this work. Delegates leaned slightly towards domestic abuse charities and the NHS, which highlights the view that recovery needs to include some psychological intervention alongside a specialist understanding of the setting.

Before addressing my own approach, the following chapter will discuss a range of literature which explores areas of interest related to the practice of community music sessions and research within the women's refuge setting.

1.2 An overview of chapter 1

This chapter reviews a range of literature linked to the provision of community music sessions and research within the women's refuge. Where examples occur from outside of this specific field it is due to their relevance. The areas of Music Therapy, Community Music Therapy, Community Music, and Music Psychology are discussed in terms of their approach, therapeutic benefit, or contribution to understanding. Where

research is specifically linked to the survivors of domestic abuse that is critiqued in terms of significance to the approach of this thesis.

This chapter also explores the role of music within health, looking at a range of health and recovery approaches, including social prescribing. An overview of the two main methodologies used within this research are discussed, followed by an outline for the whole thesis.

1.3 The effects of domestic abuse and the availability of refuge provision for survivors

Many women who have suffered long term domestic abuse will require some form of psychological intervention. This may include psychotherapy or cognitive behavioural therapy to address the long-term effects of abuse (Crawford et al., 2009; Flury et al., 2010; Pastwa-Wojciechowska et al., 2013; Tutty, 2015; Women's Aid, 2017). In a study which examined the effects of domestic abuse upon women living in Canadian shelters conducted by Tutty (2015), several symptoms were identified. These symptoms were related directly to the effects of trauma and in particular Post Traumatic Stress Disorder (PTSD). They include "anxiety, panic attacks, suicidal ideation or abusing substances" (p. 102) and the inability to "make decisions" or "problem solve" (p. 101). The same study also highlighted the most common practical needs within the refuge setting to be causes of stress, these include referrals for housing (79%) and childcare (43.5%) (Tutty, 2015). Previous research confirms that low self-esteem is derived from controlling behaviour by the perpetrator that slowly erodes the decision-making abilities of the victim, that disempowerment also occurs as a result of constant criticism and that the effects of low self-esteem take a long time to address, even after leaving the perpetrator (Flury et al., 2010; Javaherian et al., 2007). Within a research project carried out with survivors of abuse living in refuge accommodation during 2017, 95% of participants had experienced coercive control and 29.5% had experienced social isolation (Women's Aid, 2017). This shows the prevalence and perpetuation of coercive control within the abusive relationship. Much of the research concurs with the idea of psychological harm causing the most impact and longevity, it is also links to difficulties in leaving the abuse or returning to abuse. This is summarised in the words of Stephanie Sweetman: "Self-loathing is a very dangerous state of mind, and someone who hates herself will tolerate horrific things, and view it as a punishment for being inadequate… He made me doubt everything I did and blame myself for the abuse" (Sweetman, 2013, pp. 5&6).

Around one in four women will feel suicidal on entry to the refuge (Women's Aid, 2017). According to a UK-based survey conducted by Warwick University and Refuge in 2017, 86% of women's refuge residents reported feeling depressed while Women's Aid found that 24% reported feeling suicidal (Women's Aid, 2017). The same research also concluded that an increase in violent attacks would lead to increased episodes of self-harm and that patients should be questioned about domestic abuse when presenting to medical services with symptoms of "depression and suicidal ideation" (Boyle et al., 2006).

In a qualitative research project based in the USA, which looked at the impact of motherhood on recovery from domestic violence, all eight of the participants interviewed suffered with mental health problems which could be linked to the effects of PTSD. In particular, the mothers described their feelings of guilt related to the damage their children had experienced (Carpiano, 2002). The study shows that it is possible to conduct research within the women's refuge setting using small participant numbers and that research findings can be significant when a deeper and more complex interview and analysis process occurs. The research, which used semi-structured interviews lasting between one to two hours, provides many complex insights related to the ways in which motherhood affects recovery. It is significant that the findings are shared by forefronting the voices of the women, followed by the researcher's interpretation. The research found potential barriers to recovery from the effects of domestic abuse as a mother, including focusing on their children's health and managing a range of social factors as a result of homelessness and a lack of income (Carpiano, 2002). It is significant that Carpiano conducted this research following an earlier study (Carpiano, 1998). The essence of research is the need to find answers.

In a UK-based research project conducted with survivors of abuse in the West Midlands area, women expressed their sense of failure to make their relationship work or to be a protective mother; the study supports the idea that women are reconnected to the feelings of abuse through the facilitation of contact between the perpetrator and their children (Crawford et al., 2009). However, the study also found that mothers expressed a clear focus on their children's recovery alongside the notion that this gave focus to their own recovery (Crawford et al., 2009). In contrast Carpiano (2002) concluded that women with children recover at a "slower pace" than those without children (p. 447). The same research highlights several stress triggers within the abusive relationship linked to a variety of social and environmental factors, this includes social isolation,

economic deprivation, legal matters, cultural control, and a lack of support (Crawford et al., 2009).

Although women's refuges within the U.K. provide a one-to-one keyworker, they recommend longer-term mental health conditions caused by the effects of domestic abuse be addressed through General Practitioner (GP) referral and NHS treatment. Treatments include a combination of talking therapies, medication and cognitive behavioural therapy[3] (NHS, 2022a). Treatments address the thought processes and self-belief systems that have led to fear and panic within everyday life, and which may be contributing to obsessive and compulsive actions or avoidant behaviours. The trauma events which have constructed those belief systems are examined and rationalised in order to create a more desirable belief system, challenging what might have become autonomic responses in everyday life (NHS, 2022a). Carpiano (2002) believed that socialisation as well as psychological therapies were key to recovery where trust issues had developed because of abuse and that engagement in these was needed quickly to prevent the formation of less useful patterns of social behaviour which might be passed onto children. This is an important consideration when we see that 88% of residents in a Canadian women's refuge had experienced some form of abuse or neglect in the home as a child (Tutty, 2015), demonstrating the cycle of learnt behaviour without intervention. Crawford et al.. (2009) referred to emotional dissociation in their research related to the psychological effects of abuse, with women experiencing "feeling numb, passive and confused" and "cutting off their emotions" as a result of their conditioned mindset. Another study, by Webermann et al., (2014) also highlights the link between intimate partner abuse (lasting for one year or more) and the development of dissociative disorders. This falls within the range of symptoms associated with PTSD and often links to the mindset developed through experiencing abuse or neglect as a child.

A study conducted in the U.K. with women who had experienced domestic abuse within the previous 12 months prior to 2003, explored their experiences of gaining NHS support. Despite discussing domestic abuse-related symptoms with their GP or accident and emergency team, they were rarely asked directly about domestic abuse and felt unable to disclose it. One woman, who had received counselling for

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[3] Cognitive Behavioural Therapy: A "talking therapy" treatment which addresses the thought patterns and behaviours linked to a traumatic event, seeking to change them (NHS, 2022a)

depression did not disclose her experiences of domestic abuse. The report concluded that "domestic violence training" was needed to "equip health professionals with the knowledge and skills they need to respond to domestic violence more effectively" (Bacchus et al., 2003, p. 10). Could the provision of in-refuge bespoke psychological support result in better long-term outcomes for the women? Where might creative therapies be used in relation to that provision?

Little is known of the longitudinal effectiveness of therapeutic services within women's refuges (Murray et al., 2021). This may be due to women's refuge's associated need for privacy or their volatile funding streams (seen in figure 1.2, which shows a lack of clarity around funding responsibility (Donnelly, 2019)). Murray et al. (2021) also believe that a "feminist lens" is needed to change domestic abuse awareness, support, and funding to transform the hidden world of domestic abuse from "a private matter to one requiring public attention" (p. 423). Some studies which explore the impact of musical activities in relation to recovery from the effects of domestic abuse have been conducted in the U.K. (Annesley, 2018; Donnelly, 2013; Sutton, 2002). However, these studies are reported to be limited in terms of prevalence, despite therapeutic intervention being linked to improved recovery outcomes, including having a positive impact upon the management of anxiety, depression, and mood (Hernandez-Ruiz, 2005; Teague et al., 2006). One longitudinal American study based within a women's refuge, found that for every "$1.00" spent at least $4.60 are saved" in the personal and financial costs related to domestic abuse (Chanley et al., 2001, p. 410). This shows that recovery interventions within the women's refuge setting provide better longitudinal outcomes. Crawford et al., (2009) states that "more research is needed into the development of women's agency and resilience, in particular considering factors which influence an abused woman's ability to thrive, and not just survive" (p. 79).

Many refuges, and linked therapeutic initiatives, are provided through charitable funding rather than sustained government provision, resulting in inconsistent therapeutic provision from refuge to refuge. Women's Aid found that 20% of women's refuges survived with no government funding and that only 19.8% of refuges had enough funding to pay their supporting staff (Women's Aid, 2021c, p. 4). The lack of public scrutiny, participant vulnerability, and the sensitivities surrounding ethical research may have resulted in a failure to understand and support refuge services to the level needed. Strategies for the funding of women's refuge recovery interventions will be returned to in chapter 11. The chapter will evaluate current initiatives alongside

interview data with a NHS strategic lead for Creative Minds, who is also a member of the local authority community partnership board.

1.4 Music therapy, community music therapy, community music: approaches to practice

The following sections will evaluate a range of literature which outlines approaches to recovery interventions using music. These approaches will show relevance to those utilised within this thesis, with a focus on community music and community music research. Where other fields of practice or research have been discussed, this is because of their relevance to these areas, providing insights for further consideration.

It is acknowledged that both Music Therapy (MT) and Community Music Therapy (CoMT) are part of clinical practice and delivered by trained professionals, whereas Community Music (CM) is a non-clinical creative practice. MT usually takes place between a trained music therapist and a client, in which the client's musical language is explored in order to address their physical, psychological, or emotional needs. The therapy does not rely on language, although it may use it (particularly when working with affirmations or neuro-linguistic programming) and any instrument or style of music can be used within the process. Material is often organically created to express feelings which might go beyond the limitations of language (BAMT, 2020). MT is often used initially at the participant's crisis point, this may be when a woman has left the home following a distressing incident or at the request of social services (Adcock et al., 2022; Sutton, 2002).

MT within the vulnerable points of recovery is often seen as part of the clinical domain (O'Grady & McFerran, 2007) and can be useful if used alongside other interventions, including clinical assessment and treatments where appropriate (Landis-Shack et al., 2017). It was defined by Bruscia (1996) as a "largely individualistic discipline" (due to the focus upon the client's needs within a one-to-one setting with the therapist) (p. 94). The consensus model in music therapy is used within one-to-one sessions and reflects the musical relationship between the therapist and client where the music created is based within that context without regard for social and community contexts outside of the therapy room. The practice works alongside the individual by using music as a container. "Container Theory" supports the idea that feelings can be expressed and stored within a piece of music or evoked using a pre-existing musical reference; in this way emotions can be opened or shelved (using connections within the

brain: "schema") to create a sense of safety from trauma or to access them for therapeutic work (Aigen, 2009, p. 247). These musical containers can also store identity to access a sense of self (this is useful for those who have an illness or condition which affects their personality or identity) (Aigen, 2009). This type of therapeutic intervention, following the crisis point of recovery, can be a useful way of expressing emotional distress without the need to verbalise or articulate it coherently (something which may be difficult or re-traumatising within the crisis stage) (Aigen, 2009).

A review of MT projects was conducted by Bieleninik and Lawendowski (2017) in relation to impact upon identity and self-esteem. The review found that MT offered the opportunity for individuals to express, understand and develop identity using music. The study also highlighted the value of MT during times of transformation, such as illness or recovery, as the client increased their self-awareness surrounding positive and negative aspects of their lives (Bieleninik & Lawendowski, 2017). Previous studies have also shown the intersection between music and identity, personality and understanding (MacDonald et al., 2002; Trevarthen, 2002) and music linked to social and political identities (Born, 2011). In a research project conducted by Hense and Skewes McFerran (2017), a clear association was made between the exploration of musical identity recovery in young people and the improvement in mental health recovery. Luce (2001) identified possibilities for the use of MT within psychiatry, noting that music was cognitive in nature and therefore capable of reinforcing belief systems in either verbal or non-verbal ways. Luce highlighted one such possibility:

> Reconstructed images of negative schema or the imaged consequences of maintaining versus reconstructing a belief system could be created and then explored through musical interactions. Singing one's mode, core belief or maladaptive schema in a composed song would identify the element, bring it into the client's awareness and structuralise it (Luce, 2001, p. 102)

This quote recognised the unique nature of the arts in terms of cognitive function and highlighted the possibility of arts-based interventions integrating into main-stream clinical practice.

CoMT may be understood in terms of ethical approaches, which Murphy et al. (2022) describe as being "Participatory, resource-oriented, ecological, performative, activist, reflective and ethics-driven" in nature (p. 2). In contrast to MT which focuses upon the clinical needs of the client individually, CoMT focuses upon the clinical needs of the individual, exploring their needs in terms of the world around them and the individual, social and political changes desired to support those needs. Vaillancourt (2012) described CoMT as an expression of one's own world, as well as offering the

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opportunity to act as a catalyst for the "human development" (p. 177). She states that, "CoMT was well suited to serve social justice. Music by its own nature creates a gathering space for working toward common good" (p. 177). Several CoMT projects, including Curtis (2006, 2012a, 2012b), Day et al. (2009) and Tanner (2012) will be discussed in section 1.4.1 which focuses upon CoMT approaches in relation to domestic abuse intervention.

CM is a non-clinical practice (although it may have clinical benefits). CM is described as using the vehicle of music to facilitate "hospitality, fellowship and emotional and social betterment for the individual and group, among other values" (Silverman, 2009, p. 182). Approaches within CM activity include flexibility, adaptability, and a focus upon the participant; this makes it difficult to define the practice. Barleet and Higgins (2018) suggest that "rather than asking what community music is, we should be asking what community music does" (p. 14).

Catherine Birch (2018, 2020, 2022) has explored the practice of CM within a series of songwriting projects delivered in a women's prison. She facilitates the process as a means of enabling the women to explore and articulate the life events which have led them to their individual points of crisis. Many of the women have experienced trauma as children or adults and many have been victims of domestic abuse, being coerced into crime as a result. The project aimed to "encourage social and artistic equality", "build confidence and self-esteem" and " provide an open space for dialogue around the complexities of life for the women within the criminal justice system" (p. 17). Birch highlights facilitation as being integral to the workshop style and outlines a trauma-informed[4] approach, which she recognises as integral to any work undertaken within settings which work with vulnerable participants. CM is well-placed to deliver creative projects as the values of "safety", "trustworthiness", "choice", "collaboration" and "empowerment" (Birch, 2018, p. 23). This women's prison-based project found three beneficial outcomes reported by the women, which were "Improved emotional wellbeing, personal and creative skills development" and "the creation of positive social cohesion" (Birch, 2018, p. 31). In a study conducted by Marissa Silvermann (2009) the link between CM and the need for "ethics of care, love and social justice" are

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[4] Trauma-informed: An approach which recognises the affects of trauma upon a person and adjusting practice and behaviour collaboratively in a way that will not re-trigger the person or cause further harm. (NHS Education for Scotland, 2024)

emphasised (p. 178). These projects align with Silverman's values linked to CM, showing a focus upon individual gains whilst at the same time providing the opportunity for socialisation and the restorative benefits attached to it.

Silverman (2009) examined three CM projects in the city of New York, looking for the intersections between CM, education, and the desire for social justice. Her projects took place in a free music school in Manhattan, a hip-hop project for homeless or at-risk young men and a men's shelter. She observed both the facilitator and participant's desire for social justice which was motivated by a consideration of "people's humanity first and foremost" (p. 189). Silvermann also highlighted a similar trauma-informed approach to each CM project as Birch (2018), adding "respect" and "responsibility" as integral qualities in the fight for social justice (2009, p. 188). There are noticeable links in CM practice between restorative settings, empowerment, and social justice. Recovery often drives a desire to understand the societal wrongs which have contributed to reduced levels of health and well-being and to address these for self and society. Curtis (2012a & 2012b) identifies the need for social justice as part of the recovery process from domestic abuse. How might the practice of CM within the women's refuge contribute to a sense of social justice and how might this manifest in the experiences of the women? These questions will be explored using similar approaches as Curtis (2012a & 2012b) in order to answer research questions one and two.

Aside from CM, the restorative focus of practice found within MT and CoMT make both disciplines relevant within this PhD thesis. Previous literature has highlighted the need for less defined approaches to the use of creativity within recovery. Stige (2002) acknowledges the adaptive and setting-based nature of CoMT, stating that it is therefore changeable and undefinable. There are both clinical (MT and CoMT) and non-clinical (CM) musical intervention workers who believe that boxes and definitions create boundaries and distinctions that may not fully acknowledge the effectiveness of each other's practice, this includes the use of the word therapy in CoMT which may become more aligned to CM practice in the future (O'Grady and McFerran, 2010). The value of peer support and the benefit from social activity is central to both CoMT and CM practice.

Risk occurs if individual psychological issues are identified within a non-clinical setting or in a clinical setting where clinical staff are not present. It is important for the community musician or CM therapist to mitigate that risk by signposting to channels of

support or integrating clinical staff within the session. Luce (2001) supports that notion, believing that there could be benefits throughout the health continuum[5] resulting from the collaboration between psychologists and CM Therapists.

Increasingly, CM is adopting professional codes of practice which ensure that risk assessments identify the correct channels for safeguarding concerns and the signposting of support in settings (Sound Sense, 2020). This regulates what has been a largely unregulated music profession, particularly within the voluntary sector, and encourages CM workers to negotiate safe project delivery prior to commencement.

1.4.1 CoMT and CM approaches with survivors of abuse

Research has also been conducted in the USA and Australia which explores aspects of the use of music in relation to the effects of domestic abuse (Cassity, 1990; Curtis, 2012a & 2012b; Day et al., 2009; Hernandez-Ruiz, 2005; Tanner, 2012; Teague et al., 2006). In a study with five survivors of abuse, Day et al. (2009) sought to evaluate the outcomes of sharing songs publicly which had been written within individual music therapy sessions (something which would not usually happen within MT practice). The study concluded that by performing the songs in public the women had reached out to others who may have been through similar experiences. The women were empowered by voicing their hidden pain and their self-esteem was enhanced by performing to an audience. One participant said, "I think it's important [to perform] because I believed we were going to make a difference" (Day et al., 2009, p. 23). This study highlights the importance of the community element within musical interventions both in terms of peer support and a sense of social justice.

Tanner (2012) conducted a research project which evaluated the impact of her work with survivors of abuse as part of the MT programme at Utah State University. Her model of therapeutic intervention was as a composer writing songs for the women to learn as affirmation of intention and positive progression within the healing process. Most songs were pre-written and recorded, however she also used themes from the women's discussions and set them to music. Tanner believed that both the women and society benefitted from the songs and that the songs had the power to raise domestic abuse awareness. Her practice is of obvious relevance to this research project and

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[5] The Health Continuum: The concept of health as "a continuum along which people move backwards and forwards throughout their life rather than a static condition". (O'Grady & McFerran, 2010, p. 19-20).

provides a good model for comparison. By writing the material herself and only asking the participants to sing these songs, this approach contrasts with the values of CM (forefronting her own voice rather than the voices of the women). There are benefits, linked to creativity, which may be missed as a result, including: individual voice, ownership, empowerment, collaboration (through songwriting as a group) and opportunities to raise self-esteem. This project design reminds practitioners to approach workshops with reflexivity[6] and to deliver sessions in a way that will create the greatest therapeutic impact.

Sandra Curtis has also conducted research based in the USA, working with female survivors of domestic abuse using CoMT. Curtis (2006, 2012a & 2012b) discussed MT from a feminist perspective stressing that the delicate relationship of the therapist or researcher should reflect the unity of all women in their plight for personal justice, social justice, and equality. She considers the idea of the practitioner and participant "Simultaneously working for social change" (Curtis, 2012a, p. 230). Curtis argues that there had been an emergent trend of social justice within MT, both practical and theoretical, since 2005. She also argues that this practice had been part of CM, in an informal way, for many years. Morrow et al. (2006) present a similar view which states that when socially isolated people are able to form a community with others, they become empowered to fight their own wrongs as well as for others within society. Curtis believes that all therapeutic intervention work involving women should seek to challenge and reflect upon societal norms that have contributed to female oppression. In Curtis's personal practice, she recognises the emergence of the two strands of CoMT and feminist music therapy (Curtis, 2012a). Is it possible that social music activities, including songwriting, could act as a channel for themes of social justice aiding recovery from the effects of domestic abuse? Crawford (2020) identified the growing integration of health services alongside creative and expressive approaches to recovery and well-being (including CM) in a study which scoped a range of NHS recommended initiatives. This development raises the profile of community arts practice as a viable intervention within the refuge setting and shows the potential to build bridges between the NHS, secondary care, and community-based provision. There are no longitudinal

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[6] Reflexivity: Described by Pitard as "considering how our own values, life experiences and assumptions have influenced the research" (2017, para. 15).

studies which specifically relate to the development of CM practice and CM research within the women's refuges based within the U.K. currently.

1.4.2 The healing of 'community'

Forming a community by joining individuals together with similar experiences is an important element of the refuge environment (Women's Aid, 2017). Carlson et al. (2002) argue that it is the sense of community and the support of others that can counteract the negative impact of stress triggers, both within an abusive relationship and in the period following the escape from it. Gibbons-Trikha (2003) undertook a research project in an Indian women's refuge. Her research methodology supports the idea that when women form social bonds within a refuge, it allows them to form a unique sub-culture. This creates the conditions in which societal 'norms' can be challenged. There are many deeply set paradigms surrounding behaviour and socially accepted codes of conduct within some Indian communities, which can sometimes result in the oppression of women. One of her research participants described the experience of living in a hostel as an opportunity to challenge deeply set values with other people who have experienced the same family traditions. The participant said that peer-related support gives residents the chance to become more independent and to take control of their own lives. Gibbons-Trikha reported that the use of Participatory Action Research (PAR)[7] within the research context was wholly appropriate. Like the women themselves, she too experienced the subtle changes that occurred as new people came and went in the hostel. New ways of thinking were negotiated, challenged, and transformed within that social flux.

Gibbons-Trikha (2003) believed that the environment itself contributed to transformation and personal growth. One participant from the hostel stated that she had grown in confidence during her stay at the refuge from the quiet person she was when she had entered. She also described her newfound desire for social justice saying that: "I came to realize I had to fight for my rights" (p. 76). The women echoed the fact that within the refuge, away from the oppression of their cultural normality, a new sub-culture had formed as a result of enlightenment. There appeared to be a process of shifting away from previous experience through normalisation with others and the

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[7] Participatory Action Research (PAR): Is a process of epistemology generated by the testing of knowledge through action and critical reflection by the participants who seek to find a solution to a shared problem through collaboration (Baldwin, 2012).

searching for a new set of cultural values. Many women found empowerment and redress for previous oppression. As the new subculture consisted of women only, such enlightenment was fuelled by their desire for social justice, with Gibbons-Trikha reporting that there was "a mutual respect for women's work and lives" (p. 53). Gibbons-Trikha (2003) considered her own research and facilitation process as being feminist in outlook; a means of supporting the progression of both the women within the refuge and the women within wider society. She identified as one of those women and recognised her responsibilities to promote change as a collective task alongside the women who also desired change, both individually and socially. This research model shows some of the benefits of the practitioner-researcher role, also echoed within the PAR projects examined by Reason (1994) and in the work of others (Burgess, 2016; Curtis, 2022). This will be explored further within chapter 3.

The social processes linked to group music activities have been discussed by several authors and offer further insight in relation to the therapeutic benefits of CM. Small (1998) introduced the idea of 'musicking' in which music is seen as a social process which defines our relationships and culture. The term 'Musicking' acknowledges the use of music as an active and participatory tool for communication and expression, as opposed to a passive and receptive activity. Several authors argue that group interaction and collaboration using music alter outlooks and transform existing social and political paradigms, acting as an agent for change. Born (2011) argues that music contains our social and political identities and that collaborating with others, through music, can afford social transformation. Boeskov (2022) suggests that the interaction of diverse musical identities has the potential for ambiguous outcomes, which might be either positive or negative. His work recognises the power of music to incite change whilst also acknowledging its potential to do harm. This reminds the CM workshop facilitator of the need to be attuned to the needs of clients and to respond to any approach that is not working or that has the potential to do harm. Within the field of domestic abuse and recovery, where change is often desired and required, social transformation might suggest CM as a tool for promoting individual development. Many practitioners recognise that the CM role offers empowerment for clients which promotes their sense of worth both individually and as part of society (Rimmer et al., 2014). An outline for practice also includes the recognition of peer support within the community arts approach and a joint responsibility to those who are feeling emotional

or vulnerable in the group (Rimmer et al., 2014), something Silverman (2009) refers to as 'ethics of care' and Birch (2020) as 'safe space'.

Day et al. (2009) worked directly with the survivors of intimate partner violence who wrote, recorded, and performed their own songs. The research explored the value and benefits of challenging the individual's solitary world of abuse and strengthening their voice through creativity and performance. Day et al. (2009) acknowledged that public recognition of the individual's inner pain could have a positive impact upon recovery, highlighting this as a tool for empowerment. Sweetman (2013), an auto-ethnographic writer on the effects of domestic abuse, supports the relationship between the loss/recovery of identity and the suppression/liberation of individual voice within the lines "Attempts to find my voice resulted in violent consequences" and "The ability to speak out is a form of freedom, and a tool for change" (p. 5). Performance can form a natural part of the recovery process for those whose voices have been supressed as a result of abuse, performance may also encourage the same transformation within society (DeNora, 2002; Vaillancourt 2012).

It is important to address isolation and to challenge the unconscious acceptance of existing paradigms by joining with others. Music offers a meeting place in which to explore our world and the world around us (Reason, 1994). We are able to make sense of our reflections in the presence of others and through the channels of creativity. By addressing isolation through participation and community building, an individual might be able to move toward a more desirable sense of well-being.

1.5 Music and health: recovery approaches

The standard bio-medical model using DSM-5 to determine the symptoms of PTSD aligns strongly with the experiences of the women within their discussions. This includes a loss of interest in socialisation and activities and behaviours which show avoidance and dissociation linked to triggers (SAMHSA, 2014). Traditionally the bio-medical model of recovery has used a combination of talking therapies such as Cognitive Behavioural Therapy (CBT) or Cognitive Processing Therapy (CPT) both of which seek to understand the trauma situation and survivors' reaction to it. New belief systems and reactions to similar or related triggers can then be established. Often this model may also use pharmacological interventions which target a specific stress response in the body, in order to alleviate symptoms. More recently, interventions have grown to include empowerment recovery approaches and mindfulness, particularly with

survivors of domestic abuse, as a means of reprogramming behaviour and addressing what are seen as co-existing 'disorders' (SAMHSA, 2014).

Some interventions using arts therapy with female survivors of abuse have grown from a biological perspective of psychology. Many of these approaches have been shaped by the work of Porges (1995, 1998, 2003), who stated that PTSD (Post-Traumatic Stress Disorder) has a profound effect upon the normal biological function of the body, changing 'normal' psychological states and causing responses such as excessive feelings of anxiety, flashbacks to traumatic events and sleep problems. A return to health and well-being can only be achieved by addressing the effects of trauma and allowing the mind to experience feelings of safety (Porges, 2003). Several arts therapists have examined the work of Porges, using creativity to override trauma responses within the autonomic nervous system; this work includes music, dance/movement, and art therapy. Giselle Bonilla (2020) examined the effectiveness of group-based art, music, and dance in the treatment of the effects of abuse and found that such interventions allowed survivors to process their trauma autonomically through abstract and cognitive expression and that group and leader support afforded a safe space in which to do this. Music is cognitive in nature and as such might directly create meaning, stimuli, and response in a primary way (Luce, 2001). This refers to the way that music induces an immediate emotional response without the need for interpretation unlike verbal forms of communication. Rokade (2011) also suggests that music stimulates Endorphin release with the potential to change mood, but could this occur for women within the refuge who may be experiencing PTSD and high levels of anxiety?

Taylor et al. (2000) also suggested the concept of 'tend and befriend' as an alternative response to trauma as opposed to fight, flight and freeze (Donahue, 2020). 'Tend and befriend' is a response to trauma in which women join in small communities to protect each other and each other's children. If any woman within the group has symptoms linked to trauma, the other women will co-parent and support, promoting survival and well-being throughout the whole group. In a study examining the role of oxytocin in the creation of pro-social behaviour and the importance of community in the survival of women who had experienced trauma, Taylor et al. (2000) found that women, particularly those with young children, tended to form small communities and provide mutual support in response to trauma. This response to trauma is of obvious interest within the women's refuge setting and could provide another benefit for encouraging group interaction within the recovery process.

The healing effects of connecting with others following traumatic events was discussed by Flater (2020), who found that group singing supported prosocial behaviour. The same links between singing and prosocial benefits was also found by several other researchers (Bailey & Davidson, 2002; Bibb & Skewes McFerran, 2018; Clark & Harding, 2012; Clift et al., 2017; Joseph & Southcott, 2014). This may suggest a unique benefit linked to this activity, which is worth exploring within the refuge setting, where other group activities are offered (including bingo and group pamper sessions). The role of singing within the women's refuge may offer additional avenues of benefit both in terms of pro-social behaviour and connection with other women and their own children (Boyce-Tillman, 2014; Dingle et al., 2012; Dingle et al., 2019; Malloch & Trevarthen (Eds.). 2009; Taylor et al., 2000).

Ansdell (1995) discussed the "emotional grounding" effect that music can have, which often works to override the negative effects of the participant's primary modality responses (survival instincts) such as anxiety, depression, and Obsessive-Compulsive Disorder (OCD), symptoms often linked to PTSD (p. 13). North and Hargreaves (1999) also described the three social functions of music as "the management of self-identity, interpersonal relationships and mood" (p. 72). This clearly aligns to the notion of music acting as a facilitator of psychological self-regulation.

Ansdell's 'Health Continuum' (2002) acknowledges the whole spectrum of mental health need which starts with the isolated individual and ends with their integration within society. The health continuum model as, outline by Ansdell (2002), was applied by Bibb and Skewes McFerran (2018). They examined the experience of twenty-three mental health patients in Melbourne, Australia, who took part in group singing activities; they wanted to define the elements of musical activity which created an impact upon recovery. They referred to a new term of "musical recovery" in which a return to improved health and well-being was gained through group singing as seen in Figure 1.3 below (Bibb & Skewes McFerran, 2018, p. 235). This new term links recovery to the use of music and places it as the main source of diagnosis and intervention. Musical recovery suggests that individuals engage in music as their health and well-being increase, and that a lack of interest in music may be an outward sign of poor mental health (Bibb & Skewes McFerran, 2018). This new approach forefronts the concept of 'recovery-oriented mental health care' as a reaction against the overly "bio-medical" approach to psychiatric health which was popular in the 1960s and 1970s (Bibb & Skewes McFerran, 2018). They found that participants reported a range of

psychological responses to the music but that by experiencing emotional connection with the group they felt "supported", "accepted" and "safe" (Bibb & Skewes McFerran, 2018, p. 241). Eighteen out of the twenty-three participants reported an increased sense of health and well-being, and music was found to become a useful tool in their everyday lives. Similar outcomes were gained in a study which was conducted with mental health patients. It found that music had a "grounding effect", being the "facilitator of belonging, acceptance, safety, care and new social interactions" (Perkins et al., 2016, p. 1).

As with Ansdell's 'health continuum model' seen in Figure 1.5, the 'recovery-oriented mental health care model' is not focused upon symptoms and diagnosis but on promoting the well-being of the individual in a way that is mindful of their social situation (Slade, 2009). Recovery is seen as more than the control of symptoms but as a holistic approach to well-being which also focuses upon socialisation, living conditions and relationships and not just mental health, a view endorsed by Marmot (2015) and Clift (2020).

Poor relationship with music ⟷ Improved relationship with music

Poor mental health | Improved mental health

Social barriers to recovery | Increased socialisation

(Addressing barriers to recovery)
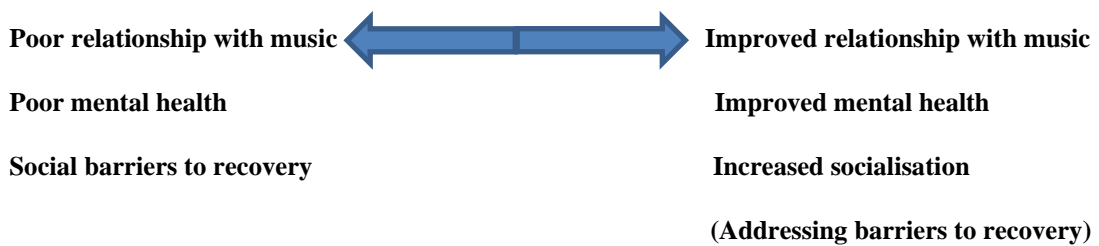
Figure 1.3 The 'Musical Recovery Model' (Bibb & Skewes McFerran, 2018) based on Slade's 'Recovery-oriented model' (2009)
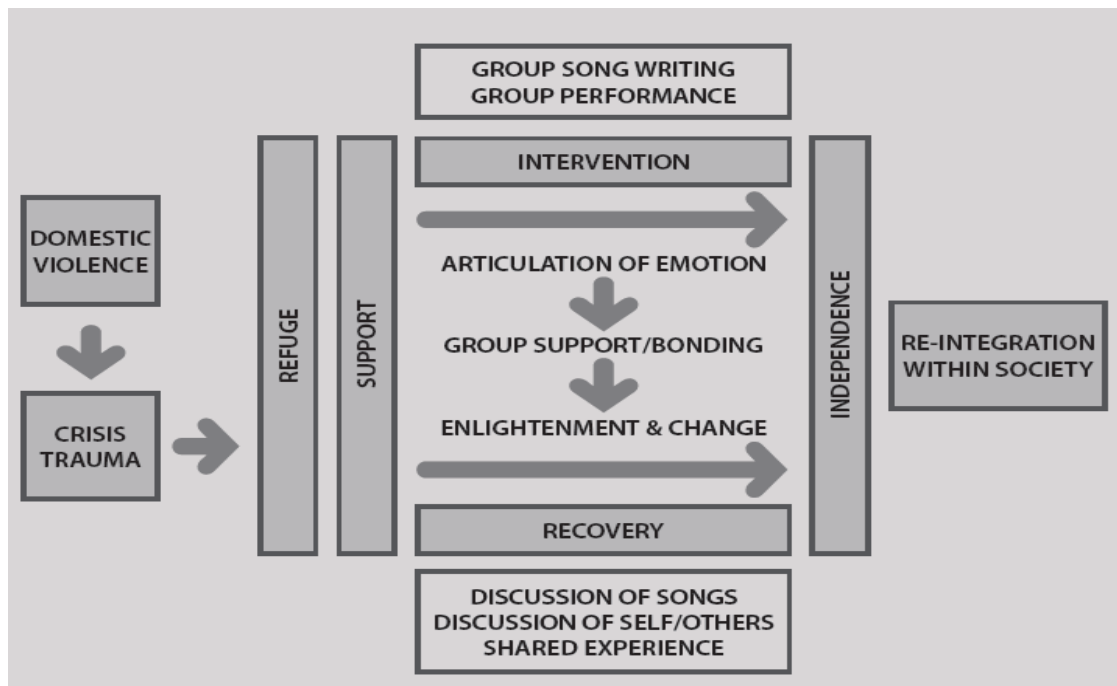
Figure 1.4 Proposed recovery observations in the women's refuge (Susan Donnelly, 2017)

INDIVIDUAL ➡ **WELL-BEING STAGE** ➡ **COMMUNITY**

Figure 1.5 Ansdell's 'Health Continuum' (2002)

Individual & Worker   Family of Carers   Staff/Patients/Residents   Local Musicians/Community

Figure 1.6 Wood et al. 'The Ripple Effect' (Pavlicevic & Ansdell, 2004, p. 52)

Many patterns of behaviour develop as a result of abuse (Sutton, 2002) and these can be recognised and addressed through reflexivity. Pavlicevic and Ansdell (2004) argue that "the archetype of modernity is the reflexive self" (p. 80). The psychoanalyst offers the individual the analysis and deconstruction of unhelpful behaviour with the replacement of behaviour which is deemed to promote a greater level of well-being. Ansdell's model reflects the individual's need to examine and deconstruct their thought patterns and processes which have led them to their individual 'Crisis Point'. He acknowledges alongside other researchers, such as O'Grady and McFerran (2010), that the 'crisis point' is a vulnerable stage within therapeutic practice. There is often a need at this stage for privacy, a one-to-one setting, and the intervention and support of other professionals something which all practitioners offering community-based interventions should be mindful of in order to protect participants (O'Grady & McFerran, 2010, p.

23). The need for an intuitive and reflexive approach was also discussed by O'Grady & McFerran (2007) who suggest that "Receptive music techniques" (such as listening to music) rather than "active music techniques" (such as singing or playing an instrument) are more appropriate for a person who is experiencing an acute stage of crisis. This reflects the fact that new experiences and challenges may introduce risks that the participant does not have the strength to address at that time (p. 20).

Curtis (2012a) applied the use of receptive techniques, which included lyric analysis, within therapeutic music sessions with survivors of abuse, addressing the abuse-shaped aspects of individual identity and behaviour with participants. She believes that unhelpful aspects of self-thinking could respond well to exploration and re-invention through creative activities. Lyric analysis, songwriting, and individual or group reflection were used to explore the causes and effects of domestic abuse within this study. She explained how women within the refuge setting explored reflexively together as a result of shared experience and in this way, they were also able to share solutions for change and recovery which were strengthened and affirmed through peer support. Curtis (2012a) concluded that facilitated songwriting had an important impact upon levels of self-esteem and empowerment. Her work supported a qualitative approach to research methodology and highlighted the empowerment of the women by extensively quoting them within her co-produced research. This is a particularly poignant way of celebrating the voices of a group of people who are perceived to be oppressed. There are many intuitive approaches to both practice and research with survivors of abuse which can be adopted within this PhD project. These include the use of group lyric analysis and reflexivity (which is possible to facilitate within the discussion of song choices and use of Participatory Action Research, as discussed in chapter 2 and 3) and the forefronting of the women's voices within the presentation of data (something which the use of Interpretative Phenomenological Analysis[8], as discussed in chapter 2 and 3, will promote).

Bieleninik and Lawendowski (2017) consider the process of improving self-esteem and well-being using music to be the initial step onto Ansdell's Health Continuum. At this stage, the participant contemplates the "expression of emotion"

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[8] Interpretative Phenomenological Analysis (IPA) is a methodology which has a focus upon lived experience from a personal viewpoint. The interpretation of the participant and researcher are key to knowledge creation (Eatough & Smith, 2017).

which is the first step in addressing "one's damaged self with healthful aspects of personality thus improving one's self-esteem"[9] (p. 1). Pyszcynski (1999) also supports the need to 'maintain good levels of self-esteem' to maintain a positive mood as a protection against anxiety. The idea of sharing work as an acknowledgement of recovery and raised self-esteem to others was reported by Bieleninik and Lawendowski (2017, p. 3).

My own proposed recovery observations, seen in Figure 1.4, were derived through observation within my practice as a community musician at the women's refuge from 2012, which included a case study written for the Charity Commission in 2013. Weekly sessions took place within the refuge throughout those years and used songs, songwriting, learning ukelele and family songs and actions. Regular performances took place for staff and residents. Similar aspects of recovery to Ansdell's Health Continuum were observed, particularly within entry to the refuge when many women needed other types of intervention including medical help, legal advice, or psychiatric support. Often, women did not engage with CM sessions initially, joining at a later point as they began to feel safe and ready to address their sense of well-being. Group interaction usually aligned with an increased sense of well-being, followed by increased confidence and independence before their integration within the community. The 2013 case study sought to ascertain the impact of music upon recovery and well-being in the women's refuge. Information was gathered through both individual and group discussions.

Figure 1.4 aligns my own proposed recovery observations within the women's refuge setting alongside Figure 1.3 The Music Recovery model proposed by Bibb and Skewes McFerran (2018), Figure 1.5: Ansdell's Health Continuum model (2002) and Figure 1.6: Wood's 'Ripple Effect' model (Pavlicevic & Ansdell, 2004, p. 61). All approaches show similarities which align with my own practice at the women's refuge (Figure 1.4). Figure 1.4 was created through initial observations within previous practice which had highlighted socialisation as a key factor in recovery. The term 'intervention' used within this figure relates to all factors which intervene in recovery such as gaining a place of safety, acquiring clinical support, or engaging in therapeutic activities. The scale for recovery is marked by the movement from isolation,

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[9] "Healthy" and "unhealthy" is potentially pathologising language. It is frequently used within the field of health-related research but does not reflect the concept of this research which is based around a return to a person's baseline for health and well-being which may have moved due to the effects of trauma.

disconnection, and poor mental health towards a personal baseline of optimal health and well-being. This is marked by increased connection to people, music, and society. All approaches observe the social causes of psychological illness which underpins the practice of social prescription and recognises the contribution of health inequalities within illness (Marmot, 2015). Each model shows that when an isolated individual joins with a group and then a community, their well-being improves. At the initial crisis point the individual may present with social or medical reasons which impact their mental health and well-being; therapeutic interventions occur, and psychological symptoms are addressed. There is a natural movement toward social interaction and communitas; this may eventually lead to a peer, community, or public platform of recovery celebration. Luce (2001) considers the transformative-self and the participant's status of increased social connection (where appropriate) as seen in Figure 1.4 (Proposed Recovery Observations).

AD4E (A Disorder for Everyone) align strongly with the principles of holistic recovery by moving away from the language of disorders, diagnoses and pathologies toward a language of wholeness, empowerment and restoration. This model highlights the need to acknowledge the social causes of poor mental health, believing that a return to health and well-being could be achieved by asking "What happened to you?" rather than "What's wrong with you?" (AD4E, 2023, para. 2).

This research project aligns strongly with the social prescription model of recovery, in that it is there as a tool to be chosen and used. Practice aims to provide opportunities for positivity, joy, healing and restoration through socialisation, empowerment, and choice. At the same time, it also wishes to work alongside other bio-medical interventions and does not purport to replace these. It is important for this CM project to foster a sense of autonomy in personal health and recovery and for each participant and for them to engage in any number of approaches which enables their return to wholeness.

Themes within recovery will present throughout the research period, giving insight to all research questions and addressing question 3 in particular.

1.5.1 Choosing an appropriate approach and pathway to recovery within the research setting

As a CM practitioner, it is important to respond to the needs of the participant and to build trust without necessarily addressing the trauma which the participant may be

unable to deal with at that stage. Reflexivity is clearly essential for the CM practitioner and the participant; it is also important to be able to signpost the participant to professional support services when needed or to pass on concerns to trained refuge staff. Previous research supports the idea that it would be beneficial for music workers to receive training, allowing them to work flexibly between the "Consensus Model of MT" and other models influenced by CoMT" to "truly follow where the person's health leads" (O'Grady & McFerran, 2007, p. 21). Song analysis or basic instrumental skills can often be a more appropriate focus for a music worker to create trust initially. Within O'Grady and McFerran's research (2007), one participant described the need to deal with emotional problems on a one-to-one basis which was recognised within the MT sessions (p. 21). This type of reflexive response within sessions is standard practice within the field of CM where many participants attend with vulnerabilities. By facilitating sessions and allowing sessions to be participant-led as much as possible, the needs of everyone can be acknowledged. It is important that the community musician creates an environment in which groups can talk, share ideas, and negotiate. There needs to be time before the session to explore any needs, allowing the CM practitioner to protect any vulnerabilities and time at the end of the session to allow participants to debrief if needed. This also provides the opportunity to pass on any health or safeguarding concerns to staff.

Current practice often divides the boundaries between MT and CM initially within the healthcare continuum; however, this distinction is less visible within the music intervention used as recovery develops. As recovery develops, both MT and CM focus upon the social benefits of group music-making. The music activity delivered by both community musicians and music therapists is most likely to be within a group setting, with decreased levels of one-to one therapeutic intervention. O'Grady and McFerran (2007) argue that CoMT and CM practice outcomes within established recovery are similar, often with a less clinical approach to CoMT. The shift of transformation within the therapeutic process leads the participant to re-integrate within society, not as a victim of its suppression but as a controller and changer of its wrongs, as discussed by Vaillancourt (2012, p. 174). When considering the clear beneficial effects that community interaction has upon recovery, this must be considered against current clinical MT practice, which often takes place in more private environments.

This research project will chart the recovery of participants alongside the 'Health Continuum Model', as my own proposed pathway to recovery aligns most

clearly to it. It reflects the strongest linked between the effects of isolation upon poor mental health and the transformative power of CM as a means of using socialisation to promote recovery. It will be important to chart the effects of domestic abuse and the movement along the recovery pathway in both directions. The role of music within this movement will be a key consideration in the research findings. It will also be important to ascertain access to creative provision when leaving the refuge and if participants are able self-initiate musical activities or engage in social prescription.

1.6 Social prescribing and alternative health interventions

Powell (2004) acknowledged that MT as a model for recovery was no longer unique. He believed that music was now used therapeutically in a range of settings and by a variety of practitioners (some of whom were trained and others without formal training). Social prescription demonstrates this. People may be signposted to community choirs to address their health and well-being. Some choirs may have been formed to promote health and well-being (if offered through a Recovery College) and other choirs may exist already without the awareness that members have joined in order to address their mental health and well-being needs.

The idea of accessing activities within the community, to address health and well-being needs, emerged within the 1980s and 1990s. At this time social prescribing was not a national concern, it was delivered as community-based or charity-led projects. Sometimes these projects were linked to GP surgeries and sometimes they were linked to charitable organisations. The NHS Long Term Plan (2019) sought to formalise the provision of social prescription within Primary Care Networks throughout the UK in response to the unsustainable strain upon the National Health Service due to social causes such as debt, unemployment, domestic abuse, and homelessness (Lejac, 2021). Its implementation was stalled by the COVID-19 pandemic but has been rolled out nationally since 2021 with the employment of 1,000 new social prescribing link workers (NHS, 2022b). On referral by a General Practitioner, a social prescribing link worker will create a personalised care and support plan with the client, identifying all social, physical, and psychological barriers to optimal health and well-being. These needs will then usually be addressed within community-based settings through signposting. Interventions may include support from Citizen's Advice or debt management charities as well as gardening, walking or culture-based activities. Many clients are signposted to community choirs, because of the accessible and inclusive nature of music as well as the opportunity for socialisation. There are plans to integrate services within the community

in order to further promote the holistic approach to health and social care which is demonstrated by the model (Government, 2022).

Social prescribing research tends to measure clinical outcomes, something which is required by the NHS. Project evaluations also tend to show a positive results bias, something identified as a concern by Clift (2019). Chatterjee et al. (2017) reviewed 86 social prescribing project evaluations (which included nine arts-based activities) concluding that the outcomes included "increased self-esteem and confidence" as well as "improvements in mental well-being and positive mood"; reductions in "depression and anxiety" were also reported (p. 97). More recently, Dowlen reviewed thirteen arts-based social prescription programmes in terms impact upon well-being for the participants. Her findings concluded that the programmes reported "positive outcomes" including "feeling more confident, less socially isolated and having better self-esteem" (2023, p. 4). Dowlen (2023) discussed the limitations of the review, which included the uncertainty of whether the benefit was created by the art activity or by socialisation. She also was unsure whether other factors might have influenced recovery which were unrelated to the activities themselves. These factors needed consideration within the methodological approach for this PhD thesis, particularly within a project using CM (the combination of activity and socialisation). Participant discussions which detail the effects of both areas are needed to determine the role of each within recovery from domestic abuse.

Within social prescription, a link worker collaborates with the client to create a personalised care and support plan. Within the plan, the barriers to health and well-being are identified, alongside signposting to support and intervention within the community (this may include charities, organisations such as Citizens Advice or local groups such as choirs, gardening clubs or exercise classes) (NHS England, 2022b).

NHS initiatives such as 'The Creative Minds Project: Southwest Yorkshire Partnership, NHS Foundation Trust' have funded social prescribing activities in the women's refuge alongside other area-wide initiatives. Their Cultural Commissioning Group case study perceived creative group activities within the community as a cost-effective way to address mental health needs (Hough, 2017). Hough aimed to explore the bridges which might be built between traditional clinical approaches to psychological recovery and alternative creative therapeutic approaches, using the social prescription model. The integrated use of social prescribing alongside or instead of medical intervention within primary care was observed by Crawford (2020). Crawford

(2020) perceived a new role for the arts as part of an integrated health system, something which has been confirmed by the College of Medicine.

The College of Medicine opened a Mind-body faculty as part of their alternative medicine faculty in 2023 to recognise the importance of the psychological in relation to the physical (College of Medicine, Mind-Body Faculty, 2023). This faculty was started to train new doctors to recognise the intersection between the psycho-social and bio-medical models of health maintenance and recovery. This need has been prompted by an unprecedented rise in GP visits with around 20% of referrals being linked to social problems (Moore, 2022). GPs need new ways to treat patients within an already over-stretched health system and alternative therapies are rapidly being seen as the primary solution to socially induced problems.

The ways in which alternative and complementary medicine, including cultural social prescription activities, might be accessed for women within the refuge have not been considered a great deal within the associated literature. The review of CM literature shows the benefit of 'place-based' provision that allows "ethics of care" through shared experience and peer support (Silverman, 2009, p. 178). Could the social prescription model extend to settings, where support can be immediately sign-posted for vulnerable participants as soon as they need it? Research question number five will examine the findings in terms of future practice within the scope of current provision.

1.7 Music Psychology

The field of music psychology research may offer an insight related to the interpretation of musical experiences and their effects upon the body and mind. The psychological uses and functions of music seem particularly pertinent within the context of the current PhD study (The uses being the ways that music is utilised in everyday life and the functions being the psychological processes attached to those uses). Uses include music for "travel, physical work, brain work, emotional work" and "live music events"; functions include: "distraction, energising, entrainment" and "musical enhancement" (Sloboda et al., 2009, p. 431). Such categories may facilitate the understanding of the way that the women are using music in their everyday lives whilst in the refuge. It also facilitates the understanding of the psychological and social processes linked to the function of music both within the CM sessions and outside of the sessions. This may be helpful in evaluating the impact that such processes might have had upon recovery.

The field of music psychology may also provide insight in relation to the reasons for musical choices. Greasley and Lamont (2009) outline the many factors that influence an individual's musical taste preferences and choices. These include "family, friends, partners, changing social environments and shifting social roles" (p. 267). These factors become poignant when musical choices are related to the transition into life within the women's refuge and the transition toward a new life outside of it. It may be possible to express or affirm these transitions using music. It may also be possible to psychologically process the changing roles of family, friends and partners using song choices.

Explanations for music preferences linked to autobiographical memories and identity are offered by Lamont and Loveday (2020). Lamont and Loveday (2020) explore a range of literature linked to music and memories and then use their findings to inform their interpretation of Desert Island Disc archive material. The findings of the study show a strong link between the use of music and mood (identifying a function which may be important within the refuge setting). The study also determines that musical memories are long-lasting and strong, even within the presentation of dementia. This may also be important within the refuge setting when identity loss is found to be a common symptom of domestic abuse (Crawford, 2009). The use of music as a display of identity was also discussed within the study, linking pieces or styles of music to self and key relationships (Lamont & Loveday, 2020). Lamont (2021) also provides insight into the use of music for coping during times of psychological challenge. Although linked to the context of the COVID-19 pandemic, there were parallels for consideration alongside the findings from the women's refuge, including an increased reliance upon music for psychological well-being during times of stress.

By combining the findings of the uses and functions of music (Sloboda et al., 2009) with the reasons for people's choice of music (Greasley & Lamont, 2009) and the psychological preferences linked to musical memories (Lamont & Loveday, 2020), a set of considerations will be used to prompt the evaluation of the role of music within recovery used by the women in the refuge. The uses and functions of music will allow for evaluation and analysis at all points within the research, including data interpretation as part of the IPA process. Musical choices, preferences and memory insights will also

be considered on a weekly basis as part of reflexive practice and contribute to lines of inquiry within PAR discussions[10] in order to tease out further information.

1.8 The use of Participatory Action Research in practitioner-led research

Several research projects and methodologies have been useful in supporting PAR as an effective approach to practitioner-led research. The Department of Health (2006) published a booklet which was ground-breaking in its approach to research and decision-making, involving people with learning difficulties and disabilities. It stated that, "One of the most important phrases linked to valuing people is 'Nothing about us without us'" (p. 8). Peter Reason (1994) presented several Participatory Action Research (PAR) projects in his book 'Participation in Human Inquiry'. Although most research projects he presented were related to health contexts, there were obvious parallels with the context of the women's refuge. Reason (1994) included topics such as participatory approaches to inquiry when working with oppressed groups, the supervision of the child protection process and collaboration within a team of youth workers. From an ethical point of view, action research offered an ideal approach when working with vulnerable adults. The participants involved within the project also practiced collaborative inquiry, reflected upon its effectiveness, and implemented their own changes as a result of constructive criticism. In this way participants shared in the ownership of all critical evaluation and research rather than being objects of experimentation or judgement from outside the circle of experience and understanding.

Reason's "action and reflection cycle" model is rooted within practice, so that any changes can be proposed, practised, and experienced (1994, p. 43). The "co-researchers" are also the "co-subjects" (practitioners), allowing Reason to adapt his own model from John Heron's "snow person's diagram" (1981) to represent the two positionalities and the transfer of "propositional, practical and experiential knowledge" between the two perspectives (Reason p. 44). This model alleviated some of the anxieties around the positionality of the researcher and potential for coercion, as the participants could drive understanding from their own experience, changing practice as a result of this (Reason, 1994). In a research project undertaken by Elizabeth Whitmore

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[10] PAR Discussions: The participatory action research group conversations which took place immediately following the sessions. Participants shared their experiences related to the sessions, activities and use of those activities outside of the sessions in order to shape the understanding of practice and their own recovery.

(1990), a group of health visitors working with single parents found that the interviews allowed them to understand their participants better and challenged the perceived power struggle between health visitor and client. PAR discussions were organised so that the new mums could meet regularly for support whilst at the same time expressing any questions and fears which they had related to engaging in health services. Many new mothers lack confidence and feel disempowered by the role of the professional in the care of their baby. The group provided an opportunity for peer support with other new mothers and allowed the women to work through their barriers to positive engagement with health visitors, Whitmore concluded that the support process provided empowerment. She also observed raised levels of self-esteem and confidence. Valuing and challenging the opinions of participants empowered them to understand themselves and promoted development. Health visitors also admitted that they had preconceptions about their clients which were challenged and later addressed as a result of PAR. This shows the numerous benefits of PAR as a tool for both understanding and refining practice. It also demonstrates the use of PAR discussions as a forum for peer support. This places it as an ideal research tool for use within the women's refuge setting.

The closest approach in practice to the one used within this PhD comes from Curtis (2012a). She developed the feminist approach to MT, which enables the exploration of the personal and social against the political and cultural. For Curtis (2012a) music provided an outlet for what she perceived as the historical suppression of the female voice. Translated as an intervention within the context of domestic abuse, she believed that music, lyrics, and songwriting could provide a metaphor for those needing to find and express their own voice again. Music therapist Felicity Baker (2016) also acknowledges the therapeutic ability of songs to "tell stories or express feelings".

My own practice within the women's refuge encourages the participant choice of songs as well as the facilitation of individual or group songwriting. This material offers a further source of insightful material for evaluation, which may also be explored within PAR discussions where appropriate.

1.8.1 IPA and the importance of context in the understanding of experience

Faulkner and Davidson (2006) supported the idea of practitioner as researcher within qualitative studies, particularly those using Interpretative Phenomenological Analysis (IPA), as they believed "lived-in experience" could support the "constructivist

standpoint" (p. 221). Importantly, these values align with the use of PAR as a research tool in that meaning is constructed through experiential knowing (Reason, 1994) and knowledge is built through practice and reflection, longitudinally. Smith and Osbourne (2003) set a precedent for practitioner/researcher-led investigations using IPA as Smith was also a member of one of the choirs being studied and a director of another. Lived experience was a key to research and interpretation tool within two projects already discussed. Gibbons-Trikha (2003) lived within a women's hostel in India for two months in order to carry out her qualitative research with the full knowledge and consent of the other residents. She described this process as beneficial as she perceived a clear understanding of context-based knowledge grow throughout the life of the project. This same direct representation of qualitative data was also used by Faulkner and Davidson (2006) in their research involving the participants of an Icelandic male voice choir and the related homo-social behaviour among members. They justify the use of Interpretative Phenomenological Analysis as a way of better understanding the psychological aspects of data linked specifically to individual participants. Themes were then drawn, where appropriate, in a more holistic manner and in a way which acknowledged cause and effect related to life events. They discussed how participants of the choir could regulate, transform, and maintain identity through musical activity by "monitoring self in relation to others" (Faulkner & Davidson 2006, p. 231). This approach revealed the ability of IPA to gain a deeper understanding of experience and why something is true linked to contextual factors (not just what is true). In a similar way, my own research is context driven i.e., there are numerous contextual factors which may determine why findings might be different within this setting as opposed to another.

Day et al. (2009), used a qualitative approach within their investigation which examined the experiences of survivors of abuse who performed their own songs in public. They focused upon the voices of participants, representing their individual responses to the activities undertaken through the form of in-depth case study reports for each of the five participants involved. The quotes of the participants formed a major part of the data representation with a small conclusion drawn at the end. The brevity of the conclusion was testament to the fact that the participants were able to analyse and articulate their experiences and outcomes so insightfully. In this way, the data were

analysed autoethnographically[11]. The use of PAR within this PhD project offered the opportunity for participants to analyse and articulate their experiences and to reflect upon the processes of musical engagement as well as recovery. The information generated will therefore be rich, insightful, and context-based and will be emphasised within the research findings.

Part of the contextual understanding of experience is the ability to monitor it longitudinally and to make sense of any patterns related to environmental factors. In a review of methodological approach to health and well-being research which involves group singing, Dingle et al. (2019) suggested that a longitudinal approach was necessary to determine sustained positive outcome. At least three points should be used to measure and compare well-being, including assessment at the three and six-months point (Dingle et al., 2019). This was a key aim of this research project in response to standard CM evaluations which often assess benefit with groups immediately following a period of project funding without the opportunity for follow-up at a later stage.

The need to explore a deeper understanding of the implications of contextual and social factors upon recovery is also addressed by Clift (2020). He offered advice which was pertinent to the monitoring of music interventions addressing health, well-being, and recovery, suggesting that a full understanding of the participant's social and environmental context upon their recovery was needed to determine the impact of any intervention. Within his critique of Fancourt and Finn's scoping review for the arts in improving health and well-being (Fancourt and Finn, 2019), he found that they had included overly positive research findings which sometimes failed to determine the influence of the participant's domestic situation upon their overall health and well-being (Clift, 2020). This reminds the researcher that factors other than music activity may have an impact upon health and well-being, and that studies need to be designed in a way which can capture this information. The consideration of environmental factors upon mental health is highlighted by Burgess, who suggests that psychological interventions should recognise the role of "social challenges" and "inequalities" in the progress of recovery (2020, p. 2). This holistic approach underlies the practice of social prescription, which embraces the use of creativity as a vehicle for recovery alongside

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[11] Autoethnographically: "Autoethnography is an approach to research and writing that seeks to describe and systematically analyse personal experience in order to understand cultural experience". It is described as a "socially just" and "socially conscious act" (Ellis, Adams & Bochner, 2011, p. 1).

social interventions. This current thesis will include longitudinal participant data analysis, charting well-being, and recovery alongside corresponding environmental factors. This will allow for a critique of how recovery, context and music might relate, using the participant discussions to articulate the understanding of this.

The efficacy of the practitioner-researcher approaches within community music research will be discussed and proposed recommendations given for future practice in answer to research question number five.

1.9 An outline of the thesis

Chapter 2 will focus upon the creation of democratic epistemology for the purpose of CM research and explore positionality within the field, including the role of the practitioner as researcher.

Chapter 3 will justify and explain the methodology and methods used within the women's refuge setting. The context will be discussed as well as the appropriateness of all methods used. These topics will be considered against the ethics of CM and related literature within the field. Chapter 4 will then discuss procedural considerations including ethical sensitivities when researching within a women's refuge setting.

Chapter 5 will then guide the reader through considerations prior to the presentation of the findings. This will include a visual guide through the data analysis showing themes, IPA, and longitudinal findings. Chapter 5 will also guide the reader through chapters 6 to 10, which contain the research findings.

Chapter 11 will conclude the thesis presenting an evaluation of research findings and sharing implications for future practice, policy, and CM research. A proposed recovery approach for community musicians will be presented as well as a positionality chart, showing the development of the multi-positionality and perspectivity throughout the life of the research project.

1.10 Summary and conclusion to chapter 1

This chapter has explored the prevalence of domestic abuse, highlighting the fact that a significant percentage of women will experience DA (domestic abuse) each year, rising to 1 in 4 within their life span. We have seen that refuge spaces are limited and that resources to support women and children during their stay are under-funded but that there is widespread research to show that intervention has a significant impact upon recurrence as well as quality of life throughout the lifespan of the survivor and for the children of survivors.

We have explored a range of literature linked to music and health in terms of mental health, well-being and recovery from the impact of domestic abuse. A variety of recovery models have been explored in relation to mental health, and the impact of socialisation (the community element of CM) appears to be a common factor to recovery. Literature shows that CM may offer significant therapeutic benefit when used as a tool for psychological intervention and that more research is needed in relation to safe practice within the refuge setting.

The chapter has highlighted the use of participatory action research and interpretative phenomenological analysis as appropriate research tools within the refuge setting by critiquing a range of literature which upholds the same ethical values, finally setting out a plan for the whole thesis.

Chapter 2 will focus upon social epistemology as an ethical approach for knowledge generation by discussing literature which has enlightened the decision-making process during the design of this research project.

Chapter 2 Creating a democratic epistemology for the purpose of community music research

2.1 Introduction

Within the practice of CM, it is important that participants are kept safe and that the activities and interactions with others should not do harm. This chapter will discuss the research, analysis, and interpretation methods within the context of relevant practice and literature. CM should empower through creativity, self-realisation, acceptance and belonging (Birch, 2022). The same guiding principles are true of CM research. Participatory action research (PAR) is commonly used by those working with groups of vulnerable people and communities as a way of facilitating personal and social change through their own collective voice (Reason, 1994; Whitmore, 1998). Within PAR, the participants decide what is important, what works and what needs to change. This principle applies to their lives, to society as well as to the format of the practice being offered and the research methodology. These insights occur in 'real-time' through lived experience, throughout the life of the project. Reason endorses the suitability of PAR for this current study by stating that this methodological approach is suitable for: "Women or members of a minority group who wish to articulate an aspect of their experience which has been muted by the dominant culture… to assess the impact on their well-being of particular healing practices" (Reason, 1994, pp. 42-43).

2.2 A community music approach to social epistemology

The research methodology of this project has been created to share the power of knowledge between participants and community workshop leader by collaboratively generating data within the refuge throughout the project. Rather than providing a less rigorous interpretation of data, this would give immediacy to it by challenging false interpretations and clarifying anomalies within the data during the life of the research project. Reason (1994) argues that by choosing practice-led research, researchers may be in danger of "the research establishment seeing this kind of research as "applied and therefore less scholarly" (p. 180) but Lee (2000) upholds the view that all research, whether qualitative or quantitative, has been influenced by the researcher's choice of methodology and interpretative tools. Therefore, a balanced approach to methodology design would forefront participants voice through the facilitation, with the greatest level of participant involvement as possible. 'The Framework for Research Ethics' (2022) as set out by the Economic and Social Research Council clearly states that research should

be practised with the greatest regard for "integrity, quality and transparency" (pp. 143-144). Reason (1994) argues that the choice of research methodology is political, and that the idea of social epistemology is rooted in liberalism and with regard for the empowerment of "disadvantaged people" (p. 47). Methodology design linked to this PhD research project has attempted to ensure this by centrally involving the participants throughout the research and review process.

Reason argues that the concept of co-operative and participatory inquiry was born from earlier forms of research involving women within the community or workplace (1994, p. 141). The way that feminist objectivity (Haraway, 1988) has shaped the interpretation of data will be discussed in chapter three and chapter five. Methods for data collection, analysis, and interpretation will be explored within this and the following two chapters.

2.2.1 Participatory Action Research and the use of creativity in data collection methods

Participatory action research is fundamentally creative in the way that it explores solutions to problems collaboratively within the practice setting. There are several research projects which have used creativity to explore 'free flow' thought as a way of promoting solution-focused change (Cole & Knowles, 2008; Kara, 2017). Jeffrey et al. (2019) used art-based forms of collective research to explore the oppression of migrants within North Africa. This was advantageous in relation to overcoming language barriers as well as the art itself becoming a platform for voice. Co-researcher, Professor Palladino (24/05/2023) described the research project as 'Arts for Advocacy', describing the use of PAR (as part of a mixed-methods approach) as a solution-focused approach to addressing the vulnerabilities of participants and the need for social justice. There are three main aims highlighted within Palladino's research:

i) To address the consequences of harm

ii) To reduce risk exposure

iii) To promote change

Palladino (2023) used participatory video-making as one research method, where migrants recorded their lived experience through film. They were also involved in the editing and production stages. The film *Boza* (telling the story of three men) provided an accessible format for dissemination of research and has raised awareness at film festivals throughout the world. Palladino argues that the richness of lived experience

within storytelling could never be picked up through a questionnaire. Jeffrey et al. (2019) also explored the suppression and mistreatment of women within the migration process in Northern Africa, using qualitative research to make sense of any data sets. The 'how' and 'why' of research are needed where social activism is key, and where research is generated to affect political change (Manning, 2018).

Storytelling has become an important part of social research, in part, as it places data into a context and illuminates understanding (Reason, 1994; Frank, 1995; Day et al., 2009). Reason (1994) defined storytelling as an initial collective bonding exercise when approaching the use of PAR for those with shared lived experience: "We told our stories as a way of building relationship, and the meaning of the stories was not hurried by applying analytic processes in the early stages" (Reason, 1994, p. 148). This is an important process to apply within the women's refuge setting where women make sense of their own stories by sharing their lived experience with other residents; Community music and poetry give participants the opportunity to contain their voices and stories through the containers of songs or poems using a narrative or representational approach if chosen. Like Palladino, this could provide a 'snapshot' of lived experience at any given time, representing the emotional details that might be lost in other forms of data collection. Turner (2017) used songwriting to record the reflexive process in her own autoethnographic research as a community arts practitioner exploring themes of social justice; the performance of the songs formed part of her doctoral thesis. This also shows the potential for song as a form of emotional containment and a rich source of contextual insight within research (Aigen, 2009).

Within this PhD project, creative forms of representation were used to inform research, including songwriting, song choices, poetry, and paintings. All participants shaped both the approach within delivery and the understanding of that approach as an effective psychological tool within the refuge setting through PAR discussions.

2.3 The role of community music practitioner

The CM practitioner facilitates the two fundamental elements of practice (music and socialisation) which may benefit those seeking to restore their health and well-being. The community musician often works with vulnerable participants but is not usually clinically or medically qualified and at no point seeks to replace either approach as a means of recovery. It is part of the community musician's role to signpost participants to these interventions or pass on concerns surrounding a participant's health, mental

health or well-being to key workers who are trained to advocate for appropriate support (Birch, 2018; Sound Sense, 2020). It is also important to stress that throughout the sessions, refuge residents must engage through choice and may disengage at any time. The sessions were advertised on the notice board and people were made aware that they could drop in or out as they wished. CM is never 'prescribed' or defined as an intervention used to address an unmet need, whether medical or psychological. Pavlicevic observes that music "appeals not only to the symptoms but to the whole person, including those aspects that are not ill" (1997, p. 93). This view of CM gives an importance to the activity as an 'invisible intervention' within recovery, without the stigma linked to the 'deficit model of recovery' or to 'power relationships' (often attached to formal clinical interventions) (Harper & Speed, 2014). It is important to define the notion of recovery not as a clinical deficit but as a restorative process: The movement away from the initial point of trauma and isolation towards a sense of wholeness, well-being (Bieleninik & Lawendowski, 2017; Slade, 2009), community, personal empowerment and resultant desire for transformation and social change (Curtis; 2012a; Pavlicevic & Ansdell; 2004; Vaillancourt, 2012).

It was possible to align my own practice as a community musician to that of other practitioner-researchers in order to recognise some of the key values of my own practice when working within a restorative setting such as the women's refuge. Empowerment through choice, facilitation, reflexivity, solidarity, experience, empathy, vulnerability, acceptance, and shared space are key attributes of CM as proposed by several practitioners (Birch, 2018; Curtis 2006; Silverman 2009; Turner, 2018).

2.4 Choosing appropriate methods for data analysis, testing, triangulation, and interpretation.

In 2013, Qdos Creates asked me to write a case study report for the Charity Commission which outlined the work I was doing at the women's refuge. This qualitative study used interviews, songs written by the women, and the observation of activities within the refuge. The main purpose of the study was to determine the structure and ethos of the sessions, the creative output of the sessions, and the use of community activities in relation to the recovery of the women. This case study created the desire to explore the use of music in the refuge context further. By undertaking the case study (Donnelly, 2013), I recognised that the role of the practitioner-researcher working within the women's refuge carried both strengths and limitations.

The strengths include:

- A primary understanding of the research context and participants in a way that allows themes for discussion to develop and grow intuitively.
- The ability to gain the trust of the participants, potentially leading to a deeper level of interview responses.
- The ability to support participants and monitor the effects that activities or discussions may have had upon them.

The limitations may include:

- The potential for coercion in relation to participation and response to interview questions
- The researcher's ability to maintain a critical distance when analysing data.
- The researcher's maintenance of mental health when dealing with emotive and upsetting themes.

This initial investigation showed that there was a further need to investigate the role of creativity within recovery in a sensitive and democratic way which could forefront the articulate and insightful experiences shared by the women. The selection of the methods for data interpretation within this larger investigation were derived from the consideration of several factors. Firstly, the need to represent the deep, rich, and unique experiences of the participants throughout the recovery process; secondly the need to assess the outcomes of therapeutic intervention within the context of the refuge community; and thirdly the need to empower a group of vulnerable adults using social epistemology. This led to participant involvement throughout each stage of the research.

The use of creativity within a community context as an effective autonomous tool for recovery, was formed around the political ideals of liberalism, individual voice, participant ownership and democracy (Curtis 2012a & 2012b; Jeffrey et al., 2019). Within CM practice, the leader acts as a facilitator throughout each session, enabling the creative ideas of the participant on an individual and group level. Therefore, it is important that the research methodology used to investigate the outcomes of the role of music in the women's refuge mirrors the same values as the sessions themselves i.e., to support free thinking and to facilitate the collaborative interpretation of data by the people who have shared their information. AarØ and Stige discuss the ethical implications of CoMT as involving "Reflexivity" through collaboration, a process by

which individuals communicate their ideas with consideration of the whole group or community (2012 p. 163). This shows that individuals create meaning through the reflection of self within a particular social context. This highlights that the psychological co-exists with the sociological and that our understanding of self cannot exist without our understanding of the world and community around us (Reason, 1994). Democratic epistemology (collaborative approach to knowledge generation) valued the ideas of the participants and created an empowering experience in which the women could feel that they were contributing to benefit other women in their position. Reason (1994), justifies the benefits for the participants involved in the analysis and review of data, saying that by understanding the way that we experience and process our place in the world we can change and plan our future. He also states that the positive impact that involvement within the cycles of "action" and "reflection" can have upon the well-being of the participants involved (Reason, 1994, p. 43).

This methodology gives scope for a constructivist approach to research which will be shaped by the information presented by the participants. It is assumed that the musical activity experienced within the refuge will have both manifest and latent functions (acknowledged and unknown) which cannot be predetermined. As Bryman (2012) suggests, a "constructivist" approach is highly appropriate when conducting qualitative research which looks for phenomena (pp. 35&36). Research question four seeks to represent all aspects of the use of music within recovery, no matter how unique. Therefore, this approach is suitable for data collection with this goal. In many ways the construction of meaning by a participatory action research group can be deemed a 'snapshot' of reality linked to the environment and participants at that given time. A constructivist approach to the interpretation of data and the building of truth will always acknowledge the flux of reality within an everchanging society. With these considerations in mind the research methodology has been designed to create, interpret, and test data in different ways using approaches described in the following sections.

2.5 Communal triangulation[12] of themes (Participatory Action Research)

Two methods will be used for the analysis of data within this research project. This is in line with the overarching aim of the methodology, which is to be as egalitarian as

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[12] Triangulation: "Investigator triangulation uses different researchers, interviewers, investigators, data analysts or observers in a study". The purpose of this is to add validation and credibility to the research. (Bans-Akutey & Tiimub, 2021 p. 1).

possible. The research tools used align context and understanding to the present moment i.e., the experiences of the women during the sessions. Interpretative phenomenological analysis alongside PAR discussion acknowledges and addresses "the gap between the object of study and the way it is represented" and the representation of phenomena versus interpretation (King & Horrocks, 2010, p. 12). This research project aims to forefront the voices of the women, using their contributions as the basis for all "experiential knowing" (Reason, 1994, p. 44). This also reflects the need for new methods of epistemology as the world begins to address the wrongs of colonisation and the underrepresentation or misrepresentation of marginalised voices within research (Burgess, 2017; Wright, 2017). Rebecca Wright (2017) described the need for radical change within psychological research saying that "Resurrecting scientific racism challenges many aspects of the profession, such as questioning the roots of 'Psychological knowledge'" (p. 7). She recognised the need to "politicise, historicise and contextualise" (p. 7) her own research in answer to this. The need to challenge epistemologies which marginalise voices is addressed to some extent by the participants' direct involvement in data interpretation. It is important for researchers to alter or invent new ways of conducting research which reflect the need to represent the variability and complexity of humanity. Smith et al. (1995) described how psychology had reached an age of post-positivism, saying that:

> Thus, it can be argued that, in order to be able to conceive of itself as truly embarked on a post-positivist paradigm, psychology needs to find new methods, which are more appropriate to the questions it now wants to ask and to the settings in which it wants to ask them (p. 2).

It has been important to allow the research methods of this investigation to be guided by the needs of the research questions, the participants, and the setting, without regard for traditional conventions such as maintaining an objective distance from the research and participants. Individual and group discussions were then collected and transcribed by the researcher which also acted as aid for reflexivity. Any themes that emerged from earlier discussions were anonymised and generalised if explored within further discussions. Below is a justification of the two analysis methods used.

2.6 Identifying individual themes

It was useful to transcribe each interview shortly after each discussion as emerging themes, initially observed by the researcher as they occurred within discussion, could be considered within the context of the whole discussion, and interpreted against some of the uses and function of music (Sloboda, 2009). This facilitated the generation of further

lines for inquiry. It also enabled the understanding of knowledge within the context and allowed the researcher to understand where consensus or differing opinion occurred and for what reason. Horrocks and King (2010) support the idea that group interviews can help to triangulate data and add detail to phenomenological analysis. They see it as being particularly useful within context-based investigation (which is the case within this research project). This approach worked well for this project, which was guided by the same principles as CM. My role as a facilitator within PAR discussions was minimal and only used when necessary. Group members naturally questioned each other to clarify points of discussion. Ethically, it is important to note the sensitivity around the use of group interviews for the discussion of personal information, such as the use of music in relation to the effects of domestic abuse. However, women are more likely to be open within a group which demonstrates "shared experience" (Horrocks & King, 2010, p. 63). PAR discussion can often provide a supportive environment in which women can empathise with each other and make sense of their complex situations. Each participant within the PAR discussion discussed a specific theme from their own perspective. The group of IPA participants was small (eight) allowing for greater depth of response and for the understanding of the information given within each individual context. It was also important that participants had experienced the CM group on a regular basis and engaged in related activities both inside and outside of the weekly sessions. This allowed for the collection of data throughout the process of recovery, an important part of the research aim. This was imperative to aid deeper understanding and empowerment of the women's voices.

Within the CM approach of this research project, reflexive discussions were undertaken within a group as part of the PAR discussions as a way of comparing responses to the same theme by multiple participants. This created possibilities for the triangulation and interpretation of meaning by the participants themselves, as they teased out some of the socio-cultural implications of emerging themes and individual phenomena. The data testing model, as seen in Figure 2.1, shows the generation of knowledge by the participants and professionals during the life of this project. Following all discussions, the data for each participant was transcribed and anonymised in preparation for the IPA process (which is shown in detail within chapter five). Participant quotes presented to refuge workers and clinical professional discussions were shared without themes as their interpretation was used as an additional layer of data validation and triangulation.

2.7 Interpretative Phenomenological Analysis (IPA)

Faulkner & Davidson (2004) justify IPA as "a psychology of individuality" (p. 221). This supports the use of IPA within an investigation which studies the role of music in the life of each participant linked to the effects domestic abuse and their recovery process. IPA is a qualitative interpretation tool in which the researcher focuses on the deep, rich contextual information of each participant as a way of understanding experience more deeply. It is not concerned with replication or generalisation (although it is not to say that these things may exist). A holistic approach to knowledge creation is formed through a detailed understanding of each participant and their life in relation to a situation or problem. A study may chart participant experience over a period, such as coping with an illness or bereavement. It is often used within psychological fields, many of which focus upon health and recovery (Smith et al., 1996; Smith et al., 1997). Examples include how people come to terms with the death of a partner (Golsworthy & Coyle, 1999), how people with genetic conditions view changing medical technologies (Chapman, 2002) and what forms of social support are helpful to people who are in pain (Warwick et al., 2004).

IPA provided an appropriate tool for data analysis within this study as the information generated was complex. The study was also longitudinal and involved the understanding of a small group of individuals during a transformational period within their lives. It was impossible to search for specific outcomes from the outset of this research project or to ascertain how and why music might or might not help within the participants' recovery from domestic abuse. Individual interviews and longer individual contributions within PAR discussions were used (depending upon the activities undertaken and attendance on the day). These provided rich evidence which informed deeper understanding.

As a researcher undertaking IPA on the transcribed material for each participant, it was important to explore behaviour which occurred as a reaction to complex socio-cultural interaction on an individual basis first, regardless of any commonalities which were emerging. Interpretation was formed through a detailed response to social setting, interaction with the world through relationships and experiences alongside the ethnographic understanding of the researcher. Faulkner and Davidson (2004) used IPA when researching the interaction of music in the lives of the members of an Icelandic male voice choir saying that: "This qualitative approach seeks to explore personal perceptions of lived events or states, usually through semi-structured interviews and

aims at enabling participants to provide fuller and richer accounts than other less flexible research instruments" (p. 246). It was also a suitable method for research undertaken within a practitioner-researcher environment, as this allowed for a deeper understanding of the context and participants through shared "lived-experience" (Faulkner & Davidson, 2004, p. 221). IPA enables the researcher-practitioner to understand the more sensitive implications of their practice when working with vulnerable groups of people.

The data have been evaluated using 'qualitative synthesis' (Larkin et al., 2019; Williamon et al., 2021). Transcription at the time of women's refuge discussion enabled immersion and understanding of data and the consideration of important or complex ideas within subsequent discussions. The triangulation discussions with refuge staff and clinical professionals provided further insights and understanding of the data as well as the opportunity to create multiple positionalities when viewing the data e.g., as a practitioner-researcher working with the women in context, as a practitioner-researcher reflecting outside of the sessions and as a researcher-practitioner gaining insight and discussing both practice and research outside of the context. I also aimed to develop an IPA methodology which was not over-reliant upon the ethnographic understanding of the researcher, aligning with Haraway's notion of 'Feminist Objectivity' (Haraway, 1988). At the same time the principles of IPA applied: the knowledge that was generated, existed within the frame of context.

Within further and higher education as well as in CM project contexts, it is usual to adapt practice in response to student or participant feedback (Shah et al., 2019; Chen et al., 2003; Kuh, 2001). It seemed to be logical that any data related to the outcomes of practice needed to be experienced and reviewed collaboratively by the participants involved. Within an educational setting this has often led to students gaining more autonomy within their learning as well as improving their outcomes (Carless, 2020). Reason (1994) affirms the suitability of "co-operative inquiry" for the purposes of research with groups of oppressed women. He believes that this type of inquiry enables such groups to understand how dominating factors within society lead to oppression, both consciously and subconsciously. By exploring issues of suppression collaboratively, a greater sense of well-being may be found (pp. 42-43). Figure 2.1, inspired by John Heron's 'snowpersons' diagram (Reason, 1994, p. 44) utilised the concepts of propositional knowing and experiential knowing within the women's refuge setting. Figure 2.1 acknowledges these elements of sense-making within the cycle of

knowledge creation. It allows for 'knowing' to be triangulated with refuge staff, clinical professionals, and MT professionals as well as the participants themselves. Themes can be observed by the researcher and then reviewed within discussion by participants and professionals. Effective approaches to practice may be highlighted and implemented during the life of the project and reviewed. There are limitations to this model which the practitioner-researcher should be aware of. The model does not seek to gain ultimate truth or solutions to approaches within practice. It will ascertain what works well for a specific group of people within a specific context. As the participants and context are constantly evolving this model would need to be used continuously to generate effective and meaningful insight into practice.
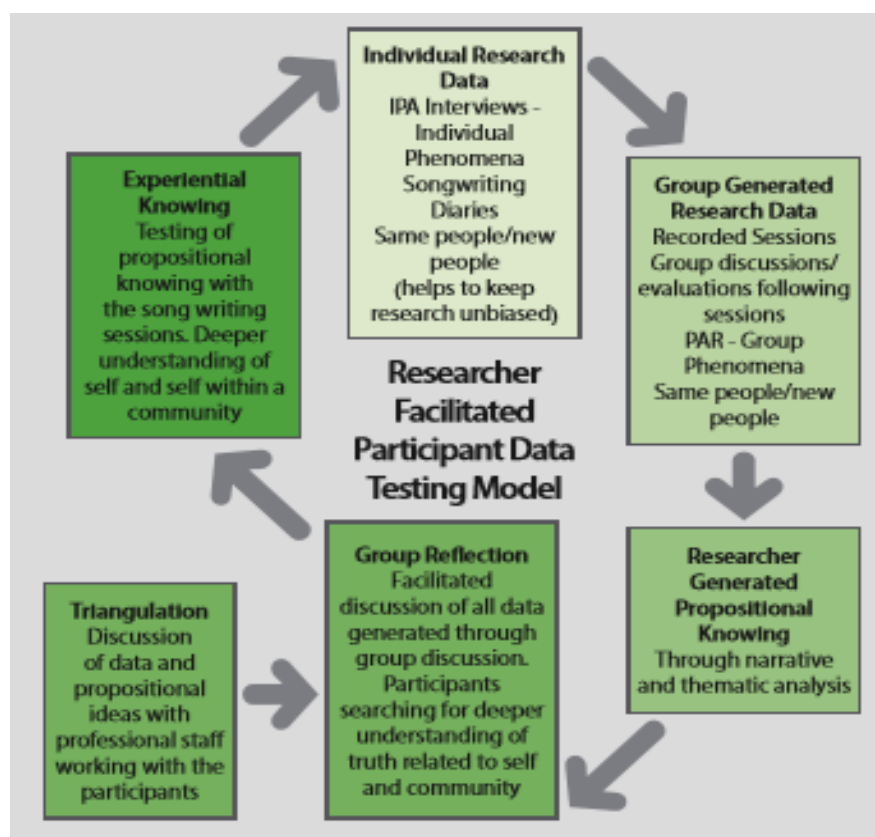
Figure 2.1 Researcher Facilitated Participant Data Testing Model (Susan Donnelly, 2017). Some elements have been inspired by John Heron (Reason, 1994, p. 44)

Participatory action research also created a constructivist approach to understanding as groups naturally made sense of their experience together, leading to improved practice. Horrocks and King (2010) discuss how detailed interviews can potentially have an impact upon practice within a setting (p. 11). The women within the refuge made many comments within interview which shaped the structure and activities

used within the sessions. Sessions were adapted constantly in response to the feedback provided.

Feminist therapy also brings many advantageous concepts to the methodology, given that all therapeutic intervention and research activity will take place with women and challenge their suppression. Hadley and Hahna (2016) discuss the view that both research topics and researchers have shown male bias historically (p. 440). Rolvsjord and Hadley (2016) highlight the fact that much of the MT research is carried out by female researchers has a political or activist agenda, often created to support the progression and well-being of women within society, a view supported by other practitioners and researchers (Bodry & Schwantes, 2021; Curtis 2012a & 2012b). Villaverde (2008) states that "In many ways, feminist informed researchers have used their own research as 'a strategic tool for activism and intervening in public and private inequity" (p. 107). Reason (1994) argues that the concepts of co-operative or participatory inquiry were born from earlier forms of research involving women within the community or workplace. Like Villaverde (2008) he observes the link between collaborative inquiry being highly relevant to issues affecting women and the research process itself as a means of empowerment. Furthermore, Reason believes that many of the social and "listening skills" already attributed to women aid collaborative forms of inquiry (p. 141).

IPA offers an extra layer of information which supports the 'how and the why' of a particular intervention, this supports the justification for provision of a service (something which is essential to social activism). In an experiment to explore the effects of group music sessions on psychiatric patients with symptoms of anxiety and depression, Choi et al. (2008) used control groups with their response to 15 sessions being measured against the 'State and Trait Anxiety Inventory' and the 'Relationship Change Scale'. Although they observed that the control group showed greater improvement in their mental health and relationships, they were unable to explain specifically how and why this happened. In a similar research project, Perkins et al. (2016) investigated whether group drumming sessions could improve the mental health of a group of patients. Their qualitative-based research combined semi-structured individual interviews alongside focus group interviews, this was then analysed using IPA. Researchers could then discuss the outcomes of the therapy as a result of the detailed feedback from participants.

This PhD project aims to attribute knowledge creation to the women who have contributed to it through the improvement of refuge provision. As with CM, the researcher becomes a facilitator within this process of societal change. My role as a community musician has also placed me as an activist and advocate for the women. On several occasions I have been asked to sign petitions or to write to my local MP. My role resonates strongly with the approach of Sandra Curtis (2012 a & 2012 b) who found that in addressing the oppression of one woman, the therapeutic music worker addresses the oppression of all women; seeking to change the systemic wrong which has caused that oppression in a quest to generate healing for self and society.

2.8 A explanation of the table 2.1 and the underpinning approaches used within the CM practice and research of this project.

Table 2.1 below presents a summary of the community approach to practice and research used within this project (as discussed within the literature review). Both CM practice and CM research show the underpinning theoretical considerations alongside the key pieces of literature which have shaped those understandings. It is of importance that the approaches to both practice and research are guided by the same CM principles and ethical considerations. In particular, the use of PAR aligns with the values of democracy, co-creation, and transformation; IPA with the focus of individual voice, inclusivity and the fore-fronting of marginalised voices and reflexive practice with the mindfulness of ethical sensitivity. Both CM practice and CM research are guided by the desire to promote social justice and change on both an individual and societal level:

Table 2.1 A summary of the community music approach to practice and research used within this project with reference to underpinning literature

Community Music Practice	Community Music Research	Alignment to theory or concept
Facilitation	• Practitioner- Researcher	(Sandra Curtis, 2012a) *Feminist music therapy: Transforming theory, transforming lives*
Safe Space	• Participatory Action Research **PAR**	(Catherine Birch , 2020) *Emerging Voices*: Working with women in the criminal justice system
Ethics of Care & Justice	(Group support, empathy and desire for positive change through deep contextual understanding, social activism)	(Marissa Silverman, 2009) *Sites of Social Justice:* Community Music in New York City (Laura Curtis, 2022) Insider positionality, lived experience (Jeffrey et al., 2021) Creative arts as 'free flow' data
Participant Voice **(Community Music projects often enable those with a limited voice/platform)**	Participant Voice: **IPA** Interpretative Phenomenological Analysis Participant Voice (**Storytelling**):	*'When we use our own stories, or those of others, for research, we give testimony to what we have witnessed, and that testimony creates a voice'* (Frank, 1995) Day, T. et al., (2003). *Beyond the therapy room: Women's experiences of 'going public' with song creations. British Journal of Music Therapy Volume 23, No. 1.*

Community Music Practice	Community Music Research	Alignment to theory or concept
Empowerment (Creativity provides a channel for self & community identity) **Social Justice: The Transformation of Self and Society**	Participatory Action Research **PAR**	Curtis, S.L. (2012b) *Music Therapy and Social Justice: A Personal Journey, The Arts in Psychotherapy, 39:3, 209-213,* DOI: https://doi.org/10.1016/j.aip.2011.12.004 (Vaillancourt, 2011) *Music Therapy: A Community Approach to Social Justice* (DeNora, 2005) *The Pebble in the Pond*
Democracy, Co-Creation Shared Ownership, Authenticity	• **IPA** (Interpretative Phenomenological Analysis) • Social Epistemology • Feminist Objectivity	The understanding of truth from multiple positions in order to dissipate power. IPA also views truth within context without the need to be reductionist or linear in the pursuit of objectivity (Haraway, 1988)
Inclusion & Equality	**Hospitality and inclusion** '**Re**-searching'	(Higgins, 2007) Hospitality and inclusion (Rebecca Wright, 2017, Burgess, 2016) Has any privilege lead us to our methods of generating, interpreting or owning knowledge?
Context-Based Creativity	IPA & PAR: 'Situated knowledge' 'Experiential Knowing'	(Haraway, 1988) Knowledge exists by knowing linked to experience within a context (Reason, 1994) Context holds up the mirror when understanding truth. Knowing exists within experience
Reflexive Practice	Reflexive Research	*Becoming a Reflexive Researcher* (Etherington, 2004)

2.9 Summary to chapter 2

Within this chapter, the ethical design of the project has been discussed in relation to the key elements of literature and practice which have enlightened the decision-making process. In particular, the sensitivities which underpin CM practice, have been identified as the same ethical sensitivities underpinning CM research. These links have been explored and evidenced in table 2.1, which demonstrates the corresponding value within each field.

Within chapter 3, the research setting will be explored alongside the practical implications for this research project.

Chapter 3 An explanation of context, research, and analysis process

3.1 The Context: Music within the IDAS women's refuges

The refuges involved within this study have rooms for lone women and flats for women accompanied by their children. Women can stay at the refuge for up to two years with the intention that they will secure their own accommodation within that period. Each woman is assigned a key worker who enables them to access the support needed to re-build their life. Clinical psychological support is accessed via GP referral and not available on site and many communal adult activities are provided through charities or volunteers. IDAS offer for women to take part in 'The Freedom Programme', a twelve-week course which allows them to explore the reasons and reactions to abuse collectively in a desire to understand their experiences and avoid abusive relationships in the future. The course is also offered to perpetrators (outside of the refuge, within community-based settings) to increase understanding around the causes of domestic abuse and move towards positive goals for the future. The 'Freedom Programme' has its roots in the promotion of social justice for all victims of the canon of dysfunction in family life and close relationships (The Freedom Programme, 2018).

Many women welcome activities which bring them together and encourage community as without these opportunities they would often remain in their rooms and continue to feel the isolation which has been characteristic of their abusive relationship. The sessions always involve music but may also incorporate other creative activities at the request of the women, including pottery, craft work and even ▮▮▮▮▮▮▮ dancing. Because the sessions include single women as well as families with babies and toddlers, a range of approaches are needed. Sessions usually incorporate mother and baby songs (with instruments and actions), adult songs (chosen by the participants) and songwriting as a group.

3.2 The research project and participant recruitment to the sessions

The project was designed to gain information about the experience of using music in the process of recovery within the women's refuge setting. This was done utilising interviews, recorded PAR discussions, songs chosen or written by the participants, and created artwork. Interviews took place initially as only one participant chose to take part within the research. As the number of research participants grew, it seemed logical to combine group 'interviews' surrounding music and recovery alongside discussions linked to the development of the sessions. These became known as PAR discussions

(the term used throughout this thesis) which took place within the sessions, something which developed as a result of feedback. This allowed several benefits to occur:

i) The time to transcribe and process information between sessions in order to return to themes within the next discussion for clarification or deeper understanding.

ii) The opportunity to understand the information as part of the reflexive approach within the practice, considering participant experience through an autoethnographic lens[13]. In this way aspects of lived experience could illuminate further lines of questioning.

iii) The women could consider how music affected recovery both within the sessions and outside of the sessions by comparing experiences with the reflexive lens of other participants.

iv) Suggested changes could be implemented and immediately discussed following a full cycle of reflection, as proposed by Reason (1994, pp. 44-45), which critiques the process of propositional knowing, practical knowing, experiential knowing and improvement.

PAR was used as a way of gaining feedback which could shape the delivery of the music sessions. One such change, initiated by the women, was the development of the session from music alone to a music session followed by an art session with refreshments and discussion. This was initially chosen by the women because they were unable to talk when they were singing, but it quickly became an ideal opportunity for PAR discussion. It also became apparent that when the women were absorbed in pottery, the discussions flowed freely with no pressure to respond to topics for discussion immediately. The situation felt very different to standard interviews where silences may feel awkward, and answers may be rushed. The group was also sat in a circle around a table, which also enabled the ideas to bounce between participants in a natural and organic way. This enabled the women to compare experiences from multiple perspectives without intervention by myself (something which I instinctively felt positive about).

The research was designed to be longitudinal, taking place over a period of at least six months (which was eventually extended to two years). The data would then be

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[13] Autoethnographic lens: Analysing and interpreting research data through the lens of personal lived experience (Ellis, Adams & Bochner, 2011).

analysed using IPA and then triangulated to gain validation and contextual insights from linked refuge workers and clinical professionals. Refuge workers supporting the women at the refuge, gave an insight into the use/avoidance of music by the women both inside and outside of the music sessions at the refuge. Their insights provided contextual examples of the use of music that might not have been captured fully by discussion or researcher observation. The occupational therapist and assistant psychologist were able to give clinical insights into the presentation of evidence and discuss resonances with aspects of experience and recovery linked to their own settings. The music therapist was able to discuss clinical aspects presented within the data but also allow for reflexive discussion to take place surrounding ethical practice and parallel approaches within CoMT and CM. These interviews provided a way of testing my own understanding and interpretation of the data provided by the women, rather than to verify their accounts.

Longitudinal insights were also gained within the analysis stages by aligning information linked to psychological state, contextual implications, and therapeutic uses of music within recovery. An NHS strategic lead implementing social prescribing was then interviewed to discuss funding and strategy related to arts-based recovery interventions and the future of provision within the refuge. The same strategic lead had funded an earlier project at one of the refuges as part of their creative health remit, which covers initiatives both inside and outside of health settings. While I conducted this PhD research, NHS Creative Minds also funded me to provide music sessions at a psychiatric hospital, which allowed for reflexive comparison between settings. It was important to represent all data and to avoid positive bias as this information could also show the causes of recovery regression, as well as the avoidance of music or its potential to cause harm.

All residents within the women's refuges were invited to attend the sessions and to engage in the research project (the ethical considerations of this are discussed within chapter four). The women in the refuge covered a wide range of ages, however those with babies, toddlers and young children were most common. A range of nationalities were represented in the groups with some women for whom English was not their first language. Thirty-six participants took part in the sessions over a period of two years, in two different refuges. Although more participants consented to PAR discussions and IPA analysis of their information, only eight participants stayed long enough to provide valuable longitudinal data. One of the greatest challenges in recruiting participants within the refuge setting is continuity. Some participants stay for two years, some may

leave after days, weeks or months and some clients may leave without warning if suitable housing is found. Some clients may engage in the process and others may disengage when police investigations, court appearances, court proceedings or meetings with social services begin.

The challenges were unique. Sometimes situations were discussed, sometimes they could be ascertained by reflection and sometimes they remained unknown. For example, one woman who started to play the keyboard ceased to attend when other women began to attend with children. It later emerged that she had not been able to bring her child with her into the refuge and that she found the presence of other children upsetting. Several participants consented to interviews and discussions but then left shortly afterwards, for a variety of reasons. It would also be inappropriate to interview women who were in a more vulnerable position due to the multitude of complex situations which occur once they enter the refuge. Some women consented to discussions but tended to babies within the recordings, making it important to also use refuge worker observations to build a full picture of their use of music (this method of triangulation will be discussed within the next chapter). Reflexivity was the key to gauging whether the time was right for recorded PAR discussion, as this demands a high level of understanding, intuition, and sensitivity.

It is important to consider how music interacts with other therapeutic interventions which may include counselling, advocacy, cognitive behavioural therapy, or medication. The symptoms which the women in this study present on entry to the refuge may include post-traumatic stress disorder, anxiety, depression, low self-esteem or drug/alcohol dependency and addiction (Crawford et al., 2009; Flury et al., 2010; Pastwa-Wojciechowska et al., 2013; Tutty, 2015; Women's Aid, 2017). This must be discussed alongside any changes in psychological state. Music was used in many forms within the weekly sessions as well as outside of the sessions (in the everyday lives of the women and their children). This included activities such as listening to music, dancing to music, learning an instrument or using music with their children for example. The use of music both within and outside of the sessions, was of equal significance within this study. The focus of this PhD study was to explore the role of music within recovery from domestic abuse within the refuge setting. It became apparent that this was not limited to the music sessions alone. The principles of CM encourage empowerment, voice, and enablement; these principles were adopted when participants initiated their own musical activity to support recovery.

3.3 My role as a community music practitioner and researcher: Positionality, motivations, and reflexivity

Sessions used a CM approach employing facilitation, in which provision was adapted to suit the needs of the client group and respond to their creative decisions. As a result of this, no two sessions were alike, and the style of sessions and provision took many forms. The situations of participants were diverse, ranging from single women without children to mothers with multiple children. There were also women whose children had been taken away from them following interventions by Social Services. Some women had just entered the refuge and were suffering the effects of PTSD whereas other women were recovering and attempting to rebuild their lives.

Within PAR discussions, I acted as a facilitator by presenting questions or teasing out further comments relating to themes which had been raised within previous discussions. I often found that the discussions were self-triangulating as participants shared various perspectives from their own experiences but also identified commonalities. My role within the music sessions was to play the guitar, sing with the group and research and practice the songs which were requested by the women each week. I assembled these songs into a booklet so that the women could request these songs again or suggest new ones. It was also my role to make sure that the environment was safe for everyone. This meant that interviews could not take place if older children were in attendance who were waiting for school places, or if someone was not well psychologically, and triggering themes might need to be avoided. Permission was always sought before PAR discussions took place. I completed a reflexive diary[14] following each session. This enabled me to think more deeply about the needs of the participants and my position and reaction to events throughout the whole process. An example of this is shown within Appendix A.

The 'ethics of care' (Silverman, 2009) were central to my work at this time; the group was forming social bonds which I became a part of. I experienced the sense of group trust and co-mutuality alongside the other participants. I also experienced a sense of belonging and solidarity alongside the women and their children. I reflexively examined my motivations and questioned whether it was wrong to partake in the

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[14] Reflexive Diary: The reflective notes made by the practitioner-researcher following each session which consider how personal beliefs and experiences have shaped the interpretation of events and data. (Pitard, 2017).

positive sense of acceptance and shared understanding afforded by this weekly experience. I realised that this was part of the 'Ethics of Care' (Silverman, 2009). She too had experienced the same co-mutuality within a multi-racial New York High School as the children shared music from a variety of cultural heritages. Her acceptance of them and their music had led to their acceptance of her. She experienced a strong sense of co-mutuality as they 'educated each other', knowing that her life had been made richer for the experience. I needed to be authentic and co-reciprocating for the CM relationship to work. There were still professional boundaries relating to my need to keep participants safe and to avoid songs and activities which might trigger upsetting responses.

I recognised my positionality as an insider, as a co-researcher with lived experience of domestic abuse. I also acknowledged my positionality as a reflexive outsider, making sense of weekly experiences and discussions. The same 'insider positionality' is discussed by Laura Curtis as part of her community music-based research involving women experiencing involuntary childlessness like herself (Curtis, 2022). Within her epistemological justification states that:

> Taking a feminist stance is crucial to my research in that I explore my research questions from within the research environment, as a subjective being whose personal experiences as an involuntarily childless choral singer, choral director and vocal pedagogue are acknowledged and interrogated as shaping the intentions and consequences of my research (Curtis, 2022, p. 95)

My decision to integrate insights from refuge workers and clinical professionals was part of a desire to include the external triangulation of data using feminist objectivity (a multi-perspective interpretation tool). Harraway believes that areas of knowledge always exist that are outside of the scope of the researcher (Haraway, 1988). This also embodied Haraway's approach to 'Feminist versions of Objectivity' in which she invites the sharing of understanding from technical, social, psychological, and physical perspectives to increase insight and dissipate the power linked to 'objective' knowledge generation, which she commonly sees as reductionist and linear in its quest for ultimate truth and ability for replication (Haraway, 1988).

3.4 The data analysis process using Interpretative Phenomenological Analysis

The following section will guide the reader through the processes used to organise, interpret, and present the data. This process of collation linked to themes, subthemes and phenomena was not reductionist, following the true nature of IPA analysis each participant's data was analysed in its entirety without comparison to other participants.

Discussions were recorded and transcribed during a two-year period. All participants had been assigned a code meaning that all contributions made by the same participant could be collated for analysis. Although thirty-six participants engaged with the project over the period specified, eight participants consented to take part in the research discussions (a manageable number given the in-depth nature of IPA analysis).

3.4.1. Interpretative Phenomenological Analysis: Transcript analysis

For each participant, general notes including initial reactions, contradictions and concurrence with other participants were recorded within the left-hand margin (see Figure 3.1 below). This was done for every transcribed discussion which included that participant throughout their time in the refuge. As previously discussed in chapter four, discussions were limited to occasions when the women were free to talk, and ethical sensitivity had been considered i.e., the women consented to discussion and there were no new residents who might not have consented to be part of the research.
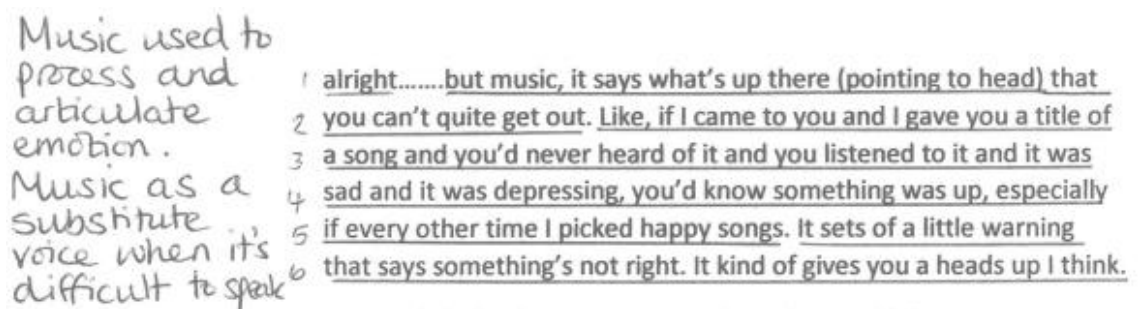
Figure 3.1 IPA Transcript Analysis (comments in the left-hand margin)

3.4.1.1 IPA: Summarising thoughts into themes

The next stage within the IPA process was to summarise initial thoughts into themes. Some of these themes related to the psychological use of music (Sloboda et al., 2009), some enriched the contextual understanding surrounding the effects of abuse and life within a women's refuge and others could be described as phenomena (how music had been used in relation to a specific feeling, event, or psychological state). At this stage in the analysis, it was not important to look for concurrence or emerging themes between participants. The example below shows the process of creating themes within the right-hand margin of the transcript using the initial reaction to the data within the left-hand margin:

The transcript reads (with line numbers):

15 JH01 I think with that that I'm the only one who is ever going to
16 know which stage I'm at and someone else might read that and think
17 that I'm further back than I thought I was or I'm further forward than
18 I think I was but I'm the only one who is ever going to know what
19 stage I'm at and I think that it did help put into my head: I am here. I
20 think if I'd done a different song........I didn't want to do a song that
21 made me think 'All I'm ever going to do is look back at stuff'. That's
22 why one of the lines is like 'look I'm moving forward now and I'm not
23 going to look back at what happened'.

Margin notes: Self-management of emotion. Song writing: Affirmation of stage in recovery. Emotional grounding. Positive affirmation of recovery

Figure 3.2 IPA analysis (comments in the right-hand margin)

3.4.1.2 IPA: Collating and clustering the themes

After completing the process for the same individual participant on all scripts which included them, their themes were recorded and then clustered into overarching themes. If ideas were important within the discussion this would be represented without the need to analyse the wider implications of the data. As a practitioner-researcher who had met with the women on a weekly basis during their time at the refuge, the accurate understanding and interpretation of the transcripts was strengthened by that contact. Where ideas needed more clarity or further discussion, they had been presented within further discussions during the following weeks to enable further insight. This proved to be a strong benefit of the practitioner-researcher role. The creation of knowledge through data collection and interpretation were both grounded in 'experiential knowing' (Reason, 1994) and 'situated knowledge' (Haraway, 1988). The following examples show extracts from this stage:

Positivity	**Effects of Abuse:**
Hope/Looking Forward	Effects of Abuse
Parenting Tool	Living with an Abuser
Therapeutic Intervention (Music)	Anxiety
Variety of Therapeutic Tools	Low Self Focus
Art and Music together	Control/Coercive Control
Escape/Trance	
Distraction	**Recovery Stages and Well-being:**
Emotional Processing	Positivity
Emotional Release	Hope/Looking Forward
Psychological Rewind (Music/Arts)	Recovery Point
Skills from before the Abuse	Recovery
Music and Movement/Dance	Recovery (Progress)
Refuge Life	Recovery without contact with the perpetrator
No Family support	Freedom
Isolation	
The Sessions	**Psychological and Therapeutic Uses of Music:**
	Parenting Tool
	Therapeutic Intervention (Music)

Figure 3.3 List of themes (Extract)   **Figure 3.4 Clustering of themes (Extract)**

3.4.1.3 IPA: Table of themes

Once broad themes and clusters had been established, it was then possible to present the data within the form of a table. This was done on an individual basis, with each table representing the contributions of that participant only. Although resonances were beginning to emerge between participants at this point, this could not influence the interpretation of each woman's data. It was important to represent their information in its entirety before discussing the body of evidence. Each participant table included the themes with the collection of phrases or paragraphs which evidenced the theme. The location within the script was also added to each piece of evidence. Although time consuming, this was done to aid the later stages of analysis and evaluation by directly referencing the source. This was felt necessary when analysing the data for a relatively large number of participants in a research project employing longitudinal IPA.

It will become apparent within the following chapters, that the words of the participants form the foundation for knowledge creation. The values of CM align strongly with those of CM research: chiefly the emphasis upon participant voice through facilitation, the transformation of self through empowerment and the platforming of voice both within the research context and the wider community (Pavlicevic & Ansdell, 2004; Curtis, 2012a, De Nora, 2005; Vaillancourt, 2012).

Table 3.1 Table of Themes (extract)

The table below shows an example of themes in the left-hand column, the location within the transcript and the text itself:

Theme	Location	Text
• Self-esteem	8.2.18.9.12-17	You do get self-esteem from playing it, when you're able to play it well. Because you could turn around to someone, I could turn around at any time and whip out a guitar and start playing and impress someone and it would be like 'Well I never knew that about you' and I would be like 'Well I learnt this when I went through the roughest part of my life'
	21.6.18.7.9-11	My self-esteem has come up leaps and bounds from playing because someone can say the nastiest thing about me and I in my head can go 'Well I can play guitar and you can't'
• Pride	22.3.18.1.17-23	It's something I was never allowed to do and I never imagined doing. But it's that great moment when it's..........even though there were people in the room, I felt on my own and then I was in my element then. I didn't feel anxious and I didn't feel judged and I didn't feel belittled or bullied. I left like I could walk down the street with my head held high like, I know what I've just done. I didn't get any negative response.
• Empowerment	22.3.18.1.14-15	I didn't really have anything negative that came out it, for me it felt empowering.
	22.3.18.1.31-34	The fact that I did it..... and it's something that no one can take away from me and even if they said, 'Yeah right!', for me it had nothing to do with anyone else. It was me that made me feel comfortable.

3.4.1.4 IPA: Longitudinal analysis

As the research took place over a period of two years, it was important to align environmental and psychological data alongside each participant's use of, and relationship with, music or other psychological management tools between each discussion. This provided a summary of the participant's point of recovery in relation to linked environmental factors such as court hearings, rehousing pressures, or relationships within the refuge. By charting recovery progression and regression longitudinally within the refuge environment, it was possible to then explore the links between recovery, context, and use of music.

Table 3.2 Longitudinal analysis (extract)

Duration of participation in the weekly sessions:

17 Months

Stage in Process	Summary of Themes/Data Psychological States and Life Events /Environmental Factors	Summary of Themes/Data: The use of Music	Summary of Themes/Data: Related to other Art Forms/Activities
Entry to the Refuge	• Anxiety • 'Fight or Flight Mode' • 'Felt like a caged bird' • 'I was quiet and subdued' • 'It's the emotional that gets to you the most' • 'I couldn't just go down to the school' • 'We were all really shy in the beginning, I would barely speak'	Parenting Tool: • 'I thought it was a distraction for the kids', 'I thought it would take their minds off things' • 'It's important for them to interact. Even just interacting with you initially, they were very reserved in the beginning, whereas now they've opened up quite a bit. It's just interacting with other people which they didn't get to do before' • 'When we came as well before the kids started school' • 'It used to be a thing, revolving around the music sessions' (before the children had school places)	
Discussion: 25/10/18	• 'If you've noticed, a lot of the days when I don't have the kids then I don't come down'	• 'You just want something different. It's something different for them. They like music a lot actually'	

3.5 The analysis of multiple perspectives

The triangulation interviews were used to aid the interpretation of data and the generation of knowledge to:

i) Gain insight from various perspectives which may have fallen outside the lens of the participant researcher-practitioner i.e., a clinical professional would give an insight from a clinical/psychological point of view or provide a theoretical explanation of what a participant was saying

ii) Add concurrence to the practitioner-researcher understanding of the participant information

It is important to highlight the fact that the participants were sharing their understanding of lived experience within context. As a result of this, the evidence presented does not need further testing, as opposed to the evidence generated within an experiment which may replicate the experience but not the context.

All interviews started with a discussion of the quotes presented by the women. No other information was given, such as my interpretation of themes presented. Each interviewee was asked to discuss their reaction to the information presented and to discuss any clinical insights and resonances that the data presented. When this had been done, it was also possible to discuss personal insights and aspects of practice to

externalise the practitioner-researcher role. By altering the positionality of that role and questioning understanding from that viewpoint reflexively, it was possible to gain further insights related to both practice and research. This process of insight gathering, and self-reflexion took place with each triangulation interview. The following example shows the further insights gained from the initial participant information through this triangulation method:

Table 3.3 Multiple perspectivity of data within the triangulation discussions:

Contributor	Comment	Explanation
Participant WR01	"Before the guitar I did self- harm a lot because it was something to put my mind at ease and I find the guitar does that better than that" (WR01) "Yes, and it's like my crutch and I could be doing worse I could be doing drink, and I could be doing drugs but I'm not and I'm finding a better outcome, not outcome what's the word? ...focus" (WR01)	The following quotes by participant WR01 describe how the guitar has become a tool for psychological maintenance.
Assistant Psychologist	It's almost like when someone's really lonely, so like obviously children have an attachment with say their Teddy Bear or they make tea parties and that's because to them that's almost like a living thing and they have a connection with that and I think you see that, we see that with everyone but especially people with trauma, who have experienced trauma or people that haven't got anyone, they sort of will find that, I don't know, that connection and it just could be an object and for the lady before it was probably the guitar (Assistant psychologist).	The assistant psychologist found resonances within her own practice where people who have experienced trauma, often need to create connection to process emotion. She described the connection of a child to a teddy bear but believed that WR01 was using a guitar in the same way.
Music Therapist	It is the expression of what needs to come out coming out in a healthy way and that's what she needs and as you say it's something that she's kind of found through the musical activity (clinically and within this project but actually that's something that's a coping mechanism that you can take a guitar anywhere so that's something that's a life skill now). That's something that she can take wherever so not only has it been therapeutic value, but it actually is a resilience tool that will continue forward (Music Therapist).	the music therapist concurred with the same clinical perspective as a means of processing trauma and emotion through connection. She also described the function of the guitar as a means of creating a tool for psychological resilience that WR01 could take forward within life:
Refuge Worker 1	From speaking to WR01, probably, gosh it would have been before lockdown, but she rang us for something else, something that she was in trouble with, but she was still doing some music (Refuge Worker 1).	Refuge worker 1 confirmed that WR01 was still using music two years after leaving the refuge, which supports the use music for psychological maintenance and as a resilience tool.

3.6 Summary to chapter 3

Within this chapter the research-setting and practical implications of the project were discussed. Research ethics were discussed in order to highlight the safe practice of CM and explore the careful balance between achieving the research objectives and obtaining meaningful data whilst observing the needs of the participants and avoiding harm. The research, analysis and interpretation methods were explained in order to highlight each process prior to the presentation of the findings.

Chapter 4 will explain the ethical considerations needed within this project by examining underpinning literature against knowledge of the setting and the needs of the participants.

Chapter 4 Ethical considerations related to the research project

4.1 Introduction

The following chapter will present the ethical considerations and procedural approaches needed to conduct research within women's refuges. The justification of ethical decisions will be considered in relation to literature, practice and knowledge of the women's refuge setting and the women living there. Much of the discussion within this chapter will provide insight into the operational processes of the research from the ethical review process to the procedures and measures needed to keep the researcher and participants safe and supported. Approval for all aspects of the research project was granted by the University of Leeds Research Ethics Committee (Arts, Humanities, Culture) and a discussion of their advice and support will also be presented.

4.2 Ethical considerations in relation to the research project

It was important to consider the responsibility of the researcher in relation to the protection and well-being of participants before considering a suitable ethical approach to the research project. There were added levels of researcher responsibility than within public CM settings, as the project involved potentially vulnerable participants who might discuss topics which fell into mandatory reporting categories in terms of safeguarding. There also needed to be procedures in place to signpost sources of support from refuge staff and services where needed.

Although The Nuremburg Code was created post World War Two in response to the unethical medical experimentation undertaken within Nazi war camps, many of the participant considerations are as pertinent today as when they were first drafted (Ghooi, 2011). These being:

i) The need to fully inform participants about all aspects of the research, including the procedure, purpose, risks, and benefits

ii) The need to protect participants from harm

iii) The need for the researcher to personally acquire full, informed consent from the participant (with the knowledge that the participant has the capacity to provide consent)

iv) To only conduct research which is likely to provide information that will be of significant benefit to others

v) To inform the participant that they may withdraw from the research at any time without consequence.

An understanding of the refuge setting and its staff was essential to the consideration of a morally sensitive approach to ethical research planning. Detailed discussions took place between the managers at both refuges involved within the project. This enabled the organisations to provide approval for the research with full knowledge of what it would involve. This happened before completing the ethics application. Assurances also needed to be provided regarding the safeguarding of participant identities given their level of vulnerability.

Preverbal children were sometimes present within sessions as the mother is responsible for the supervision of her children at all times whilst in the refuge. At times the sessions included children's songs which were a good way of engaging women in singing activities when they might initially be reluctant to participate. Any children present did not form an active part of the research, although aspects of recovery such as mother and child bonding could form part of the interviews or discussions. It was important that consent was obtained from the mother of each child before any audio recordings of the sessions could take place. It was also the mother's choice to stay or leave when recordings were taking place. If older children were present, whilst waiting for a school place, then recordings did not take place.

Participants were asked to give further consent if they wanted to be more deeply involved within the PAR process. This consent covered the activities listed below in which the participants contributed to knowledge generation collaboratively:

- Interviews (Providing data for analysis using interpretative phenomenological analysis)
- Participatory Action Research (Collaborative discussion of information to gain insight and improve the CM practice within the setting)
- The sharing of some data with professionals linked to the direct care of the participants or with the knowledge of the clinical aspects or their recovery. The sharing of information about participants with other professionals could only happen with their written consent. For professionals who were not known to the participants, all identifying information had been removed.

Recruitment to the research project was entirely voluntary. Where music group members did not wish to participate in research activities, they were assured that they

were still welcome to attend the sessions, but that none of their contributions would be transcribed or used as data within the research project. Participants were informed if a participatory action research discussion was going to take place at the end of the session so that they could leave if they wished to do so. Recruitment information included the potential benefits and the potential risks of participating in the research:

The potential benefits included:

- Meeting others, socialising and sharing experiences
- Discovering new talents
- Enjoying making music with others
- Finding the sessions enjoyable.

The potential risks included:

- Finding that parts of the sessions have a negative impact upon mental health
- Finding that the time commitment was too great
- A low risk of data getting into the wrong hands.

My role as a practitioner-researcher within the project demanded constant reflexivity throughout the process. I kept a reflexive diary which was completed each week immediately following all sessions or activities. All research progress was supervised by Professor Karen Burland Clark and Professor Luke Windsor (The University of Leeds) and representatives of IDAS , a council commissioner, and representatives of Qdos Creates were informed of progress throughout the research. Researcher support could be sought from the Qdos Creates management team or the University of Leeds counselling service if needed (a recommendation made by the Research Ethics Committee at the University of Leeds).

As the research involved vulnerable adults experiencing emotional difficulties, it was possible that sensitive information could be disclosed within one-to-one or group research activities. Protocol was followed for all information requiring mandatory reporting. Where upsetting information was disclosed, the participant was supported and signposted towards relevant staff and services within or linked to the refuge. This was made clear within the information sheet and consent form which stated that: "I understand that if information I give falls under mandatory reporting protocol that it will be passed on to the appropriate professionals/authorities". A link to the IDAS mandatory reporting protocol was also included: https://www.idas.org.uk/wp-content/uploads/2015/01/Confidentiality-Policy.pdf (IDAS, 2015b). This was also

discussed verbally alongside the contents of the information sheet and consent form. At least one week was given to consider the information and to ask any questions if needed before signing. Participants were also made aware that they could opt out at any point without penalty.

Sessions and interviews were audio recorded using a discreet recording device to generate the rich data needed for further analysis. This was uploaded to the University of Leeds One Drive and then transferred onto the N:\drive for longer term, safe storage. This data will be deleted after two years, following submission of the thesis.

4.3 Ethical approval and supporting documents

The final section of this chapter will present and summarise the ethical approval needed to conduct this research project with supporting documents such as information sheets and consent forms (included in appendices B, C, E, F, G, H).

4.3.1 The women's refuges: Ethical approval

Full ethical approval was granted by the University of Leeds (PVAR 17-011). Ethical approval can be found at appendix B, the information sheet can be found in appendix C and the consent form in appendix D. The consent forms also included permission for the recordings to take place and included the possibility that this might include interactions with their children. Signed consent forms were kept in a lockable filing cabinet in the office of each refuge and not stored digitally, or taken off site, in order to protect the identity of participants. Recordings of discussions needed to be sensitive to the circumstances and group dynamic on the day. If new women were present in the session, someone was upset, or older children were present, the discussions were postponed. Before any recordings could take place, participants were asked to provide their verbal consent to participate on that day.

4.3.2 North Yorkshire Safety Partnership conference questionnaire: Ethical approval

The work undertaken at the second refuge had acted as a pilot project to inform the Draft Domestic Abuse Bill (Government, 2018) which included an investigation into the activities and resources offered within women's refuges and how services might be shaped to better serve women and their children. Qdos Creates was asked to share findings from the pilot project at the North Yorkshire Safety Partnership Conference, 2019. As a speaker at the conference, I took the opportunity to explore existing arts

practice and opinions within refuge settings as a broad range of professionals linked to women's refuge services attended. This included refuge workers, social workers, health professionals, the police, and survivors of abuse. Light touch ethical approval (LTMUSC-099) was granted by the University of Leeds. An anonymous questionnaire was distributed at the conference to gauge the prevalence of therapeutic arts provision within the refuge setting, opinions regarding its benefit and potential funding responsibilities. The questionnaire can be found at appendix E and the full findings at appendix F. As part of the requirements for ethical approval, the participants were thanked, and a copy of the questionnaire findings sent for dissemination by the conference organiser.

4.3.3 The linked professional discussions: Ethical approval

Linked professional discussions were used to support the rigour of data interpretation. Linked professionals included the keyworkers and their manager who had supported the recovery of each of the participants within the refuge setting. Clinical professionals were also interviewed including an assistant psychologist, occupational therapist, and music therapist. A final interview, with the strategic lead for Creative Minds (South, West Yorkshire Partnership NHS Foundation Trust), was to gain insight into the future of funding for creative therapeutic recovery activities, particularly in relation to social prescription, community partnership boards within local authority and the NHS.

Linked professionals provided an opportunity to:

- Gain further longitudinal insight and understanding linked to the participants from refuge staff, including the way that music interacted in their daily lives throughout their recovery.
- Gain interpretative insights from a range of clinical perspectives which included an occupational therapist, assistant psychologist, and a music therapist

Any data shared with clinical professionals was coded with all identifying features removed. Analytic notes had also been removed so that researcher interpretation could not influence responses. Identities, including names were shared with refuge workers to gain further insight into the longitudinal use of music within recovery for each participant. The names of linked professionals have not been used within the thesis to further protect the identities of the women. Their invaluable contribution to this research project has been highlighted within the acknowledgements section. Light touch ethical approval (LTMUSC-113 AMD) was granted by the

University of Leeds. The information sheet for linked professionals can be found in appendix G and the consent form in appendix H.

4.4 PAR discussions, participant sensitivities and organic triangulation

Interviews were sensitively carried out with good knowledge of the participants' needs. My role as a practitioner/researcher was beneficial in this case as there was an awareness of the psychological state of each participant and a sensitivity as to whether it was a suitable week for discussion. It was also possible to probe and clarify data within each interview through knowing the participants well and observing possible lines of inquiry for further discussions. In my role as a community musician, I had already gained the trust of the participants through our relationship, this ensured a level of openness and honesty which might not have been gained if the participant had been interviewed by a stranger. By using PAR discussions, it was possible for participants to interrogate data between themselves with very little direction from the researcher, resulting in a set of reasoned responses which were tested organically by the participants themselves, and not through interview questioning. There was minimal intervention from myself (other than to include the less vocal members of the group).

This interview technique allowed the data to speak for itself and for conflicts within participant experience to be reasoned out at source. This method of data testing meant that complex ideas were not entirely reliant upon researcher interpretation. All transcription of data was undertaken by the researcher with identifying information being removed such as locations, specific dates, the number and gender of children and participant names.

4.5 Summary to chapter 4

Chapter 4 has examined the potential of the research project to do harm against the benefit of research knowledge to future provision. A number of strategies have been highlighted to minimise risk, signpost support and allow for informed consent to be given. The ethical approval for various aspects of the research project has also been discussed, with the evidence of this signposted within the appendices.

Chapter 5 will explain the presentation of the findings prior to the data analysis chapters.

Chapter 5 Considerations prior to the presentation of the findings

5.1 An explanation of the presentation and analysis of data

It is important to note that the following chapters present, first and foremost, the experiences of the project participants. The narratives being presented by the women belong to the concept of experiential knowing (Reason, 1994). This is as a result of their experiences being discussed and recorded at the women's refuge during the music sessions which can be described as 'situated knowledge' (Haraway, 1988). Most of the evidence considered within this part of the thesis (Chapters 6 to 11) presents the voices of the women's refuge participants. It was important to acknowledge the contributions made in their original form in order to truthfully represent their perspective within the research. It also allowed for further insight to be presented in response to the data.

The format of the presentation of findings relates to the research questions:

- What aspects of recovery are identified and how does music activity link?
- What are the individual and community[15] outcomes?
- What are the themes presented within the data?
- What are the phenomena presented within the data?
- What is the significance of the findings in terms of future practice and research?

As with all interpretative phenomenological analysis, the various psychological functions of music were considered to explain the data. This included the ways in which music could be used for motivation, process, and effect (Sloboda et al., 2009). Therefore, the research questions above are evidenced within three main sections:

i) The psychological effects of abuse and the experiences of refuge life

(Chapter six): The effects of abuse on entry to the refuge, life in the refuge, aspects of recovery and progress/regression of recovery in relation to context. It is important to fully understand the context to then ascertain the role of music within that context.

ii) The use of music within the women's refuge (Chapters seven to ten): A discussion of the evidence linked to the role of music during recovery and recovery regression. It is important to note that these outcomes will look at both the positive and negative impacts of music. The narratives presented will be summarised longitudinally

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[15] Community primarily refers to the women's refuge community within this context.

in chapter 10, giving a clear insight into the reasons for movement along the health continuum whilst living in the refuge and the ways in which music is used or avoided at each stage of recovery or recovery regression.

iii) The summary of the research findings and a discussion of the implications for future practice (Chapter 11): Data will be considered against existing understanding and recommendations for the future practice of CM practice and research will be discussed. A recovery flow chart will be formulated and responsibilities for provision proposed in line with current funding mechanisms, partnership working and legislation. It is often desirable to create a narrative presentation or series of case studies when using IPA (Joseph & Southcott, 2014; Lee & McFerran, 2015). These approaches could be problematic in this research context, given the ethical sensitivity of the research and the need for the identities of the women involved to remain anonymous. It is more appropriate for the evidence to be presented within themes and any contextual implications discussed alongside the data where relevant. Where longitudinal implications are pertinent to the analysis of data these will also be presented.

5.2 Summary of chapter 5

Chapter 5 has explained the presentation of the data analysis within the following chapters. It has also introduced how the final chapter will explore the implications for the future of CM practice and research.

Chapter 6 will begin by exploring the women and the refuge-setting using their own words.

Chapter 6 The women and the refuge

6.1 Role, positionality, and reflexivity statement

Within this chapter my role is as a CM researcher, as a facilitator for the process of participatory action research. I present my synthesised version of 'experiential knowing' (Reason, 1994) derived through listening, discussion, analysis, and triangulation with the perspectives of linked professionals. My role is that of a storyteller: bringing together the experiences of the participants of this study in relation to the psychological effects of domestic abuse.

6.1.1 Chapter overview

This chapter explores the context of the women's refuge in which the women resided during the period of research. It was important to establish how the experience of domestic violence had affected each participant on entry to the refuge before establishing any potential link between music and recovery. Recovery is a process, so therefore requires experiences to be monitored over a period of time. For this reason, the research design needed to be longitudinal and involve working with the same participants throughout their recovery journey and gathering information at regular intervals. A key advantage of the longitudinal design of the study was being able to work with the most participants throughout the entirety of their stay in the women's refuge (from entry to departure). The following sections will present findings which relate to the effects of domestic abuse, the psychological challenges faced within the refuge setting, the positive and more challenging aspects of refuge life and the movement toward the restoration of wholeness and well-being (both with and without children).

Where relevant, other sources of secondary data such as discussions with key workers at the refuge, discussions with clinical professionals or extracts from the reflexive diary have been used to facilitate further understanding of the research findings. For example, WR05 had small children with her in the sessions each week. Although she attended the sessions for over a year and consented to take part in the research, she was not always able to fully engage within activities or discussions. It was the refuge workers who had observed her use of music, particularly with her children, outside of the sessions and explained the function of music in her everyday life. The refuge worker interviews gave useful insights related to the function of music within the lives of the women when women with babies and toddlers might struggle to attend the

PAR discussions or to engage in the same way. Wherever possible the voices of the women are prioritised. Observations or comments from interviewed linked professionals have only been added when essential to the story of the participant.

6.2 The psychological effects of domestic abuse

The following section presents the analysis of information gained from the women in relation to the psychological effects of sustained domestic abuse on entry to the women's refuge. The ways in which that psychological impact presented within the women's refuge context and the challenges of day-to-day life will also be discussed. The psychological impact of domestic abuse has been well documented within previous studies (WHO, 2012), but this study may offer new insight into the unique challenges faced by the women as they enter refuge life and initially focus on their return to a place of wholeness and well-being.

6.2.1 The psychological impact of domestic abuse

On entry to the refuge, the women displayed many interrelated symptoms and conditions. The main ones reported by participants were:

- Self-harm
- Depression
- Low mood
- Anxiety
- Social Anxiety
- Paranoia
- Low self-image
- PTSD (Survival Mode)

Anxiety was a common symptom which was cited by most participants. WR05 explained that "Anxiety…You have a hard time with anxiety". For WR01, WR05, WR08 this was also accompanied by depression and "sadness" (WR07). WR08 describes this: "You'd just sit in your room upstairs feeling depressed, wouldn't you?". WR01's anxiety and depression were also part of a cycle of self-harm which she explains below:

> Self-harm is like a vicious cycle. You feel depressed and you feel anxious and then thoughts pop up and you act on your thoughts and because you've acted on your thoughts you're back to depression and anxiety (WR01).

Although WR02 did not clearly label her symptoms as anxiety, her keyworker observed that she "suffered a lot with anxiety" and that her mental health issues were "undiagnosed" (Refuge Worker 1). WR02 talked of psychological "pain" which was also linked to low self-image and feeling "ugly" and "old", she said "I became an old person, ugly, old, the eyes are absolutely no light in my eyes, and you know pain, pain, pain in my eyes". This also suggested a loss of identity as she linked this internal and external decay to having 'no light in her eyes'. WR04 also linked her "anxiety" to "sleep problems" saying "I couldn't sleep properly, there was anxiety problems".

There were also references to trauma and the psychological symptoms related to this. The occupational therapist attributed low mood and anxiety to the trauma that the women had experienced. She also recognised the debilitating effects of this having the potential to prevent the women from achieving other things in their personal or working lives. WR05 stated that her psychologist had diagnosed her with PTSD; refuge worker 2 added further observations about how WR05's anxiety affected her relationship with other women in the refuge: "She'd got social anxiety, so she didn't like being around other parents". WR03 was awaiting a psychological referral. Women needing psychological intervention when entering the refuge had to arrange this through a GP and many women had to re-register with a practice before they could be signposted to other services. WR03 talked about experiencing the effects of trauma despite being removed from the traumatic situation: she discussed how triggers, some of them unexpected, could spark anxiety at any time saying "I think that doesn't go away the anxiety. [There's] triggers, there'll be unexpected triggers". This was something which was also articulated by WR07, who described it as "your fight or flight". Like WR05, she said how ideally it would "go away overnight" (presumably when removed from the abusive situation) but that "in reality it doesn't". At that point she alluded to the fact that survivors of domestic abuse had to learn how to manage and cope and that their ways of doing so would be individual as "not every coping mechanism will suit everybody". The assistant psychologist has worked with many survivors of abuse and gave some insight into the long-lasting effects of trauma:

> There's years of trauma and it all comes alight when they're in there because they're away from it and people think because they're away from it it's fine, like you're safe now, but you're never going to feel safe, it's going to take a long time and a lot of work for you to feel safe (Assistant psychologist).

This same phenomenon was noted within my reflexive diary after a music session with WR01, in the early days of her entry to the women's refuge. WR01 did not talk about her abuse for nearly two months. Her focus within each session was to learn the guitar

and this also became a large focus for her life outside of the weekly music sessions: "I strongly sense that for now in her life she needs a positive distraction from her pain and that she will face some of her trauma when she has rebuilt herself enough to be able to cope with this" (reflexive diary).

WR01, WR03 and WR07 referenced the move to the women's refuge as another trigger for anxiety linked to the situation of not knowing what to expect. WR01 attributed this as a trigger to both anxiety and paranoia as a result of overthinking: "I didn't know what to expect and that not knowing what to expect makes you paranoid and that makes you anxious and that makes you overthink everything" and WR07 said "Yeah! I think first coming in I was just like, 'Right, I don't really know what to sort of do with myself', I was in this completely new environment".

Many participants discussed how a habit of "negative rumination" (APA, 2020) had formed. This 'cyclical thinking' was made worse when isolated and 'sat in their room alone' (as stated by WR08). As discussed above, many women took time to process the anxiety linked to the new refuge environment and the challenges of facing unexpected places and people alongside their new way of life. As a result, some women spend more time in the safety of their room and thus have increased time for this thinking cycle to establish itself as a habit. This is a common symptom linked to trauma, anxiety, and paranoia (APA, 2020). Previous research highlighted the behaviour of 'cyclical thinking' following abuse with a prevalence of Obsessive-Compulsive Disorder (OCD) (APA, 2020; Lang et al. 2002). Although not present in all cases, many women had developed PTSD because of their abuse (Tutty, 2015). The same study also highlighted sleep problems and 'hyperarousal' and the constant return to thoughts and feelings surrounding the abusive relationship and the events within it (Tutty, 2015). WR01 described this: "On and on and on in my head" and "That makes you overthink everything", while WR02 said that "You're just thinking and thinking and thinking and it keeps going in circles". Although 'overthinking' was often a symptom of trauma, it had positive benefits. The occupational therapist described WR02 as "being aware of herself", including her own anxiety levels. This showed that overthinking, when used positively to identify and address unhelpful behaviour, could lead to desired changes in order benefit well-being.

Initially, WR01 linked her need to self-harm to what she described as a "vicious cycle" of thoughts attached to the feelings of depression and anxiety. She described how

by self-harming because of those thoughts and feelings, she then created feelings of 'guilt and shame' which in turn lead to a further need to self-harm:

> Because you've acted on your thoughts you're back to depression and anxiety and because you're feeling like that it's back to the self-harming and you're back to the guilt and the shame that comes with it (WR01).

This statement showed that experiences of depression and anxiety were cyclical and made worse by overthinking; in addition, the behaviours used to moderate those feelings were cyclical too. Research shows that those presenting at accident and emergency departments with symptoms of self-harm were 25% more likely to be in an abusive relationship (Boyle et al., 2006).

The psychological symptoms presented by my participants aligned strongly with the findings of several research projects that consider the effects of domestic abuse upon women (Crawford et al., 2009; Flury et al., 2010; Pastwa-Wojciechowska et al., 2013).

6.2.2 Low levels of self-confidence and self-esteem

Low levels of self-confidence and self-esteem were observed by the women, and this manifested in similar ways on their initial entry to the refuge. WR02 described confidence as something that had been lost: "I'd lost a lot of confidence, a lot of confidence". The common theme of loss ran through many of the responses, showing the need for restoration to wholeness in order to achieve well-being and confidence. WR01 recognised the loss of voice as an embedded mindset following domestic abuse that was difficult to identify and change. She stated that: "I think being able to figure out that you've got a voice that is the hardest thing to realise that you've got". Participants talked about being quiet or losing their ability to communicate, WR02 said that "Even with the language, the way I speak, sometimes it's very difficult to find the words". This was also often linked to being shy, subdued, and insular, which was observed by WR01, WR02, WR03 and WR05. This was also a general observation of key refuge workers: "When they first come and they're really timid and shy" (Refuge Worker 2).

The social difficulties that WR05 experienced were not just linked to low levels of confidence and low self-esteem but also to her social anxiety as identified in section 6.2.1. Low confidence and self-esteem thus prevented participants from requiring a sense of community when they first arrive at the refuge. Refuge staff reported their observations such as "She tended to keep herself to herself a little bit" (WR01) and "She didn't really mix with other people" (WR05). This again supports the idea of low self-confidence being manifested through an inability to speak up.

The loss of voice and confidence could also be clearly linked to a loss of identity by WR02 and is explored further in section 6.2.4. This theme could be strongly seen in the quotes of this participant: "Who am I now? I did question myself because I didn't know" (WR02). There were also quotes about a lack of confidence in relation to decision-making (WR02, WR03, WR07). WR02 clearly linked this to having been heavily controlled within the relationship, so much so that she was now struggling to make decisions for herself expressing that "At first there was a feeling of liberation……freedom but on the other hand I was like 'I don't know what I'm doing. Where do I need to go?'". Interestingly, WR07 also linked her initial inability to know what to do on entry to the refuge to the fact that she was in a completely new environment. This is a theme which resonated with section 6.2.1 linking the new and unfamiliar environment to increased levels of anxiety. It is important to recognise that some of the symptoms of domestic abuse are exaggerated by the enormity of the move to the women's refuge, something which might not be considered by those seeing the refuge as a move toward safety (Bowstead, 2019). The assistant psychologist observed this by stating "How do you undo that trauma by just rehousing someone?".

WR01 and WR02 were able to identify factors that were preventing their sense of wholeness and well-being and were able to understand what was needed to restore this. WR01 said "I didn't have a focus and because I didn't have a focus, I didn't have goals, because I didn't have that I just gave up" and "When I first moved in here I massively self-harmed". Both statements were placed in the past, on entry to the refuge, and demonstrate that she had created a focus and goals to move her away from the past. Refuge worker 2 believed that WR01 had forgotten that she could have "hobbies" or "fun" and "some nice things to look forward to". WR02 focused more upon restoring her loss of identity as a way of regaining confidence in herself by saying, "I do need to find that way back to me so that I can rely on myself again". Both comments showed that these participants were able to chart their own path to recovery and that to some extent, this related to self-belief and self-confidence. Recovery may be linked to focus and goals

Much of the existing research surrounding domestic abuse and reduced levels of confidence and esteem, make similar connections as the findings above (Flury et al., 2010; Javaherian et al., 2007: Pastwa-Wojciechowska et al., 2013). Within this section, WR01 has identified these components within her own recovery route by using "focus" and 'goal setting' to build her low self-esteem. How this phenomena interplays with her

use of music and the success of her recovery will be discussed within the research findings (Chapters 7 to 10).

6.2.3 The effect of abuse upon trust

It was apparent that the trust issues presented by the women were not just attached to their abusive relationships. It was possible to see how this also affected their ability to trust within non-intimate partner relationships including their interactions with other mothers in the refuge setting, as well as with refuge staff and supporting services. WR01 recognised the significant impact of her bad experience with one man: "I was like 'One man out of seven million and I'm terrified of 3.5 [million] of them". There were striking similarities between the experiences of WR01 and the participants of a research project undertaken by Carpiano, in which he described the participants as being "distrustful of males" and a fear of being around strangers (Carpiano, 2002, p. 447). WR05 and WR06 also experienced difficulties with trust and fear highlighting that "You find it hard to trust people" (WR05) and "You feel scared, you feel like you can't trust no one, you don't know what to do" (WR06). WR02 talked about her mistrust of services, a theme which was discussed by refuge worker 1, who explained that this might be because not all women come to the refuge voluntarily, some are sent by the police following an incident and others are sent by social care for the protection of their children. She believes that the women fear being controlled by refuge staff and being told "what they can and can't do". She has observed it to be a "big barrier", acknowledging that it takes "a while to break that down". The theme of trust seemed to be a prominent theme for WR05 whose mistrust was extended to other mothers in the refuge. She perceived the source of her mistrust as coming from the high level of trust that she had placed in her intimate partner which had ultimately resulted in an abusive relationship. Abuse had resulted in feelings of subordination, demonstrated in the line: "They get all that ammunition and fire it back at you and then you're straight back down". Refuge worker 3 believed that "Life had dealt her quite a few blows… She was hardened to a lot of things……I think she rightfully didn't want to trust anyone again". There was certainly a link for this participant between social anxiety, being judged, poor self-image and low self-esteem. This was emphasised in the comment: "You stupidly trusted a person you shouldn't have". Not only did WR05 see herself as "stupid", but she consistently demonstrated self-blame, a theme which will be explored in section 6.2.8.

6.2.4 Loss of identity

The following section discusses the relationship between identity and levels of self-esteem and confidence (explored in section 6.2.2). Although explored separately here, it is evident that they are interlinked within wider research which discusses the how the altered self must be addressed to improve levels of self-esteem (Bieleninik & Lawendowski 2017). Most women referred to the loss of identity (WR01, WR04, WR06), whether describing the act of finding yourself or clearly stating the process of loss, as demonstrated by WR06 who said, "But you do lose yourself in the time that you're with them". WR02 and WR03 described their experience in a different way which showed the belief that their identity was preserved or shelved throughout the abuse but not active: WR03 said "I don't think I ever lost it; it was lying dormant waiting to come back out" whilst WR02 said "I felt I didn't belong to myself" (suggesting that her identity existed but that it was not in use). There were several facets linked to lost/inactive identity:

i)   **The loss of self-identity**

The discussion of identity loss/dormancy mainly related to self-identity, the unique and individual facets of a person's character which allows them to define who and what they are often for the purpose of self-esteem (Bailey, 2003). WR01 said "I didn't know who I was", "That person had no identity" and that "I don't think that I've fully found myself". This showed that she had no sense of identity within the abuse and that it has been slow to rebuild after leaving the relationship. WR02 said "I'm not the same person anymore" and "I felt I didn't belong to myself", this also shows a loss of identity within the abuse and that she had changed into something that she did not recognise, something which is echoed by WR04 in the line "I was lost somewhere". WR06 describes this as a gradual process during an abusive relationship: "But you lose yourself in the time you're with them".

ii)   **The loss of community-identity**

WR01 talked about the loss of identity within a community. This refers to the part of a person's character that is defined within their social interactions with other people or groups of people i.e., their relationships, acceptance and synchronicity with others and their desire for this to happen. Within the following quote by WR01 each part of the statement is signposted as describing either self or community identity:

> That person had no identity **(Self-Identity)**. I wouldn't have given anybody the time of day. I wouldn't have done anything for anybody **(Community-Identity)**. I didn't know who I was. I didn't know what I liked **(Self-Identity)** (WR01).

The fact that her loss of community identity followed her statement about the loss of personal identity showed that the two were interlinked. This strongly aligns with the theories of the health continuum, whereby social isolation is both a symptom and cause of poor well-being (Pavlicevic & Ansdell, 2004) and with feminist theory, which recognises the importance of 'relationship' as central to all existence and understanding (Reason, 1994). Reason (1994) also discusses the reflexive self and that in order to know and understand oneself the reflection must be seen through the mirror of society. Both the quote and the theory surrounding identity recovery would suggest that by promoting community identity and socialisation, the impact of isolation, which may include reduced or lost self-identity, can be addressed. Therefore, social isolation is identified as a key factor of coercive control within an abusive relationship (Women's Aid, 2023).

iii)   The loss of identity as a woman

WR02 believed that she had lost her identity as a woman when she said, "I felt I didn't belong to myself because I didn't feel like I was a woman anymore… make up, nails, nothing". The statement below shows that she must have felt like a woman before the abuse; she was almost refusing to accept this 'new' version of herself within the sentence and some of this was blamed on her appearance "hair, make up, nails, nothing" (showing a lack of self-care). The same participant said in 6.2.1 that she became 'ugly' and 'old' within the relationship, again there was a strong link here between identity loss and low self-esteem. In an autoethnographic account of domestic abuse, Stephanie Sweetman (2013) concurs with many of the findings discussed above like WR02 she recognised a strong departure from her own identity within the abuse by stating "I hated who I was. I hated who I had become"; she also had reached a similar perception of herself as a woman as WR02 in the line "When I saw myself, I felt disgusted" (p. 2). She too attributed this to her partner's continual reinforcement of her 'worthlessness'. Existing research defines the loss of the 'sense of self' as having a 'fundamental impact on the loss of psychological well-being' not only as a key effect of domestic abuse but also a key component in addressing resilience and recovery (Crawford et al., 2009).

Another important aspect of identity was the way that the women perceived the abuse to define their identity on entry to the refuge. WR01's comment: "Because I moved away from him, I didn't know who I was" suggests that her identity belonged

within her abusive relationship. WR06 also talked of the ways in which her personality had changed prior to entering the refuge and that 'the language of abuse' was becoming part of who she was. Interestingly, she had sufficient self-awareness to realise that the 'new self' and 'old self' contradicted each other in the statements "I started to learn horrible things and be a nasty person and that wasn't me" and "That's not me, why am I thinking like this?". The occupational therapist described how many of the women considered the finding or reactivation of their "old self" minus the abuse as a means of recovery: "I think they know that if they could just get this kind of old self back and they almost want to forget, they really seem to want to forget the like abuse they've been through". This was certainly true where identity was defined as lost or waiting to be reconnected. WR04 refers to identity loss whereas WR03 describes this as dormancy. Both quotes alluded to the fact that their identities were still there and needed to be found or brought to life: "Somehow, after marrying him I was lost somewhere" (WR04) and "I don't think I ever lost it, it was lying dormant waiting to come back out" (WR03). In contrast, WR01 and WR02 believed that their experiences would cause permanent changes to their identity and that aspects of their personalities would be lost forever: "I know I'm not going to be the same person I was" (WR01) and "I'm done, I'm not the same person anymore" (WR02).

This highlights a consideration when focusing on the participant's recovery: some women will find a return to wholeness and well-being through restoration of what is dormant or what has been lost and some women will need to reinvent, transform, and create a new version of themselves. One participant expressed both changed identity and the need to regain what was already there saying, "I do need to find that way back to me" and "Who am I now?" (WR02).

6.2.5 Emotional dissociation

Emotional dissociation is defined as a psychological coping mechanism in response to high levels of stress or trauma. Symptoms include the feeling of disconnection from self and the surrounding world (NHS, 2021). Emotional dissociation in this case, is a coping mechanism in response to prolonged trauma rather than the trauma which may be attached to a single incident (Crawford et al., 2009). Many of the women in the refuge had coped within their abusive relationships for years with some far exceeding the average length of time that a woman would wait before engaging with the support needed to leave. The national average length of time that women stay in an abusive relationship is around 2.3 to 3 years and the average number of incidents experienced

before help is sought is fifty (Safelives, 2015). It was evident from the discussions with the women that trauma processing, to address the feelings of emotional dissociation, would take a long time and posed many complex challenges.

WR01 described her emotional position on entry to the refuge in the following way: "I didn't feel anything, I couldn't feel anything, I didn't feel happy, I didn't feel sad, I just felt nothing". This aligns strongly with the symptoms of dissociation and was also experienced by WR06 as: "I just switch off" and WR07 as "I became unresponsive".

The assistant psychologist described emotional dissociation as a psychological reaction to unprocessed trauma:

> So, they become disconnected to things when you've experienced trauma, you disassociate from everything. People describe feeling numb: They don't feel happy, they don't feel sad and it's usually because like they're in the trauma, so it's really hard to feel anything (Assistant Psychologist).

It was apparent that emotional dissociation had become an autonomic response to everyday life within the refuge which had led to increased social isolation. For example, WR01 said "I never had anyone sit me down and want to talk about what happened. Like, I went away and got locked into myself". The experience of 'switching off from everything' (WR06) was an emotion-focused coping mechanism when dealing with stressful situations (such as imminent court hearings). Part of the challenge is the difficulty that the women may have in accessing and articulating their internalised feelings. Refuge worker 2 discussed how WR01 had a tendency towards the avoidance of direct reconnection with feelings of trauma: "She probably can't remember all her feelings, or she might not be able to articulate them all and she might not want to talk about them openly". The assistant psychologist recognised the same tendency towards avoidance when working with those who had experienced trauma:

> That's like in therapy when you do trauma work, it does re-traumatise people because everything that they've tried so, so hard to supress, they're having to talk about it and bring it to the forefront of their mind (Assistant Psychologist).

The participants reacted to psychological dissociation in several ways. The coping mechanism for WR01, links to section 6.2.6, in which she talks about using self-harm to "feel something else" (WR01). This is often referred to as 'emotional grounding', where the person experiencing dissociation develops a practice or behaviour to reconnect with their feelings. WR07 exhibited other responses to unprocessed trauma that interplayed

with emotional dissociation. It was difficult for her to articulate how she felt, but she did show some sense of the need to externalise that to improve her sense of well-being. She described the feeling of unprocessed trauma by saying "It's just going to eat me up... and that's not what I want". WR07 described how she felt unprocessed trauma as anger as well as unresponsiveness and that her reaction was to cry. This showed some sense of connection and externalisation of her unarticulated emotion: "I'm just going to cry because I'm getting angrier and angrier and more unresponsive".

Webermann et al. (2014) identify the prevalence of dissociative disorders amongst the perpetrators of abuse with the same frequency of associated childhood abuse. Both insights show that the numbing effects of the dissociative disorder may cause the perpetrator to be numb to their behaviour and the victim numb to the personal effects of that behaviour.

This would suggest that dissociation must be addressed in order to protect women from further abuse and to also protect their children from the canon of psychological problems linked to both witnessing domestic violence or being cared for by a parent who is experiencing emotional dissociation. Further data analysis linked to this current research project will explore this area with recommendations highlighted for future practice.

6.2.6 Self-harm and suicidal thoughts

There is a direct link between domestic abuse and self-harm (Boyle et al., 2006). WR01 said that self-harm served several functions:

i)   To address **emotional dissociation**:
    "To remind yourself that you are in the real world"

ii)   To **escape** feelings of depression and anxiety:
    "You feel depressed, and you feel anxious and then thoughts pop up and you act on your thoughts" and "It's to feel something else"

iii)   **Emotional grounding**:
    "It does plant you"

Although WR01 described the effects of self-harm as providing all the things above, her relationship with self-harm was always seen as negative (this was expressed in the line 'It's just down'). Ultimately, WR01 recognised the use of self-harm as a trap and

something which had become cyclical in nature: it began as a reaction to painful emotions but also generated painful emotion by producing 'guilt and shame' for responding to those emotions in such a way. This pointed to a constant process of externalising and internalising painful emotion, which she described in the following way: "Self-harm is like a vicious cycle".

What was noticeable when observing how WR01 dealt with painful emotion was the use of emotional self-management (which had possibly developed within an environment where support was unavailable). As quoted in section 6.2.5, she didn't feel that psychological support was immediately available on entry to the refuge: "I've never had anyone sit me down and want to talk about what happened. Like, I went away and got locked into myself". The theme of emotional self-management could be seen in discussions with WR02 who expressed suicidal feelings (it is important to note that this was passed onto staff at the refuge). Firstly, she said that she didn't want to feel that way and emphasised that by repeating the statement: "I'm sick of thinking of dying, I'm sick of thinking of dying". Secondly, she then showed her sense of responsibility in managing her own mental health by stating the following, which clearly states her ownership of both her mental health problems and her recovery (her ownership of each statement is shown by the emphasis of '**I**'): "**I** know this is not the way and **I** want it to stop, and **I** want to repair myself". In contrast to her opening repeated statement about 'thinking of dying', at the end of her discussion she repeated the statement "**I** want to live, **I** do want to live". This was an affirmation of her intention to recover and restore her mental health to an optimal place of wholeness and well-being. She was setting a goal and a focus, something which was seen as an important aspect towards recovery by WR01 in section 6.2.2. WR02 linked her first reason for wanting to live to her children, saying "**I** want a better future for my children".

Both WR01 and WR02 were equally forward looking in that they perceived having a future and setting goals as being key to their recovery. As seen in section 6.2.1, WR01 had placed self-harm and not having 'a focus' and 'goals' in the past tense, which showed that 'a focus' and 'goals' override the reasons to self-harm. WR02 talked about wanting to stop feeling suicidal and the desire to recover in relation to wanting a better future for her children and herself. Again, this moved away from the thoughts and behaviours linked to previous abuse, towards "repair" and hope for a "better future" (WR02). It was also noticeable that WR02 was ready to engage in mental health support

as she had booked a psychological assessment, confirmed in the line "This is what I'm going to say at my assessment for mental health".

A Canadian study conducted within the women's refuge setting highlighted the most common need on entry to the refuge was for emotional support and counselling from 'shelter staff' (81% of 282 women) (Tutty, 2015). This research project highlights the same need, particularly seen within the line: "I've never had anyone sit me down and want to talk about what happened. Like, I went away and got locked into myself" (WR01). The understanding of self-harm and suicidal feelings will be explored within the data findings and analysis sections as well as in the conclusion and recommendation for future practice sections.

6.2.7 Controlling or coercive behaviour and its psychological effects

The women in the refuge had experienced a range of both coercive and controlling behaviour prior to entry, something which is now classed as an offence (Home Office, 2015). The descriptions above define some of the feelings and experiences of the women:

Table 6.1 Table to show the how some of the participant data aligned with the legal definitions for controlling and coercive behaviour:

Legal definition (Home Office, 2015)	Participant Quote	Participant
A range of acts designed to make a person subordinate and/or dependent	No matter how often I cleaned the house or how much effort I put into cleaning the house, he kept constantly saying 'the house is a mess, the house is a mess, the house is not organised, ▮▮▮▮▮▮ ▮▮▮▮	WR02
	They take stuff out of thin air. Like there'd be nothing to get me for…. 'That's because of you!' (Timid voice) 'Ok, sorry'	
		WR03
By isolating them from sources of support	You're there and you're in that little bubble, you don't realise how many people are going through it, you don't know you can get help, you don't know you can speak to someone'	WR03
Exploiting their resources and capacities for personal gain	I had no choice because he told me that if I didn't live with him then I would be deported	WR02

	I had younger children to look after, and I kept being constantly pregnant within the relationship.	WR02
Depriving them from the means needed for independence, resistance, and escape	I constantly felt like a caged bird because I know I need to be free	WR03
Regulating their everyday behaviour.	It was almost like living with the army with him, it was just done at a certain time	WR01
A continuing act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim	You're just in survival mode when you're over there, you're just doing what needs to be done and trying to avoid being beaten	WR03

The behaviour evidenced above was witnessed by the women involved over several years, in most cases. This also formed part of the statutory definition for controlling and coercive behaviour as it pertains to a pattern of behaviour over a length of time and is not restricted to an individual incident (Home Office, 2015). The abuse happened regularly and, in some cases, constantly. WR03 described the frequency of abuse as "Twenty-four/seven, as long as they're awake". WR02 described a similar experience of frequency, linking it to part of the strategy of the abuser stating: "All the time, all the time he would say something, it's a tactic of gas-lighting". WR02, WR05 and WR07 all believed that the perpetrator's abuse was strategic and manipulative. WR07 summarises this by saying "And the sort of things they say to you, they know they can say to you because they know it will have you under their control", WR05 also links the perpetrator's control to abuse stating: "Their control. They know what to say to destroy you". All participants referred to being under the control of the perpetrator, whether it was implied within actions or referred to directly. As can be seen in the quotes above, WR05 and WR07 were controlled through the perpetrator knowing what to say to cause harm psychologically; WR03 believed that this caused the most impact by saying "It's the emotional that gets to you the most".

WR02 felt that she was controlled through being responsible for young children saying, "I kept being constantly pregnant within the relationship". The assistant psychologist has often seen the difficulty in leaving an abusive relationship when children are involved. Not only did the children form a constant link with the abuser, but many women were also threatened with controlling behaviour surrounding visitation or custody rights: "You'll get the child taken off you!' They'll be women who would

have thought of him having custody of them children who'd have thought 'I'd rather take it'. That's awkward, isn't it?".

The sense of fear and control created by the perpetrator continued long after the move to the safety of the refuge environment (Flury et al., 2010; Javaherian et al., 2007). WR02 described the fear she had about her abuser finding her, especially if things did not go in his favour at court: "Fears, I did have fears about what if he turns up? I still have those fears. What if he turns up because things don't go the way that he wants them to go and what if it drives him mental?". Her fear of this led her say that only death would end her abuse. This suggested a link to section 6.2.6. where she said that she was "Sick of thinking of dying" (WR02).

There was also a link between the control of the perpetrator and the loss of identity, as seen in section 6.2.4. Refuge worker 2 suggested that this was the case for WR02: "I think she lost all of the 'WR02 ness' if you know what I mean, she lost that when she went to this husband". Refuge worker 3 suggested that WR01 had lost her sense of self within the control of the abuse stating that "We know that in abuse that their lives really aren't their own and what they want to do, especially if they've been truly controlled".

There was also a strong link between control, and low self-esteem (Sweetman, 2013). In section 6.2.2, the women talked about their loss of confidence in relation to decision-making which was clearly derived from constantly having decisions made for them. Two of the refuge workers directly supported this notion:

Refuge worker 1: "They've come from controlled environments… they're so used to being told what they can and can't do"

Refuge worker 3: Life is something that happens to them and it's usually quite an abusive and neglectful thing that's happening to them and they have no control over it.

6.2.8 Feelings of self-blame

WR01, WR02, WR03 and WR05 had all developed mindsets of self-blame. It is clear from sections 6.2.2 and 6.2.7 that this mindset had developed over a prolonged period of time and was linked to being controlled, questioned, and made to feel subordinate. WR03 described how she would be made to feel like something was her fault: "They take stuff out of thin air. Like there'd be nothing to get me for…. 'That's because of you!' (Timid voice) 'Ok, sorry'". This also linked to feelings of low self-esteem. WR01 and WR02 continued the conditioned mindset of indecision and self-doubt; many of the

statements consisted of a series of questions surrounding their own behaviour within the relationship. WR01 said that "I thought about everything that happened. How I could have reacted differently and what if this had happened or that had happened and what if he'd never hit me and what about if we were happy?". WR02 displayed indecision within her perception of who might have been at fault within the relationship:

> What if I'm wrong? What if he's not the perpetrator? What if it was just me kicking off? What if it was just me thinking that something's wrong with him? What if something's wrong with me because I was made to feel all the time that something's wrong with me? Something's wrong with me (WR02).

It was also clear that WR02 and WR05 both felt like everything was their fault. Interestingly, they showed their ability to rationalise the source of their feelings but were unable to change their mindsets despite that. This would suggest that self-blame had become part of their brain schema conditioned by the perpetrator as a natural reaction to challenging events or outcomes within the relationship. WR05 showed that she was still owning the fault, despite initially sharing her rationalisation in the third person saying "You learn that <u>it's not actually **your** fault</u>. It still feels like <u>it's **my** fault</u>". WR02 showed how self-blame could occur through constant reinforcement: "<u>I was made to feel all the time</u> that something's wrong with me" and "It just feels like <u>it's **my** fault</u>". WR03 gave an insight as to how this schema might have developed. WR03 recognised that she had not done anything wrong but that she had been made to feel that she was the cause of her abuser's unhappiness. As with many other aspects of abuse that interlinked, this process of self-blame impacted upon the women's levels of self-worth and confidence. By examining the language used to express their feelings of self-blame it was possible to see that they perceived themselves as causal to the bad things that had happened within the relationship:

WR01: "How could **I** have reacted differently?"

WR02: "What if **I'm** wrong?"

WR05: "**I** could have handled it totally differently"

The feelings of self-blame were so strong that WR01, WR02 and WR05 blamed themselves for their physical abuse. This was expressed by WR05 when she said, "If I'd have handled it differently, he wouldn't have blown up, he wouldn't have smacked me, I should have done something different". Discussions with WR02 suggested that she attached guilt to her decision to leave. The following statement also showed the strength of her perpetrator's control and her level of subordination in relation to his decision-making abilities: "I wouldn't have put my children into this position they wouldn't be

homeless. <u>If I just did what he was telling me to do</u>, they would be sorted, it would be fine".

Previous research also supports the extra layer of guilt felt as a mother from two angles: In leaving and depriving children of their home and security (Tutty, 2015) and in not having left sooner to protect their children (Carpiano, 2002). This parental guilt is shown by WR02 and linked to coercive control and the mindset imposed by the perpetrator because of abuse, something which is also supported by Carpiano who describes this state as a "condition that results from a victim actually learning to accept (or being socialised into) her abuse as a result of continued victimization" (Carpiano, 2002).

6.2.9 Conclusion: The psychological effects of abuse

The evidence presented by the women, in relation to the effects of abuse, align strongly with previous research findings. In addition to the wider research findings identified within each section, they fall broadly in line with those identified by the World Health Organisation in their ground-breaking worldwide research of 2012. The main psychological effects among the female population are identified as "depression, suicide attempts, post-traumatic stress disorder, other stress and anxiety disorders, sleeping or eating disorders and psychosomatic disorders" (World Health Organisation, 2012). This initial analysis showed that the research methodology was an effective way of highlighting important themes within the lives of the women and could give some assurance of data reliability. This will be important within later chapters when original or novel evidence is presented few or no secondary sources of data available for the comparison of findings.

Women may experience heightened levels of anxiety on entry to the new and unfamiliar surroundings of the refuge; this is in contrast to the perception of the refuge as 'an escape to safety' (Tutty, 2015). Secondly, the sense of social isolation, which is often a component of domestic abuse, may also continue within the refuge environment without encouragement to leave individual spaces or opportunities to meet as a community within the setting. For some women this can perpetuate the psychological effects of domestic abuse, including depression and anxiety (because of cyclical thinking whilst spending time alone without activity). The current research project clearly links the loss of self-esteem to the joint loss of self-identity and community identity. Participants show evidence that the two are intertwined and that recovery may

need to focus upon both aspects. This current research project also shows how social isolation is difficult to challenge when women enter the refuge, with some women using "fake identities" or not knowing who they are when communicating with other residents. Having a focus and goals was also seen as an important precursor to recovery, particularly when children were not present as a means of recovery focus. Again, this will be examined against the use of music both within and outside of the music sessions.

There is evidence that the women tried to take responsibility for the maintenance of their own psychological well-being. This often results from a delay in professional/clinical psychological intervention on entry to the facility with women needing to register with a local GP and then be referred to appropriate services in the same way as other residents within the area. Some participants discussed the need for emotional grounding within the refuge as a response to their continued emotional dissociation. Although one participant used self-harm as a means of emotional grounding on entry to the refuge, this study will examine some of the alternative methods presented and used by participants.

Although this research project has a specific focus upon the ways in which music has interacted upon the recovery of the participants involved following their entrance to the refuge, the strength of alignment to previously determined psychological symptoms of abuse would suggest some universality in the psychological challenges faced. When examining the ways in which music addresses these symptoms it will be important to view this research as a pilot project and to ascertain whether further provision should be offered.

6.3 Contextual implications which may affect recovery:

The following section will examine the feedback of participants in relation to environmental factors linked to recovery within the women's refuge. This will include whether contact with the perpetrator affects the participant's ability to move on, implications linked to finance, housing, childcare, social isolation, and relationships with other residents. The impact of recovering with or without children in the refuge will also be considered.

6.3.1 Contact with the perpetrator:

Firstly, it is important to take a balanced view when discussing contact with the perpetrator. As refuge worker 1 discussed, some women are denied contact with the perpetrator for the protection of themselves and their children; some women, however,

desire contact with the perpetrator despite the legal restrictions which have been put in place. In some cases, women can also be supported to return to the perpetrator once training and restorative measures have been undertaken.

WR01, WR02, WR04 and WR05 did not desire contact with their perpetrators, they had spoken of the fear of seeing their partners again and the psychological triggers related to that. However, circumstances had affected both the outcomes and their psychological impact in different ways, particularly in relation to recovery.

WR01 and WR04 had no contact with the perpetrator and were also able to ignore attempts to call, message and to 'grab attention to make me go back' as described by WR01. Both women showed resolve to be free from the control of their perpetrator. WR01 described this as a "mindset" that developed in reaction to the constant cycle of abuse. She described the "one good day" which was followed by "six of the worst days you can imagine" (WR01). The new mindset formed by WR01 had led her to leave and to decide not to go back. The discussions about coercive control (6.2.7) highlighted that the mindset established by the perpetrator to create subordination can last for a long time after the survivor's escape, making this type of 'self-intervention' quite unusual (Flury et al., 2010; Javaherian et al., 2007). Because of her change of mindset, WR01 felt free from the perpetrator's control, validated by the words: "I know in the back of my head I will not take those steps to go back". WR04 also showed that she felt free from the control of the perpetrator. She acknowledged that he would be able to find her or ask for visitation rights if he had wanted to but said that "He's not doing anything like that".

WR02 and WR05 both had contact with their ex-partners because of legal proceedings and contact arrangements for their children. Both women found that they were negatively impacted by their continued reconnection. WR02 feared contact with the perpetrator for a number of reasons. Firstly, she felt that she had not escaped his control because of continued contact in court and because of the need for her to facilitate contact with the children. On the other hand, she did not feel confident to live life on her own without him as he had made her feel the need to rely on him for everything. She explained how she still felt the control of her abuser:

> No, the worst bit was here because, because yes, the perpetrator was my ex, my ex-husband. He was abusing me but again. I relied on him so much for [time] years that now I do need to find that way back to me so that I can rely on myself again (WR02).

WR02 also feared that her ex-partner would manipulate services in the same way that he had manipulated her. Indirectly, the decisions that he could manipulate relating to her

life, felt like a continuation of his controlling behaviour. This was shown in the line "He was abusing me but again". WR02 acknowledged the power of the judge in making all decisions surrounding the domestic abuse allegations and the arrangements for children. She felt like she had no control over the decisions that were made and that her allegations of domestic abuse might not be believed:

> They interpret the law in different ways and then it's up to the judge, it's up to the judge to decide who the children live with… it's up to judge! If the judge thinks 'Oh he hasn't done anything wrong, oh let's give him another chance' (WR02).

WR02 showed her lack of confidence in her voice being heard by commenting that: "He knows what to say… He knows what he's doing" (WR02) and continuing by saying, "I don't know what I'm doing" (WR02). There was an important observation here surrounding his voice being heard and being heard above hers, which no doubt linked to the feelings of subordination and perpetrator control associated with domestic abuse. In contrast to this, she recognised the need to stop his voice in order for her own voice to emerge: "All I wanted is for him to shut up. I don't want to hear his voice at all". WR02 believed that her ex-partner would use contact with their children to abuse either them or her, again continuing his controlling behavioural patterns beyond her escape from the relationship; this also contributed to her feelings of disempowerment: "It's either he wants to damage them, to damage me or mentally he wants to get them into his side".

WR05, like WR02, found that her abuser became more manipulative after her escape, saying: "They lie a lot more" (WR05). She also had a connection with her abuser through contact arrangements for their children. Currently, the courts decide whether it is in the best interest of the child and the absent parent to allow contact whilst perpetrators are awaiting trial for domestic abuse offences. Regardless of the enormity and complexity of these decisions, it can be extremely difficult for a domestic abuse survivor to comply when contact involves allowing someone who has caused them harm to spend time with any shared children. WR05 had observed an increase in violent behaviour within her children following contact visits. One of her children would return from a visit and replicate the abuse that she had escaped from, she described this in the quote below:

> It was a nightmare every time the kids went on a visit. When s/he comes back s/he's nasty (pause) evil… And s/he always smacks me and beats (child/children) up, grabs her/him round the neck, grabs her/him by the hair. It's horrible……It upsets me (WR05).

This had an impact on recovery on several levels as WR05 had been diagnosed with PTSD. She found that the violence replicated by her child/children following visits with

her abuser to be upsetting and this presented the possibility of her being held within her trauma, something also found by Tutty (2015). WR05 felt that her voice was not being heard and that the cycle of abuse was able to continue because of this: "I'm getting a little bit more angry and a little bit more upset because it's like I'm just going round in circles and nobody's listening".

6.3.2 Refuge life

There were several considerations presented by the women that highlighted the impact of refuge life upon recovery. These were part of the unique ethnographic understanding of the setting against the role that music played within the lives of the women. WR02 and WR04 alluded to the fact that they expected to have freedom and an escape from pressure on entry to the women's refuge but that was not the case in reality. The women were presented with several challenges both practically and psychologically which are presented below.

6.3.2.1 Finance

There were many financial pressures. Refuge accommodation had to be paid for and women had to apply for housing benefit as a single person or as a single parent with children. After their rent was paid, many women were left with very little for living expenses. Some women had to gain 'leave to remain' to stay and be allowed to claim benefits, making initial entry into refuge life quite stressful. For single women without children, as in the case of WR01, there was comparatively less money coming in which made her feel less supported than some of the other participants in the refuge with children who she perceived as "doing better than me" (WR01): "Here, I'm on the lowest income and it makes me feel like everyone's doing better than me because I get like beans compared to everyone else". WR02 also needed to save for solicitor's fees and court costs, something which placed extra financial pressure upon her: "Saving money for court… It is a lot of money and to go for solicitors". Many of the women relied heavily on foodbanks and food donations on a weekly basis. Many women who escape domestic violence enter the refuge without possessions, including clothes, shoes, or toys for their children. This also can result in further expense.

6.3.2.2 Housing

When initially starting work as a community musician in women's refuges, women were permitted to stay there for up to two years in order to recover and apply for housing. Demand has always been greater than the service is able to provide but

recently, during 2019-20, around 57% of those referred to refuge services were turned away and this was mostly due to insufficient space (Women's Aid, 2021a). As a result, there was a greater expectation for women to be re-housed within a 3-to-6-month period during the latter part of 2019 which meant that this needed to be a greater priority for the women than it previously had been. WR02, WR03 and WR04 describe this situation as "pressure", "stress" and "a big problem". WR03 said that she was "Stressing where to live but let's not go there" and WR04 believed it affected all residents: "The housing's a big problem, I think it's an issue for everyone now".

Many women found themselves trapped between long queues for regulated social housing (where they were not classed as the highest priority) and shorter queues for unregulated rented accommodation which wasn't always in good repair. Some social housing refused to take people who were claiming benefits or showed prejudice towards single parents or those from racially diverse backgrounds. This situation had resulted in one of the women contacting her local member of parliament.

6.3.2.3 Lack of support with childcare

WR03 had found a lack of understanding or support from the justice system in terms of childcare. She was asked to attend court hearings during one of the school holidays but had no means of support from family. She believed that the courts should have been aware of the difficulties: "This is the judge who decides, he should know that actually 'She's the only one looking after the kids'. Had I not had the women here helping me, what would I have done?". She had needed to rely on the help of some of the other women at the refuge to attend court. The following statement describes how the lack of support within the refuge can cause greater amounts of stress than they would within a home environment: "So even things that don't seem significant, they are big things for us".

6.3.2.4 Social isolation

WR01, WR02 and WR03 had also expressed the notion of recovering alone in the women's refuge, despite being around other women with shared experience:

> Like sometimes in here I can't say to someone how I'm feeling because everyone is practically in the same boat as me and I don't want to burden someone with how I'm feeling from one day to the next (WR01).

As discussed in 6.2.3, there are many complex and interlinked reasons for social isolation and trust issues within relationships following abuse. She described the other residents as "Strangers to me… I don't know anything about them, and they don't know

much about me". WR01 tried to explain the reasons why she had remained insular, despite having been in the refuge for six months:

> I've only been here six months and it's been a struggle because when you forget who you are you're trying to put up this façade of who you are there's everyone else doing that as well so you try to grab a bit of everything that is seemingly faked, like not fake in the sense of 'Oh there a fake person' but even they don't know how they really feel.

In part, she believed that residents suffered from a lack of identity following an abusive relationship (discussed in section 6.2.4). Because of this, she described the use of a 'façade' and said that people didn't know how they or others really felt. She described the refuge environment in several ways all linked to a lack of authenticity linked to what they had actually been through:

- 'A hard atmosphere'
- 'It's hard to adjust'
- 'It's hard to be in this place'
- 'It's been a struggle'

WR02's comments concurred with the idea of a "façade" (WR01). She described how she was still expected to carry on alone:

> I've had no chance to say I'm bad because I'm feeling really bad. No, I still have to get up and do everything. On one hand a lot of support from the staff on the other hand you have to battle your own battles, you have to fight your own battles (WR02).

WR02 also gave an insight into how previous schemata, related to controlling behaviour within her abusive relationship (section 6.2.7) was perceived to continue within the refuge, due to both the setting and circumstances. She described how she still felt controlled despite her move to freedom: "Especially when you're having social services looking at you properly, staff here watching you, everyone's watching you. You're still under the control"

6.3.2.5 Relationships with other residents

WR04 showed a higher level of trust and community in relation to other participants by describing the benefit of sharing experiences with other residents, mainly WR03. This demonstrated some degree of recovery when linked to the health continuum (Pavlicevic & Ansdell, 2004). Alongside this display of community, she also demonstrated positivity by saying that their discussions were mainly about the "struggles" in the refuge, which were "better than elsewhere" (the abusive relationship). WR04 spoke

positively about relationships within the refuge and showed a level of trust in other residents, despite her lack of interaction with them: "In here, I know that I don't come a lot downstairs (shared room) or interact with the others but I know they are there". WR03 also expressed a positive aspect of the women and children living together in such a closely shared environment by describing them as being like a family. She also qualified this statement with the remark: "It's a massive, big family, a very dysfunctional one at times".

Most other participants found day to day relationships to be an additional cause of stress. WR02 and WR03 both described a level of 'dysfunction' between residents during their time there. WR03 also attributed relationship problems to the fact that there were "eight hormonal women in one building" (WR03). However, WR02 perceived this dysfunction as a symptom of previous abuse which was still being played out within the refuge setting: "it's happening here, even in the refuge, the violence". She described the concept of 'the abused turned abuser' as something that she had recognised within her own relationship with her children: "I have noticed that some women who were in abusive relationships, they become abusers, I was an abuser. I was an abuser while I was with him, but I wasn't abusing him, I was abusing my kids". She had found it difficult to stay in the refuge during the months before leaving due to the dysfunction of resident relationships and had reached the point where she "couldn't wait to leave" saying that "I know that there are two ladies now, they can't wait for me to leave because I'm a pain in the bum (laughs)".

There is also a duality linked to the perceived role and availability of the refuge staff. The staff clearly define their role as primarily relating to practical support for the women and state that they have many administrative duties to undertake linked to referrals, reporting to local authorities and operational duties. Their direct support of the women is linked to safety, housing, benefits, the police, and court hearings. The women sometimes have a high need for psychological support from refuge staff, but this expectation cannot always be met. Both WR01 and WR02 recognised a need for more support of this kind as part of the offer within the setting saying "Like there's no on-board counsellor. You have a one-to-one every two weeks, and I haven't had one in about three weeks now".

6.3.3 Recovery without children

WR01 and WR07 both entered the refuge without children. WR01 did not think that she would have left her perpetrator with children to consider as it "would have been less of a hassle for the kids" (WR01). Both women highlight the benefits and challenges of having children with them, these comments are also supported by refuge staff in table 6.2 and in further discussion:

Table 6.2 Table of data relating to recovery without children:

Participant/Staff	Benefits in relation to recovery without children	Challenges in relation to recovery without children
WR01	My main focus is me and it's not anyone else and I don't have to make anyone else feel good to make myself feel good	I feel like sometimes you are left, especially as when I moved in here, I was the only person who didn't have a child and I felt like I was put to the bottom of the queue because of it
	I don't have family life to worry about and I don't have a lot of stress	The fact that I don't have kids in here it makes it harder to cope because I don't have someone taking away my attention… I don't have that, and I find it so hard having something in place to make me go 'Don't think about him, do this'
WR07		You just sort of find that you've got more time on your own to sit and think about things and stew on what's happened
Refuge worker comments	It benefitted WR01 because she was on her own and she'd got the time to put into it and could (Refuge worker 1)	

6.3.3.1 Summary of the benefits and challenges of recovery without children

- **Benefits of being in the women's refuge without children:**
  i) There may be more time and focus for self-recovery

- **Challenging aspects of being in the women's refuge without children:**
  i) There may be more time for less desirable thought patterns to establish
  ii) There may be less distractions from cyclical thinking
  iii) There may be less support needs, therefore less time and attention from refuge staff.

By looking at table 6.2, it was possible to see that the benefit of entering the women's refuge without children was the time and focus WR01 had to devote to her recovery. WR01 believed that part of the abuse cycle had been linked to pleasing other people, something from which she was now free. She also mentioned the 'worry' and 'stress' linked to family life which wasn't part of her experience within the refuge.

There were challenging aspects in relation to recovery in the refuge without children and these related to having less distraction and more time to think about what had happened (as seen in section 6.2.1, this was not always a positive thing). WR07 described this as time to "stew on what's happened" (WR07), which denoted a process aligned to negative "rumination" (APA, 2020, paragraph 1). WR01 also described the process of trying to avoid thinking about her abuser and believed that tending to children would have helped distract her attention. She believed this made it "harder to cope" as a single person.

WR01 also believed that residents with children automatically had more need and therefore more support was given from refuge staff. WR05 also believed that it would be difficult to stay in the refuge without children saying that "I can't imagine being in here on my own without [her children's names], I just can't".

6.3.4 Recovery with children

There were many challenging aspects related to staying in the refuge with children. Firstly, in contrast to the time and focus for recovery, which was noted by WR01 and WR07, participants WR02, WR03, WR04, WR05 and WR06 all had children and found both challenges and benefits related to that.

WR02 and WR04 discussed the added stresses that came with caring for children in a refuge environment. It should also be noted that women are responsible for their own children and are not allowed to leave them unattended at any time. Living space may also be very limited, meaning that family units are often within a shared environment. WR02 said that her relationship with one of her children was her "biggest trigger" describing herself as a "crocodile" (referring to her being 'snappy' with her children). WR04 said one child "doesn't listen" and that they were all awake early.

At the same time as coping with the psychological needs of their children, many mothers felt less confident in their parenting skills. Most women were now parenting alone, after leaving environments where they had been heavily supervised, criticised, and controlled. WR02 described her fears of parenting alone in the refuge: "I had to deal with them on my own before because he wasn't really helpful, he wasn't in the picture, but he was still watching me and now nobody was watching me". At the same time, WR02 responded negatively to being supervised by refuge staff and social services, seeing this as a reflection of her previous control: "There must still be a certain timetable because the children live with me because I have to provide everything for them, a proper routine because everyone's checking on me".

WR06 perceived having children within the refuge as a benefit in terms of socialisation. She linked staying in her room and social isolation to poor mental health: "Because if I just stay in my room all the time, I'll just go mad so I do appreciate that we have all these things so you can be with other people, you can meet with other children". This aligned with Ansdell's 'Health continuum' which presents the idea of community/socialisation as an aid to recovery and an outward sign of it (Pavlicevic & Ansdell, 2004).

6.3.4.1 Summary of the beneficial and challenging aspects of recovery with children

- **Beneficial aspects of being in the women's refuge with children:**

i)   Having children may enable socialisation for women within the refuge

- **Challenging aspects of being in the women's refuge with children:**

i)   There are many psychological needs and demands linked to children's trauma and recovery within the initial months of refuge entry

ii)   Some children may exhibit trauma through challenging behaviour, causing more parental stress

iii)   Some women may feel unconfident as lone parents if they have entered the refuge from critical and controlling relationships. Conversely, they may see supervision, intervention and support from social services and refuge staff as an extension of that control

iv)   There may be less time for the mother to process her own psychological needs.

6.5 Conclusion: Contextual implications which may affect recovery

There are many environmental factors related to 'post-abuse' recovery which align with the findings of this current research project (Carpiano, 2002; Tutty, 2015). Both housing and childcare were cited within section 6.2 in line with the findings of Tutty (2015), alongside additional financial pressures, legal challenges involving visitation rights or child custody and less harmonious relationships within the refuge. One woman within this current research project referred to this as 'the bullied becoming the bully' (WR02). This was commonly found in research carried out within other refuge settings with Tutty citing similar comments such as "Personality clashes were apparent. Some people were not as kind as others!" and "I don't think there's anything staff can do. It's part of being in a large community environment" (Tutty, 2015, p. 111). Previous research also aligns with the notion of women having a mistrust of services, through both ignorance of their situation, fear of being judged or having their children taken from them (Crawford et al., 2009).

Having established the complex challenges facing women on entry to the refuge, it will be important to evaluate if regular group sessions have impacted upon the sense of community within the women's refuge and if this in turn has supported resilience within the lives of the women to cope with the impact of a variety of environmental stresses.

Within this current research project, one participant (without children) believed that she was 'at the back of the queue' because of it. Again, this differentiation between those women with and without children must be evaluated when looking at the role of music in recovery and the unique challenges related to circumstances and their psychological impact.

Having determined several answers to the first research question:

- What are the effects of abuse on entry to the women's refuge?

It is now possible to answer the next research question within the following chapters:

- How does music link within the process of recovery?

Chapter 7 The initial use of music during recovery

7.1 The initial use of music during recovery

Chapter six presented the range of psychological effects of domestic abuse experienced by women within this study. It highlighted the need for self-management and regulation of mood on admission to the refuge when mental health services were difficult to access and not readily available within the setting. The chapter also highlighted some of the psychological implications of refuge life and the new challenges faced when removed from a coercively controlled relationship. The role and use of music by the women, in relation to this unmet need at this unique time, within this unique context, is the focus of Chapter Seven. The significance of self-initiated musical activity, CM activity and the crossover between the two will be explored within the following sections. All the themes presented within the following sections have been highlighted through discussion with the participants . Contextual and environmental factors have also been mapped against use of music and recovery within a longitudinal analysis chart; this has been created for each participant. IPA provided a framework for such analysis to occur on an individual basis, essential when each woman's circumstances, experiences and psychological symptoms were different.

It was noticeable that many women did not attend the music sessions during their initial weeks at the refuge citing trauma and anxiety as core reasons for this (seen in section 6.2.1). Participant empowerment was central to the use of music; engagement always needed to be on the participant's own terms, in a way that met their own needs at the right time and only if they chose to use it (unlike MT, which is often used to process trauma, the community musician is offering music as a tool for improving or maintaining levels of health and well-being). The trauma will then be addressed by the individual alongside clinical professionals as and when they are able to begin to process it. This approach aligns strongly with the initiative of social prescription, as discussed by Mossabir et al. (2015), which promotes the use of non-clinical interventions in order to create better health and well-being outcomes for patients referred by their GP.

7.1.1 The use of music in addressing the effects of trauma and PTSD

The following sections will present an analysis of the different ways in which music was used within the women's refuge setting to address the symptoms of trauma and PTSD (which includes anxiety, negative rumination, depression, suicidal ideation, and

self-harm (Crawford et al., 2009; Tutty, 2015)) on early entry to the refuge. The uses of music link to the effects of trauma in an environment where clinical psychological support is not readily available. The role of music relates to the different ways in which the women used music for psychological benefit whether during the sessions or outside of them, whether playing an instrument, singing, listening, or using it alongside other activities such as dancing. The significance and impact of these choices will be explored.

7.1.2 The role of music in relation to anxiety disorder

Section 6.2.1 highlighted anxiety as one of the most common trauma **sy**mptoms on entry to the refuge. It was also commonly linked to cyclical thinking and the reinforcement of painful emotion. The women presented a variety of ways in which music was used to relieve and address their feelings of anxiety. WR01 discussed learning to play the guitar and how this became a tool to regulate emotion: "The anxiety does not exist when I play" was followed by "If you spoke to staff, they'd say that when the guitar came into play, that's when I started to improve and I started to deal with things a lot better than I was". There may be two main reasons for the psychological benefit, both of which addressed the behaviours linked to anxiety. Firstly, the guitar was used to intercept cyclical thought patterns which fuelled hypothetical worrying. WR01 described her use of guitar as a means of meditation, an activity which planted her in the present (trauma often creates anxiety which distracts attention away from the present by replaying the past or focusing upon the uncertainty of the future):

> It is literally that I play, and I don't have to care what anyone else is thinking and I don't have to care what's happened or what's about to happen. You're in the now and that's all that matters.

She also said that "I don't care what anyone else is thinking". This statement also showed some release from the mindset linked to a coercively controlled relationship and the anxiety linked to constantly needing to please another person. Secondly, there was a physical aspect to playing the guitar which also appeared to intercept the cycle of anxious thought. This seemed to work through both distraction but also momentum. The cyclical nature of the beat as well as the strumming movement appeared to override the cycle of painful thought patterns:

> It's like it takes away a lot of the things that are going on in your mind because you've got your strumming to think about and you've got where your fingers are going and you've got the beat to think of and you've got 'how does the strumming go?'.

WR02 used singing as her 'tool' to address intrusive thoughts and feelings, including anxiety. She described her use of self-talk after having a "really bad day" with "too many things at the same time… Music is the tool and I will use that tool, alright what song?". Again, this statement showed aspects of both choice and empowerment, a counter-reaction to the coercively controlled relationship that she had escaped from; she selected both the 'therapeutic tool' and the song that she used to address her mental state. WR02 described the impact of this process upon her levels of anxiety stating that "it just feels like therapy for myself" and "I feel like, nothing to worry about, everything is alright on all levels". The statements of both WR01 and WR02 show a similar effect of the use of music in relation to anxiety:

WR01: "The anxiety does not exist when I play"

WR02: "I feel like, nothing to worry about"

Refuge worker 2 described how WR01's use of music might have impacted with her life saying: "I think her anxiety had reduced and it gave her something else to focus on. Not get into that thought process of thinking how bad things are…. I think it sort of helped her not think about the trauma". WR02 talked about the healing effects of music and the ability of music to alter emotional states, depending upon the music chosen: "It's like it cures you. It tunes you; different music has a different effect on your body, or on your vibes". This quote suggests that music was used for distraction and an escape from anxiety (explored in 7.1.3), but it was also being used to directly alter the causes of anxiety by intercepting trauma-based emotional triggers with the emotional reaction to the chosen song. This is a process I refer to as 'emotional hijacking', where one emotion is intentionally replaced by another in order to break a persistent cycle of thinking (APA, 2020).

The use of repeated action was another aspect of comfort seen by the music therapist. In the same way that rocking can help to comfort a baby by distracting the brain, it can also distract adults from the emotional pain which they are experiencing. Speaking of WR01, she noted that "It's quite self-soothing that kind of strumming". WR03 described how she would dance to music if she felt overwhelmed by feelings of trauma and emotion: "I can go for over a solid hour and I de-stress with it, it's amazing, I love it". She later described the effect of this process: "by the end of it you're tired but good, you've got the good hormones rushing through". WR03 also used music to alter her emotional state and discussed the release of "the good hormones" in response to exercise and the positive impact upon her stress levels. This was an example of self-

initiated activity outside of the weekly session, specifically chosen to address the feelings of anxiety.

The occupational therapist noticed WR02's levels of 'self-awareness' and how she was "aware of her anxiety levels". She acknowledged that "she's actively using music and art in the sessions to help her feel better". This would appear to be key to self-regulation of mood among the women: the awareness to understand their own psychological state and the ability to select the appropriate therapeutic tools for support. The occupational therapist highlighted the level of autonomy needed for this kind of 'self-management' by saying "she sounds quite in control". This too supports the therapeutic benefits of self-regulating mood when escaping from a coercively controlled relationship where emotions are continually being manipulated by the perpetrator.

The assistant psychologist observed the importance of both self-awareness and self-regulation in terms of positive mental health and mood. She also believed that the use of the voice embodied physical self-ownership that would lead to feelings of empowerment. Speaking of WR02, she stated that:

> 'I can access this tool easily'. I think that is so important and I think that's so brave as well because a lot of people might think that but to externalise that and say, 'This is something I use to manage what's going on for me', I think that's so big……
> Sometimes people are isolated in a domestic violence relationship, they haven't got anything else, they can't access anything so that's something that's hers and she owns her own voice and it's something she's in control of.

According to Rokade (2011), endorphins are the body's natural response to stress, anxiety, and pain. Not only do endorphin hormones block pain signals to the brain, but they also combat the fear signals created by trauma and subsequently promote feelings of peace and well-being. WR01 described how playing the guitar was meditative and helped her with 'being in the present': meditation has also been linked to endorphin release (Rokade, 2011). Rokade also notes the release of endorphins in response to music (WR01, WR02 and WR03) as well as "continuous exercise for over 30 minutes" (2011, p. 436), as in the case of WR03.

Elizabeth Gray (2017) recalled providing psychological support to the people of Haiti in 2010 following an earthquake. She employed the use of dance/movement therapy, which had been "polyvagal informed" (Gray, 2017, p. 43). Polyvagal theory acknowledges the body's autonomic responses to trauma such as "fight or flight" and "Shut Down" link to both emotional, psychological, and physical changes within the body; in severe cases PTSD develops where these reactions occur without the actual threat. Polyvagal Informed Dance/Movement Therapy acknowledges the participant's

need to take back control of their body and intercept autonomic responses to trauma by 'shifting emotional, psychological, and physical states', but the same amount of restoration can be achieved through 'music, movement and rhythm' (Gray, 2017). These theories resonate with some of the activities undertaken in the refuge to address the effects of anxiety linked to PTSD. The music therapist described strumming the guitar as "a very self-soothing motion" (Music Therapist, 2021). She also linked WR03's use of dance to polyvagal theory and to the idea of 'shifting states':

> So, when your client is saying, she wants to improve her mood she dances and she sings, what she's actually doing is activating her vagal nerve which is boosting her oxytocin, her happy hormones and stimulating her brain so she's absolutely boosting her own body's self-care mechanisms essentially (Music Therapist, 2021).

This was something which was echoed independently by the assistant psychologist interviewed when speaking of WR03:

> It really does shift that energy…. Yes, one hundred percent, there is something about it releases it and it actually does because you have all this nervous energy that you need to get rid of…… You have to like trick your body, it's almost like tricking it out of that freeze mode and it does work (Assistant Psychologist, 2021).

Bonilla (2020) has applied her understanding of the effect of the vagal nerve upon the autonomic nervous system to expressive arts therapy with women who have been abused. Her work resonates with some of the findings of this research, such as the regaining of physical and emotional control through the voice and the body (using singing and movement). It is apparent that the participants within this research project have independently recognised the benefits of their chosen expressive arts activity upon anxiety levels and have employed self-regulation of mood independently, something which has been essential given the length of time needed to access formal clinical support. It is also important to acknowledge that autonomic responses, such as anxiety, can lead to feelings of powerlessness and mirror the control that the perpetrator has had over the body. By using music and dance to shift these autonomic states, the women are taking control of the damage that has been inflicted by the control of another. It is significant that these interventions have been chosen and used by the women, in their own spaces and in their own time outside of the weekly sessions in the refuge: "Now that I am here, I can do whatever I want, I can listen to any music that I want" (WR02). The women showed within the weekly music session discussions that they were developing a sense of empowerment and autonomy in relation to the management of their own mental health. They were aware of symptoms but also able to choose the appropriate music or activity to address that symptom.

7.1.3 Escape, distraction, and flow to address cyclical thought patterns

Music was used in several ways to provide the psychological benefits of distraction and escape within the refuge; this was linked to a range of purposes. The most common use was as a distraction from either emotional pain or cyclical thinking, discussed in 6.2.1 and 7.1.3. WR02 said that she listened to music to "Give my emotions a break". She was caring for young children whilst dealing with social services and court hearings and she had regular points of "emotional distress" (WR02). The longitudinal analysis chart for WR02 showed that much of the progress in moving away from her trauma was often undone during court visits, contact with her perpetrator and points of uncertainty about the future. WR01, WR07 and WR08 said that they deliberately used music as a distraction from cyclical thinking. WR01 used music so that she did not "Have to think about stuff", she said that "When I started learning the chords, it's something to put your mind to and when you've got something else to put your mind to, everything else just disappears". WR07 said that the self-talk "Just carries on repeating itself constantly", and that she had to listen to music "Otherwise, I'm just going crazy…. then you're not just sat there, sort of thinking through things". WR01 showed the deliberate use of this intervention as a psychological tool to cope with persistent thoughts: "I have found a different technique. When the thought comes into my head, I can distract it with the guitar, and I get so enveloped". This would suggest that music was not only used as an intervention to stop thought patterns, but it was also used to promote positive thinking (discussed in 7.1.4). Some references to the experiences achieved through musical distraction and escape aligned strongly with the state of 'Flow'. By completely absorbing the mind and body in creative activity a state of 'flow' can be attained. 'Flow' was defined by Csizkszentmihalyi as a state, achieved through a physically and mentally absorbing activity which allowed a person to transcend their awareness to the point where the activity or the object involved in the activity become part of the person (1993). A person will become so absorbed in what they are doing that they transcend their own fears, anxieties and needs and become more relaxed, happier and gain a stronger sense of well-being. They can also lose track of time and their surroundings (Bernard, 2009). This was seen strongly in participants WR01 and WR03 with the use of guitar and dancing to music.

Music was also beneficial for some participants as a coping mechanism for refuge life. As discussed in 6.2.3, refuge life could create stress related to resident relationships, noise and coping alone without family and friends. WR06 and WR08

spoke of the music sessions providing distraction from that: "It gets me out of my room and keeps me occupied so that I'm not just sat in my own head if that makes sense" (WR08). WR01 discussed how music provided an escape from her stress triggers at the refuge:

> It's massively an escape because I don't have to think about anything that's happened. It's just me and the guitar when I play, and I don't have to listen to everyone that's screaming around me, and I don't have to listen to what's on the telly, and I don't have to listen to someone saying bad stuff about me.

When participants spoke about the use of music as an escape, it was always a more positive place or state of consciousness:

WR01: "It's an escape but it's the good times"

WR05: "Listening to music…. It's just happy"

WR03: SD: "What was your reason for coming?" WR03: "Distraction really, music has to be my happy place"

WR01 showed that she was completely absorbed in her guitar playing but that this had acted as an intervention against cyclical thinking linked to the initial presentation of PTSD symptoms: "Each day I could be playing and before I know it it's like 4 o' clock in the afternoon and I've not once thought about him". WR01 believed that women without children in the refuge have less distractions and therefore were prone to higher levels of isolation and cyclical thinking. She said that "The fact that I don't have kids in here it makes it harder to cope because I don't have someone taking away my attention…. and you've got A, B, C, D and E to do and then before you know it it's nighttime". She highlighted the importance of the guitar in terms of distraction, within her initial recovery: "I've got something to put my mind to…. when I didn't have the guitar to play, I probably didn't have anything".

WR04 exhibited the state of 'flow' within one of the music sessions. She described a session in which all the participants were moving, playing instruments, and singing at the same time. Within a PAR discussion which followed the session, WR02 commented that WR04 looked like she was in a "trance":

> It felt like. You know, something, something from prehistoric comes out of you……So much energy was coming from you, even the way you were moving when you were playing the drums, I was like 'Oh my goodness! She's so natural' (laughs) It was like part of a trance! But it's on the good side. Obviously, a good thing.

WR04 agreed that it felt like a trance. She also responded by saying "I don't remember me moving, because I was very into the music… Oh it felt good". When speaking of the benefit she said that "It distracts from all the stress and emotion that I feel. With music,

I just try to forget everything". This was also something that WR03 had experienced while dancing to music. She also spoke of the experience of "escaping from reality" and becoming "lost" in the music: "You're snapping out of reality for a bit" and "I just get lost in ██████████ All the experiences discussed above involve music happening alongside physical activity, whether strumming the guitar, dancing, or moving with instruments while singing. Psychological distraction which involves physical activity increases the potential for escape. Csizkszentmihalyi's definition for the state of flow involves both the body and mind being absorbed within the same activity (1993). The narratives above would suggest this state has been achieved (Bernard, 2009).

The music therapist recognised the importance of "experiencing yourself", something which was difficult to achieve due to abuse and related emotional dissociation. She believed that the hobbies that some of the women were engaged with stimulated their minds and bodies in a creative way. The occupational therapist perceived this as the starting point for recovery within her field: "Occupational therapy, occupation's all about, initially, using activities…you're really just engaged in that moment, you're not thinking about your problems, it's a distraction really". She also perceived music as a "distraction" that WR01 had "incorporated into her lifestyle", a psychological tool that she was using deliberately as part of her recovery from domestic abuse: "She's actively thinking how music makes her feel, she knows it makes her feel better, so she's going to be proactive". The assistant psychologist recognised the same phenomenon of 'positive cognitive reprogramming' through musical "escape" which was able to replace the cyclical thought patterns linked to PTSD. She also felt that connection to the instrument, music being played, or social context of experience was an important aspect of that positive feeling: "I think you're escaping it but you're also connecting with something that fills you with happiness as well, something that's yours that you can relate to". This was seen in discussions with the participants: "So there's not like a moment in the day when I don't think about music and that's mine" (WR01).

The examples above show the use of music for a range of purposes linked to distraction and escape. These psychological tools which serve several functions may be beneficial, particularly within initial recovery from trauma in the refuge. Music can provide emotional respite; it can stop thought patterns and promote positive cognitive reprogramming leading to increased feelings of well-being; it can also aid the state of 'Flow' which promotes emotional state shift and increases feelings of happiness and well-being. Although WR01 had initially described her constant use of music as a

"crutch" she believed that most people experiencing trauma would need something, whether medication, alcohol, or sleep. She perceived her constant use of music in this way as a distraction from constant anxiety-driven programming and believed that the positive reinforcement from musical distraction and learning a new skill would lead to accelerated recovery:

> But I've played guitar and there isn't a stigma towards it and it's like I've broken that cycle and I'm re-training my brain with a different way to deal with things… if I put positivity to it, I'll move forward a lot quicker.

Within later discussions she returned to her earlier description of music as a "crutch" to highlight that she no longer used music in that way and did not need a crutch once she had moved beyond her initial recovery:

> I don't see it as a crutch, it's more of an extension of me now. Like if staff think of me when I leave, they'll say 'Oh yes! She used to play guitar'…'There was a lady in here that learnt guitar' and that would be me.

My reflexive diary from this time showed the position of WR01 within the research and our joint understanding of her use of music for distraction. I acknowledged her vital role in the research and her role as both participant and co-researcher through reflection both between sessions and during interview. She said that she had so much time on her hands that she naturally reflected anyway but had trained herself to do this in a positive way. Thoughts which were helpful to the understanding of herself, and recovery were acknowledged but thoughts which were painful or likely to create obsession linked to her previous partner and former mind set were discouraged by 'distraction therapy', her guitar.

7.1.4 The role of music in relation to depression

The women frequently discussed the role of music in addressing low mood, and most highlighted socialisation, and synchronised musical interaction as an important source of positive energy, support, and solidarity. WR02, WR06, WR07 and WR08 talked about needing to find the motivation needed to leave their room to avoid cyclical thinking leading to further feelings of depression. WR08 said "You'd just sit in your room upstairs feeling depressed, wouldn't you? Not engaging with anyone." This sentence clearly links depression to social isolation. WR02 linked a sense of happiness to socialisation as well as group synchronisation created within musical activities:

> We can be happy without money, you can be happy by communicating with other people, you can be happy by making new friends, you can be happy by singing together and playing musical instruments and that's the emotional part of life.

WR07 recognised the benefits of socialisation in addressing loneliness (a result of both abuse and being a refugee in an unfamiliar place); she said that by coming to the sessions "it breaks down the sort of feelings of being alone". WR02, WR03 and WR04 referred to the act of singing and playing instruments as a group and how synchronicity provided positive energy or lifted mood. WR03 described having "goose bumps" when everyone was singing and playing together, while WR02 stated that "Some weeks change that energy and I feel the vibe from all people singing, from children playing musical instruments". Alongside the beneficial sense of community is the idea that positive energy can be generated and shared when singing and making music in a group setting to address low mood and provide support. The music appears to act as a primary modality as described in 7.1.1 (as a 'shift in state'). WR02 firstly said that "the energies just flow" but also qualified that this was not just in response to the music: "When I sing on my own and when I sing with a group it's different. I feel like I get energy from other people". The assistant psychologist recognised the therapeutic benefits of group singing, especially linked to recovery from the effects of isolation within an abusive relationship:

> Just reading the first bit 'That music's a way that she connects with other people'. I mean, it's her sense of her belonging… When they came together it was almost like an empowerment and they'd encourage each other, and they said it gave them a sense of identity and almost like they were a collective group… And when they've spent so long being isolated, I imagine that must be a really powerful feeling.

This suggested that the music and the 'community' aspects of the activity were of equal benefit in addressing aspects of low mood and depression. WR05 also described the 'shift in state' provided by musical activity to directly address low mood related to PTSD: "It takes you, there's no trauma, there's no [nothing] in music, it's just happy… I don't feel sad….I don't know, feel a lot better, feel uplifted". The women often spoke of the development of prosocial support: "Had I not had the women here helping me, what would I have done?" (WR03), she also showed the depth of that bond in the statement: "It's a massive big family". WR02 spoke of feeling "happy" when singing in a group and that such activity could "Change that energy". Not only can music promote endorphins (Rockade, 2011), group singing, especially the female voice, can lower cortisol levels in the body and produce Oxytocin and pro-social behaviour (Flater, 2020). This supports the evidence presented by the women to suggest that both the 'community' and 'music' aspects of the weekly sessions were able to address the physical and psychological symptoms of depression.

Most of the participants spoke of music or specific pieces of music as having the ability to access happy or positive emotions. WR03 said that "Music has to be my happy place": this suggested that she actively used music to increase endorphins and address mood. What became increasingly noticeable when analysing the data, was the reference to 'Autobiographical memory' (Lamont & Loveday, 2020). The women could access positive or happy feelings by listening to pieces of music linked to a specific event, time, or person. What was entrenched in this memory was the fact that the associated activity, mood, or person had a positive impact upon their life or had contributed positively to the development of their identity.

WR01 and WR03 had positive memories as children linked to playing the guitar and dancing. Both revisited those activities as a way of connecting with the self-esteem and positive feeling that they had developed within their schemata. This was highly significant given that they had both referred to the way that the abuse had impacted their levels of self-esteem (6.2.2). Refuge worker 2 also believed that WR01 was accessing her memories of feeling safe as a child saying that: "I think she remembered that she'd learnt to play the guitar when she was in a happy place, when she felt safe". WR03 cited three reasons for using dance to music. Firstly, she remembered dancing as a child: "I've just always loved dancing since I was knee big". Like WR01, she had returned to a time when she felt safe and supported; she also showed that this was part of her identity formation by stating it as a preference that she had always "loved". This again showed a link to previous positive schemata (related to identity and self-esteem before the abuse) by saying that "It's again being the me before all the rubbish happened". This aligned with other participants who had used music to access the 'psychological rewind' effect as a way of addressing low mood:

WR02: "To listen to songs from my past"

WR04: "I just listen to songs from before I was married"

WR05: "Yes or some that reminded me of my dad because we'd listen to it on the way to my 'nannan's' [grandmother's] and that made me happy"

WR07: "There are certain songs that can take you back to when you [was] younger maybe"

WR02 articulated that her use of music in this way was a form of cognitive reprogramming, as a positive intervention to override the mindset formed within her abusive relationship:

This is why I have a strong belief that everything that you put in your brain affects your life. It is a little bit about positive thinking but also everything that you put around yourself, it influences your thinking. If you put a smile on your face even though you're upset, some of the psychotherapists they do say 'Put the smile on your face anyway'.

WR03 also suggested that accessing the positive schemata from childhood, enabled her to 'start again' with a greater sense of hope for the future (something identified by WR01 as essential to addressing depression and anxiety in 6.2.2). WR03 stated that: "You have to envisage a future", qualifying this statement by saying "This is the real me. This is before that happened". This showed how important it was to reclaim lost identity in order to feel positive, as discussed in 6.2.2. The women were able to use music alongside actions or objects in order to re-establish lost/dormant identity. WR05 also showed how music evoked positive feelings linked to a previous functional relationship with her father, in which he would play music in the car on their way to her grandmother's house. The songs that she had listened to during that journey had become a container for what she described as two positive relationships which she associated with feelings of happiness. This research showed that despite the psychological damage created by the abuse, access to former 'happy' schema was still possible and had a beneficial effect upon lost identity and depression.

Both the refuge workers and the occupational therapist believed that the sessions had become a reference point for 'happiness'. Refuge worker 2 said that the sessions gave WR01 "Something to really look forward to" and the occupational therapist said that WR02 was "connecting to those feelings that she's experiencing and that's making her feel good really… Kind of, probably how she wants to feel all the time". Refuge worker 3 related positive and happy reference points to the recovery process saying that "We say to them, you know, 'Life will get better, there will be good times for you and your family' but they don't always believe it, but they can believe it on that Thursday morning [when the music sessions take place]". The occupational therapist recognised the value of the sessions, highlighting that the women needed mechanisms to occupy their time in a similar way to the older people in care homes: "As soon as they've got that routine, that stimulation, they're not thinking about their own problems, they're distracted, it gives an overall health and well-being effect really". She considered this to be key to recovery saying that "the trauma (low mood and anxiety) is probably stopping them doing other things in life, possibly working".

The reference to music and music-related activities of the women's 'happier pasts' is evident in the data presented. The occupational therapist talked of the

importance of identifying a 'baseline' in order to address recovery. She suggested that the women had used the versions of themselves before the abuse as their baselines for recovery:

> What you used to be able to do, say before an accident or an infection or it could be a physical setting but in a mental health setting it's before, perhaps an event or before things have got so bad… And I they know that if they could just get this kind of old self back….they really seem to want to forget the like abuse they've been through.

The assistant psychologist observed the same use of connection to 'happier' and more confident times, in the case of WR01 (playing the guitar as a child) and WR03 (dancing as a child) she also believed that these participants were reclaiming previous links to identity and self-esteem which had been altered by the abuse:

> You almost lose confidence in everything that you do, so you're not sure if you're good at anything anymore but that's a time when she probably felt in control, she felt quite powerful and she felt confident. And that's something that she knows that she can succeed in so she's not trying to do something and there's not that worry of her failing and that probably really empowers you actually, to know 'I've still got that, I've still got that connection' and then it almost probably took her back to a time that was really happy in her life, she's almost escaping reality.

According to Lamont and Loveday (2020) music enables us to recall autobiographical memories more quickly, with the music that we do 'record' most strongly linked to relationships. The music therapist also described the use of music by the women in terms of schema theory. She believed that they could access previous belief systems 'constructively':

> That was the thing about the schema theory and kind of having that, being able to directly access those emotions, those feelings, those memories through the music so that you're not having to go through everything, every single time. It's there, it's contained so you can access it to use it as you choose, as you want to in a constructive way.

Aigen (2009) describes the cognitive relationship between music and its use as 'a container' for self-identity and social experience (p. 247). These connections which house our perception of self, environment and experience relate to schema theory. Cognitive behavioural therapy works by accessing our schemata in order to challenge and change our belief systems, showing that music can achieve this without the use of words (Aigen, 2009; Luce, 2001; Maranto 1996). When WR02 stated that: "everything that you put in your brain affects your life" she showed her use of music as a means of cognitive reprogramming. She purposefully used music to improve her mood:

> I feel better, I really do feel better. I started to do it on purpose after sessions with you, I started to do it on purpose. When I really feel down, I make myself listen to music, to listen to songs from my past.

The link between coercive control within abusive relationships and poor mental health, including depression, was discussed in 6.2.7. The women in the refuge displayed a return to preferred belief systems from before the abuse, accessed by autobiographical pieces of music (Lamont & Loveday, 2020). It could be considered that WR02 and WR05 related their autobiographical memories to times when they were happy as a way of reconnecting with their feelings of safety and cognitively reprogramming their altered mind sets. The autobiographical use of music in the process of 'psychological rewind' was highly beneficial in addressing depression following domestic abuse. WR01 said that music was: "Re-training my brain to going back into how I was before any of this happened".

The quote above, by WR02, showed that the music sessions had given some of the women a reference point for positive mood. This was then used "on purpose" to improve mood throughout the week when psychological challenges arose. This supports the fundamental principle of CM which is to facilitate the empowerment of individuals through group support and activities. It is important to note that the women within the refuge chose music linked to positive autobiographical memories and tended to avoid negative autobiographical memories, such as music played during the time of their abuse. Sakka and Saarikallio (2020) observed the potential of such musical triggers to further depress the individual. They also found that emotional and reflective music could exaggerate depressive symptoms further through "spontaneously evoked negative memories" (Sakka & Saarikallio, p. 12). The participant avoidance of "sad music" (as discussed by JH03) alongside the autobiographical choices of music from positive times, would suggest the deliberate use of music to evoke positive autobiographical memory response.

7.1.5 The role of music in relation to emotional dissociation and emotional grounding

The women described how they had become disconnected from their emotions as a protection mechanism in response to prolonged trauma: "Sometimes I just felt like a robot, like I was just programmed to do this, this and that and I couldn't feel anything" (WR01). Some women also described an increase of intense painful feeling and an urge to engage in emotional grounding in order to process feelings of 'anger and unresponsiveness' (WR07) or to give "a different feeling to anger and hatred and everything bad" (WR01). There were many ways in which the participants were able to

identify their symptoms of dissociation and respond to them through the use of music, both within and outside of the weekly sessions.

WR03 described the psychological need to address the effects of dissociation caused by unprocessed trauma:

> You have to ground yourself. Like, you have to find something that will take you away from that mentally… So, you need something like yoga or working out or the arts….So you need to find something so that you are grounded.

WR01 believed that musical intervention had enabled her to begin to process trauma and prevent further dissociation: "If I didn't have music, I wouldn't be able to even begin and comprehend everything that's gone on and I'd have just wanted to shut off". WR07, also addressed disassociation in a similar way by using music as a processing tool to enable her to "Let it out" commenting that without it "You're just going to bottle it up, aren't you?". WR04 found it useful to regain emotional connection by singing along to music, actively using music when she felt the effects of dissociation: "I sing along. I use the music as a therapy because nothing's affecting me anymore". WR03 described the emotional grounding effects of music in terms of meditation and escape as being "just into the music". By reducing stress and replacing the autonomic responses to trauma with emotional and physical stimuli which could override it, she was able to escape. Her grounding activity involved music, but she also said, "I incorporate it in either a workout or I'll just dance for a solid hour straight, non-stop". She described the effect of this in the following way: "It's 'La La Land'. You know you can snap out of it and breathe again so it's fine". WR03 was so absorbed in this activity that the other women commented:

> I used to always hear loud music (pointed to WR03 and everyone laughed)… I spent five minutes knocking at the door and she couldn't even hear me and then when I opened the door she said 'Oh, somebody's at my door'. (WR04)

WR01 also used songwriting as an emotional grounding tool, and she used songwriting to ask: "How do I feel right now?... If I'd have done it six weeks down the line [the song] then it might not have come out like that". This was an effective tool for self-assessment and self-regulation as it enabled her to create a snapshot at that time of her emotional state in response to her trauma. By sharing that process during the sessions, she was also able to further understand and validate her feelings, something that she had only been able to articulate in the privacy of her own room initially (The use of songwriting to address trauma processing will be explored further in section 7.2.1.1). The women also used song choices to identify and express how they felt when they were not connected with their emotions. By finding songs that expressed what they had

been through they were able to access their own buried emotions. WR01, WR02 and WR06 spoke of pre-existing songs that enabled them to evaluate their current psychological states. WR06 described this process:

> And when I do [listen to music], it will just explain things that I've just been through if you know what I mean? I feel as if they just express all my feelings, and they say the right words.

WR01 perceived such song choices as a way of recognising and communicating need, (something which is often lost when emotional dissociation occurs):

> Because one person might not be able to channel what it is, it would be like they'd maybe take the step to say 'Well maybe this is what I need'…. it's a lot easier to play a sad song than to say 'Look, I'm not ok'.

WR01 had chosen a song within the session which directly communicated how she had used self-harm to cope with her feelings of dissociation. The first song that she asked to learn on guitar was 'Iris' by the Goo Goo Dolls. She discussed how the words had challenged her perceptions of self-harm and abuse: "When I first moved in I massively self-harmed… there's one bit of it 'When everything feels like the movies, yeah you bleed just to know you're alive'". She was able to say how she had used self-harm in relation to emotional grounding (something which will be discussed in 7.1.7) but that she no longer needed to do this to 'know she was alive'. She later showed how her feelings of dissociation had changed by challenging the lyrics of the song: "The more you can come away from that and the more you can do stuff you realise that it's ok and not everything is like how it is in the movies". The assistant psychologist recognised the intervention of music as a useful tool for preventing severe dissociation in some of the women, saying that: "So she is allowing herself to feel things and it's almost like that is her way of processing. So, I think that she finds that music as way to stop things escalating".

Some women felt safer articulating and regulating their most painful emotions in private: "I think playing the guitar and listening to songs gets me to say what I don't want to say and like what I don't want to say to someone else either" (WR01). For others the sense of community understanding they found within the sessions offered a safe, supportive space that allowed them to process emotion:

> Yes, to come out of the cave, to come out of the room because when you're on your own you're just thinking and thinking and thinking and it keeps going in circles. Humans are social creatures……With some socialising you can sort a lot of problems out…. It's important to separate people to make them weak (WR02).

Refuge worker 2 observed that WR02 used music in a therapeutic way and recognised the session as a "safe place". She believed that "It was a time that she sort of allocated

in her head for recovery and getting things out….and off her chest". The music therapist also believed that WR02 was using the sessions to process and regulate her emotion and that she had found the sense of solidarity in shared life experience and group support to be of equal benefit to the music:

> When she's with the group and she's feeling safe and contained within that environment then she's feeling safe to take that step. So that in a sense does demonstrate the effectiveness of the community element of why we do it in community…… And the ability of a group to support and encourage and give that sense of 'We're all here, we're all in this together', especially in such a place where the shared lived experience is so… (Music Therapist, 2021).

There is a growing body of evidence to show that creative group activities which bring together groups with shared experience can be highly beneficial in terms of support and healing (Ansdell & DeNora, 2012; Bonilla, 2020 ; Gray, 2017). Within the women's refuge setting, dissociation has often been caused by prolonged trauma linked to the effects of isolation found within abuse (Boyer et al., 2022). There is a sense of empowerment in giving and receiving support within a group where all members share aspects of their experiences. WR04 and WR06 spoke of the importance of shared experience: "The friends we have here. So, it's like we get together and share experience. Yes, just a chat or doing some crafts or singing to music". Music provided an occasion for the women at the refuge to promote pro-social behaviour and foster social support. This was also of benefit in addressing the effects of emotional dissociation and enabling the women to connect with their feelings in a supportive environment. The reciprocal nature of social interaction within the sessions was noticeable. The women positively strengthened each other psychologically with understanding, compliments, and acceptance. This led to feelings of safety within the workshop space which strongly aligned with the 'ethics of care' (Silverman, 2009). Again, this underpins further fundamental values of CM, which are co-mutuality, social justice, and the notion that people can heal themselves whilst contributing to the healing of others within the group. This will be explored further within Chapter 8.

7.1.6 The role of music in relation to suicidal feelings

As discussed in 6.2.6, one in four survivors of abuse will have suicidal feelings (Women's Aid, 2017). This statistic mirrored the prevalence of suicidal thoughts among the participants within this study. When WR01 first discussed her previous thoughts about "dying" it was in relation to recovery and her involvement in songwriting: "When I first moved in, if I'd have done a song then, it would have been about hate and death and dying". She then distanced herself from that mindset by saying "but now I'm at a

point where I am moving forward, and I am seeing the upside of everything". WR01 used songwriting as a tool to reflect upon her recovery position and she described how she perceived the song as a container for how she had changed at each point in time as she 'moved forward': "Maybe six weeks down the line I could write a song about how everything's so different". WR01 shared these views when she had been in the refuge for six months, her recovery from experiencing suicidal thoughts was attributed to (each quote shows how participants had looked forward and employed a positive mindset to support recovery) :

- **"Moving forward"**: Having a positive goal to improve her life
- **"Seeing the upside in everything":** Addressing depression by employing a positive mindset

WR02 expressed suicidal feelings at a point when she had been in the refuge for over one year, demonstrating that recovery is an individual process which cannot be defined in terms of time alone. Her longitudinal analysis chart (which matched discussion quotes related to her mental health with her use of music and environmental factors) showed a link between poor mental health and contact with the perpetrator. Poor levels of well-being and mental health were triggered when there were legal challenges and court appearances regarding contact with the children (as discussed in 6.2.6). Like WR01 she expressed a mindset linked to thoughts of 'dying': "I'm sick of thinking of dying". She also recognised a similar move away from feelings of dying but perceived this as a goal and not a reality at the time of discussion:

- **"I want a better future"**: Having a positive goal to improve her life
- **"When I feel really, really down and think 'I want to die', really, really down I say 'No, no. no. no"**: Addressing depression by employing a positive mindset

WR01 and WR02 both were aware of their 'feelings of death' and their routes to recovery. Despite environmental setbacks, WR02 showed a desire to move away from this way of thinking: "I want it to stop, and I want to repair myself". Both participants used music to address, control or maintain their suicidal feelings. WR01 aligned her feelings of recovery with her use of the guitar and her need to move forward in a positive way:

> When I'm learning new chords with the bars, I can hear it's bad at first, and it's like the bad life with (*) and then when I start to get it and I can hear the notes actually coming through it's like the progression like you've made it, you've done it. When I started, I

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know that I was playing badly, I was like 'It's gonna get better, it's gonna get better' and the more my playing got better the more my life got better as well.

She also described this process of setting difficult goals and achieving them as a way of 'building tolerance' which strengthened her mental resolve not to act on suicidal feelings: "I build up a tolerance and the more I build up a tolerance the less it is in my head that I'm going to do something stupid".

Social isolation is known to be one of the main risk factors in suicide (Calati et al., 2019). Both WR01 and WR02 found empathy and friendship through music in different ways. They were able to use music when they were alone and at their lowest emotionally. WR01 described the guitar as a "crutch" saying that: "if someone took the guitar away from me for a week I'd be lost". She also described her bond with the guitar in terms of a relationship, highly significant as she had entered the refuge without children: "I find it so hard having something in place to make me go 'Don't think about him, do this' and for me that's the guitar, I've replaced a kid with a guitar". WR02 found friendship from the singer she was listening to. She described how she would listen to music when she felt like she wanted to die, and that the singer would speak to her directly:

> I feel like she personalised her song for people like me (begins to cry) and she says ██ it starts very, very slowly but then it builds up, it builds on, it builds up, it builds up and in the end that rock and that beat and that guitar… whoosh! It goes like, it goes like I got an injection of some powerful vitamins and I go, and I move with that beat.

The assistant psychologist had witnessed the use of music by the survivors of abuse that she had worked with (in a clinical setting). She described how many of the men who had suffered racial abuse had said similar things about the music of Stormzy: "This song's been wrote about my life, I really connect". They too had discussed songs and artists in terms of relationship by saying "I feel like I'm a friend, I feel like he's part of the family". The music therapist believed that the songs created connection, counteracting the feelings of disconnection and isolation linked to the experience of trauma. The assistant psychologist also recognised the same phenomenon of 'connection' between WR01 and her guitar. She described this as common practice when people are lonely, such as the child that is attached to a teddy bear and creates a tea party when there are no other children to form connections with. She said that "It's much more than a guitar, it's probably a friend to her, therapist to her and someone she can talk to".

The music therapist and refuge worker 2 echoed the importance of goal setting, looking forward as a way of increasing positive thinking on entry to the women's refuge. Refuge worker 2 said how the guitar had enabled WR01 to have "things to look forward to" and that "made her outlook more positive". The music therapist considered "Making creative progress and developing a new skill" to be a counter-reaction to the effects of domestic violence when you may have been "beaten down and stripped of self-worth" (Music therapist). She believed that people could connect within themselves and their identity through creativity and that this in turn could have a positive effect upon recovery from domestic abuse: "To experience yourself, 'I can do this', I'm being creative, I'm actually creating something' and that's positive".

N.B. All disclosures of suicidal feelings within the session were passed on to staff at the women's refuge.

7.1.7 The role of music in relation to self-harm

WR01 disclosed her use of self-harm within the discussions. She also articulated, in detail, why she had used self-harm and how music had acted as an intervention within that process. Section 7.1.5 considered how WR01 used self-harm as an 'emotional grounding' tool and a coping mechanism that she had used throughout her abusive relationship and on early entry to the women's refuge. Learning to play the guitar was key to her recovery from self-harm. She directly attributed the guitar to her recovery in the statement: "Before the guitar I did self-harm a lot because it was something to put my mind at ease and I find the guitar does that better than that". The ways in which she used the guitar as an intervention worked in more than one way. Firstly, as she was initially developing calluses on her fingers this helped her to use the pain as an emotional distraction without using self-harm: "When I play, I can feel the pain from when you press your fingers in, which took some relief off my mind, which wanted to do other things". WR01 also began to change her mindset as she used the guitar as a 'grounding tool'. She had previously said that "With self-harming it's literally like it's just down" and that "because you're feeling like that, it's back to the self-harming and you're back to the guilt and the shame that comes with it". These statements show that WR01 self-harmed because she felt "down" but that she also attached painful emotion to the act, something which she had previously described as a "vicious cycle". This mindset was replaced by a more positive mindset associated with her guitar: "There's a more positive outcome 'cause you're playing but you've not got blood streaming down your leg, and something's come out of it, something positive's come out of it". WR01

acknowledged that the guitar was being used as a 'crutch' on entry to the refuge but perceived it as a more beneficial crutch than other options. She believed that the positivity attached to it would eventually lead to stronger recovery outcomes as it was "More productive…more creative, more expressive". She also believed that most people in the refuge with trauma symptoms would need some intervention in order to deal with the emotional impact of abuse:

> Some people need tablets to get through the day and some people need a drink to get through the day, some people need to be up and about, and some people need to stay in bed just to get by. If some people want to call it an addiction that I play constantly……I'm not harming myself, I'm not harming others. I think it's a better outlet than other stuff I could be doing.

WR01 continued to use the guitar a coping mechanism: "Even now I don't want to deal with things in the same way because how I was coping before wasn't working for me". WR01's use of the guitar eventually changed as she recovered from the effects of trauma and the need for self-harm: "I'd say I needed to play at one point". Once WR01 had developed basic technique and could play a number of chords and songs, the therapeutic function of the guitar adapted to become a tool for emotional processing and expression (which will be discussed in 7.2.1 and 7.5). This allowed WR01 to experience, contain and self-regulate her emotion without the need to return to the use of self-harm (something which was observed by refuge worker 2): "I don't remember her self-harming or anything. So, I think it made her outlook more positive". From an occupational therapy point of view the practitioner observed two main benefits of WR01's use of guitar. Firstly, she said that "it might break up the cycle, feeling that she wants to do that to herself". Secondly, she observed it as an important way of giving "a focus" and " a routine" with a positive focus: "Just engaging in an activity that makes you feel good about yourself". The assistant psychologist considered the guitar to offer a self-directed intervention against the desire to self-harm. She believed that WR01 used music "as a way to stop things escalating". The assistant psychologist echoed this, suggesting that the guitar acting as "a third person in the room or another kind of person that will just bring out what needs to come out essentially". The music therapist described the process of music as an intervention against self-harm:

> The journey that she's been on and the self-harming as 'an expression of', something is going on for her and it needs to come out and it needs to be expressed and then the fact that through the music, through the guitar, she's found a way, a healthier way, a healthy way for it to come out.

WR01 shows this process of 'externalising emotion' through the guitar: "It would have been on and on and on in my head and I would have been like that for about a week, whereas two minutes of playing and it's gone". It was also important to reflect on the

benefit of music or music-related activities outside of the workshop sessions. There is an alignment between the approaches of occupational therapy in 'occupying time positively' to address symptoms associated with poor mental health.

7.2 The therapeutic benefits of music during recovery

Longitudinal analysis of each participant showed that recovery was not linear or permanent. Each longitudinal analysis chart, linking comments surrounding mental health and well-being to environmental and contextual factors, showed a strong link between symptom escalation and stress factors. For WR02, WR03, WR05 and WR06 there were noticeable links between recovery regression and symptom escalation during times of contact with the perpetrator (for child contact or court hearings). For some of the women at these times, music was used as a psychological tool, for others such as WR06, music was avoided. Some of these phenomena will be discussed within the following sections, considering the role of music as a tool for psychological intervention. The chapter will conclude with a discussion of the use of music as a self-management tool for psychological recovery and maintenance and how it might be of use to some women following their entry to the refuge (given the challenge of accessing timely formal clinical support).

7.2.1 Trauma processing using music

The women spoke about the use of music for trauma processing in a number of ways.

i) **As a means of abstract communication of traumatic experience without direct painful connection**

Many of the women spoke of the difficulty in articulating their trauma through words. Sometimes they dissociated from their feelings and sometimes their emotions were too painful or complex to be represented linguistically. WR01 described how music facilitated cognition that allowed her to communicate without barriers or need for translation:

> With words I can't get it to come out but with music it's just there and it's in my head…. Sometimes when I'm angry I can't portray that I'm angry, but a chord can say that I'm angry and like if I'm happy a chord can say it as well. And like it says what I struggle to say.

WR01 was able to use her guitar as a trauma processing tool but WR06 and WR02 described how they found songs which articulated and communicated their emotion. WR06 said that "I feel as if they just express all my feelings, and they say the right words". This type of 'Mood matching' using music was common and used frequently as

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a processing tool. WR02, WR03, WR04, WR05 and WR06 discussed the use of 'musical mood matching' to 'shift painful emotional states.' WR02, WR03 and WR05 described matching high energy rock music to feelings of anger in order to process and change their mood: "Yes, it's rock, it's rock. I found out that it helps a lot. It makes me really angry and with the help of anger I go to another stage of calm down and I know, it's weird". WR04 and WR06 described how listening to sad music helped them to release their emotion through tears which shifted their mood to a 'happier' and more positive mood afterwards: "Yes, if you cry, you let it all out. The sad music makes me feel happy after" (WR06). WR06 also said that this type of emotional processing using music helped her to sleep: "I can cry and then go to sleep". WR04 changed to upbeat music following the processing of sadness and tears in order to consolidate her shift in emotional state:

> I cry for five minutes, after that I can just put music on that goes 'ying ying ying' [fast tempo] then I'm alright… I can take all the emotions out and after that I just put on some music with a beat and I'm dancing.

WR06 described the variety of different types of music to match and communicate different moods: "I need to have a different mood, to listen to different types of music sometimes". Refuge worker 2 recognised the benefit of processing emotion without the use of words, and she believed that WR01 had done this through song choices and by playing her guitar:

> She might be able to talk about some of the incidents and things but she probably can't remember all her feelings or she might not be able to articulate them all and she might not want to talk about them openly….When you're doing something creative it gives you an understanding because you're talking about the third-person…You're tapping into like your subconscious and I think that a lot of trauma and things are all sort of buried deep.

The assistant psychologist agreed that verbal ways of communicating were not always appropriate when dealing with initial trauma symptoms. She also recognised that WR01 had articulated her emotion through the guitar:

> I think, verbally it's not always the easiest way is it to? Non-verbal ways are much better ways to express how you're feeling…It's much more than a guitar, it's a way of communicating. It's a way for her to communicate how she's feeling.

The music therapist also believed that music allowed for "another layer of communication" that enabled processing without the need for verbalisation. She believed that WR01 was able to process and communicate her emotion: "in a way that she doesn't need to formulate, and she doesn't need to have any demands put on her", she added that "What needs to come out can come out and be expressed without words, without thought necessarily". This showed that learning an instrument and having

access to music, within the session and through the internet, was of psychological benefit to some of the women on initial entry to the refuge.

ii)   As a safety barrier or container for emotion

Some women found 'safety' in using other people's words rather than their own. WR01 said that "It is safer". She explained why she listened to a song called 'Cherry Wine' by Hozier: "I'm just attracted to it. Like I see that song and I think about domestic violence, I just relate to it, like that says what I can't say". Some women also felt that their painful experiences could be contained within the song and accessed at a time when they needed to connect with their emotion; WR07 described having songs linked to different life events which she could use to access a particular set of emotions at any time:

> There's certain songs that take me back to when I was pregnant, when I'd given birth to ******* (pause), when I said goodbye to her…… It's sad but sometimes you've got to let it out because if you don't, you're just going to bottle it up aren't you, you just have to sort of let it out.

WR07 described this type of processing as "damage limitation", linking the avoidance of emotion to emotional dissociation or anger. WR02 used music as a container for emotion in a similar way to WR01 but linked her song choices to themes rather than just one particular song. Unlike WR07, whose container was accessed through autobiographical recall, WR02 had found songs which embodied and accessed her feelings of grief. She described listening to these songs as "Therapy for myself". She showed that by accessing songs of both "life" and "love" she was able to process the complexities surrounding her situation in the refuge and the new life which she now faced:

> Yesterday I kept singing some sad songs about life and love and how do you say it…it just feels like therapy for myself. I was grieving, I was full of sorrow. I was in a relationship with a man, and I had so many hopes for that relationship………and yesterday was just full of tears inside because I realised that I got married not to raise my children on my own, I got married not to be at the refuge, I got married to share my life with someone, to share my interests. Now I'm on my own it's sad, it's very sad.

WR02 had decided to access and process her grief using music. Through connection with her grief and sorrow, she showed an acceptance and understanding of her new situation. When asked if the process of using music to enable connection with feelings of grief and sorrow was useful, WR06 said that "Yes, of course it is. I think it's part of healing".

Refuge worker 2 believed that WR02 also used the sessions as a "safe place" to discuss her use of music and her progression or regression within her recovery journey:

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> I think that by coming to the sessions, where she feels safe and creative to get things out and off her chest, I think it's got to be a really positive thing hasn't it? She felt comfortable and in a safe place and it was a time that she sort of allocated in her head for recovery and getting things out.

The assistant psychologist thought that playing the guitar or selecting and discussing songs provided a sense of safety: "You're focusing on the guitar rather than focusing on what happened to her and she'd then communicated her story when she felt safe". She also considered song lyric discussion as a safer way of allowing the women to process trauma:

> I was saying earlier about coming into a room with someone and thinking 'Oh my God, she's gonna ask me this, it's something I don't want to talk about', when actually if you put some music on and say 'Oh! I wonder what they were thinking when they wrote this song?' or 'What do these lyrics mean?' That's [gave] them an opportunity to speak about what's going on for them and I think that's so important because it's not easy talking about things.

The evidence presented shows that music can provide a 'safety barrier' which enables women to access their trauma as and when they feel able to process it.

iii)   To promote connection and empathy

Previous discussion has highlighted the need for a sense of connection in order to stimulate psychological recovery and maintenance. Many women found it beneficial to know that other people had been through similar experiences and understood some of the emotional reactions and experiences that they were going through (this was particularly useful following initial entry to the refuge before relationships had been formed). WR06 described how she used musical connection and empathy increasingly within the early days of deciding to leave and then leaving. This type of emotional processing strengthened her resolve to leave and kept her in touch with those feelings:

> Yes because when the last time I was at ********** and I left from there I used to listen to music every day, if it was just to sit in the car to drive, I'd listen to the music because it was related to all my feelings, how I felt and they were all sad songs but I wanted to listen to them more and more and more and then when I was in my house I'd put it on MTV, YouTube, on my phone, it was just constantly on so I'd got something there that could relate to how I'm feeling.

WR07 also found a connection and empathy through shared experience within the music that she listened to:

> I sort of connect with it better because it's like 'Alright, they've been through maybe similar or things similar'. It's 'Yes, I understand where they're coming from, I understand why they're maybe so angry'.

WR02 recognised that she was using music directly to promote empathy for herself: "And I feel like she's singing it to me, personally to me. I'm doing it to, what's that word? Not sympathise….". She discussed her song choice which she related to her

situation exactly. The words of the song enabled her to connect with both the singer and other people in the same situation, promoting her sense of connection through shared experience: "All the songs they are written before me, all the songs they are written. I am not the first person who is in a position of loss". It was poignant that the song was from a different century, which enabled WR02 to connect with women from all ages throughout time. She took comfort from the fact that the song ended with positive words, assuring her that better times would return:

> I was singing a ******* song, it's an old one, it's from the 19th Century. It's about love, and the lady sings that love is a country full of lies and this is what I realised......Then I realised that love is a country full of lies and it's a country full of traitors. The end of the song is 'But the flowers will grow again'.

WR01 found the same connection and empathy in 'Cherry Wine'. She found that the song was telling her that "It's ok to not feel ok and it's ok to feel like this and you're gonna feel like this". Curtis (2006) also discusses song selection, lyric analysis, and songwriting as a useful tool within feminist MT. She believes that by understanding the voices of others, who may have suffered similar types of oppression throughout history, a sense of community and solidarity can be achieved that enables healing. These notions resonated strongly with the song choice of WR02. I transcribed the accompaniment for this song so that she was able to perform it to the other women. This not only enabled to share her emotions safely within the group, but it also promoted discussion of the deeper meanings of the song which generated shared understanding and promoted feelings of empathy.

iv) As a channel or a release

WR02 described the process of emotional channelling as: "It's like. To throw off bad energy and charge good energy". When asked where music had been most useful, she said "At the point of my emotional distress". She had found herself in many distressing emotional situations throughout her stay in the refuge, this was observed within my analysis of her longitudinal analysis. She referred to music as being one of the only available coping mechanisms for channelling this emotion alongside movement: "All I can do is to scream or move and dance with music, with the rhythm or sing. That's all I can do". Like WR03, WR02 had found benefit from using movement to music, using it to channel and shift negative energy: "Dancing…. it's like throwing off that energy from your body you know?". WR02 described the benefit of using physical and artistic activity at the same time: "It tunes you from inside. Active/physical activity it tunes you

from outside. Art which takes you, your imagination, and your creativity, it tunes you from inside".

Music was also used to channel emotion without immediate access to clinical intervention. WR01 often described finding it difficult to articulate how she felt. Within the early days at the refuge, she explained that she was not ready to talk about her experiences but also that people might not be ready to listen. She had hidden her abuse for so long that it would need to be acknowledged and articulated in private before she had the confidence to articulate it with others. She discussed the benefit of identifying and expressing her emotion through other people's music and lyrics. She was also able to channel individual emotion through "writing a chord progression" on the guitar:

> I think playing the guitar and listening to songs gets me to say what I don't want to say and like what I don't want to say to someone else either…. I'll put a song on YouTube, and I'll play it and I can feel that I'm going along with it, and it feels really good and it's like the stuff in my head I don't think people are ready to hear yet. I feel better with writing a chord progression.

WR01 developed the use of songs to express each stage of her recovery. She believed that there were so many songs about "break ups" that she would be able to identify her stage of recovery and then use that song to channel her emotion. She had found this process to be a useful way of keeping in tune with her emotional state and her recovery:

> There are so many songs about after break ups when you know that you're at that stage where you're not ok and then there are songs where somethings gone wrong, and you want to go home or something. I'm at that stage where I sort of know where I am, and I couldn't explain to someone but that was the best way of explaining of that's where I'm at.

The music therapist agreed that songs could be useful initially to process emotional trauma when externalisation of emotion was important but difficult to achieve within a formal clinical setting through the verbalisation of direct connection with the trauma itself:

> It's just too much, you don't want to keep having to pour out intimate, awful details of things to people over and over again, you just don't want to have to do it and there's a reason why songs are written about all this sort of stuff.

Within a discussion about the ways in which WR04 had used music to cry and then affirm happiness, the assistant psychologist believed that she had developed this system intentionally to connect, process and release her traumatic feelings:

> So, she's allowing herself to feel things and it's almost like that is her way of processing…not just a way of actually escaping but actually a way of processing and after that she's actually been able to find joy from the music.

Section 7.1.4 highlighted that finding "joy" within music, especially alongside movement, was an effective tool for resilience and was more likely to lead to

progression within recovery. Gray (2017) links the use of movement with music to the promotion of psychological 'state shifting' and considers it to be an effective tool within the management of trauma management and recovery. WR04 showed sustained progression within her recovery, despite showing symptoms of trauma on entry to the refuge. This was something which was observed by the other women. WR06 commented to her that "You looked so lovely and calm". WR04 was able to identify her psychological progress after being in the refuge for one year: "Mentally, when I came here, I was very disturbed, and I didn't know what to expect from the refuge… But yes, now is completely fine. I'm not worrying anymore from when I came here". WR04 also did not have contact with her perpetrator after leaving, something which often aligned with sustained recovery within the longitudinal analysis for each participant.

v) As an accessible psychological tool (Including digital availability)

There were many reasons why the women in the refuge used music to support their psychological recovery or maintenance. One explanation for this relates to the level of control afforded to them personally. They felt a sense of empowerment in being able to manage their own recovery to a certain extent. When asked why she had found it useful to use "low type" (slow tempo and subdued emotion) music to induce tears and "get all the emotion out" and then use "music with a beat" and start "jumping about" she said that "It means that you're controlling it". WR02 also stressed the importance of control and ownership by saying that: "I feel like I can do it myself to my body and that's a massive tool I can use". The assistant psychologist believed that empowerment initially following domestic abuse was important and that many women might struggle to trust others enough to share their most intimate experiences:

> We treat, as a system, we treat people as if there's something wrong and it's something they don't understand. Just because they've been through trauma, they do have an awareness but we're re-traumatising them by taking away their power again……
> People aren't always ready to talk.

WR02 also stressed the accessibility of music as a psychological tool. She "didn't have to make appointments or anything like that", something that was important in the refuge when mothers are responsible for the supervision of their children at all times. Without friends and family nearby, attending appointments can be difficult. WR02 found that the digital availability of music was worth the expense as it was a "tool" that could be used by both her and her children:

> It justifies what I have to pay for the internet, £25 a month, but that's alright, I can access the tool easily, I don't have to do anything extra, I don't have to make

appointments or anything like that and I can do it to myself, and I can pass it on to my children.

WR01 also said that the variety of songs available digitally on YouTube enabled her to select the appropriate theme to match her mood and therefore channel her emotion as discussed within the previous section.

The adaptability of music as a psychological tool must also be noted. WR03 discussed how different types of music could process different emotions or serve different purposes. She spoke of her use of music for three different functions:

i)   To comfort

ii)   To process anger

iii)   To affirm positive mood

"It's not always for comfort though. Sometimes if I'm angry I want to listen to rock music, sometimes if I'm happy I want to listen to jazz, it just helps with everything". WR05 also listened to music in order to process anger: "Oh yeah! Linkin Park. Linkin Park's good for anger". Refuge worker 2 said that "She used music as a therapy loads and I think that sometimes she didn't even know that she was doing that". Sharman and Dingle (2015) found that matching extreme rock music to psychological states of anger resulted in the production of positive emotion once the listening had ended and concluded that there may be psychological benefits to processing anger in this way. This also shows that music could be used as a tool for psychological maintenance and recovery by the women both deliberately, as in the case of WR02 and unconsciously as in the observation of WR05.

Within this section, some of the different ways in which music has been used for trauma processing have been explored. The adaptability of music and its usefulness for the women is clear as well as its availability at times when it is most needed: -

WR01: "I've got something to put my mind on, you know when everything's bad"

WR04: "It distracts from all the stress and emotion that I feel"

WR06: "I'd listen to the music because it was related to all my feelings"

WR07: "I always try to engage with music"

This was something which was echoed by refuge worker 2, who acknowledged that staff had many responsibilities which meant that they had limited availability when residents might want to talk through their emotions: "Sometimes we have to say 'Hang on a minute, I can't do it just now, I can see you in another half an hour, I'm just

dealing with a phone call or a referral or something' and sometimes you have to cut that off". She had noticed that WR02 had decided to use music and the sessions as time for her psychological recovery, so was developing a sense of emotional self-management: "I think when WR02 came to these sessions with you, she knew that that time was for her. So, I think that she used that as a tool to get her emotions out".

The variety of approaches to using music to help with trauma processing show that it can be an appropriate and adaptable tool. It would be appropriate to observe these uses as being of significant psychological benefit in the early weeks of entry to the refuge in the absence of prompt clinical intervention for those women experiencing moderate to severe PTSD. For those experiencing waits for clinical intervention, such as WR02 and WR03, music or music/dance provided acute relief from their psychological symptoms. WR02 also benefitted from the use of music digitally outside of the sessions in response to her emotional "distress". The amount of 'emotional work' using music which was done outside of the sessions was significant, indicating empowerment linked to self-recovery and the need for the digital availability of music to all participants during their time at the refuge. Many women did this 'emotional work' in private initially within their recovery, when their symptoms often presented the largest psychological challenge. These findings align with the work of Lamont (2021) who found the benefits of music listening to be "mood regulation", "social connection", 'solace in distress', "transcendence and personal growth" (p. 5).

7.2.1.1 The use of songwriting as a tool for trauma processing

WR01 used songwriting in order to process her trauma. It is important to note that this was a spontaneous action which happened between sessions, a tool which was chosen by WR01 in response to what she needed psychologically at that point within her recovery. She had been in the refuge for around eight months and had attended the sessions throughout, apart from the first two weeks when she first arrived. The song served several psychological functions:

i) To affirm recovery, progress, and positivity
ii) To affirm empowerment and movement away from the control of the perpetrator
iii) As a container for trauma (to be stored not carried)
iv) To affirm acceptance of her 'emotional instability' as a process and not a reason to return to the perpetrator

v)   To make sense of her trauma experiences as a warning to her future self

vi)   To process and release feelings of trauma.

The song was not used to connect with her trauma: "It's not having to give too much away like I don't have to tell them about all of the bloody and the gory bits of what happened, but they get the gist of it". She had advised against this, implying that a point of safety and recovery needed to be reached before it was possible to make sense of events and experiences. The songwriting activity gave her an opportunity to reflect upon her progress at that point in time. She showed a strong understanding of recovery as a process and her trauma symptoms as being transient: "If I'd have done it six weeks down the line then it might not have come out with that. I still would have said to myself 'How do I feel right now?'". Songwriting was used, in this case, as an effective tool for self-reflection, acceptance and goal setting (identified in section 7.1.6 as important aspects of recovery). She described the song as an affirmation of recovery and acknowledged that she had "changed" and was "moving forward":

> I didn't want to do a song that made me think 'All I'm ever going to do is look back at stuff'. That's why one of the lines is like 'look I'm moving forward now and I'm not going to look back at what happened'. I think it was good to see that I've changed. Who I was when I was with him is not the person I am now.

These words show that she had now distanced herself from the trauma and was beginning to deal with the effects of PTSD. However, it was important to her that the song showed a balance of both the positive and negative aspects of her life. She wanted to reflect the continuous struggle which still was a natural part of recovery: "The only thing I could come up with was up and down, happy and sad".

The song was also used to affirm empowerment and movement away from the control of the perpetrator. The following statement showed how the song expressed that she had regained control of her life: "I think if I did a different song, it wouldn't be about him. I think I needed a song that was about him that was kind of like a massive 'F*** You, I'm not wasting my life anymore". WR01 had used the song as a container for her experiences and emotions, she felt that the song was too deeply personal to share: "I feel like I'm the only person that could fully connect to it and be like 'Yes that's mine'…. I think it is personal". The warning written within the song which told her 'Not to go back' was a message to her 'weaker self'; this was articulated with clarity and reasoning. She likened recovery from domestic abuse to an emotional rollercoaster, saying that more songs should remind survivors that it is normal to have "dark" days but that better times follow. She described the significance of this:

> I've had days, like before I started this, I've had days that I wanted to go back and it seemed easier to go back than having to play him and I think if there were enough songs out there that said 'It's ok to go on your own' and it will feel scary and you're going to be terrified but it's normal and it's normal to feel like you're on a roller coaster and as much as it seems like you're going down and you're not going up that there is a point where it goes up and it's not dark and it's not gloomy anymore and you don't feel like everyone's against you.

The use of songwriting had also been cathartic. Several statements showed that WR01 had directly 'purged' herself of traumatic feeling without the use of self-harm (linked to WR01 in section 7.1.7): "I know the words don't seem that meaningful to anybody else but to me it felt like a weight was lifted off my shoulders". She also said that "I needed it out of my head, and I got it out of my head, and I can carry on now". This process of using words to articulate feeling contrasted with her initial entry to the refuge when WR01 had said that "With words I can't get it to come out but with music it's just there and it's in my head… And like it says what I struggle to say". This showed how she had moved forward from her feelings of trauma and dissociation to a new phase where she was able to identify and articulate her emotions. From initially using chords on the guitar, she was now able to express her feelings and understanding of her situation using words and this had enabled her to process and release her trauma.

Refuge worker 2 believed that songwriting had been a useful psychological tool for WR01. Some earlier attempts at counselling sessions had not worked well for WR01, but she recognised that the guitar had been a useful psychological tool initially in relation to emotional processing:

> I've tried counselling, I've tried talking therapy, I've tried art therapy and doing all the pictures and I did not respond to any of that to help me cope with what happened, but I picked up this guitar and it's not as bad as it all seems in my head.

The refuge worker believed that WR01 benefitted from exploring her "inner demons" creatively in her own time and space:

> She's actually dug deep and got into some of her inner demons and thought about all of the stuff that she wanted to talk about that obviously…..in a way that she's not feeling like she's got to be sat on a couch with somebody and talking about her problems….She's done it in a creative way that she enjoys, so she's probably been a lot freer in expressing herself than what she would do if she was sat doing counselling because counselling isn't for everybody.

It may be significant for survivors of abuse that the psychological processes involved within songwriting for WR01 (connection, reflection, analysis, understanding, articulation, and goal setting) mirrored some of the processes involved in counselling but that she was in control of these activities. WR01 benefitted from playing the guitar chords to express emotion without words, which might suggest that language acted as a barrier within talking therapies when initially processing trauma: "With counselling I

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couldn't find myself and it might have been because of the language barrier when I had counselling". The assistant psychologist also recognised benefit in the use of a song as a container for the "story" of WR01. She believed that there could be "anxiety" linked to accessing trauma 'on demand' when attending appointments: "She's told her story through music hasn't she? Through song!".

In observing the use of songwriting in the women's refuge as a community musician, I have always seen it as a marker for a point within recovery, a point where participants decide to separate from their trauma and move forward in life. The song becomes the gravestone to something which has died, a reminder which remains in a place which can be visited. This process can often be painful for the song writer as it involves the final connection and articulation of deeply traumatic experiences. For WR01, the process of separation from her trauma was ahead, hence her difficulty in hearing or sharing the song. However, the song marked a significant point in her recovery which was quickly followed by a search for accommodation and plans for her future.

N.B. This song has not been shared at the request of participant WR01. Other songs written during this research will be shared within the following chapters.

7.3 The role of music in addressing identity, confidence and self-esteem

Women described a loss of identity on entry to the refuge (as explored in 6.2.4). Coercive control, the loss of decision-making powers and social isolation were seen as the major causes of identity loss. Low self-esteem also accompanied identity loss, and this will be explored in 7.5. This section will explore how music was used to access lost identities, support 'psychological rewind' and reprogram new identities through characterisation[16] and cultural association.

Many women began to feel a stronger sense of self when living away from the control of the perpetrator. WR02 said "I'm coming back to myself" within three months of living in the refuge. The women in this study did not want the abuse they had experienced to become 'a focus' their identity (WR03). WR03 said "It's not the only thing that defines us, we are so much more than that". WR01 recognised that domestic

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[16] Characterisation: "Music-induced emotions" which may be spontaneous or linked to autobiographical memories (Zenter, Grandjean &Scherer, 2008, p. 1). This allows the listener to use music as a "potent stimuli" to evoke emotion or access personal or social autobiographical memories (Janata, Tomic & Rakowski, 2007, p. 1).

violence had shaped who she was but that this had shaped her life in a positive way. She acknowledged that her experiences of abuse would always be there but that they would act as a reminder that she had survived, not as a badge to be worn in public:

> I prefer who I am now. I know I can stand up for myself and I know I can say 'No' and I prefer who I am now…. cause I know I almost died and for me that is the massive bit and I need to remember that it's not always bad and I've got reminders of what happened, but it doesn't define me.

The women spoke of many ways in which music was used to find, strengthen, and affirm their identities. As discussed previously in 7.1.4, the women used music to enable 'psychological rewind'. WR01 said that "I've felt like the guitar's given me a bit of my identity back, because it's what I used to do" she recognised this as integral to accessing identity saying that "It's been really important for me because it's reminded me who I am when no one else knew and I'd forgotten. It took me back to when I first played when I was about six years old". It was possible that there were subconscious parallels; that she was accessing a time when her identity was developing initially as she returned to identity rebuilding following her abuse. It was significant that her early years were seen positively while her later childhood years were marked by difficulty and challenge. She linked the guitar to those earlier years in which she experienced greater happiness. Music had become such a positive and significant part of her identity within the refuge that she said, "It's not like it's me and then there's the guitar, the guitar is like an extension of me and that's the only way I can put it". She had said that she 'didn't want domestic abuse to define her' but she was happy to be defined by playing the guitar: "If staff think of me when I leave, they'll say 'Oh yes! She used to play guitar'".

WR02 also used music as a 'psychological rewind' to access formative development of her identity. She attributed this to finding the parts of her identity that she had lost: "I'm like 'Oh, this is what I listened to when I was a teenager' …….and I started listening to it and I started to come back to the person I was before". Refuge worker 2 believed that creativity was the key to WR02 regaining her identity: "She kind of found herself again by doing all of these creative things and I think that had been lost for a long time". Songs acted as a 'container' that could be accessed to regain former aspects of identity. WR01 found that her favourite song could be used for psychological benefit: "You see I took my favourite song and that made me rebuild my identity". It was important to WR01 that her favourite song was not linked to the perpetrator in any way: "I didn't play it the entire time I was with him. Not once did I play my favourite

song around him" (WR01). By reconnecting with the happy memories linked to the song, she was able to access those emotions and the 'happier version' of herself:

> You reconnect to it, and everyone has their own perception of what that song means to them. I took that song, and I remembered all the happy times I had before I met him, and I took that and that was kind of my first building block into pulling back who I was.

The women described how music could be used as a psychological tool to access previous positive identity schemata from prior to abuse. This appears to be a significant reference point on which to promote recovery of identity. WR01 started this process with her favourite song and then continued the 'identity recovery journey' using other songs:

> I pick songs that I can relate to, and I can put my story on and even if it's been ones where the only reason, I've said I've liked it is because I can play along… but there is a meaning behind them all in a sense, regardless of how positive it is, it always comes back to who I was.

This process allowed WR01 to create a narrative and tell her story through song. Songs gave resonance to her lost identity, prompting thoughts and feelings she had previously disconnected with.

WR03 also used music to affirm her cultural identity, saying: "I just get lost into ▮▮▮▮▮▮▮… it's part of me". WR03 clearly showed that culture could be contained within pieces or genres of music and that this in turn could become a "badge of identity" (North & Hargreaves, 1999, p. 75). WR02 also described how the use of culturally associated music enabled her to feel 'connected to her ancestors' and draw upon their resilience. During a session, WR02 played music to the group and said: "I'm connected with all my ancestors who suffered but I'm alive because of them and I want my children to live happily because of me, because I've made the choice for them".

Music was also used as a tool for characterisation which was beneficial in affirming regained or new identities. In the same way that music could act as a container for autobiographical identity schemata, it could also contain identity characteristics. Within this example, WR03 is using the characterisation within the song to access and affirm her "strong" but "dormant" self: "'It just taps into the inner strong person that's inside me that I know is there……and you listen to a bit of Cardi B and you're like 'Ok, she's there. She's there. She's back'". WR03 also talked of how she listened to 'Cardi B' to access her former identity as a strong woman: "Sometimes I need to listen to music and remind me what a 'b***h' I am... it reminds me of 'Who do you think you're talking to?' I know who I am now". This suggests that music can be used to find, reprogram, and affirm identity characteristics. WR01 shared a similar example of

musical role play in which she 'cast' herself as a rock star: "I pretend that I'm having like a little rock concert, and I do like the massive arms out and massively it cheers me up". This improved her mood and allowed her to access a more confident version of herself; she described this psychological process as a kind of cognitive reprogramming and 'psychological rewind': "It's retraining my brain to going back into how I was before any of this happened".

The women often accessed the characterisation of a warrior. They regularly spoke of how common terms such as 'victim' or 'survivor' still linked their identities to the abuse they had experienced (The warrior definition links experience to learning and overcoming adversity; a warrior continues to move forward positively despite lost battles). WR01 described how learning the guitar had affirmed her status as a warrior: "I'm not a victim and I'm not a survivor because when you learn the guitar you feel like a warrior because it's something that you can conquer". WR02 often talked about 'warrior characterisation'; she discussed the female fire fighters at Pearl Harbour: "They are holding the hose in the picture, trying to put the fire down during that attack in Japan and they are all women, they were all women fire fighters". She also played march music in the session one week that she had been listening to, saying that: "It gives me energy, it does give me energy". She described how she felt "goose bumps" when listening to the music as she was on "a mission" like the soldiers:

> This is when soldiers went to the war, the Second World War. They would play it to say goodbye to them, to say goodbye to the soldiers, and it is a mixture of feelings because they go to protect the country, they go to protect their families, I've always had goose bumps when I hear it but again, nobody knows if they come back. They go with a mission, and I feel like I'm on a mission, now, I'm on a mission, I am protecting my children. I feel, I know definitely, I have no doubt that he was damaging them, and he would damage them if I stayed.

WR05 referred to WR02 looking like a "Warrior" in one of the sessions saying: "Warrior! I saw you pushing the pram with ********* on your shoulders, you're a warrior!". Refuge Worker 2 had also seen the same warrior/fighter characterisation which seemed to be supported and expressed within the march music that she was listening to. She believed that WR02 needed to access this character psychologically in order to regain her sense of control: "She's a fighter and she was fighting, all the time, fighting every element of it and I think she's a great desire to control, probably feels quite safe in control". The music therapist described how march music was used a lot within MT and that the idea of marching and moving forward taps into one of the earliest schemata that we develop: that of walking. She believed that the women were using these primitive schemata to aid the direction of recovery as well as finding the strength to face the battles ahead within their recovery:

> Something which is the most basic '1, 2' that's walking. That's the most basic sort of movement that I can do, it's one step in front of the other. As a society kind of, we have these understandings of what's gone before and that understanding of marching into battle, those kinds of images are very much part of the fabric of our society…. The musical march idiom and being warriors marching forward and 'we're gonna get through this' and all of those kinds of imageries would very much psychologically be linked.

The assistant psychologist had seen a similar use of music to support characterisation in some of her clients. She relayed a story of one client which showed resonance to both 'the strong female' as seen in the music used by WR03 and the 'warrior/fighter' characterisation seen in the musical choices of many of the women:

> I remember I used to work with a lady that used to listen to 'Fighter' by Christina Aguilera…She said 'I'll put this on and almost feel like I've got this, like, I'm gonna fight through this'. It empowered her so much…She used to say that 'I've got this, I've been through this', and she said '…. Those lyrics are not always what they've gone through but in my head, I create this situation when they've gone through the same as me and they've got out' and she was like, 'That for me allows me to know that there's something at the end of this'.

This narrative also showed the use of song choices to shape a new identity with the desire to move forward to a positive outcome. Again, there was a strong resonance with WR01 where she was able to create her own narrative using song choices in a way that aided recovery. This was done in a way that allowed processing of the traumatic parts of identity without painful and direct reconnection. Refuge worker 1 explained the process in the following way: "Because it's a song, nobody would think 'Oh, it's about WR01 that'. Yet if you wrote a story or talked a story, we'd know who it's about… It helped as a therapy for them". The occupational therapist perceived a strong alignment between how the women were using musical connections to regain identity and her own professional assessments and practice: "Remembering the good times of what you would like to be like again. I think that's in every single assessment I do; we look at 'What goals?'". She observed that this process had been used by WR03 who employed 'Cardi B cognitive therapy' to regain the part of her identity that she knew existed: "What do you want to get back to? It's small steps into getting back into how you possibly want to be… yeah. She knows what she was like, she knows she's got it in her and she's quite strong I think". Major Driskill (2010) describes how military music is designed to generate physical and psychological energy, solidarity as well as feelings of protection, support, and pride; he believes that one of the contributing factors for this is the regular and strong rhythm contained within the genre which engages whole brain activity, particularly when combined with movement such as marching or dancing. Lamont and Loveday (2020) associate the expression of self-identity to personal musical choices, thus autobiographical memories can form part of that expression.

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Musical preferences are also shown in relation to building self-identity and celebrating cultural heritage (Greasley et al., 2013). These uses of music promote psychological recovery by strengthening the fragile sense of self which has become lost within the abuse. Within sessions the women would often share music that they had been listening to in the previous week. Often, this music would relate to 'emotional work' carried out, such as characterisation, or the sharing of a piece of music linked to their cultural heritage. The validation, celebration, and acceptance of these personal pieces of music was part of the ethics of care shown by the group and another contributing factor to the high level of co-mutuality experienced within the CM sessions.

Within 6.2.2, domestic abuse and coercive control were clearly linked to a loss of confidence and self-esteem. Low confidence and self-esteem often co-existed with a loss of identity. The following section will explore some of the ways in which music was used by the women to increase levels of confidence and self-esteem as well as provide opportunities to experience empowerment during their time at the refuge.

We have already explored the use of characterisation using music to increase confidence in 7.3. In addition, the first step towards recovery was identified as 'self-focus' by several women. This became an antidote to the effects of coercive control and the need to seek approval from the perpetrator in order to make decisions or validate feelings of self-worth. WR01, who did not have children with her in the refuge, said that "My main focus is me and it's not anyone else and I don't have to make anyone else feel good to make myself feel good". WR04 also showed that she no longer embraced the mindset of the perpetrator's coercive control when role playing how she would respond to her abusive partner if she saw him again: "If you say, 'Go and do this' I will say 'No, I would not do it just because you're saying'. I will do it if I want". The development of choice and decision-making were often exercised and established through the autonomy of the women when selecting music. Some women played their own choice of music as an expression of freedom: "But now that I am here, I can do whatever I want, I can listen to any music that I want" (WR02). WR01 also said "It's time to put me first, not anyone else… and it's like when I do that, and I play music".

Within 6.2.2, WR01 identified that having 'goals' was an important part of recovery, particularly in relation to confidence-building and self-esteem. She related this phenomenon to learning the guitar, explaining that by setting goals and achieving them she was able to increase her confidence. She also explained that with the celebration of achievement came empowerment:

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> I think if you do something good then you need to, maybe not celebrate, but recognise the fact that you've made an achievement. Like when I first moved in here six months ago, I would never have done anything like that. So, for me I felt empowered because I'd taken a massive step forward.

In chapter 6.2.8 the issues surrounding 'self-blame' were explored and in 6.2.7 the tactics linked to coercive control were explored. Both sections highlighted the psychological manipulation of the perpetrator in order to make the victim feel subordinate, incompetent and like a failure. WR01 showed that learning the guitar challenged her mindset of 'failure': "It's like the one thing that I've picked up that I've not set up myself to fail on… Self-confidence does come with it… like, 'I did that!'". WR01 also showed that she had become her own judge; her 'self-talk' showed that she was proud of her achievements. She showed positivity in the judgement of her guitar playing:

> I can hear where the chords are supposed to go and where it's supposed to change and where you're supposed to play along, where it's a little softer and where you like fall into it. It's like a euphoric feeling when you get it right.

Alongside the opportunity for positive 'self-talk' and self-perception linked to learning the guitar, WR01 also believed that other people would perceive her more positively if she played the guitar. Not only did she believe that her skill on the guitar would "impress" people, but she also took pride in learning the instrument whilst addressing the psychological challenges linked to domestic abuse. She confirmed that the achievement, linked to learning an instrument to a competent level, boosted her levels of self-confidence and pride: "You do get self-esteem from playing it, when you're able to play it well". She described how this worked:

> I could turn around at any time and whip out a guitar and start playing and impress someone and it would be like 'Well I never knew that about you' and I would be like 'Well I learnt this when I went through the roughest part of my life'.

WR01 gained improvements to her level of self-esteem through the 'platforming' of her guitar work: firstly, within music sessions, secondly within refuge performances and then finally at a recording session. Using some of the songs that she had practised on the guitar, she was asked if she would like to record them with a professional singer at a local recording studio. She decided that she would like to take the opportunity (she was told that she could withdraw at any time if she felt too anxious or uncomfortable). She attended, and although anxious at first, she quickly engaged in the performance alluding to a state of 'flow' when she said, "Even though there were people in the room, I felt on my own and then I was in my element then". She gained a strong sense of validation for her playing; this was given by the recording engineers and the professional singer

present. Acceptance and validation are two elements which were important to the re-building of self-esteem. In the case of WR01, isolation had been part of her abuse experience and the complete reliance upon her abuser to provide these elements had resulted in the manipulation of her confidence and self-esteem as a means of control. This had led to acrophobia and high levels social anxiety on entry to the refuge. Her lack of confidence and self-esteem were combined with a lack of trust and perceived lack of acceptance from other people, as explored in 6.2.2 and 6.2.7. Despite the level of anxiety that WR01 felt in facing both a new environment and new people (both potential triggers), she said that she "Didn't get any negative response". Her response to the recording session showed the benefits to her levels of self-esteem through the acceptance and validation of her guitar playing:

> It's something I was never allowed to do, and I never imagined doing. But it's that great moment.... I didn't feel anxious, and I didn't feel judged, and I didn't feel belittled or bullied. I left like I could walk down the street with my head held high like, I know what I've just done.

We will explore the significance of this recording session in helping to challenge and re-build the trust of WR01 with men in Chapter 8. In terms of this research project the theme of music in relation to confidence and self-esteem related most significantly to two areas: the use of music for characterisation as a 'strong woman' and the learning of an instrument (for goal setting, achievement, self-validation, and public validation).

The occupational therapist highlighted 'self-focus' and 'goal setting' ("routine") as important elements within recovery, particularly from self-harm. She recognised these elements as being fundamental to addressing low self-esteem. Speaking of WR01's use of guitar she said:

> That gives you a focus, a routine, introducing that back into your life. I definitely feel that people who do that, I don't know much about self-harm, but it's got to be that a lot is about your own self-esteem.

Refuge worker 2 recognised the benefit in gaining positive feedback when learning an instrument, especially after the continuous conditioning of coercive control: "It's a confidence boost and it's building their self-esteem and I think that after the knocking that they've all had, for somebody to say that you're good at something, it really meant something". Refuge worker 3 also believed that learning an instrument or listening, singing or dancing to music was also empowering as it belonged to them, that it reinstated their sense of choice and self-expression through creativity: "It's theirs and we know that in abuse that their lives really aren't their own and what they want to do, especially if they've been truly controlled, this is something that's totally in their gift (it

is very empowering)". Refuge Worker 3 also believed that the participants gained confidence in trying something new and not failing, this aligned with the quote of WR01 when she said that "It's like the one thing that I've picked up that I've not set up myself to fail on". Refuge worker 3 observed how this transferred into other areas of the women's lives: "I think that's what it does give them… 'Oh actually, yes, I've done something new and actually I was OK in it and actually' (and then they transfer it and think) 'Actually, I'm OK at this as well'". The assistant psychologist recognised the opportunity for positive self-talk whilst learning an instrument; she believed that this needed to replace the conditioning of the perpetrator's voice in order to promote feelings of self-worth, confidence and self-esteem: "So the fact that she's been able to succeed at something and you feel good about yourself when you get it right, it's almost like that positive regard for yourself, being compassionate to yourself……it builds on your confidence".

The assistant psychologist went on to say that despite the targets set within clinical psychological practice, the fundamental aim is to enable patients to address their levels of confidence and self-esteem. She believed that without this these patients would continue to blame themselves for their "hopelessness" and inability to exercise change within their lives: "The whole point of therapy, is: 'What work are you doing?' or 'You need to be targeting this, this and this', the baseline is getting someone to feel good about themselves and feel confident that actually things can change". This was also echoed by the music therapist who described the potential 'self-talk generated by creative activity: "'I can do this, I'm being creative, I'm actually creating something' and that positive 'up-building' of self-esteem".

The occupational therapist observed that WR03 was engaging in positive cognitive reprogramming; firstly, she had returned to dancing to music, an activity from her childhood that already provided a connection to the feelings of success and achievement. She described it as a time "When she probably felt in control, she felt quite powerful, and she felt confident". She also observed how WR03 was repeating an activity that made her feel confident as a way of increasing that confidence: "It's like something she can go back to, kind of to give her that confidence". The music therapist also believed that the sessions and the recording studio activity experienced by WR01 developed a sense of "Social capital"; that there was clear psychological benefit linked to the positive validation from others: "Social capital theory's a good one for really explaining that side of things about how when we perform…. (Perform positively in

front of people and get that positive feedback) how that then encourages us to then develop that further". It was observed that WR01 had developed her confidence gradually (firstly within the refuge in a 'one-to-one' setting, later within group refuge sessions and finally alongside strangers in the recording studio). This demonstrated the 'development' of confidence described by the music therapist, which aligned with Wood's "Ripple Effect" (Pavlicevic & Ansdell, 2004) in which the small circles of confidence widen out to the larger community as they grow.

7.4 Conclusions related to the role of music as a self-management tool for psychological maintenance

This section will summarise how the women viewed their use of music as a tool for psychological maintenance and recovery within the refuge. This will be triangulated alongside refuge worker observations and traditional clinical and therapeutic approaches.

WR01 linked her use of music to accelerated recovery and tried to imagine her recovery without the use of music:

> I think I'd be about twenty steps behind. Before I played, I was in that vicious cycle that I couldn't get out of and if it wasn't for, I think it was someone in here when I came in, if I'd have gone outside instead of coming and sitting in here, I don't think I'd be moving out. I don't think I'd have gone out and done my college application, I wouldn't be so so close to moving on.

She was able to articulate how music had worked and why it was so effective as an intervention; an intervention that she used and controlled. She talked about playing the guitar in response to depression and stress; she had found it to be more effective than her medication. It is important to note that music is never offered as alternative to medication and that any changes in medication need to be discussed with a GP. Within the case of WR01, her doctor had agreed that her dose could be lowered as her reliance on medication reduced:

> If I am down or if I'm stressed playing the guitar has more of an effect on me than my medication does. Even since I've been playing the guitar my dose has been going down. Even the doctors have agreed that I'm not needing it as much as I did need it.

WR01 also described how playing music had a therapeutic effect upon her social anxiety and associated panic attacks. She would often listen to music through headphones when leaving the refuge and catching a bus (with the potential trigger of meeting strangers in a confined space). She found that she could control her reaction to social anxiety triggers through musical intervention. The following statement supports

the use of music as a means of supressing response to anxiety and associated stress hormones:

> I was very much a hermit before, and I'd stay in, and I'd be very reclusive and now it's like I don't need my tablets as much when I play and if I didn't play for a day and I went out I would probably have a panic attack. Even if I'd got music and headphones I'd be like 'I'm alright and I don't need the crutch of something else trying to fix the chemicals that go on in my brain and music establishes it.

WR01 found empowerment in having a choice of psychological tools in order to manage her own mental health and recovery, something which would appear to be an important stage of recovery after a coercively controlled relationship: "The first change starts with me, not with someone else telling me what to do". WR02 also discussed her deliberate use of music as an intervention and a psychological self-management tool by saying: "I use music as a therapy on purpose". Another important aspect was the availability of music, whether contained in a portable instrument, through the voice or accessed through digital sources. WR02 accessed music digitally and so was able to search for a song that would reinforce the right message at the right time. She spoke of music as an intervention in response to feeling depressed and suicidal: "No… YouTube, video, music. What? What is next? … and I'm searching and I'm like… This morning I was listening to rock; I was listening to rock and… (sings) 'In the end it doesn't really matter'". WR04 recognised the digital availability of music as a tool for psychological maintenance that she would be able to use after leaving the refuge: "I've already started downloading some songs that we sing here so I'll be there playing those songs and singing with [children's names]". The digital availability of music would appear to be an important aspect of music as an intervention for recovery from the effects of domestic abuse for several reasons:

i)   It is accessible at any time when needed

ii)   It is portable so can be used within any context (with or without headphones)

iii) It is user-led, providing opportunity for the user to assess and manage their own psychological needs (alongside other formal clinical interventions)

iv)   It gives opportunities to exercise choice both in music and when that music is to be played (an important aspect of recovery following coercive control)

v)   It is personal (containing the emotions, memories and trauma of the individual). These containers can be accessed when psychological work needs to be done and emotions need to be processed or shelved when it is not psychologically appropriate to address traumatic triggers.

vi)   Music can be stored which promotes themes for cognitive re-programming or characterisation i.e., 'Being a strong confident woman' or 'Being a Warrior'.

WR03 highlighted that music was an available psychological tool in the absence of immediate formal psychological care: "I'm waiting for a psychologist referral at the moment……so you need to find something". She said that "Music is almost used on a daily basis for me, I'm constantly listening to music". She discussed how music was adaptable and that she had found music able to address a variety of psychological needs: "It's whatever makes you feel good at the time/what you need at the time". WR06 used music in a similar way to WR03, particularly using music to shift low mood saying that: "I like to listen to something happy to put me in a mood, to make me feel in that mood and be more happier". When discussing the use of music to connect with emotion and allow the release of emotion through tears WR04 said that: "It means that you're controlling it". The idea of psychological self-maintenance was an important theme initially within recovery and may have been linked to a lack of trust in other people and services (as explored in 6.2.3). The assistant psychologist believed that this was a strong feature which presented in survivors of domestic abuse and that services needed to be aware of the detrimental effects of disempowerment during care. She compared mental health services in Scandinavia to those in the United Kingdom:

> I know in Finland they're fantastic, so they have an open dialogue approach and basically that's so a professional doesn't speak about a service user without them being present. They're present there, it's person-centred and they're in control of their care. I don't know how we're ever going to get to that in this country.

She believed that the health system in general needed to move towards a patient-centred approach but that it was even more important when dealing with survivors of abuse. She also suggested that the external management of psychological recovery could "re-traumatise" women by mirroring the disempowerment of coercive control:

> We treat people as if there's something wrong and it's something they don't understand. Just because they've been through trauma, they do have an awareness but we're re-traumatising them by taking away their power again.

The refuge staff also supported the use of music as a tool for psychological maintenance and recovery for similar reasons of empowerment. Refuge worker 1 said that "It's like a therapy when there's no therapist involved as such". Refuge worker 2 observed the empowerment that came through choice, an ideal which aligned with the assistant psychologist: "You're giving them the tools, but they've also got the choice… I think having a choice makes it more empowering. WR01… She's got a whole world of

songs". Refuge worker 3, also observed that some women benefitted from the therapeutic effects of music without realising it. Speaking of WR05, she observed that "She used music therapy loads and I think that sometimes she didn't even know that she was doing that" she observed that it was "Something that flowed out of [those] sessions that you had and continued into her life, so that was really useful for her". Refuge worker 1 recognised that the facilitation approach within the sessions as key to the women feeling more empowered within the refuge, saying that: "So it is just giving them that confidence and as I say it's because it takes them away from the support element that we provide". Refuge worker 1 particularly recognised the benefit of musical activity for WR01, who came into the refuge without children. She believed that she had used her time to work on her own recovery. Her statement shows that she believes that WR01 was responsible for much of her own psychological recovery: "It benefitted WR01 because she was on her own and she'd got the time to put into it and could, you know, get herself better". Refuge worker 2 (also the play therapist at the refuge) likened the use of music and song choices to play therapy. She believed that the women were able to access emotion in an abstract and non-direct way which was safer than directly reconnecting with their trauma:

> When you're drawing a picture, you're not talking about that's child's history, you're saying, 'Oh what shall we call this little girl here and what's happened to her then?' and it takes that pressure off somebody. So, I think when you're singing a song and you're playing music and you're doing something that's really full of emotions and your own personal feelings, it's going to be easier.

This approach was also endorsed in a similar way by the music therapist who said that "I think there is very much an element sometimes that, as in with any form of intimacy, sometimes you just can't go there". This again would support the need for trust within any therapeutic relationship, something which we know the women struggled with after leaving their abusive partners. It also reminds all therapeutic practitioners to be mindful of participant safety and to allow them to remain in control and to engage through choice.

The occupational therapist observed a strong parallel between the way that the women used the sessions to build new skills and confidence and then their use of these skills and ideas outside of the sessions in their everyday lives. She discussed her approach to recovery and maintenance as an occupational therapist, noting that the point of 'self-help', initiated by the client was the aim within her practice: "We would use a graded approach to therapy and goal setting and that's how we'd try and incorporate something into somebody's everyday life…. It's almost giving them that ability to use

the activity in their own lives". When discussing the various activities which she had used as an occupational therapist she said "I can see the benefit of music for people and even more so than any other activity. I suppose it almost makes you think 'How am I feeling today? Can I engage with this to start with?'". She recognised music as a beneficial tool that encouraged psychological self-evaluation. The type of music chosen, and the emotions accessed within that music would demand prior assessment of that person's thoughts and feelings. Both the assistant psychologist and the music therapist described music as an available and accessible art form. The music therapist recognised the benefits of music on both an individual and community level:

Individual: She believed that WR01 now had the skills and the tools to use throughout her life and that this was available therapeutically to her: "You can take a guitar anywhere so that's something that's a life skill now. That's something that she can take wherever so not only has it been of therapeutic value but it's actually a resilience tool that will continue forward".

Community: When discussing the therapeutic use of music by WR02, she noticed that much of the benefit was derived within community-based activity:

- 'I feel the vibe from all the people singing'
- 'Oh yes it gives me energy'
- 'The energies just flow especially when the children get involved'

She observed that "She's feeling safe and contained within that environment…So in a sense that does demonstrate the effectiveness of the community element of why we do it in a community" (Assistant psychologist).

This chapter has explored a variety of ways in which music has been used by participants for psychological recovery and maintenance in response to the effects of domestic abuse within the initial months of refuge life. There are many variables from participant to participant which determine the chosen activity, music, and context. The adaptability, portability, and suitability of music in addressing several psychological symptoms within the early days at the women's refuge is evident. Although the research of Chatterje et al. (2017) related to a variety of group activities, the findings showed many similarities with the current findings using music in the women's refuge setting, particularly in relation to improvements related to symptoms of anxiety, depression, self-harm, and suicidal feelings. Many women have found music to be a positive intervention to their psychological symptoms which waiting for clinical

support. Some women have also built upon their recovery from the effects of domestic violence by using music to regain, affirm and celebrate their identities. In some cases, music has been used to develop their new identities through characterisation, experiencing themselves as 'strong women' and 'warriors'. Chapter 8 will focus upon the use of music as recovery develops, in which socialisation, relationship and community become key themes.

7.5 Summary of chapter 7

Within chapter 7 the use of music within recovery during the women's stay at the refuge has been explored. Music has been used as an effective psychological tool in relation to:

 i) Anxiety
 ii) Depression
 iii) Dissociation
 iv) Suicidal ideation
 v) Self-harm.

Music could also be used to facilitate the following therapeutic processes:

 i) Trauma processing
 ii) Emotional grounding
 iii) Empathetic connection
 iv) Emotional release
 v) Identity affirmation.

Music was often seen as an autonomous psychological intervention when linked to its digital availability through sites/platforms such as YouTube/Spotify.

 Throughout chapter 8, the use of music within recovery will be explored in terms of relationships which link to the refuge, the wider community and to society.

Chapter 8 Music and relationships within the women's refuge setting

8.1 Introduction

Evidence shows that socialisation is part of the process linked to psychological recovery using music; several research projects have shown that CM and singing groups have helped to promote and sustain an improved sense of well-being and mood (Clift et al., 2017; Day, T. et al., 2009; Pavlicevic & Ansdell, 2004). Within chapters 6 and 7 of this research project, many themes discussed the use of music in response to the effects of trauma. These themes often related to the use of music within isolated settings, whether learning to play the guitar, working out intensely to music or processing emotion through crying to music. This chapter explores how music was used as participants began to move away from their connection to trauma. Themes linked to socialisation became more prevalent and included the use of music to strengthen relationships, increase parent and child bonding and promote a sense of shared understanding and solidarity. The psychological benefit of sessions was also discussed by participants; this included their experiences linked to CM both musically and socially. The following themes were derived from participant data which fell into the broad theme of music and relationships. This encompassed relationships between the women in the refuge as well as the theme of parent and child bonding, which presented as a dominant theme for most women with children. Data analysis showed the unique ways in which psychological needs were addressed within the refuge setting. For women with children, this often related to the effects of abuse upon the parent/child relationship (previously explored in section 6.2.8).

Aspects of their discussion included relationship, belonging, responsibility and justice which extended from the family unit to the refuge community, and later to society as the women's recovery progressed.

8.2 A sense of community through music and shared experience within the sessions

Within section 6.2.4, evidence was presented which highlighted isolation as a tactic of domestic abuse used to weaken the victim through the deprivation of social support mechanisms. Women lost their sense of self-identity without the mirror of community. As previously stated, isolation is both a symptom and cause of poor mental health. Many women did not have the desire or confidence to socialise on entry to the refuge. WR01 described how she had stayed in her room constantly within the first few weeks

of moving there until realising this behaviour was replicating the conditioning of isolation imposed by her perpetrator. WR07 described how difficult it was for women conditioned by the effects of isolation during those early days within the refuge: "You don't know what other people's up to, they may keep silent towards you". She had also struggled to overcome social anxiety due to her experiences as a child: "I think this stems back to being younger, I was quite badly bullied and I think I always feel really, really self-conscious". As a lone woman without children the sessions had provided an opportunity to connect with other women. Although WR07 did not engage with the singing at first, for the reasons mentioned above, she did contribute to song discussions and chose favourite songs for the group to sing. She acknowledged that attending the sessions: "breaks down the sort of feelings of being alone". WR01, another lone woman without children, described the same feeling when she was part of the group; she also played guitar for group sing-a-longs and events. Speaking of the sessions, she said that: "I would say that when another family comes in it's like an expression of…. you're reminded that you're not on your own".

The women described two types of psychological benefit from the sessions: Benefit from the music itself and benefit from shared group activity (the community element). It was evident that these components interrelated through synchrony and purpose; in addition, WR02 and WR03 felt this more intensely when the children were sharing in that synchrony too. WR02 said that: "I feel the vibe from all people singing, from children playing musical instruments. I feel really, really happy and excited when my children sing, and you can see I feel happy". WR03 felt 'Musical Shivers' (Grewe et al., 2005) when everyone was singing together "I get goose bumps when everyone's singing the high notes and everyone's like into the song, I can feel the hair on the back of my neck stand up, in a good way". Apart from the boost to positive mood, participants found a sense of solidarity and energy from making music together. WR02 said that the women in the refuge attended the sessions "to inspire each other, to encourage each other". She also compared the feeling of singing alone to singing in a group and believed that the women were able to gain energy from each other and from the children: "When I sing on my own and when I sing with a group it's different. I feel like I get energy from other people". WR03 attended the sessions "To have that bond going…. It's just us". The women also found psychological benefits attached to socialisation such as the development of prosocial behaviour. WR01 described how her understanding and tolerance for other people had improved as a result of the sessions:

"I'm more empathetic and I've got more time for people and things that used to make me angry don't make me angry anymore". It was evident that bonds were generated and strengthened through joint musical activity which led to an increased sense of safety and trust. These feelings had a positive effect upon recovery linked to trust, well-being, improved mood, and motivation.

Other women spoke of rediscovering themselves in the presence of others and the positive effects of their acceptance. During a music session, WR02 said to WR04: "You're shining from inside, your karma, the life is glowing from inside". WR02 explained why women who had been through domestic abuse benefitted from joining together in activities such as singing: "A lot of people think, I can't sing so I will not go for singing session, it doesn't matter if you can sing or not. People lose confidence and they don't feel good about themselves so that's why they need a lot of encouragement". WR03 believed that women needed opportunities to 'practice' being themselves again, away from the parts of themselves which were tied to their abuse: "It's nice to socialise…. You're not self-pitying, you're not wallowing in grief, you're just being yourself".

Within the sessions, there was a significant focus upon personal choice and musical preferences. The women would share pieces of music which had cultural significance to them, they would discuss song lyrics which reflected their experience, or they would share music which held significant autobiographical memories (Greasley et al.., 2013). All contributions were celebrated and accepted in sessions which enabled the strengthening of individual identity. WR03 grew in social confidence to the extent that she was able to start a college course. She linked the "suppression" of confidence and a lack of opportunity to socialise due to her abuse, saying: "So now to find it again and to be able to go to college, go to the voluntary workplace…I just like talking to people……. I've always known that's who I am, and I could see that he's supressing that".

As part of the discussions, the women evaluated how the sessions were working for them, in terms of psychological benefit. Some women found music to be an important part of the session focus, while others expressed the need to talk with peers. The sessions had initially focused upon singing (both children's songs and adults' song choices). The women conveyed the point that when they were singing, they couldn't talk and that the sessions gave them an occasion to be together and share experience (something which they felt was important in relation to recovery). WR06 said that "the

more you can talk, the more you can give up". WR04 stated that the discussions with peers were as important as the activities themselves: "It's not just about the music, even if we like get together to talk… being able to talk about the problem, it helps in a way… yes. Just a chat or doing some crafts or singing to music". When asked how important the discussions were WR04 said: "Quite a lot because we don't have anyone here". WR02 also found the "support" element of the sessions to be important, saying that: "By talking, by sharing their feelings, by supporting each other, I don't know. Juice, biscuits, chocolate, it is different, it makes a difference". This showed that the women found processing their experiences through peer discussion useful in terms of recovery.

As a result of the women's feedback, the sessions were changed to the format of: Children's songs, adults' songs/songwriting followed by refreshments and pottery or craft work; this then gave the women the opportunity to talk together. This also provided a more appropriate setting in which to conduct research discussions; these were then part of the session rather than separate to it. Ironically, the focus upon the use of music and recovery, allowed the women to assess their own mental health and to offer peer support to each other (using the principles of the 'ethics of care'). These discussions complemented standard practice as a community musician/session facilitator as they contributed to recovery in the following ways:

i)   They allowed the women to share experience and break the feeling that it was 'just them', something which they were made to feel throughout the abuse.

ii)   It allowed the session facilitator to gain feedback and adjust the sessions where needed (a standard part of reflexive practice as a community musician).

iii)   It enabled the women to reflect on their recovery in a peer supported environment, discussing and sharing helpful psychological interventions i.e., WR05 discussed how listening to music throughout the day had helped her to control her mood. She said that it was best appreciated through speakers, rather than just listening using a mobile phone. She showed support to the other women in the refuge by saying: "When you use a speaker you can like listen for longer. My charger should be behind the toaster if it runs out of charge".

iv)   The use of pottery and craft also gave opportunity for women to develop further skills. One woman said that she often did the craft at night when the

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children had gone to bed, listening to music through her headphones as it was an absorbing activity but less noisy than singing.

v) The gravitation toward one art form or another was sometimes cultural, and the previous experiences or preferences of the women often varied because of this. Within facilitation-led sessions, opportunity and choice were fundamental considerations i.e., WR06 said that "In our religion you're not supposed to listen to music, not in our religion. You can get like music but it's not music, they do it without the instruments… You're only allowed to use like the voices and some sort of drum".

8.2.1 Peer support and safe space

The peer support element of the sessions was seen as being important in relation to commonality of experience and emotional connection within the recovery process (once the women had established themselves within the group). This contrasted with the use of music for personal 'emotional work' which was common on entry to the refuge (when processing the acute effects of trauma). Following this stage of trauma processing, music was often used for emotional processing and psychological maintenance; this also included an increase in the shared use of music for socialisation and communication. The women's use of music showed a gradual shift from lone internal emotional processing and maintenance to external emotional processing, maintenance, and support. WR07's reluctance to sing and join in with activities initially, may have been linked to entering the refuge at a later point to most of the other group members; she discussed how she was listening to music frequently on her own (as defined within the trauma processing stage of recovery). Again, it is important to be mindful of this as a community musician and to allow people to feel comfortable to engage in whichever way they wish; this includes passive listening. Inclusivity within CM acknowledges the need of the participant to actively contribute to a session when they are ready but to know that they are part of the community whether they actively engage or not.

Refuge worker 3 discussed how the sessions provided a support network, something which the women had highlighted as a need. She explained why the sessions were so important, considering the potential effects of abuse upon socialisation, including the sudden loss of access to friends and family:

They've had to leave jobs in the end because they just couldn't make it work. So, they lose, they lose all their networks that are so vital to any of us for finding our ways through this life…….in your sort of sessions.

She believed that the "safe space" provided by the sessions and the common use of music within society enabled WR02 to bond with the other women:

It was a very safe space. WR02 without the music, I think probably did find it harder to communicate with the other women. That kept her in the group a little bit more so that she could access some support from the other women.

Refuge worker 1 commented on the bonds that she saw when the women were singing and performing together, often for the staff at the refuge: "It bonded them together a little bit because they'd have the singing group, and they'd do the concerts and things like that together". She believed that singing had a stronger bonding effect for the women than any of the other activities offered at the refuge (such as bingo or pamper sessions), she said that "None of the activities that we do in refuge…… as soon as it's done it's done and when it's done, they leave, and they go back to their own rooms". She recognised the benefit of adult bonding in terms of child socialisation also saying that "I think they built up some friendships with it as well and for their children, 'cos their children got a lot out of it as well, didn't they?". This was something that I had noticed at the end of sessions where women continued their socialisation by taking their children to the park, a soft play area or to a play group together.

Refuge worker 2 had seen the women "connecting" within the session by working together both musically and in other ways, such as making refreshments for each other: "WR04 or WR02 would do all the drinks and somebody else would chop the bananas and then share them all with everybody and it was nice, it felt that they were really connecting with each other". Refuge worker 3 recognised the sessions as providing a significant opportunity for the women to bond and create a sense of community within a safe environment. She believed that this was a pivotal part of the recovery process when women often entered the refuge having lost relationships and interests, she said, "It's a safe space isn't it for very deep and meaningful oneness with people who all understand each other? They all understand why they're there: they don't have to dwell on it". She believed that new interests would allow the women to "forge new friendships". This highlighted the importance placed upon the 'community' in relation to recovery.

Within the women's refuge it is important to create this sense of community within a safe space (Birch, 2020; Silverman, 2009). Trust was built by sharing vulnerability and aspects of self with others. Sessions needed to be facilitated in a way

that was mindful of the need for mutual care and respect at this delicate stage within the recovery process. Refuge worker 3 reflected on the opportunities for recovery offered by the CM sessions: "They can be vulnerable in that space without it coming back, without there been an abusive consequence to being vulnerable in a space so I think yes.…. It can be life changing for them". The women were able to use their interactions within the session to regain their trust in relationships again, knowing that they were safe and protected within that environment.

The occupational therapist acknowledged the importance of being in a safe place and forming a sense of community as a means to recovery. Like the participants, she recognised the importance of shared experience and the need for residents to provide support and understanding for each other: "I think it could open up a community. So, it's opening up opportunities for them and speaking to other people who have been through very similar experiences". She recognised a link between the refuge sessions and the initiative of 'social prescription' within her own practice, where socialisation and the benefits associated with it are seen as a key factor in psychological and physical maintenance and recovery:

> We'd encourage, with social prescribing (and they do a lot of the referring on) but in the past, we've always tried to encourage things like carers' groups, support groups and then that's a community for them, for those people that want to attend. People that are housebound, half their goal might be 'let's get you to an exercise group' to be part of the local community and the knock-on effect of someone who can't get out has all the social, physical, mental health disadvantages for them. We always promote social engagement really.

The assistant psychologist also recognised the importance of groups but explained how the focus of music was beneficial in a several ways. Unlike some activities, she believed that most people had experience of music, enabling them to connect without necessarily having to share their problems immediately or at all. She recognised this as something which could work well within her own practice, rather than labelling a group by the psychological needs being addressed by group members: "I really like the idea of having music groups because I think, it brings people together but you're not coming together because of what's happened to you, you're coming together because you're sharing (music actually)". Speaking of psychological practices within the NHS she said that: "It almost feels really tokenistic doesn't it to have a group of people that have experienced the same thing and to say, 'Right we're coming in, everyone share their story'". In contrast, she believed that music could create the trust and the bond needed for group support in a way that allowed participants to be in control of their trauma and the external processing of it. She stressed the importance of 'empowerment' and the

need for participants to "share their story" at a time which was beneficial to them in terms of individual strength and group trust. She said that group music sessions often worked well with survivors of abuse because: "It's not about you, it's about something external but then they all allow themselves to make it about them which….and it's on their terms. That's why it's so powerful". She thought that WR02 had used music to form connections with other people and that she had found a place of safety and trust through music (something which she also used with her children and will be discussed in 8.4). Speaking of WR02 she said that "Music's a way that she connects with other people. I mean, it's her sense of her belonging". Like refuge worker 3, the assistant psychologist recognised the importance of 'community' and the use of group spaces where the women were able to build trust and express vulnerability within a 'supportive' and 'compassionate' environment: "The trauma that they've been through and how they support each other, how kind and compassionate they are to each other. You said about feeling safe, actually groups are fantastic for that".

The music therapist concurred with the views of other professionals. She highlighted the sessions as a 'safe space' for participants to express their emotions, justifying why the 'community' element within 'community music' was so effective. She observed the effectiveness of socialisation for WR02 saying that: "In the sessions, when she's with the group and she's feeling safe and contained within that environment then she's feeling safe to take that step. So that in a sense does demonstrate the effectiveness of the community element". She also expressed the value of "shared lived experience" in an environment when the women are all there for the same reasons linked to domestic abuse. In response to the quotes of the women she observed "The ability of a group to support and encourage and give that sense of 'We're all here, we're all in this together', especially in such a place where the shared lived experience… it's such a specific shared experience".

The music therapist also suggested that the women's level of socialisation acted as a gauge of mental health. As participants expressed themselves and found support within a community setting, they were showing signs of an improved psychological state. This was explored in section 6.2.4, where community identity was discussed in terms of self-esteem, belonging and self-expression (all fundamental elements of psychological health). She linked the theoretical understanding of this phenomenon to work by David Aldridge (2005) who created the term 'Performing Health' in terms of CM and MT. She summarised the theory in relation to CM:

> We have to perform our health and it has to be seen and responded to and then we know that we are healthy and if we're not doing that, if we're not engaging creatively, if we're not performing that health, we're not getting that feedback, we're isolated.

She believed that CM was a way to encourage participants to improve their psychological health and well-being and that they would be enabled to do so with group support even from 'challenging' starting positions. She said that: "We need to be supported to be able to do that and that's a communal thing, that's a community thing". This again aligns with the theories of Aldridge (2005) who discusses the threat of "isolation" in terms of health and well-being, using the term "to 'fall out' of the world" (p. 262). He argues that dialogue and communication can be created co-mutually through performance and singing (pp. 261-262). This was something which I observed within the sessions at the refuge when using group singing on a weekly basis. I came to the realisation that the community element of 'community music' was often as important to recovery as the music element.

8.3 Rebuilding trust through music

The following quotes, highlighting mistrust, have been matched to later points within the refuge stay of participants i.e., post-six months:

8 Months Stay: *The police are supposed to be investigating my case, well they're not!*

14 Months Stay: *The whole society is filled with people who are protecting them. We're not protected, we're just a number, we're just, we're just machines to produce babies and that's it and that's it. And they know that they rule life, they know that 'man' are ruling the world. They're very confident. They know that they will win anyway because the whole system is working for them.*

15 Months Stay: *I started to struggle to trust services…… Because I feel like they let me down a lot.*

The longitudinal data analysis showed that while trust increased within the refuge setting, it was much harder for it develop outside of the refuge setting in real life contexts. Most women showed an increased mistrust of services, including the justice system, but expressed an increased sense of trust in other residents. WR04 described how she had developed trust in other residents: "In here, I know that I don't come a lot downstairs [shared room] or interact with the others but I know they are there". All of the women believed that 'sharing stories and experiences' were the most important factors in trust-building as well as "Seeing other people in the same position" (WR03).

WR03 also said that "speaking out" and "finding music" were important to the development of trust and friendship.

Collective themes of social justice were important in terms of solidarity, and "finding music" gave participants the opportunity to share and accept musical preferences and music with cultural associations. Women would often play music to the group linked to their ethnic background during earlier years. On some occasions I had accompanied the singing of these songs on the guitar, or the group had learned the words of a chorus together.

All refuge workers identified WR05 as having trust issues and described how that manifested both psychologically and behaviourally within her refuge life (6.2.3). However, in contrast to WR02, WR03 and WR04, her key worker had noticed a difference in her levels of trust after she had started attending the sessions:

> And it really helped her… She just turned to me and said, 'You know, I've just realised something' she said, 'I've just realised something, job centre aren't out to get me'. It was changing how she approached other things and that she could think, life really wasn't always out to bite her.

If we examine her improvements in trust against her longitudinal analysis data, we can link these changes to her gaining justice through the courts. This would appear to increase her trust in people and services outside of the refuge environment. WR02 and WR03 were both engaged in ongoing and unresolved 'battles for justice' which seemed to trigger their mistrust in people and services outside of the refuge (this is evident in section 8.6). In many cases the mistrust in services was also rooted in the participants' lack of opportunity to rebuild trust with males in an all-female refuge environment. This idea was supported in the following statement: "There is a new law but it's not working. Who is implementing? Who is enforcing that law? …The judges! What are the judges? They are male" (WR02). Many of the discussions exhibited a sense of solidarity in relation to the oppression of women and the need to promote social justice for themselves and all women as part of their recovery process. This will be explored further in section 8.6.

8.3.1 The recording collaboration: Trust and music as 'the great leveller'

WR01 showed the most significant development in trust, specifically in relation to males. After playing the guitar at weekly sessions for around eight months, WR01 had learnt most chords and could play several songs fluently. She had performed with her guitar at two refuge events and was growing in confidence. We discussed the opportunity of playing and recording her songs with 'professional' musicians. The

session took place at a local recording studio (with WR01's agreement) and involved two males who sang and played lead guitar over her tracks. WR01 conveyed that acceptance and trust were a natural part of the 'musicking process' (Small, 1998) and a safe way for her to challenge her fears and begin to address some of her negative associations with men. The following quote described how a more positive thought process occurred as a result of her musical experiences in the recording studio,

> I think the recording sessions, for me personally, was the point where the switch flicked, and I began to kind of start the process of 'You can trust men'. It can start with one person; all it takes is one person to change your mind on a previous person and then it's kind of like a domino effect. (WR01)

WR01 described how creating music with others offered an opportunity to challenge trust within a 'safe' environment. In this way, music allowed WR01 to address altered schemata with the potential to transfer these developed 'modalities' into other areas of life outside of the refuge environment (Luce, 2001). Within this statement WR01 acknowledged the trust needed to make music with a new person by saying, "I think there's a lot of vulnerability when you sing". She went on to describe the process of trust-building as being linked to the expression of vulnerability within musical performance. WR01 had accessed and developed the schema related to trust by using songs from her past (not linked to the abuse). This had enabled her to challenge her schemata through cognitive reflection:

> There were some songs that were sung, and it took me straight back to when I was a kid and it was like 'I wasn't scared of guys when I was a kid, why am I scared now?' I was like 'One man out of seven million and I'm terrified of 3.5 of them'. In my head it was like 'That's so illogical, not everyone's the same'.

WR01 found benefit in the open emotional dialogue of each song which challenged the fact that she was trying to 'bottle-up' and hide her own emotion, highlighting that music provided a safe space through which to process emotion. By collaborating and sharing through music with another performer, she found that they were able to reciprocally accept and express emotion leading to a sense of trust. "I think at some point it clicks in my head that everyone's the same and at some point, they're showing in the songs the same vulnerability that I'm trying to hide you kind of pick up on the trust". This relates to the 'container theory' (Aigen, 2009), where trauma can be safely addressed within the confines of a song or piece of music, providing a 'safe space' to explore and express emotion. WR01 described how it was much easier to address her fears related to trust by using the 'container' of music than to address them in the 'real world': "It made it a lot easier for me… Someone sang a song that I could relate to, and it made it a lot easier for if like a guy came and sat next to me on the bus". WR01 highlighted the sense of

reciprocal acceptance that occurred when playing music with others and how it allowed her to develop her sense of trust:

> If the trust isn't there, then I don't want to know you. I've got to that point. It takes a lot of time to build and it's so quick to be broken. Like I say, if someone shows me the same vulnerability that I'm trying to hide it's kind of like a level playing field, it's not 'one-upping'.

There were risks in arranging this opportunity as a community musician and it was important to make the experience as empowering as possible by offering each opportunity as a choice (which could stop at any time if requested), and by using the participant's choice of material throughout. The 'vulnerability' linked to the activity was mentioned throughout discussions by WR01 and showed that there was an element of 'risk-taking' in order to address low levels of trust and confidence: "I guess it's a safer form of vulnerability, because a lot of people can pick up on it and manipulate it, but you can't be manipulated by music". Music appeared to have provided a context in which trust could be built. Although the performance depended upon both music and relationship, the main focus was the music. She also showed her sense of control and empowerment within the session by saying: "It was me that made me feel comfortable". 'Risk' within the session was managed by giving the participant autonomy with as many aspects of the session as possible:

> I didn't feel anxious, and I didn't feel judged, and I didn't feel belittled or bullied. I left like I could walk down the street with my head held high like, I know what I've just done. I didn't get any negative response. I didn't really have anything negative that came out it, for me it felt empowering.

Musical collaboration provided the opportunity to develop a sense of community, bonding, and trust, whether with other participants within the refuge, with other musicians outside of the refuge and importantly with men. The following section explains how the women at two different refuges collaborated on a songwriting project and the effects of the project in terms of bonding, a sense of community and trust.

8.3.2 Collaborative songwriting between two refuges

The songwriting collaboration, which took place between two women's refuges, was initially developed through a discussion with WR01. WR01 had spent much of her time within the sessions learning how to play the guitar and had begun to write her own chord progressions. She stated the following during a recorded discussion: **"**It's more that English isn't my first language it's ******. If someone else wrote the words, I think that I'd find it a lot easier".

I played the chord progression written by WR01 to the women at the second refuge and explained her story and how she had learnt to play the guitar as a way of focusing on positivity and progression. Inspired by her story, the women at the second refuge wrote lyrics about 'Good Karma' and the need to be positive and set goals, rather than dwell on the painful aspects of self and experience:

<u>Good Karma</u>

> 1. *What goes around comes back around,*
>   *Trees start as seeds in the ground,*
>   *Give out what you want to receive,*
>   *Set out to do what you want to achieve,*
>   *You will see if you only believe.*

Chorus: *Live to express and not to impress,*

> *Work for a cause and not for applause,*
> *Go anywhere that you choose,*
> *You have feet in your shoes,*
> *Remember what you do now, will come back to you.*

> 2. *Don't let others drag your mood down,*
>   *Keep smiling and don't ever frown,*
>   *It will be ok in the end,*
>   *Surround yourself now with family and friends*
>   *The future belongs to those who believe.*

> *(Written collaboratively by the women of two different refuges)*

WR01 recognised her collaboration with the women at the other refuge as being supportive and developmental in relation to trust and acceptance. Collaborative songwriting had given the women an opportunity to share their strengths whilst allowing others to contribute where they struggled. This allowed for a sense of empowerment through collaborative creativity. WR01 described the significance of this process:

> There are some sessions where if I've got a chord progression… if I'd got someone to pick up where I lack. If someone could do lyrics but can't figure out the song to go behind it, then I can do the song where I can't do the lyrics. So, it's like you pick up where someone else fails.

The women at the second refuge matched the positive mood of the music created by WR01 by writing lyrics which were also 'upbeat' and positive. The selected time signature was a lively paced 6/8 accompanied by a major chord progression which included repetition (providing familiarity within the song). This had the effect of creating a positive and secure feel. The simple repetition within the song allowed it to function as a positive affirmation for recovery as both the words and the music conveyed optimism. The possibility of songwriting for recovery affirmation was suggested by Luce (2001), supporting the idea of music being used as a modality for cognitive re-programming. At the same time as the song collaboration, one of the women at the second refuge made and sent WR01 a clay heart with the inscription 'Be Strong'. This demonstrated the sense of solidarity and communitas which can naturally occur as part of a subculture when people make music together (Curtis, 2012a & 2012b; Vaillancourt, 2012).

The women's experiences highlight how trust is developed through communication, emotional expression, vulnerability, reciprocal acceptance, inclusion, equality, and solidarity. The following observations and comparisons from linked professionals will explore how and why music might offer a therapeutic approach in relation to trust-building and how this might compare to traditional clinical approaches to recovery.

8.3.3 Views of the women's refuge staff and clinical professionals

Refuge staff perceived the music sessions as an important way of providing opportunities for residents to develop trust which was part of the healing process. Refuge worker 3 said that "To heal, we have to trust. To form new friendships and not just with the men, to form new friendships, we have to trust people". She believed that doing this through activities within the refuge environment allowed a sense of safety: "They can find joy, they can find something else together which again, it does say to them 'Actually I can forge new friendships and I can forge new friendships by doing new things" (Refuge worker 3). Refuge worker 1 had observed that many of the group activities linked to music had strengthened relationships between residents: "I think that sometimes it bonded them together a little bit because they'd have the singing group, and they'd do the concerts and things like that together".

The assistant psychologist considered music to be the ideal medium to create a bond between residents: "It's something we've all experienced in our life and to me, I

think that is a bond". She considered the value to be "not having to talk [about abuse/painful experiences] either". The unique capability of music to enable communication and emotional expression without words resonated strongly with the sentiments of WR01 who developed a sense of trust with a male performer through musical collaboration. WR01 discussed how "counselling and talking therapies" had not worked, but that music had been beneficial in addressing her trauma at that point within her recovery process (see 7.2.1.1). The assistant psychologist also highlighted the need to engage in activities that took the mind away from trauma conditioning, enabling new, more desirable mindsets to develop: "To them it's just an activity to engage in and that helps them to externalise it from their trauma".

The music therapist also recognised the benefit of CM collaboration in terms of trust and acceptance: "Words just can't but the music can". She had seen similar benefits in relation to inclusivity and cultural acceptance: "There are things that you can contribute that can bring that music from other cultures to life at a level that is respectful and meaningful but that isn't parodying it or… putting a Western spin on it".

The evidence suggests that music offers a range of psychological benefits. WR01 initially used music for the purposes of distraction and trauma processing. As her recovery developed, she used music to develop several social functions including relationship building, collaboration, support, and trust. This directly links to the use and experience of music within an individual setting i.e., learning an instrument or listening to music digitally to the social experiences of singing, performing or songwriting as part of a group or community. Longitudinal data suggest that as socialisation becomes part of domestic abuse recovery, increased levels of trust, peer support, empathy, motivation, and sense of well-being can all be gained from participation in social music activity.

8.4 The use of music in the parent and child relationship

Most women staying in the refuge were accompanied by their children during the period of research. Music was highlighted as a theme which served several functions within the parent-child relationship. Those functions formed three categories:

i)   The use of music to establish parent/child relationship following the move to the refuge (music to create bonding and positive experiences).

ii)   The use of music as a parenting tool: To distract, to comfort, to gain social support, to release energy, to change energy states and to maintain good mental health to parent effectively.

iii) The use of music to cope with child loss.

8.4.1 Parent and child bonding, family cohesion and the use of music

Within section 6.2.8, feelings of self-blame as a parent were discussed in relation to staying in an abusive relationship and leaving the family home. Parents often transfer their feelings of guilt and reduced sense of well-being into the relationships they have with their children (Carpiano, 2002; Tutty, 2015). WR02 shared her experiences of this: "Sometimes I feel so… I'm in despair. Sometimes I feel like I'm so in despair and I have panic, I have panic. It's like 'How can I possibly raise ******* children if I'm messed up so much?'". WR03 described how she used the sessions to bond with her children and have positive, creative experiences as a family after the negativity suffered within the abusive household: "You just want something different. It's something different for them. They like music a lot actually". She said that singing together enabled them to make sense of why they had left and to celebrate it with positivity: "It's because it kind of puts it into perspective like why you've done everything, and now you're happy. It's almost a celebration of the happiness you can actually enjoy now".

For some of the older children, who were aware of the changes within their environment, the sense of trauma often manifested within their behaviour. WR02 described the behaviour of her older child, admitting that it had put a strain upon their relationship: "S/he was running around, s/he was just doing what s/he [wants], s/he wasn't with me". WR02 went on to attend the refuge music sessions with her/him and s/he subsequently started music lessons in the community and at school. She described how music had transformed their relationship: "but I feel relaxed with ****** when we sing together and when we discuss music and when s/he plays a musical instrument, I feel more relaxed with her/him". WR02 also described how she strengthened the relationships with her children by singing with them; how the act of singing together united them in purpose and connected them. She described that she felt this connection with her child whilst watching her/him perform at a school concert:

> They were singing at the concert, and [s/he] loves it, and this is I felt, I felt re-united with my [child], I felt like we are together, that we have a bond, we have connections, and this is what I want, I really like singing with *******.

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WR02 went on to say that "I feel that only music keeps that relationship with me and *******". This echoes the sentiment shared by the assistant psychologist who said of music that "I think that it's a bond". The occupational therapist recognised music as an essential part of the connection between WR02 and her child saying that "She's obviously lost some connection there with her eldest, but the music has given her something to hold onto with their relationship… She seems to be more in the moment as well, so she's enjoying that moment". WR02 had found commonality in sharing music with her child, it was the only thing that she could use to create and maintain their bond when initially moving into the refuge. This addresses the strain which is often present between the parent-child relationship when escaping abuse and leaving the family home (Carpiano, 2002). The music therapist had seen a behavioural pattern in the way that WR02 used music with her children. She believed that WR02 was regressing to her earliest memories of music as a mother and to the initial weeks and months as she bonded with her children. She referred to this as "the thread", responding to the quotes of WR02 by saying, "I wonder what the relationship with the music, I wonder if she sang lullabies to the children beforehand". This was something which WR02 had confirmed within a refuge discussion by saying, "I just keep singing all of the time and I've been doing this since they were babies, since they were born". The music therapist believed that music had subsequently formed a fundamental part of WR02's relationship with her children saying that: "The fact that she focuses so much on sharing that musical interaction with her children speaks volumes to me about how important it was (not just for the children but actually also for her)". The transference of this intuitive soothing mechanism had become apparent within quotes by WR02 referring to her singing songs from the refuge music session to calm her distressed children.

WR02 also described the use of music to maintain her parental bond in times of stress. She used to sing to reassure her children and communicate directly to their emotions: "On one hand a distraction, on the other hand, they feel my emotions that I'm singing, everything is fine…". She also observed how this technique had worked in the parent/child relationships of other refuge residents and how effective it had been in maintaining the sense of unity as a family: "I've noticed ******** has stopped singing and playing music for the [children]… I can see not negative bonds but, how to say…….? I think they were better when she was singing to them personally".

The refuge staff also perceived a link between the use of music and parent/family bonding. Refuge worker 3 had observed strains between the parent/child

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relationship on entry to the refuge, perhaps relating to parental guilt. She considered that a significant part of their interaction was focussed upon managing the psychological damage caused by the abuse. She believed that new terms of relationship needed to be established which included positive experiences as a family:

> I think the music is another way for them to reconnect with their children on just not being their carer, not being the one keeping them safe, not being the one doing the trauma but just being mother and child having fun because there's not been very much fun in that abusive house beforehand.

She also described how the music sessions and sharing music as a family could support recovery for the women and their children. She perceived the experience of "joy" as being integral to gaining hope and envisaging a future together: "They can see the joy in their children's lives… We say, 'things will get better'…. It shows them that they won't always feel like this, because they don't feel like that in that moment". Refuge worker 3 had seen this process unfold with WR02 and her children and had observed how music had enabled her to "reconnect" with her family and create positive experiences: "I think it certainly helped her reconnect with her children and nurturing, you can perhaps learn to nurture, and I know that, bless WR02, ███████████████████████████████████ ████████████ Refuge worker 3 also highlighted how staff would use the music sessions as a reference point for "fun" to residents such as WR02 as a way of directing them away from their own psychological pain. Speaking of the sessions, she said that "It did manage to cut through". When refuge worker 3 observed low mood in WR02 she would address this: "'Just try and have some fun with your kids, like you can do in Sue's session'… there was a moment where she could have perhaps just had some shared joy (shared pleasure) with the children".

Refuge worker 2 also spoke of a sense of family bonding within the music session when WR03 had entered the refuge. She had brought them to one of the sessions when they initially arrived, remembering how the children had formed a band with the instruments:

> That's the first time I've seen them all connect as a family because normally, they do their own things; And I can always remember when you set up the keyboard in the lounge and we had like a little music session and ******* got behind the keyboards and ******* got those star sunglasses like a rock star and they were all bashing away at everything.

Refuge worker 2 described how WR03 showed positive bonds with her children within the music session: "It strikes me that you actually saw WR03 laughing with her children". She had observed the same positive bonding between WR03 and her family: "I really did enjoy seeing her when she was with her children when they all came". She

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had found family cohesion much harder to create within other activities, largely due to the ages of the children: "They didn't tend to gel together as a family or if they went out somewhere it was because mum wanted to do shopping or something". She also considered music to offer a means of connection between WR05 and her children saying that "She found that connection with the [children]… She was really connecting with her kids with it, and I think she connected with her kids with music more than a lot of the other mums".

The occupational therapist believed that music allowed the parent and child/ children to "be more in the moment" and that this was beneficial to their relationship (allowing sole focus upon it). She also perceived music as a distraction from anxiety, allowing the mother to "feel relaxed". She perceived that WR02 was using music to restore and maintain the relationships with her children: "She puts a lot of pressure on herself with her children and she's using the music to help relationships with her children".

The assistant psychologist gave her professional insight into the role that the music sessions had played in relation to WR03 and her family. She described how the sessions had provided several psychological benefits:

i)   **Cohesion and distraction:**

It's being a part of something, and I think everyone has got a little role when they're doing a band and it's enjoyable it's and distracting as well. I think having that shared understanding has been able to give them a bond because she probably doesn't know what else to do with them.

ii)   **Being in the moment:**

She's probably not been able to be present through any fault of her own, she's sort of had to be protective and almost been in that threat response mode all the time.

iii)   **Positive experience as a family:**

She's not had time when she can enjoy her children and they've probably not seen mum like that before because she's just been in constant threat mode. She thinks 'Hang on, well that's helped me before, I can give something to my children' because she's probably not felt that she's been able to give them anything before because of the situation that she's been in.

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These benefits also relate to the idea of a safe space for interaction. Time and space set aside within the frame of a music session, where the focus is upon relationship between caregiver and family. By acknowledging the purpose of this space, psychological distractions can be placed to one side. The use of this 'frame' also removes other distractions such as housework, shopping or dealing with administration for the family.

The music therapist perceived the interaction between the mothers and children in terms of communicative musicality (Malloch, 1999). The concept acknowledges that musicality is part of the natural interaction between child and parent from and even before birth. The music therapist described her understanding of the term in relation to the mother and child bond:

> Before we are even born, we are musical beings, where we're held next to our mother's heart and the heartbeat and the rhythm of her breathing and that's how we exist and then we're born and we go through life and then the last (somebody with dementia) the very last thing they will respond to, even when there's nothing left, will be music.

Intonation, rhythm, motif, synchrony, and repetition form a fundamental part of their communicative development. She believed that WR02 was reverting to these previous intrinsic communications as a way of reconnecting through the detrimental effects of trauma: "Even though she's so desperate and that off place that thread of musicality is still so integral to their relationship".

Significantly, refuge worker 2 said that WR02 was still using music as a way of creating positive connections with her family one year after leaving the refuge. She said that:

> I do know, since she's gone on, that that she, that they do… that music was very important for her to have in her children's lives and for them to learn instruments. So, I don't know, it was just a way, wasn't it, of keeping something pleasurable.

The data suggest that music forms an intrinsic part of the communication between parent and child, through all stages of development. The belief that the mother's heartbeat is the earliest form of musical connection within the womb (Malloch, 1999), can provide an understanding of the unique use of music for mother and child bonding. This intrinsic connection can be used to re-establish bonds, particularly following domestic abuse.

8.4.2 Music as a parenting tool

It became apparent through discussion with the women and key workers at the refuge, that the women were using music as a parenting tool. WR02 benefitted from using music in her own life and believed that this use could be transferred to her children: "I

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can do it to myself, and I can pass it on to my children". She discussed using music as a kind of cognitive programming, believing that music could have a positive influence on their development: "So many good things I can put into their brains, and this is why I want to do as a mother, I want to, I want to put nice things into their brains". WR02, WR03 and WR06 recognised the importance of the children meeting with other children and experiencing a sense of community within the refuge, something which they did within the weekly music sessions. WR06 considered the sessions to be important because "You can be with other people; you can meet with other children". WR02 believed that it was important for her children to see her interacting and trusting other people as they were learning from her behaviour "I'm a role model for them and if I shut myself down what will happen to them? I want to show them that there is a way to be happy even in the circumstances that we are in". She identified the things that would make them happy as a family, including: "Communicating with other people", "making new friends" and "singing together and playing instruments". The sessions allowed the mothers to provide a sense of normality for their children, particularly in the early days of their stay while they were waiting for school and nursery places. WR03 described how it was important for her children to 'interact and open-up'. She consciously decided to do this as a parent in order to maintain and improve their well-being, knowing that their isolation had been part of the abuse they had escaped, as much as her own:

> When we came as well before the kids started school… It used to be a thing, revolving around the music sessions. It's important for them to interact. Even just interacting with you initially, they were very reserved in the beginning, whereas now they've opened-up quite a bit. It's just interacting with other people which they didn't get to do before.

Many of the mothers entered the refuge with a strong sense of wanting to manage the emotional well-being of their children over their own: "I thought it was a distraction for the kids, I thought it would take their minds off things… It's still mostly for the kids. I came in today because I had ******* (child) with me" (WR03). The longitudinal data for WR03 showed that around one year after entry to the refuge her focus had shifted towards herself as well, this linked to an increase in both self-esteem and a sense of safety (promoted by diminishing the effects of trauma and a movement towards recovery). Discussions with WR03 from this time showed the shift in focus towards herself and a marked recovery from the effects of trauma. She described this movement towards self- focus:

- **Recovery from Trauma:** *You can actually detach yourself from it because you're not there… It's a lot more relaxed and calm.*

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- **Self-Focus:** *It feels like you're doing something for yourself as opposed to constantly being a mother.*
- **Shared Focus with Children:** *I've finally gone back to studies, like finally doing things for myself and for the kids but for myself.*

Within more established recovery, music was often used within family life: sometimes to serve a specific function or to celebrate a shared sense of recovery. WR02 and WR04 talked of singing and dancing as a family to promote well-being and have fun together: "I was singing with them, and they were dancing, and it was so nice". Similarly, WR02 danced to music with her children to improve well-being after an emotionally challenging event as a way of promoting the well-being of them all and taking back the control of her own emotions: "I grabbed both of the children and I was dancing with them and they were laughing and I was like 'this is the life I want, I can change it, I'm in charge'". Refuge worker 2 had seen WR05 use music in a similar way and believed that she used singing to manage her own stress levels and promote a sense of well-being for both herself, and her children: "She was always singing to them" and that "they did play up a little bit for her but, I don't know, I just think that it helped her calm down as well". Refuge worker 2 observed a shared sense of well-being while music was being used as a family: "The [children] loved her singing and it was like their time, it was a happy moment".

WR02 and WR04 spoke about music providing an energy release, something which became important during their stay in the refuge. Women often slept in the same room as their children and personal space was either non-existent or limited. Children often had a lot of energy which commonly presented through challenging behaviour, if not released through activity. WR02 explained how music helped to manage energy release in her children. She had used music as a parenting tool during her previous relationship to manage the heightened emotions of her children:

> I have some other advice, which I used as well, which I used when the children (sometimes they'd go wild because of him), they were tired, or they got excited about something… to put very rhythmic music for them. Ten minutes active dancing 'I like to move it move it' and then they'd calm down because they'd release all that energy.

WR04 experienced the same high levels of energy in her children: "So much energy, 'Mummy we want to go to the swings, we want to go to the garden'". She decided to use music in a similar way to WR02 saying that: "I just put on the music, and they were all of them playing and they were just all of them dancing. I was dancing with them and singing". WR02 also used singing to calm her children down and found that they were

reassured by the mood and tones of their mother's voice: "In nursery times, English nursery times, I just keep singing and they feel like 'I'm alright so there is no point to cry'". She also used to sing as a distraction which enabled her to care for her children: "I would be singing songs because all babies don't like getting changed but I would start to sing, and they would be fine". Refuge worker 2 said that WR05 "used her singing to control the [children]". WR05 also used singing to calm and moderate the behaviour of her children in a similar way to WR02:

> When you'd gone, she always had her phone on, and it was baby shark or something like that and you could hear her up and down the corridors. Because she had two highchairs in the kitchen… (they were very hyper-active and very into everything) she used to lock them in these highchairs but while she was singing with the video on… they were fine (Refuge worker 2).

Refuge worker 2 believed that WR05 used music as an effective means of distraction which enabled her to control and maintain her children's behaviour: "She used music as a parenting tool as well. So, she'd be singing along using music to distract them and she used distraction with music loads".

Refuge worker 1 believed that the sessions provided mothers with the opportunity to enjoy time together as a family during their stay at the refuge, she believed that this might not be something that families had much experience of prior to their move. She also considered the importance of music as an activity which they could do together with their children, unlike some of the other activities offered at the refuge: "They could not only enjoy it for themselves, but they could see their children evolve and enjoy something, which they probably haven't done, coming from the background they're coming from". Refuge worker 2 perceived the many challenges that WR02 faced throughout her stay but believed that the music sessions provided a space "Where there was a moment where she could have perhaps just had some shared joy (shared pleasure) with the children". The assistant psychologist believed that music could be used to create new, positive experiences as a family. She suggested that music could provide the means by which the mothers could maintain the psychological well-being of their children whilst also improving their own confidence and self-esteem as a parent.

The women were employing music in their parenting for specific psychological effect in the same way as they used it within their recovery: to distract attention away from their distress and to calm and to change mood. WR02 considered the mother's voice in song to be a reassuring presence, a familiar reinforcement of the bond between parent and child. There is evidence to show the strength of the maternal singing voice in terms of both bonding and well-being postnatally (Persico et al., 2017). This research

also supports the use of singing as a way of soothing maternal stress (Persico et al., 2017). It was significant that mothers within the refuge were regressing to previous maternal bonding schema as a means of re-establishing their sense of parental control and responsibility.

8.4.3 Music and the loss of a child (please be aware that this content may be upsetting)

The theme of music in relation to the loss of a child was highlighted by participant WR07. Significantly, WR07 told her story to the group after sharing and jointly singing her song choice first during one of the weekly sessions. This is part of the transcript in which I shared this story with the music therapist during an interview; through discussion, I was able to share my own reflexive thoughts on the event:

> I'd asked them what songs they might want to sing the next week and she'd just innocently said 'Oo could we sing ███████████████████
>
> 'Yes, no problem'
>
> So, I went away, I got the sheets, came back the next week, we all sang it and then she told her story… 'I sing this song ████████████ because I lost my baby'… and then she told her story to everybody.
>
> We'd been singing this song and it's got such a happy beat and we'd all been singing and kind of moving along to it, and she was entering into it as well, but then to hear her story at the end of it… It literally sent goose bumps down my spine; but she did feel that it was still very raw for her and actually, I think sharing that with the group and getting the support of the other women in the refuge because of that, it really helped her.

WR07 had explained that she linked specific songs to a range of different times and emotions. She was able to revisit these times and emotions through these songs when she felt emotionally safe to do so or needed to work on her psychological recovery. She previously referred to the processing of emotion using music as "damage limitation", saying that "you've just got to let it out". Within the PAR discussion following the session where "████████████" was sung, WR07 described the significance of the song:

> There's certain songs that take me back to when I was pregnant, when I'd given birth to ******* (pause), when I said goodbye to her/him, there's songs that remind me of when we got to bring her/his ashes home with us.

Many of the positive aspects of CM were apparent within this event. WR07 shared her emotions primarily in an abstract way through her song choice, through the communal singing of that song choice, she felt emotional validation, which in turn gave her the confidence to share her story of the loss of her child with the group. The music therapist considered this to be a form of 'affirmation' saying that WR07's thought process conveyed: "Actually, I'm just going to share it' and 'Yes, I've had that affirmed'". She

recognised that WR07 was using music to access and enable emotional processing. The music therapist said, "her words really strike me as somebody who is well on the journey of using music effectively as a container" (Aigen, 2009).

The other participants within the session were using music to bond with their children. As a witness to this, WR07 had purposefully chosen a song which contained the emotions of bonding with her own child as a means of reconnection. This was observed by the assistant psychologist who said that "being able to sing that (and that's something that she's… shared with the baby that she lost as well isn't it?) It's still that connection to someone that's not here anymore". This was significant at a time when loss was at the forefront of her life (i.e., loss of her partner, her community, and her home). Within the refuge music sessions, she was surrounded by mothers bonding with their babies and children. (Patrick DiMaio & Economos, 2017) found that music could be used therapeutically to re-establish bonding with the deceased person following death and that 94% of the participants in their study, which took place within the hospice setting, had deliberately used music to process their grief. By engaging with this process within the refuge sessions, WR07 was able to celebrate the experiences of bonding that she had as a mother with the group, as well as gaining their support.

8.5 The 'community music' approach to sessions: empowerment, choice, facilitation, and co-creation

The importance of the music sessions in relation to building a sense of community within the women's refuge was discussed in section 8.2. Within the current section, the approach to those sessions will be discussed, highlighting the importance of the CM approach, where empowerment through shared decision-making is fundamental to all activities. Participant experiences, alongside professional insights, will evaluate the use of this approach when working with women who have experienced domestic abuse. This section will also highlight why the community approach to creativity contributes significantly towards recovery for many women.

8.5.1 Participant choice: group or one-to-one

The theme of choice in relation to the music sessions was discussed by the women. WR01 wanted choice in relation to individual or community engagement in music. She recognised 'one-to-one activity' (in her case, learning the guitar and songwriting) as a way of addressing her psychological needs. In contrast, group activity allowed her to engage with mutual enjoyment and to fulfil the need of addressing her isolation as a

lone woman in the refuge: "Sometimes I need everyone there and other times I just don't want anyone". She discussed the psychological benefit of a one-to-one session:

> There are some days where I just want to play on my own, where I'm in that mind set and I need to get myself out of that mind set… I can't get my head to work, and I just need to play. Sometimes it's so good to just have a one on one when I feel the benefit.

WR01 also enjoyed sharing the sessions: "It's so nice to see when the kids are benefitting from it and the kids are learning as well". She also preferred group involvement on some days by saying, "Today it was a fun session because people joined in". WR08 was also in the refuge without children and had been reluctant to join the sessions initially because of this. It was important to see how this could have challenged the ability of WR01 and WR08 to feel included when most of the participants were mothers with toddlers or babies present. WR08 said that "When I first came here, I didn't want to come in here because I didn't have my kids here, but now I come in here and I enjoy it". Higgins (2007) describes CM as an "act of hospitality" in which inclusion and diversity form part of the tapestry of choice and co-creation (p. 290). As a CM facilitator, it is important to extend that 'hospitality' to all group members not only as a way of showing acceptance and inclusion but also as a way of promoting voice and dissipating any sense of power or hierarchy within the group. It was also important to be mindful of the fact that some women needed one-to-one time away from the group to work through songwriting ideas or learning an instrument. Some women wanted to talk about their feelings, particularly if songs within the session had triggered an emotional response. Refuge Worker 2 had noticed that the women were able to control how the used the session to enable them to fulfil their psychological needs:

> I can remember when WR02 used to keep you behind and you'd run over an hour. I mean, you were meant to go at twelve, but you wouldn't go while one or half one or something; and it would be because WR02 had stayed behind and wanted that release.

WR01 believed that participants felt able to use the sessions in the way that they needed to address their own and others' psychological needs: "Sometimes everyone does stuff their own way and I think people will ask for what they need". As discussed in section 6.2.3, recognising and addressing need was an important step within recovery.

8.5.2. The facilitation of songs and musical activities. Participant choice

The choice of songs and activities within music sessions were generated by the participants, in line with the CM approach. This benefitted participants in several ways which were explained during PAR discussions. WR08 acknowledged the diversity of preference in relation to musical taste: "Everyone's different, aren't they?". By recognising that the 'community approach' acknowledged inclusivity whilst celebrating

individual choice she commented that "Do you know? I think like this…it does work, and it is fun and relaxing, I actually do".

WR02 described two elements of group activity as being helpful psychologically: "Singing, I think singing helps a lot, I think singing in a choir, singing your favourite songs it helps a lot". This quote highlights the community aspect of the activity, whilst valuing individual choice. Music sessions also enabled individual choice to be affirmed and celebrated collectively. WR01, believed that part of her former identity existed within her favourite songs saying that "You see I took my favourite song and that made me rebuild my identity… You reconnect to it, and everyone has their own perception of what that song means to them". WR01 also suggested that the women chose songs to support their own psychological need, but in doing so might have identified an appropriate channel for others in the group to use. This may have facilitated the articulation of emotion for other participants (previously discussed in section 7.2.1):

> Sometimes when the words are already written I relate to them a lot more than what's in my head. Like because one person might not be able to channel whatever it is, it would be like they'd maybe take the step to say: 'Well maybe this is what I need'. It's like when I picked a song for **** and ***** it was ***'s way of going 'Yes. I'm [gonna] need help now'.

Some women chose to use the sessions in other ways to promote psychological benefits. WR04 discussed musical synchrony as a boost to well-being, combining two types of musical activity (singing and playing the drum), saying: "The music sessions [help] me a lot… I sing along, I use the music as a therapy… Oh it felt good. I was trying to be on beat".

The women also engaged collectively through facilitated songwriting within the session. Songs written by the women as a group tended to present themes of social justice linked to their experiences of domestic violence. The feelings of group solidarity often extended to all women in society by sharing advice within the lyrics. The group devised songs were also positive in nature, encouraging and affirming a shared sense of recovery and growth. WR02 described how she had engaged with songwriting activities: "Because music helps to send the message because people respond really well to music and songs… We have one song already… Shall we record it in the studio when the [children] are at nursery?".

Songs were created during the music sessions through participant collaboration with women contributing lines, words, or structural ideas. The women also described

how they would like the music to sound, choosing beats, singing melodic lines, and choosing preferred chords and chord progressions.

The extracts of the songs within the table were written during facilitated songwriting sessions at two different refuges. Despite the songs being created by different participant groups, the themes within both songs were similar with a focus upon the affirmation of recovery following domestic abuse. The songs also conveyed a message to other women about the importance of well-being, confidence, strength, positivity and moving forward. WR02 explained which themes should be explored within songs written for other women: "How to live your life, be good to people, *strive for something,* you know? Words for action, how to live your life… What to do… *to be thriving, to be positive… to be fulfilled*". These key motivations for recovery, within the refuge and for other women experiencing the effects of abuse, aligned closely with research undertaken by Stevens et al. (2018). Within this research, Stevens et al. (2018) wrote songs to affirm recovery with people recovering from addiction and substance misuse and living in supported housing. *Hope, a sense of community and quality of life* were identified as key elements for an effective recovery path. If we examine the lyrics within the following two women's refuge songs, it is clear that they align with Steven's elements of recovery and WR02's song themes for women recovering from abuse. Both songs were written independently within the separate refuges.

8.1 Table to show the analysis of collaborative songwriting themes within the women's refuge. The analysis uses themes for domestic abuse recovery as defined by Stevens et al. (2018) and themes for songs for women as suggested by WR02:

Themes for recovery (Domestic abuse)	Collaborative songwriting: *Ambition* (Written by the women in refuge 2)	Collaborative songwriting: *Live your life the way you want it* (Written by the women in refuge 1)
Hope (Stevens et al., 2018) **Strive for something (WR02)**	*Get ready for the new future!* *Welcome to the world, 1,2,3 go!* *Keep the vision,* *Remember the mission… Ambition!* *Sometimes it's hard to keep going.* *But you've got to motivate yourself.* *You can get through the struggle and strife.*	*New adventures you will find.* *Don't look back you can hope for better.* *New life has come, believe in your future.* *There are so many things in the world for you.* *Just be yourself, you're on the move.*
Hope (Stevens et al., 2018)	*You're moving forward without even knowing*	
Strive for something (WR02)		*Live your life the way you want it.* *There are so many things in the world for you.*
Quality of life (Stevens et al., 2018) **To be thriving, to be positive (WR02)**	*It's time to give life another go!* *Keeping strong is good for your health.* *When in doubt remember the mission: 'Take control of your own life!'*	*Leave the old life far behind.* *It's your time to shine and sparkle.* *Sing and dance, get into the groove.* *Just go wild, you're in command now.* *Don't look back you can hope for better.*
To be fulfilled (WR02)	*Always follow your ambition.*	*It's your time to shine and sparkle.* *There are so many things in the world for you.*
A sense of community (Stevens et al., 2018)		*The whole universe is helping you.*

Both songs were upbeat (BPM=120) and in a major key which enhanced the positivity of the words. The song 'Ambition' was performed at the North Yorkshire Safety Partnership Conference in March 2019.

WR07 didn't engage initially with singing, as previously discussed, due to having been "quite badly bullied" and feeling "really, really self-conscious". It was important that she still felt included in the group and not judged for choosing to take a less active role in the music-making. Initially her contribution included playing the shakers, making song choices, as discussed in section 8.5.2, and discussing and choosing favourite songs which were sung by other members of the group. The music therapist believed that engagement within CM was not always vocalised saying, "Even if you're listening to it, while doing something else, you're still engaging with the music". WR04 admitted that she only sang with other people as part of communal activity, when she engaged with music outside of the sessions she did so by "listening, just singing when I'm here". This suggests that participants gained energy and empowerment when making music as a group. This echoes WR02 views: "When I sing with a group it's different. I feel like I get energy from other people".

WR02 stated that there still needed to be a leader for the music sessions, despite the CM approach which focused upon facilitation and participant ownership of the sessions. She believed that people needed to be encouraged and supported, particularly following the damaging effects of domestic abuse: "There must be the leader. Some people are stronger, some people are weaker….at times I need a leader to lead me, to guide me". WR02 acknowledged the psychological vulnerability of some people, including herself, despite having employed leadership skills in previous roles prior to entering the refuge: "If there is no person to organise other people. I feel like I've always taken that position to say, 'Come on, let's go' because I did it before". WR02's reference to "guidance" from a leader during times of weakness again supports the idea of the session offering a 'safe space' in which to show vulnerability and to address recovery.

This was discussed by the music therapist in terms of the boundaries of vulnerability and safety within CM practice. The role of the facilitator, in terms of providing safety and trust for women who have been abused, comes with a high level of responsibility. For many women, the CM group offers a sense of understanding and bonding that contributes so fundamentally to their recovery that they see the need to

continue it in some way outside of the refuge. WR02 expressed these feelings before leaving the refuge:

> I will miss these sessions so much, so much… Because I would like to continue something, I know that as soon as I'm out, that's it. I will have to find groups myself. I know there are plenty of groups and there is a women's social club and a…. but, no, I want you.

8.5.3 The community music approach: observations and opinions from the women's refuge staff and clinical professionals

The staff at the refuge observed how the community music approach was working in the lives of the women and themes in the following headings were drawn from their discussions:

(i)   <u>Inclusivity, connection, and the importance of reflexivity:</u>

Refuge worker 1 believed that inclusivity was one of the strongest features of the music sessions: "We've had a lot of people who have come in externally to do things and children haven't been allowed… It benefits a lot of the ladies because they can have their children in and obviously, so they're not excluded". Refuge worker 1 also recognised the hospitality offered by the CM approach (Higgins, 2007): "You weren't judgemental, and you've had fun with them, and it didn't matter whether it was just adults or kids, you'd tailor it to make sure everybody was accommodated and brought into the session". This observation highlights the levels of reflexivity needed within a CM session to respond quickly to individual needs. Refuge worker 1 believed that all participants needed to feel comfortable and included within the refuge environment: "It is about asking and finding out 'What do they want?' and tweaking it, you know, having that flexibility to tweak things if it just doesn't feel right". Using music was inclusive and appealing, as the professionals believed that most people were able to engage in music in some way:

> We've had some that haven't attended because they probably thought that it wasn't their thing, but I think we've found that… We used to say to them, didn't we? 'Just go in and see what it's like' or you'd knock round and say 'Just come in and have two minutes' and then more often than not, [those who] came in and had two minutes, and checked, you know, stayed (Refuge worker 1).

The assistant psychologist believed that music had the ability to create a sense of inclusivity: "Everyone, all ages, it's something we've all experienced in our life". The occupational therapist also considered music to provide a possible means for motivation, engagement, and connection within recovery:

> I've got a patient… that fractured her hip, she'd not been walking (mostly because she wasn't engaging because of her dementia) but as soon as the music comes on, she'll get

> up and have a dance and it alters facial expressions and this is just like the instant effect of music on people.

The community approach within the refuge was also mindful of colonisation[17] and how an inclusive musical practice needed to both shape and promote suppressed voices (something which already linked to the participant's experiences as survivors of abuse). The music therapist discussed her views of colonisation in relation to her own practice. She believed that it was possible to make the wrong judgements during a session but that judgements could only be made with a desire to do the best for the participant:

> And being really conscious of the inherent white privilege of how we work in music and also being really careful of…. I'll never forget, I had a couple came into one of my dementia groups and, mixed race couple, older white lady and an older Afro-Caribbean gentleman and the group facilitator said 'Let's have some Reggae', so off I go doing my Bob Marley 'Three Little Birds' and the group was having a whale of a time and the couple never came back and it's always played on my mind: Did I do the right thing or do they think it's cultural appropriation? (You know, this young white girl trying to play Bob Marley). Sometime those answers will never, ever happen and sometimes all you can ever do is your best… You know, we can't always get it right in practice?

I was able to reflect upon my own practice as a community musician and describe what inclusivity had meant to me, in terms of the people representing racially diverse populations living within the women's refuge. I responded, within the interview, to the music therapists comment above by celebrating the ability of the CM approach to educate:

> I suppose giving people a voice and a space to just share is probably the best thing, because we've all learnt in the group, we've all learnt about someone else's culture, me included, everybody included… it's empowering for the person sharing their story and their music as well, and it's part of acceptance and trust between each other, I think.

Through discussing this with the music therapist I was able to reflect upon my gratitude for being able to work as a community musician within the refuge saying that: "That's been the most empowering part of the practice. Women's refuges are full of people from other cultures… being exposed to the traditions, the understanding of the music of so many different cultures, that's just been brilliant for me". Our role as facilitators, working with diverse groups, is to promote understanding of culture within context and to reshape our inherited belief system, something referred to as "re-searching" (Wright, 2017, p. 12). The music therapist agreed that the role of the facilitator was to promote the music of other cultures in a 'respectful' and meaningful' way:

> There are things that you can contribute that can bring that music from other cultures to life at a level that is respectful and meaningful but that isn't parodying it or that isn't, you know, putting a Western spin on it that makes it unrecognisable.

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[17]Colonisation: The forceable "invasion" or "seizure of land" for exploitation of its resources or people (Sommer, 2011, p. 188).

Section 7.3 examined the links between music and identity, highlighting how self, and culture intertwined within autobiographical music choices. In sharing and accepting such music we are accepting their "patterns of individual and social experience" (Trevarthen, 2002, p. 21). Amir (2012) found that music provided an effective therapeutic tool to in both the formation and sharing of identity.

(ii)   <u>Facilitation, co-creation, and empowerment:</u>

When the refuge workers and clinical professionals spoke about the sessions, the themes of facilitation, co-creation, and choice were recognised as sources of empowerment for the women. Their comments suggested that these elements were interlinked. Empowerment has always been seen as a fundamental part of CM. The community (the participants) share decision-making powers within the group because of the group leader facilitating their decision-making powers rather than exercising their own. This is not to say that the group leader does not make decisions; they may need to do this to protect vulnerable group members, encourage a more even distribution of decision-making power or guide the 'ethics of care' in order to maintain the session as a safe space for all group members. The following discussion relates to the facilitation approach and how it might have supported the recovery of participants. This section will also consider how the approach contributed to empowerment, addressing low levels of confidence and self-esteem.

Refuge worker 1 believed that some of the women initially came to the music session because of the facilitation approach which focussed upon the choices of the women. She thought that encouraging them to make decisions within a safe environment, "helped as a therapy for them". Speaking about the residents at the refuge, she said:

> I think that had a big pull for a lot of the ladies that it wasn't...'Today we're doing this
> and that's that'. You'd say 'Right, is there anything you want to do?' I think it does
> make a difference that they've come from controlled environments.

She also observed the benefit of the CM as an 'outsider', having no position of power over the women (whether real or imagined). She perceived it as: "One-to-one with somebody different than refuge staff" with the benefit being that "they don't always see us as that supportive person a lot of the time… you might have to say to them… 'You've got to keep your noise down for the other residents' or 'You need to pay your rent'".

Refuge worker 2 defined 'choice' as being fundamental to the therapeutic nature of the sessions, specifically in relation to empowerment: "You're giving them tools, but they've also got choice, they've got choice and I think having the choice makes it more empowering". She also reflected that many women would not necessarily want to be creative and take risks when initially moving into the refuge and joining the music sessions:

> This is a really successful song, nobody's going to laugh at me because it's got this sentence in it, because I know it's been sung before, and I know it's a great song'. So, she's got that confidence in doing that, she's also choosing it, and I think because she's making that decision, she's choosing it, it's quite empowering isn't it?

Refuge worker 2 witnessed the empowerment of participants when they shared and performed their music saying, "It was all empowering… I suppose they've never been told before that they're good at something". Such activities provided an opportunity for praise and acceptance within the CM setting. The women would often rehearse for special events at the refuge and then perform to non-attending residents and refuge staff:

> She definitely, definitely got a lot out of the therapeutic side of your sessions, I think it really empowered her because really, really, she wasn't confident at all and for her to stand up in front of people and sing, such a song that she'd wrote.

The assistant psychologist believed that the socialisation associated with CM was empowering for women who had experienced domestic abuse. She perceived that peer support contributed directly to recovery: "When they came together it was almost like an empowerment and they'd encourage each other, and they said it gave them a sense of identity and almost like they were a collective group". The assistant psychologist believed that the offer of CM within the refuge was a significant part of recovery because, "they've spent so long being isolated…I imagine that must be a really powerful feeling". The music therapist also interpreted the quotes of the women in the same way seeing a sense of shared identity through collective understanding: "I think there's a lot to be said about collective kind of… collective understanding".

The music therapist also employed many of the same approaches with her CM sessions. Like the CM practice in the women's refuge, she considered the role of the facilitator in terms of maintaining a safe and inclusive space for the benefit of the whole group:

> I learn so much from my service users and my clients and I get so much out of being their music therapist and they have taught me so much about me and about my practice and about life and about, you know, my journey and I do whatever I can to level the power dynamic, wherever I possibly can (while maintaining boundaries and while understanding I have a role to fill within this group but as far as possible, it is a role within, not a role above and that's what I try).

It was important to empower the women to make choices and decisions within the sessions and this was encouraged wherever possible as an opportunity to develop confidence as well as celebrate inclusivity and diversity. One aim of CM practice is to encourage the voice of marginalised of suppressed populations to be heard (Silverman, 2009). Speaking of the times when groups were able to function with the lowest level of facilitator interaction and the highest amount of group contribution, the music therapist said, "It's beautiful, the times when I have been able to just stop and just sit back and let them 'do', it's just magic". Like the refuge, a large part of the power was shared through song choices, as observed by the refuge workers. The music therapist considered the importance of celebrating individual choice collectively through chosen songs saying that: "One of the principles of co-producing is facilitating, not delivering… and the groups that I do: it's service-led user song choices all the way". The music therapist also aligned with the ethics of care by including herself within the co-production of music, for similar reasons to those influencing facilitator contributions within the refuge practice:

> When we talked earlier about the songs from the group and facilitating, not delivering and co-production, that doesn't mean that you can't also say 'Actually, I found this really brilliant song'. You're part of the co-production too, your part of the facilitating could be 'This song really speaks to me about what we're trying to do as a group! Why don't we try it together?' and therefore we can introduce a song that can eventually be a container for somebody.

The sense of power was also dissipated within sessions by choosing to play the guitar (a self-taught instrument, played to a standard that many people could attain within months of playing); WR01 had achieved this within the first six months of refuge stay. Marissa Silverman (2009) aligns the approaches found within CM to the desire for social justice, something which will be explored in section 8.6.

The shared experience of the women within the refuge is marked by oppression; CM practice often works with those who are oppressed or marginalised and unites them in a combined desire to recover. Silverman believes that where social justice and CM combine, participants and facilitators "assume responsibility" and take "accountability" for the relationships within that group and that "we enter these relationships fully, not as individuals fulfilling roles but as people caring for people" (2009, p. 180). This approach is also shared by Sandra Curtis (2006) who discusses the need for power sharing when working with survivors of abuse and uniting in the collective desire to address oppression within society. Like refuge workers 1 and 2, Curtis sees music and creativity as the perfect agents for choice, expressing the notion of music as "the metaphor of voice" (2006, p. 227). Although mainly working within women's prisons,

Birch (2022) highlights the prevalence of trauma within CM settings and believes that practitioners should employ awareness and reflexivity as part of safe practice. It is the CM facilitator who must be mindful of these underpinning values within each session and uphold them within their practice.

8.6 The development of a sense of social justice

When comparing the longitudinal data analysis of each participant there were similarities in terms of the prevalence of social justice themes within participant discussions. There was little reference to social justice on entry to the refuge, however such themes became increasingly prevalent between six months to one year of residency. Related themes included an increased sense of socialisation, group bonding, sense of trust within the refuge and individual identity. Themes of social justice also linked to activity involving the social justice system and the perceived lack of understanding shown to survivors of domestic abuse.

Curtis argues that recovery within a women's refuge does not just seek to change the person but to change the world which has caused the oppression of that person; she labels this as "both personal and socio-political transformation" (2006, p. 228). Silverman highlights the role of CM as the agent of change for groups of people who identify as being marginalised or oppressed saying that social justice is a common aim alongside "hospitality, fellowship, and emotional and social betterment for the individuals and group" (2009, p. 31). The following section presents themes of social justice, alongside the use of music in relation to those themes.

8.6.1 The development of a sense of social justice

i) Respect for self and respect for humanity:

Around six months to one year of refuge stay, the theme of self-worth became prevalent within discussions. By sharing their experiences of domestic abuse with other women and providing ongoing peer support, many women were able to rationalise the reasons for their abuse and escape the coercive control which had hijacked their mindset (discussed in section 6.2.7). WR01 showed a new reaction to her abuse which incorporated her reflexive desire for social justice: "I felt that I deserved more, as a human being I deserved more… That was a living, breathing person in danger and I would have preferred for one person to stand up and gone 'No, this is not ok'". WR02's comments are reminiscent of Curtis's (2006) work, reflecting her desire to change society and overcome the oppression that she had experienced. She believed that her

desire for change was fuelled by oppression: "That rebel feeling and that, that you want a revolution I think it comes from anger and it comes from aggression. The psychotherapists, they say that if something irritates you, it's just a reflection of what's happening inside you". She explained that her own recovery was connected to creating a fairer world for herself and others in response to the wrong that she had endured. Her explanation displays a renewed sense of trust in humanity:

> I think it's our basic citizens' responsibility, a human responsibility. I can see a lot of examples on Facebook… other people's compassion, people's kindness and I want to be that person, I don't want to go past violence, I don't want to go and like 'I don't see anything', I don't want to go past cruelty and like, 'It's not my problem, it's not my business'. No, at the same time I don't want to be judge, I want to find that balance……'Where am I in this system?'

WR01, WR02, WR03 and WR04 all spoke about their ability to trust and rely upon other women in the refuge. WR02, WR03, WR04, WR05, WR06 and WR07 made sense of their abuse collectively within PAR discussions. It was apparent that such discussions had strengthened their sense of solidarity and desire to address oppression together. WR02 defined this stage of recovery as a 'rite of passage' for women who had survived abuse. She recognised the understanding of one's place within the world as the final stage on the health continuum (Pavlicevic & Ansdell, 2004); where there is movement away from the isolation of abuse to re-integration within society: "Recovery is when you are so well balanced, when you don't really care about what's happening in the world… you know your place, and you know what you can do and you just do it on a daily basis". WR02 also discussed how important it was for the women to join in order to promote social justice by saying: "Nobody wants people to come together because then the revolution's coming then".

ii) Social justice within systems and services

The women began to talk about the need for change within the justice system. Their first-hand experiences showed a perceived lack of awareness and understanding by the police and courts in relation to how the women were treated. WR01 believed that sometimes the police had been reluctant to respond to her reports of domestic violence thinking "Oh touchy subject, don't want to deal with that". She believed that not all police understood how coercive control affected women and that many women would not ask for help; she directly related this to the need for social justice: "when you can't stand up for yourself and the police have failed to stand up for you then there's massive social injustice". WR01 believes that she should have had justice through the courts and that the police failed to put a case together for her "The police knew, and they came and

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visited me, and they asked doctors and doctors said it was as a result of it and I still got let down". She discussed the need for reform within society:

> [There's] signs all over the place 'If you think it's ok to hit your partner then we think it's ok to arrest you and put you in jail' and it just doesn't work like that. The reoffending rate for domestic violence is so high and all men are made to do is a freedom programme and they're basically made to reason that it's our fault, it's our fault that they're the way they are, and I don't think that that's enough. So, as well as the 'perp' the person who did the most damage was the police, they just didn't do enough about that.

WR03 said "They don't know what they're protecting you from so in their eyes there is nothing to protect you from", when talking about court. She said that: "Awareness really needs to be raised and these professionals need to be trained because it's just a mess, they don't know". WR05 described her fear of courts saying, "I can't handle court. Literally, the only time I'd go to court is if (refers to children), life or death. I can't……no".

WR02 also found that some of the services supporting women who had experienced domestic violence were disempowering as people often made judgements based upon specific characteristics. She firstly spoke of systemic beliefs within society that needed to change saying, "Because there is a lot of [stigma] in the society about the people on benefits, about single parents and these should be changed". She felt patronised by her solicitor who she believed had associated her status as a single mother on benefits to a lower level of intellectual ability:

> I got an email today from my solicitor saying, 'Go to Citizens Advice Bureau and they can write an email from you to the collector' and I'm like 'Do you think that I'm stupid that I can't write an email myself? I need to go to the Citizen Advice Bureau?'… I have another thought in my head. Would she treat me the same if I had one million pounds in my account? Would she treat me the same?

WR02 believed that awareness and education are needed to challenge both societal prejudice and low levels of aspiration, saying, "I think it could be changed within the community".

iii) Social justice and gender equality

As the women in the refuge became stronger, they often explored their identities. As part of their exploration, they examined their place within the world as women and some of the systemic problems within a society that they believed had contributed to their maltreatment as women. This aligns with the practice of feminist therapy (Curtis, 2006) and to the transformative potential linked to therapeutic music-making (Vaillancourt, 2012). The women analysed what they perceived to be wrong with society and then discussed how that needed to be changed (links between music and

social change are discussed in 8.6.2). Gender equality was an important theme for WR02, who spoke of her anger towards both her ex-partner and society for creating the environment in which her abuse could happen. She believed that deeply rooted prejudice against women existed within society that needed to be addressed:

> I can see women suffering and I want that suffering to be over. I truly want women to stop suffering and live their lives equally as men. I can see that men are so well protected… There is a lot of [stereotype] about women. Single dad with a child…'Oh! Oh! Poor you! Oh, you are with the child. How do you cope?' Single mother with a child, 'What's wrong with you? Why did he leave you? What did you do wrong?'

She perceived that society wanted to change but did not believe this was happening saying, "It is absolutely unacceptable, it is disgusting, and it should be over. We are a modern society, we speak about equality, we teach children about equality in schools so yes there must be gender equality". She believed that two approaches were needed: Firstly, that women should be promoted into respected roles within society: "Women should be more in politics, women should be more in everyday life". Secondly, that the media should promote a greater gender balance: "We have to destroy the picture of a woman in the kitchen doing the washing up... I think we have to make more pictures of a man doing all these jobs… In all adverts, it should be a man who looks after the children, it should be a man who does the home chores".

Speaking from her own experience she considered gender equality as tokenistic and something which needed further attention within society: "I feel like we're playing that game fifty/fifty but it's not fifty/fifty inside… deep inside". WR05 also shared a sense of anger in relation to gender equality believing that women were complicit in perpetuating the dominance of a 'male-ruled' society: "We should look after them, bring them up yet we should still do everything that they're saying for the kids but yet it's up to us to bring them up (referring to males) but it's under their rules". WR02 believed that single mothers needed to be empowered and that education could be the vehicle used to create that empowerment: "Every single mum 'yeah, let's praise it, let's celebrate it, let's find all you can do, let's teach, if you can't do something we can show you how to do it'".

8.6.2 The use of song to present themes of social justice to women within society

The participants began to express feelings of social responsibility as their time in refuge and recovery progressed. They increasingly spoke of the need to educate, warn, and prevent others from the harm of domestic abuse. WR04 discussed the need to raise awareness about domestic abuse within society: "There is only one thing that I really

hate when people say 'Why didn't you leave?... They don't understand why". She believed that many women were still unaware of the help which was available and that both education and information needed to be promoted within society. WR03 said that: "There are a lot of people that still don't know. We are so lucky that we left but there are so many women that can't. There's a lady on the school run and she can't' [leave]". WR01, WR02 and WR04 all believed that music could be used as a powerful tool to create social justice and raise awareness of domestic abuse. WR02 spoke of her duty to educate, warn, and prevent domestic abuse among women and girls in society saying:

> I feel a strong responsibility to prevent crime from happening to other women, especially young girls… I feel like now I have to, it's my responsibility to go schools, to raise this topic and to say, 'No love yourself, don't rush into the relationship'. I think it should be like, on a daily basis, girls should be told that 'You are good enough, you don't need to be into the relationship to be better'.

WR02 said: "I think songs [is] the best, best kind of manifesto… Music helps to send the message, because people respond really well to music and songs". She showed her commitment to her sense of responsibility by saying, "We have one song already… Shall we record it in the studio?". WR01 and WR02 wrote songs to affirm the social injustice of their abuse, WR02 felt the need to be able to tell her story and to make sense of what had happened:

> Yesterday I was in such a state. I went to the community shop, and I had verses in my head. I have forgot all the words now because I didn't write them down, but I feel like the song is coming. Come on Queen, listen to my song and listen to my story!

WR02 described the song that she had written in her head saying that "It could be used as a manifesto". The theme she described related to the call for equality and social justice which she talked of in earlier discussions: "It was like calling for action like: How to live life, how to live your life, be good to people, strive, something, you know?". WR02 explained how she had woven the lines from the text messages from her ex-partner into the song. She believed that there was both a written and emotional language linked to coercive control which included behaviour that showed cruelty, excuses, possession, bonding, and rejection. She believed that her own experiences would naturally resonate with other women. It was important to her that the lyrics told her story as it was, without creative manipulation saying, "These are his words, these are not my words. You know, this is not my imagination. It's not something invented ... This is what happened, and this is true, and this is real". WR02 explained how social justice should be promoted through her song:

> I write to both men and women. For women to be aware, for women to be aware of this: that these words that they use is a red flag, it is a red flag… but for men to recognise as well that these words are abusive.

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WR01 discussed the idea of songs that contained warnings about domestic violence so that people were more aware of the subtle changes within a relationship which may signpost the need for help: "I think music could go as far as 'Oh well this is to be aware of, and it could be like this', and it could be in something in as little as one line and that could be enough to warn someone". She also believed that music could give hope to those contemplating leaving an abusive relationship, especially if written by a survivor of abuse: "It will help someone in that situation even if you write something in that situation that says, 'It's not actually as bad as you think it is'". She discussed the role of song as a vehicle for education which allowed people to understand how it might feel when you do leave an abusive relationship:

> If there were enough songs out there that said, 'It's ok to go on your own and it will feel scary and you're going to be terrified but it's normal'… maybe there wouldn't be such a high rate of people that go back.

WR01 said that: "There's a lot of songs about domestic violence… It wasn't until being in here that I figured out that 'Cherry Wine' was… until you know what that situation is like that you will ever get it". WR02 agreed that the media had a responsibility to raise awareness of domestic abuse and linked support within society saying, "I think media should be more involved, to use media a lot like, radio could be good when you play the music and the radio stations when they play the songs". This led to the women writing songs collaboratively within the sessions, one example being "Live your life the way you want it", which urges women to free themselves from coercive control. This song contains both advice and a warning to women who might decide to return to the perpetrator saying: "*Don't look back, you can hope for better*" and "New life has come, believe in your future". The song also encourages women to affirm and celebrate their freedom creatively with the lines: "*Sing and dance get into the groove*" and "*Just be yourself, you're on the move*".

WR04, like WR01 and WR02, discussed the need to raise awareness of domestic abuse within previous discussions; she arrived to one of the sessions with a set of words called "*This is my life*". The music was added through the facilitation process, with WR04 choosing chords and melodies through demonstration and negotiation. WR04 created an autobiographical song which spoke of how she had changed throughout her relationship both in terms of being coercively controlled but later in how she wanted a better life for herself and her children. The following lyrics show these moments of realisation:

This is my life!
Today I'll tell you what I chose to become
Some years ago, I was a wife with no choice
No right to give my opinion
What to wear, what to eat or where to go

This is my life!
Who to talk to, was decided by my ex
I tried to go against him, but then he would hit me
We'd argue and then he would slap me.

The lyrics changed sentiment with the line: "*One day I said this is not the life I want, not the life I want for my children*". Within the following lines, she urged people to get help, showing that she wanted her story to raise awareness for others. After using the words "*This is my life*" in the initial section, she changed the lyrics to *"This is your life"* as a call to action for those who might have recognised oppression in their own lives through hearing her lyrics:

This is your life!

Telling parents who were unaware,
Explaining why I never said a thing,
I was ashamed, ashamed, and scared!
Don't be silent and ask for help.

Within the chorus of the song, she had interweaved the words of WR01 into her own lyrics taking the line "I'm not a victim and I'm not a survivor because when you learn the guitar you feel like a warrior because it's something that you can conquer" (WR01). We had discussed these words within sessions when women had said that they didn't want to be defined by their abuse. The lyrics within WR04's chorus said:

I'm not a victim,
I'm not a survivor,
Because I am a warrior,
I'm not a victim,
I'm not a survivor,
I chose to fight and to never give up!

WR04 wanted music which reflected the 'push and pull' of domestic abuse, as well as in the recovery from it. She wanted people to know that she experienced good and bad times within the relationship and that the same was true of her recovery. I tried to incorporate this into my musical setting of her words by using 'A minor' within the verse which switched between the relative major of 'C Major'. Likewise, the dominant of 'G major' switched to the relative of 'E minor', this also interchanged with 'E Major' as a pivot back to the tonic key of A minor. This gave a constant feeling of light and shade within the verse. The chorus, which conveyed the sentiment of being a strong warrior, moved to 'F Major' from the final chord of 'E Major' in the verse, this gave the feeling of being uplifted as well as allowing for a more permanent modulation to 'C Major'. On the repeat of the line 'I'm not a survivor', 'D Major' is used instead of 'D minor' to add emphasis to the sentiment as well as creating a perfect cadence in 'G Major', this transitory modulation is soon broken by a submediant alteration from 'E minor' to 'E Major' and a return to the key of 'A minor' ready for the next verse and the 'light and shade' held within the next set of lyrics.

The assistant psychologist observed that WR01 had used music as a vehicle for storytelling: "She's told her story through music, hasn't she? Through song!". Refuge worker 2 recognised the importance of the women having access to a range of songs that might relate to their experiences and enable them to make sense of what has happened in their own relationships. She also thought that the women might use some of this language when writing songs themselves: "She's chosen songs where there's words and meanings that relate to her so it's easier to pick and choose. So, she might have even used some sentences in her song that have come from other songs". Refuge worker 1 believed that songwriting was a less personal way for the women to present their story as a song can relate to anyone even though it contains personal experiences which may be autobiographical: "It's her words, but because it's a song, nobody would think 'Oh, it's about WR01 that'. Yet if you wrote a story or talked a story, we'd know who it's about".

It was apparent from discussions with the women in the refuge, that 'telling one's story' was an important step within recovery and part of the affirmation of recovery as with WR04 and her song 'This is my Life!'. Expressing new, positive, and changed perspectives on the experiences that had led them to the refuge was an important statement to society. This was encapsulated in the words of WR01 who said that by writing and performing songs "It tells everyone else that I've been there, done

that, I've got better". The need to platform recovery through songs and recording of songs, as referred to by WR01 and WR02, links to the need for social justice and their duty to raise awareness for others who may be trapped within the same situation, knowingly or unknowingly (as discussed in section 6.2.7).

8.7 Conclusion: Music and relationships within the women's refuge

This chapter has explored the interconnections between recovery, domestic abuse, and relationships within the women's refuge. The evidence presented shows that socialisation is both an expression of recovery as well as a vehicle for healing, this is especially true of the women within this study who experienced isolation as part of their abuse. Music is seen as an important force for change and in some cases, it is seen as the most important factor. Music performs varying roles and functions within relationships from those with oneself, through to those with family units to the connections with the other women and families within the refuge and eventually the function with society and the women's place within it. This includes their need for social justice and their responsibility to fight oppression for all women, raising awareness of gender inequalities, lack of support within services and the justice system and the need for women to be treated with respect throughout society. For many women, songs and storytelling through songs are seen as an important way to promote change.

The mapping of recovery through growing levels of socialisation, community platforms and social change aligns with the longitudinal analysis of the women's discussions over a period of up to two years. This also aligns with several recovery models and theories of transformation for self and society (Ansdell & DeNora, 2012; Bonilla, 2020; DeNora, 2005; Gray, 2017; Vaillancourt, 2011). The findings also resonate with several research projects which make similar connections between the use of CM, the awareness of systemic oppression within society and the promotion of social justice (Curtis, 2012b; Day et al., 2009; Silverman, 2009 ;Vaillancourt, 2011) as well as the use of storytelling to share experience and create a better understanding of the world (Etherington, 2006; Frank, 1995). What is unique within this research project, is the link between music (consumed digitally or as part of ongoing community sessions) and the psychological benefits linked to recovery, particularly in relation to socialisation but also in relation to the placement of self within society as discussed by Reason (1994). Within the final chapter of this thesis the potential for accelerated recovery provision

using music will be discussed, alongside health and well-being policies and initiatives such as 'Social Prescription', 'Integrated Care' and 'The Domestic Abuse Act' (2021a).

8.8 Summary of chapter 8

Within the chapter, we have explored a range of ways in which music was used to facilitate and express relationships. Music could bolster a sense of solidarity, to enhance a sense of community and stimulate the health and well-being effects achieved through pro-social behaviour and peer support. The opportunities created to share experience were also a key element to recovery for some participants. Music could also be used, where appropriate and facilitated effectively, to build trust between other communities outside of the refuge, this included other refuge communities. Some women used music to communicate and bond with their children or as a parenting tool within refuge life. Finally, music was seen as an agent which could be used to advance social justice through the use of song writing and the promotion of 'warning songs' which might signpost other people towards supporting services for domestic abuse.

Chapter 9 will explore further aspects of musical relationships, including the causes of disengagement with music. It will also look at some of the reasons for music avoidance and the potential of music to cause harm. The chapter will also examine the elements of music and their effect upon the listener.

Chapter 9 Other aspects of participant relationships with music and musical elements during recovery

9.1 Introduction

Whilst working as a community musician in the women's refuge, I was also providing music sessions for patients at a psychiatric hospital. There were similarities within both settings, including the need for participant choice in relation to engagement. When mental health became more challenging for an individual, they often would remain in their room (more often in the psychiatric setting patients would occasionally attend and then leave when music evoked further emotional response). Music was not always wanted, and music was not always beneficial. As a community musician it has always been important to recognise this and encourage participants to engage or refrain from engaging as they choose.

Within this chapter, participants and their relationships with music will be presented. These will include the avoidance of music or certain types of music, the effects of musical elements upon participants, and their song choices. Section 9.2 will explore how participants responded to music, if there were other art forms and activities which also provided similar psychological benefit and how music could be used therapeutically alongside other art forms.

9.1.1 Musical avoidance and emotional resonances during recovery

There were a range of psychological triggers linked to music in general, specific songs or self-composed songs over the length of time working with the women within the refuge. The women engaged and disengaged from the music sessions as they needed to, to accommodate this and were able to articulate this within discussion. WR06 and WR07 both disengaged from music altogether during times of stress or severe psychological distress. WR06 described how she found it difficult to engage in music when she dissociated from emotion during stressful times. She avoided music to focus her energy on her stressful situation without distraction, her need to avoid music was important to the management of her psychological resilience: "I've just been so switched off from everything. All my energy has just gone into that… I think I use all my energy just there and it's my mind, everything" (WR06). WR07 viewed her engagement with music as a gauge for mental health saying, "If things really, really, really are bad then I won't listen to it and that's when I know things are getting bad". Both participants show that emotional dissociation, stress, or low mood can lead to

disengagement with music. Both cases show an inability to gain pleasure from music due to other predominant psychological states. The occupational therapist believed that people might not want to engage with other people if they were feeling low as they would: "probably not be able to turn up to a music group. So, I think it's anything around the like turning up, engaging, the seeking help". She believed that musical engagement could act as a gauge for mental health: "I suppose it almost makes you think: 'How am I feeling today? Can I engage in this to start with?' or 'How am I going to tackle this?' or 'What are the benefits if I do do it?'".

WR01 discussed the avoidance of the song that she had written, in which she had created a container (Aigen, 2009) for all the emotional triggers linked to her abuser and the damaging experiences that she went through. The experience of writing the song had enabled her to remove her abuse from her present and future, assigning it to her past, accessible through the song when needed. WR01 said that she did not want the song to be shared or performed as it was too personal: "I feel like I'm the only person that could fully connect to it and be like 'Yes that's mine'". Speaking of the lyrics, she states that:

> I didn't want to do a song that made me think 'All I'm ever going to do is look back at stuff'. That's why one of the lines is like 'look I'm moving forward now and I'm not going to look back at what happened'.

WR03 also avoided songs which triggered the emotions linked to her abuse. In a similar way to WR06 she avoided certain types of music to maintain psychological resilience:

> Before he happened, I used to have like 'I'm going to listen to sad songs' and have a meal but since I was there, it obviously triggered something in my mind, and I didn't want to feel what that music made me feel.

WR03 showed an awareness of her avoidance commenting that "Since then I don't really like slow songs or sad songs… I've grown to find that I can't listen to sad music when I'm unhappy". She admitted that she felt drawn towards it because of the experiences she had been through but that she avoided the triggers that reconnected her to her abusive relationship: "I try not to go down that route because I've got good reasons to play that song". WR05 also requested that a song chosen by another participant was not sung by the group. The song was a favourite of her abuser which evoked strong emotional triggers. The assistant psychologist believed that music had a powerful connection to memory saying, "You struggle to think about a time but then you'll listen to a song, and you'll think 'Oh, I remember when I was here and who I was here with'". Because of this strong connection, she believed that music had the power to retraumatise people, particularly if they were still experiencing trauma-related

symptoms, as discussed in section 6.2.1: "It's almost like they're reliving that trauma if they hear a song, it's much more powerful than it is to just you and me. It means so much to them, doesn't it?... I imagine that they've got specific memories".

Research supports the strong connection of music to schemata within the brain (Luce, 2021). Two theories relate to the avoidance of music by WR05, these include: music serving the function of a container for emotional reference (Aigen, 2009) and music containing an autobiographical memory (Lamont & Loveday, 2020). Both theories support the long-lasting effects of musical memories, including the ability of music to heighten the memory of events which are attached to it (Lamont & Loveday, 2020). Therefore, the CM practitioner needs to be mindful of the potential of music to cause distress as well as benefit.

The occupational therapist linked musical avoidance to biological causation such as the role of brain schemata. Talking of WR03, she said, "I just wonder if there's connections in your brain, from a physical point of view, that can just trigger, it just triggers memories and emotions". She perceived WR03's avoidance of music as a positive sign of recovery:

> She says about listening to the sad songs as well and that she's actually at the point where she's stopping herself doing that. That sounds like a step forwards, because she knows that 'Why would she want to feel like that, when she can feel something different?'

The occupational therapist also perceived disengagement in music during times of low mood from two perspectives. Firstly, she believed that people might not want to engage with music: "One of them said they'd not put that on because it makes them feel… it reminds them of something. I can relate. I think if you felt so low, you wouldn't be able to put that music on".

It was apparent that all participants were aware of their avoidance of music, or certain types of music. As recovery developed, this became part of their strategy to maintain psychological resilience. The role of the practitioner in managing sessions and protecting participants from harmful triggers is also crucial. The music therapist also supported the theory that music could be harmful to recovery saying, "There's this common idea that music can't do harm and we have to be really careful around that, 'cos it can… inherently it can't but it can trigger". There was also alignment regarding the potential of music to traumatise participants with the music therapist recalling challenging events within her own sessions: "I've used things completely innocently to have people crumble in tears on the floor". She gave an example of how music might

trigger trauma for a survivor of domestic abuse: "The song that was playing when someone abused them. You know? And that's something that we really need to be mindful and careful of and that can be just as powerful and just as important to be sensitive about". This is one reason why the CM approach works well within women's refuge sessions as facilitation, choice, negotiation, and empowerment are guiding principles within all sessions.

9.2 Does everyone respond to music?

During this research project, it was evident that some women used music both within and outside of the session more than others. One participant suggested that this might be due to cultural influence saying that: "In our religion you're not supposed to listen to music, not in our religion". When asked why she enjoyed art so much, she said that: "It's because we do henna on our hand". WR08 believed that people's preference might be influenced by their upbringing and experience saying, "I think people do stick to what they know don't they?". This belief was shared by WR01, not only because people would feel comfortable in using what they knew, but also because she believed the therapeutic possibilities of creativity were linked to regaining identity following abuse:

> If you grew up with music then you're probably going to cope better with music and if you grew up with drawing, you're going to cope better when you draw and if you grew up being adventurous then that's probably the only way you're going to find yourself again. It probably is who you were.

From an occupational therapy point of view recovery was described as "getting things back" and this was why the occupational therapist perceived such a strong link between identity, "psychological rewind" (section 7.1.4) and creative preference, something which aligns with the theories of Lamont and Loveday (2020). She discussed how some women might decide to engage in sessions purposely to revisit previously developed creative skills to support recovery: "If you didn't engage then you're not going to get those things back but these people that we've come across, they seem to be… it's having that effect, it's definitely, it's making them take that control".

The sessions also offered the refuge staff a new perspective of the residents' lives for refuge staff allowing their skills and personalities to be seen beyond their abuse stories and day to day problems:

> You forget that you've got this live human being who is multi-faceted like we all are and will have so much, you know, a lot of skills and abilities that we'd never sort of notice. So, it's really good for us, you know… I think it brings out the loveliness in people and we don't value that enough, do we? Bringing out the loveliness in people.

Her comments show the development of a creative skill could be used as a way of expressing and sharing identity. This idea was also discussed by WR04 who had previously enjoyed craft and she had more confidence in art activities than music: "I'm good with hands…I can't sing, I can't even think about verses". Despite sharing these views within one discussion, she later went on to write a song, commenting that she found all aspects of the sessions beneficial and that she enjoyed, "Just a chat or doing some crafts or singing to music". WR08 also thought that it was important to: "Have loads of different things for everyone to do… I find it interesting doing new things". Most women shared the view that participants needed a range of activities on offer within the sessions but that they might feel more confident doing things that they had experienced before. WR08 stressed that she wouldn't have felt comfortable dancing in front of other people: "Dancing isn't my kind of thing, I wouldn't have come if we'd done that". In contrast, WR03 said: "Dance is something I've always loved doing ever since I was little" and "I don't gravitate towards art at all". She agreed with WR08 by saying that: "If you're not obviously good at something, don't do it". This again, showed how important participant-led choices were within the sessions. WR02 described artistic preferences as "channels", saying, "There are different channels, and it depends what channel is more developed… Some people are musical, some people are more kinaesthetic, what's that word, some are more visual". This view resonated with what the participants had said about their own preferences and was also expressed by WR01 when asked how music compared to other activities:

> If I hadn't had music, it might have been art but because I've never been into art, art never worked and because I've never been very good at writing stuff down and how I feel, writing's never worked for me.

Refuge worker 2 also observed evidence of WR01's stated preference for music, saying that: "I didn't expect her to engage so much in music and she did … (because I don't think she ever did counselling or anything like that)". Staff observed factors around engagement linked to creative preferences. Refuge worker 1 believed that some women might be reluctant to attend if they were not familiar with some aspect of the session saying, "I think sometimes if people…. If it's not something they've done, like I don't sing and I don't dance and all the rest of it". Refuge worker 2 observed that the women would often share their skills outside of the session and that some of the creative activities continued throughout the week. Participants were able to explore new skills, regardless of creative preferences:

> At one point either WR02 or WR04 had both bought their own paint sets and they all used to go into the garden so when they realised that they could have some time for

themselves and not just be looking after their kids, they really, really wanted to continue it and when you'd gone, we'd got some plant pots and things outside, and they took all their paints outside.

Refuge worker 3 believed that there were difficulties around initial engagement, highlighting a lack of confidence in creative skills as the biggest barrier. The importance of a wide offer of creative arts, choice, and control within the sessions was seen as an important way of appealing to participant preferences: "It is about that they can dip in and out of it as much as they want, they probably want to do more than they think they want to do at the beginning" (Refuge worker 3). She recognised music as the most accessible of the creative arts, as it was prevalent in everyday life for most people: "We all love music, don't we? We've all got our own tastes". She believed that residents would feel the benefit of the sessions if they could gain the confidence to attend their initial session: "I understand about lack of confidence but… music, if we can get them through that door once, they're in, something happens in that room, in that activity". The assistant psychologist thought that residents might have lower confidence as a result of abuse so needed to choose creative options that they were familiar with or that could not get wrong (such as singing along with the children's songs).

The women compared the therapeutic benefit of activities and combinations of art forms. They described how each activity had different effects upon the mind and body, many descriptions referencing energy and flow. Most women showed a preference toward one creative art or activity which was often linked to previous experience, identity, or cultural influence. Despite this, the women kept an open mind and seemed more willing to try new things as they felt more comfortable within the sessions. WR02 described therapeutic activities in terms of emotional energy and "chakras", saying how some activities helped to process emotional energy and some were to change emotional energy through fine tuning inner emotions. She described physical activity such as dance and sport as having the ability "to throw off bad energy and charge good energy". WR06 described the effects of dance in a similar way saying, that it improved mood by "releasing good energy". WR02 also believed that pottery enabled participants to transfer energy, physically, into the clay.

When asked to articulate the different psychological benefits of creative arts in comparison to the benefits of sport or dance, WR02 said that "Art it's more for… it's a deeper level of reflection… it tunes you from inside. Active/physical activity it tunes you from outside". Refuge worker 1 said: "She absolutely loved it and loved singing

and even if it was when you were doing the kids music with tambourines and things, she really got involved and obviously she saw the benefit".

This shows that engagement in all activities was primarily focused upon "emotional work" and mood management (Sloboda et al., 2009, p. 431). Music also accompanied other pursuits as the women found benefit from combining gesture or physical activity with music such as playing an instrument, using movement or dance "entrainment" (moving in time to the beat) as well as "emotional work" (Sloboda et al., 2009). WR03 said that: "I always like dancing, obviously to music… It's very therapeutic".

WR04 explained the significance of combining activities with music as a way of gaining therapeutic benefit from both saying, "Definitely music. Music and painting… It's really important to have music when I'm doing my stuff. I just put my music on when I'm doing my stuff". WR04 described how she is absorbed both physically and mentally when combining both art and music: "So it's always something with hands and when I start doing it's full patience, I do it with full heart, full heartedly". Both WR04 and WR03 described the effects of combining a physical art form with music in terms of meditation (discussed in section 7.1.2):

WR03: "You're snapping out of reality for a bit".

"You're just into the music".

WR04: "It just puts me in some other world, completely out of this".

"My latest canvas was a mandala, a mandala and that needs a lot of concentration, and it was a therapy: it was a therapy for me".

The occupational therapist recognised the benefit of combining physical activities with music as a way of engaging body and mind. This was something that she frequently did within her own practice saying, "Patients might choose like baking, like cooking or walking groups or yoga but you could do that to music in the background. I just think it's very versatile". She recognised the benefit of dance combined with music for WR03 saying that it was beneficial for her to "not think". This supports the ideas of Sloboda et al. and the use of music for "emotional work" and " distraction" (2009, p. 431). The music therapist also perceived "gesture" alongside music as a key element of MT practice saying that: "When we work with clients as music therapists we are working just as much with gesture as we are working with sound". This also acknowledges the use of physical movement with sound as a way of expressing feelings

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without words and occupying the body as well as the mind for a deeper sense of engagement through "Entrainment" (Sloboda, 2009, p. 431).

The absorption of body and mind has therapeutic effects in terms of "escaping reality" and releasing energy (Bernard, 2009). This aligns with use of music for "emotional work" and the function of "distraction" (Sloboda et al., 2009, p. 431).

9.3 Song choices within the music sessions

The discussions showed that different songs contributed to different functions within the recovery process. WR01 said that she used music to program her mood, describing how she was able to change how she felt by choosing "happy" songs: "So, if I play a happy song and I keep playing happy songs then it does get into your head and it's like the more you play… it's quite euphoric for me". As she progressed through her recovery, she chose songs that reflected the aspect of recovery that she was addressing at the time: "What you play is going to reflect on how you feel.". The first song requested within the session was called 'Iris'. She found that it reflected her position in the women's refuge as she learnt to accept that her relationship had failed, causing her damage:

And I don't want the world to see me,
'Cause I don't think that they'd understand
When everything's made to be broken,
I just want you to know who I am.

When describing her choice of song she said, "'Iris', there's so much meaning behind that… you know that it's ok to slip up and to fail and for things to go wrong". Within a later stage of recovery, she affirmed the progress that she had made along with a renewed sense of self-focus and self-care by choosing the song 'It's all about you' by McFly:

> It's the comparison. It's to see how far you've come. 'All about you', I see it as 'It's my time now'. It's not him, it's not Tom, Dick, or Harry, it's me and, at the moment, it is all about me and it's about how I build myself up and what comes next.

She found that she related to the words of the song commenting that, "Even though it's an upbeat song, there's more to it than that". The song was not just about recovery affirmation, the words 'It's the comparison' suggesting that it was also enabling the measurement of recovery. Certain songs also gave a measurement for mood within the weekly sessions. One song, which was sung regularly, was 'Three Little Birds' by Bob Marley and the Wailers:

Don't worry about a thing,
Cause every little thing, is going to be all right.

WR04 said how the song affirmed her recovery as she had stopped worrying: "I don't know…it's just like 'Don't worry, just live'… I'm not worrying anymore from when I came here". By comparison, WR02 requested that we didn't sing "Don't worry about a thing" in the session one week, saying, "I am worried and I'm not sure that everything will be alright". The song had provoked the question: 'Is everything alright?' and elicited varied participant responses linked to their psychological well-being at that time.

Choices often connected with the theme of moving forward and the affirmation of progress within recovery. In this way, the women could encourage each other to carry on through times of emotional difficulty or recovery regression. The following songs were chosen within the sessions, and were sung frequently:

'Proud Mary' (Ike and Tina Turner) with the line: *Rollin', rollin', rollin' on the river.*

'Take me home, country roads' (John Denver) with the line: *Country roads, take me home to the place I belong.*

'I'm gonna be (500 Miles)' (Charlie Reid) with the lines: *And I would walk 500 miles and I would walk 500 more just to be the man who walked a thousand miles to fall down at your door.*

The songs had significance for different participants. 'Take me home' reminded one participant of her native country, which she had left to be with her perpetrator. She often spoke of it as a place of familiarity and safety. The song distanced her from the abuse she had moved towards. For WR05, 'Five hundred Miles' became a song to her children and affirmed her bond with them. The lyrics contain the lines:

When I'm working, yes, I know I'm gonna be

I'm gonna be the [man] who's working hard for you.

Before the group sang the song, WR05 asked if we could change the word 'man' to 'mam' every time it occurred; something which we always did afterwards. By connecting their motivation in life to their children, the song took on further significance and affirmed a stronger desire to recover in order to strengthen their maternal role. Collectively, the songs represented the women's desire to move forward, and were often accompanied by gestures such as walking on the spot with *'I would walk*

500 Miles' or hand rolls with *'Rollin' on the river'*. The synchrony of the movement added to the unity within the singing and the shared sense of communal affirmation and validation of feelings within each song. WR06 asked to sing 'Someone you loved' (Lewis Capaldi) when she initially attended the sessions as a way of the group understanding and validating how she felt. She described how she related to the words of the song: "I feel as if they just express all my feelings, and they say the right words".

Refuge worker 2 recognised the therapeutic potential of choosing songs both within and outside of the sessions. She referred to songs as "tools" for recovery describing how this may have worked for WR01: "If she's got a whole world of songs and she's got one in mind, and she can look at other songs that are similar… So, she's chosen songs where there's words and meanings that relate to her". This process had worked in a similar way for most participants; they were able to select songs which they could relate to for various reasons and channel their emotions into these songs. Refuge worker 2 was also a play therapist and observed the same processes occurring in her work with children:

> When you're given something, it's easier to repeat it. It's like the play therapy with the children. If I said 'Here we go, there's some crayons there, just draw', there's no direction, you could be drawing anything but if you're given things that are already there that are a tool… you might use your sand play, you might use your puppets, you might use your small world figures to represent different members of a family and things like that… you're giving them tools, but they've also got choice.

The music therapist also perceived chosen songs as a therapeutic tool which could be used to contain specific feelings or act as a link to previous schemata within the brain:

> Writing a song about it is healing and if you haven't got the tools to do that and somebody else already has, and you find that song that you can then claim and say, 'Well this song tells my story so therefore I'm going to apply my story to this song and that's going to be my healing'.

There was a consensus that songs could be used clinically as therapeutic tools serving a range of purposes.

WR05 also believed that songs could help to warn women to leave or not to return. She believed that 'warning songs' should be "music that kind of describes it a bit like Shawn Mendes, 'Stitches', that's a good one". When she listened to that song, she heard the message: "But you've got to leave because you'll end up with stitches again which, I ended up with stitches". WR03 also believed that songs were an important way of giving empathy without judgement, in a way that might not be possible from family and friends. She believed that a song could relay the message "We're not judging you". The artist wasn't important as long as the women identified with the meaning of the

words: "So, I'm not going to relate to the person as such but to the song". The occupational therapist perceived that WR03 had used: "The words of the song to what she could be like. So, she's actually, literally using the words of the song… words in the songs serve quite a strong meaning".

The assistant psychologist observed that: "It just shows how much they resonate with the lyrics" and that people could share how they were feeling in a safe way. Taking the words of WR05, she observed how she might use song choices as part of her own therapeutic practice: "She's been able to share with you, 'Actually, this is a time where I've had stitches in my ******' and that's something that people might not have known before… It allows you to explore with someone safely". She went on to discuss how discussion about the lyrics might be a positive way for the participants to explore feelings through other people's words rather than their own. She had seen how strongly people connect their emotions to songs within her own practice to the point where they would say: "Well that's what happened to me" or "This song's been [written] about my life, I really connect".

The women chose songs which they personally related to. This affirmed aspects of their own recovery, reinforced warnings, encouraged them to keep going or gave them reassurance. Communally, they shared these affirmations through the synchrony of voice and gesture as well as validating their feelings through song choices within the session or response to how they felt about the words or mood of a song. Some participants transferred their own autobiographical memories into the meaning of the song as in the case of WR05 and the participant who sang 'Country roads' to remind her of home. These findings align with several functions linked to individual and group "musicking", in which all group members share the experience and meaning of the music being performed (Small, 1998, p. 10). Day et al. (2009) and Edgerton (1990) also showed that music could enhance insight into personal issues within the CM setting. These aspects of the use of music for psychological benefit are pertinent to the self-management of recovery from the effects of domestic abuse within the refuge setting, where the initial activities linked to psychological maintenance and recovery are often autonomous.

9.3.1 The components of music and their psychological effect

The women referred to musical components within their discussions and considered their impact in relation to recovery. Within a discussion at the early part of her recovery,

WR01 said that "I do pick songs that are often the same chords and I think it's because it reminds me so much of me, because things go round and round and round in my head". This was noticeable in her first song choice 'Iris' which uses the same cyclical chord pattern of (D, Em, G, Bm A, G) in the verses and (Bm, A, G) in the chorus. This showed how musical elements could be used to affirm psychological state. WR01 also expressed her recovery goals using musical elements: "When I write chord progressions it's the thing of going round and round again and I'd love to do something where it stops and it's completely something else. For me it means the cycle's broken". She also used musical elements to represent psychological state when describing the interception of cyclical thoughts: "It stops, and it breaks and it's something even more different than that. I think something you wouldn't think that goes together but fits in. I think that's me, at the moment". It was evident that WR01 was expressing her psychological state through musical elements saying of the guitar that "It's more of an extension of me" and of the chords that: "I like to think, even in my own head, that the chords know what stage I'm at".

WR02 believed that if there were high amounts of skill and energy originally channelled into the music that the same energy would transfer to those listening. For that reason, she discussed how she listened to bands such as Queen and Abba saying that she felt the benefit of "Professional music, not simple… the drums and the piano and everything is a complete mixture and mixed image, different, very complicated and very interesting to hear and the lyrics and the voice". WR02 spoke of rock music having restorative properties for body and mind but describing this as "magic" because she was unable to ascertain how this occurred: "It repairs you and I don't know, I find it magical that I can't explain why it works but it does work". Refuge worker 3 described the benefit of music as "magical" in the same way as WR02 saying, "There's just something and it's kind of magical I think for them. I don't think they realise how magical it can be and then they do realise". This reference to 'magic' indicates the phenomenal transformative power of music and its placement outside of normal experience.

Most participants spoke of the beat as being the most important musical element for psychological benefit. WR04 said, "I just put music on, and I just start… I follow the beat". WR03 said, "Best effect?... It's usually up tempo" and that her favourite styles of music were, "Mostly Hip Hop and ████████… Reggae, Hip Hop and 'R&B'". WR02 found march music to be beneficial saying, "It does give me energy". She also found the energy of the beat to be beneficial, commenting that: "I really like the beat. Shall I play it for the girls so that they know what we are talking about?". When asked how and why she gained energy from the music, she attributed this to the music and words:

> It's all together: words and the beat and your body responds to that beat and then you feel energy stimulating within and then you want more, and things are getting better, and your mind clears up and it is magic, music does make some magic.

The quote also supports physical recovery from the effects of stress, anxiety, and depression (which may manifest physically as tension or lethargy): "Your body responds to the beat and then you feel energy stimulating within". Strong, simple, and upbeat music (including rock music) supported recovery. It generated energy, as well as accessing the primitive schema linked to walking which tuned some of the women into the mindset of moving forward and making progress.

The music therapist believed that simple upbeat music could interact with brain schema attached to the early development of walking, which in turn attached to the schema of moving forward and supporting the development of "energy" discussed by WR02: "Our brain kind of learns that movement and develops a schema for it and therefore that musicality, that rhythm reinforces that… It's really easy, simple, uplifting, and energetic". This parallels with the primitive motivation in humans to walk using one step at a time, in response to an inner rhythm (Sacks, 2006); this in turn parallels with recovery. She reinforced this by saying that recovery was often: "Even one toe in front of the other". She also recognised the relevance of march music in motivating WR02 to keep moving forward in her recovery, saying it was written: "To keep your army marching because the music and the beat of the '1, 2….1, 2' would drive them forward. That is what it was for". In contrast, music with complex rhythms was not chosen within MT practice to address recovery with more vulnerable participants. The music therapist said that:

> If you were to go in and start to try doing something really complex in rhythm… and you're someone who's at the start of your recovery journey and that's just a bit too complicated… Whereas something which is the most basic '1, 2' that's walking. That's the most basic sort of movement that I can do, it's one step in front of the other.

My own interpretations of the session, initially logged within a weekly reflexive diary and discussed in interview, had already aligned with the insights of the music therapist. Following a session in which the women had been marching to the chorus '*I would walk five hundred miles',* I had felt the same energy as I accompanied the song on guitar and sang with them, noting: "The idea of continuously moving forward… the energy that [WR02] talks about often was in singing songs like that… they'd start playing the drums, you know? They'd be playing the kids' drums (this is the women)". Songs which contained lyrics about moving forward or finding positivity were particularly useful in supporting the effects of the upbeat music. Reinforcing this beat with gesture, movement or simple beats on an instrument also enhanced the benefit. The music therapist observed an alignment between songs with a simple beat and recovery saying,

> Simple choruses [sings] 'I would walk 500 miles'… if all I can do is just take a stick on a drum… or if all that I'm doing is just that one simple movement I don't have to do anything else, but actually 'I'm engaging in this and actually that's just one step'.

She recognised that some people would only play percussion or make simple movements to the beat but that this was still a valid form of engagement which could promote psychological benefit. The occupational therapist, like most of the participants, recognised the psychological benefit of "Actually putting that bit of music on, that upbeat music on, even if they don't want to". She believed that it wouldn't be an easy thing to do for women with low mood but that the benefit of doing so would create positive feelings which might develop into a deliberate choice and support recovery: "If they know that it makes them feel better, then they learn that and they think it's almost choosing to put that music on".

9.4 Summary of chapter 9

Within chapter 9 we have explored the women's relationships with music during their time at the refuge. The causes for musical disengagement and avoidance have been explored (which included negative resonances as well as the need for emotional dissociation as a protective mechanism during times of stress). It is clear that the decision to avoid a piece of music or to avoid music altogether were made autonomously by the women. This showed an ability to manage their own musical engagement in a way which provided optimum benefit without harm.

Participants were also observed to have artistic preferences; these were often based upon previous experience. Despite this most women were willing to try new skills and interests outside of their preferred area.

Song choices were often autobiographical and could allow women to access brain schema linked to previous experiences and emotional states. Some women cited memories from positive times in their life before their abuse. Some songs were chosen specifically for their mood and lyrics as a way of cognitive reprogramming or as a way of assessing or affirming recovery. Music was often being used as an autonomous psychological tool for recovery, giving the potential for use outside of the refuge as the women reintegrated within society.

Chapter 10 will discuss the use of music in recovery over a period of up to 2 years by exploring longitudinal analysis of the data.

Chapter 10 Patterns of recovery: Longitudinal analysis

10.1 Introduction

A timeline of individual participant stories was created following the process of IPA. The data from this analysis was split into categories to show: the time period of engagement in the music sessions (split into entry, first three months, six months, and six months plus), the psychological state of the participant, contextual events linked to this time period and the use of music at this time alongside its psychological function. This aimed to highlight relationships and connections between psychological state and use or avoidance of music against context. A holistic impression of this information will be presented which avoids reference to specific storylines (which may identify participants). The time ranges are broad and do not include specific dates for the same reason. The chapter will conclude with a summary of the findings and further contextualisation using the perspectives of linked professionals and clinicians.

10.1.1 Representation of the longitudinal data

Figure 10.1 represents prominent psychological states and uses of music (including the avoidance of music reported by the participants). The term 'prominent' relates to themes which are referred to by several participants or which features strongly within the life of one participant. This is to ensure that the most important findings are represented as part of this summary. Each time span will present:

i) Psychological states with any links to contextual factors, where expressed

ii) Corresponding use or avoidance of music alongside the effects of this

The information is presented in an overlapping format to show that both the time frame and psychological uses develop gradually. Recovery was also shown to be regressive during times of stress. It could be noted, during times of regression, that the participants often returned to their initial uses of music for the same psychological benefit i.e., distraction from cyclical thinking or painful thoughts. Figure 10.2 shows the song choices/songwriting in a longitudinal format linked to recovery alongside the musical use/function.

Entry to the refuge (First 3 weeks)

Psychological state	Use/avoidance of music
Anxiety linked to refuge	No engagement with the sessions
Unprocessed emotion	
Self-harm	
Cyclical thinking	Attending the sessions (distraction)
Dissociation	No engagement with the sessions
Loss of identity	
Isolation	
No focus and direction	
Anxiety and depression	Attending the sessions for emotional distraction
Paranoia & coercively controlled mindset	Some engagement in sessions after two weeks with children
Low self-esteem	Attending the group sessions to support the children (Mothers with children) Attending the sessions for self (Lone females)
Empathy and sympathy	Music accessed digitally providing understanding.

3 weeks to 6 months

Psychological state	Use/avoidance of music
Intercepting cyclical thinking	Playing the guitar Attending the sessions (distraction)
Challenging low self-esteem	Learning the guitar
Replacing self-harm	Playing the guitar
Challenging depression	Listening to or making music Song choices (positive themes) The sessions for pleasure and relaxation
Self-focus	Choosing own music
Trust	Song writing collaboration
Emotional articulation	Song choices Playing the guitar
Processing emotion	Song choices to express emotion.
Music as a friend	Playing the guitar (a companion)
Building a sense of community	Community music sessions: Singing and playing instruments as a group.
Empathy	Song choices

6 months plus

Psychological state	Use/avoidance of music
Identity & 'Psychological rewind'	Playing an instrument from childhood or listening to music from before the abuse
Looking to the future	Song writing
Measuring recovery	Feelings within songs
Affirming recovery	Song choices/song writing
Breaking the hold of coercive control	Song choices/song writing
Accelerated recovery	Engaging in music activities
Self-esteem & resilience	Recording studio session
Pride and empowerment	Mastering the guitar
Rebuilding trust in males	Recording studio session
Community support	Attending group sessions
Platform for self	Performing for others
Psychological maintenance	Playing the guitar Listening/dancing to music with different moods Avoidance of sad music
Cognitive re-programming	Learning an instrument Listening to music
Social justice	Song writing/March music
Parental bonding	Sharing music with child
Recovery regression	Use of songs/march music
Recovery regression linked to suicidal feelings	Musical avoidance (Court hearings, contact with perpetrator)
Religious or cultural preferences	Musical avoidance
Celebration/affirmation of recovery	Song choices Song writing
Music for characterisation	Listening to Cardi B March music

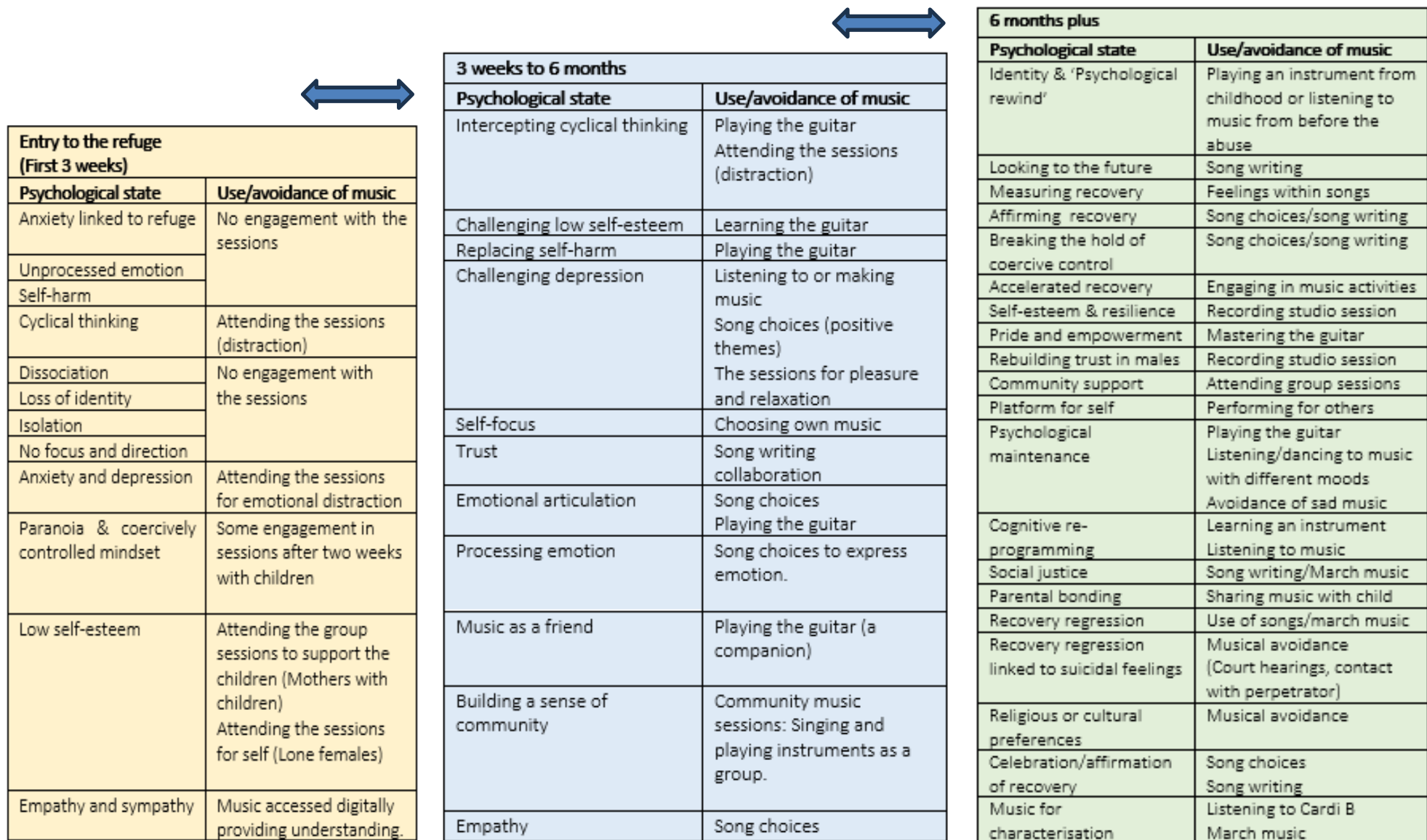**Figure 10.1 Representation of longitudinal data: The psychological flowchart of recovery alongside the use or avoidance of music**

3 weeks to 6 months:
Children's songs with actions, children's songs addressing literacy and numeracy for school age children, nursery rhymes.

3 weeks to 6 months:
Song choice themes: Cyclical chord patterns 'Iris', 'Radioactive', 'Zombie', 'Someone you loved' (Empathy), 'Three little birds: Don't worry' (Positivity affirmation), 'Country roads take me home' (Self-focus and memories of home before abuse), 'I would walk 500 Miles' (Moving forward),
Song writing themes: 'Written in my scars' (Emotional processing), 'Ambition' (Hope, future, positivity, well-being),

6 months plus:
Song choice themes: 'I will survive' (Breaking the hold of coercive control) 'Baby I love you' (Parental bonding). 'Stitches', 'Cherry wine' (Warning songs), 'Don't stop me' (Affirmation of recovery), 'Single Ladies' (Breaking the hold of coercive control)
Song writing themes: 'This is my life/This is your life'(Warning song), 'You're on the move' (Looking to the future), 'The sharing song' (Parental bonding),
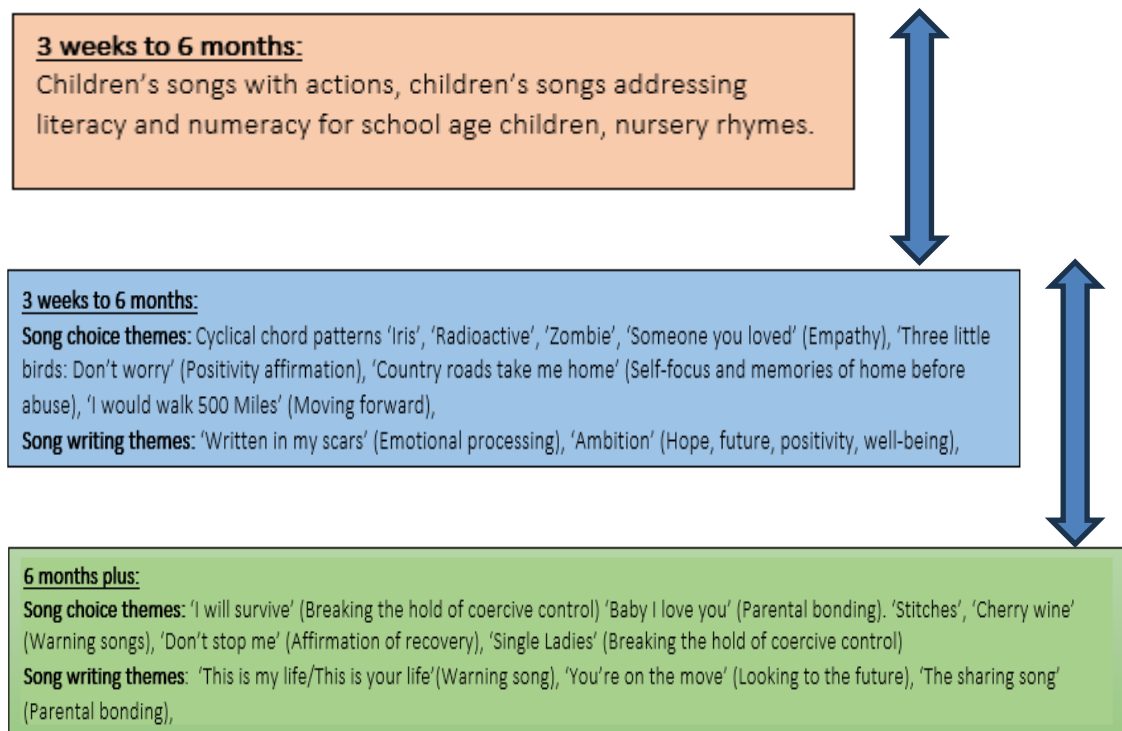
Figure 10.2 The longitudinal use of songs and songwriting within recovery

10.2 Summary of the data linked to longitudinal analysis

Analysis of the longitudinal data shows how the use of music in relation to recovery in the women's refuge adapted and developed over time is provided below:

10.2.1 The engagement in music and the music sessions on entry to the women's refuge (the first two to three weeks)

Within the first days and weeks of entry to the refuge, many themes suggest that trauma was internalised and largely unprocessed. This resulted in themes which linked to trauma symptoms such as anxiety, depression, dissociation, and self-harm. Isolation, practised within the abusive relationship, often persisted within the refuge which in turn was fuelled by social anxiety. These themes connected to lower engagement in music and the group music sessions as well as complete avoidance of the sessions initially for some women. Low self-focus was also reported by participants with many mothers attending the sessions initially to address the needs of their children rather than themselves. Women without children showed a greater desire to attend the music sessions for themselves and to engage in musical activity both within and outside of the sessions for therapeutic benefit. Two lone females (in the refuge without children) talked of attending the sessions for the purpose of distraction from 'cyclical thinking'. This demonstrated the initial purposeful use of music to serve a psychological function.

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Main themes

Trauma symptoms, unprocessed and internalised emotion, finding engagement difficult, isolation, engagement for children and not for self

A summary of the use or avoidance of music:

- Many residents did not engage within the first two to three weeks. Anxiety linked to the refuge, including social anxiety, was common

- Dissociation and the effects of coercive control-led residents to continue habits of social isolation or to feel reluctant to engage in communal activities. Social anxiety also contributed to avoidance of the sessions initially for some women.

- The avoidance of music listening was common at this stage

- Dissociation possibly meant that the women could not experience the same level of pleasure from music, seen in the comment from one participant 'I didn't feel anything'

- Some women did not engage in music activities because of cyclical thinking linked to PTSD and others found the sessions beneficial in distracting them from this

- Distraction is the first way that music and the sessions are used in a deliberate way to address a psychological need

- Most mothers attended for their children rather than themselves, although lone women attended with an awareness of self-focus much sooner.

Refuge worker 3 also reported how most mothers focused on the recovery of their children first before their own. She believed that the sessions offered an opportunity for family bonding, eventually allowing the women to focus upon their own recovery once the children had gained school or nursery places saying, "I think the music is another way for them to reconnect with their children". After these initial weeks, the women also used music for their own well-being and benefit (see Figure 10.1).

10.2.2 The engagement in music and the music sessions in the women's refuge (three weeks to six months)

During the three weeks to six months period, the women still talked about using music to address cyclical thinking, demonstrating a growing use of music for distraction (relieving the symptoms of PTSD). Learning the guitar, as well as accessing music digitally, provided an instantly available therapeutic tool which was increasingly used

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not only for distraction but for other therapeutic purposes such as challenging depression, anxiety, low self-esteem, and self-harm. One woman referred to her guitar as a 'friend' and a 'replacement child' (WR02), this gave her a focus while dealing with trauma symptoms during the first few months of recovery. The group sessions and activities such as collaborative songwriting also allowed the women to address their feelings of social anxiety and loss of trust for others and to build a sense of community again. Most participants found recovery support from the community elements of the music sessions finding that the sessions allowed them to 'pass that energy to each other' and to 'inspire each other'. The sessions also allowed the women to externalise their trauma and unprocessed emotion through musical activity and talking (section 10.2.1). Uses of music for emotional processing referred to during this stage included: Playing the guitar; listening to music; making music; choosing music; songwriting collaboration; listening to rock music; singing and playing instruments with the group and listening to songs that empathised with moods and experiences. Music was also used to articulate emotion when participants found it hard to express feelings in their own words. Some of the linked psychological benefits included: distraction; raised self-esteem and confidence; emotional grounding; a reduction in anxiety; a reduction in depression; relaxation, increased trust; increased self-focus; emotional articulation and processing; empathy and positivity in recovery.

<u>Main themes</u>

Emotional articulation and processing, music for therapeutic psychological function, trust (sessions), empathy (songs) and companionship (the guitar), community music sessions (support)

A summary of the use or avoidance of music:

- Some women used music as a distraction from cyclical thinking
- Most women used music for psychological maintenance or to deliberately address the symptoms of PTSD such as anxiety and depression
- One woman used music instead of self-harm to address anxiety and provide emotional grounding
- Learning an instrument was linked to raised self-esteem, articulation of emotion and companionship

- The weekly sessions enabled the women to develop trust through songwriting collaborations and a sense of community. Some women found the sessions addressed the isolation of abuse and provided fun and relaxation
- Weekly sessions provided a safe space in which to share experiences and reflect upon recovery
- The externalisation of trauma through music and talking leading to an understanding of music as a recovery tool
- Song choices of existing material provided an outlet for emotional processing and expression for the women without directly linking to their abuse in a way that would act as a trigger for trauma.

10.2.3 The engagement in music and the music sessions in the women's refuge (six months plus)

Post-six months, the ways that music was used for psychological benefit widened and became more sophisticated. Music was still used for psychological maintenance in many of the previous ways i.e., dancing to music for emotional grounding. The participants knew the specific function that a musical choice or activity would have, and this was used or avoided deliberately to improve mood or recovery outcomes. Many of the functions of music during this stage related to cognitive programming and the ability to access desired schemata within the brain using music related to autobiographical memories or instruments and music played prior to the abuse. The women found that this was beneficial for re-gaining their identity, their confidence, and their happiness. Participants deliberately chose songs to reprogram the brain into positive thinking related to their future, recovery, freedom from abuse, empowerment, and self-esteem. One participant said that she used music to address suicidal feelings during a period of recovery regression (due to circumstances). She spoke of the singer speaking directly to her and telling her to live. The participants' sense of community widened to include a sense of solidarity with other women within society and there was a desire to create a platform to raise awareness and support for those experiencing domestic abuse. Songwriting themes included warnings to others about leaving their abusive relationship and seeking help. There was a growing sense of social justice during this stage with many women discussing systemic problems within society linked to oppression and the need for reform, particularly in relation to the justice system. One participant believed that this need for social justice came from the wrong that she had experienced and the need for redress.

Women with children were using music as a parenting tool with a clear understanding of the ways in which the music was working to calm or distract them. A group of mothers wrote a song for their children about sharing toys within one session which was then sung in subsequent weeks.

During a recording session outside of the refuge, which included male musicians, one participant found that her levels of trust in men improved. She found that the musical activity provided safety and structure, whilst allowing vulnerability and emotional connection to happen. The experience had allowed her to challenge some of her irrational feelings towards men in a safe space.

Although there were many positive benefits linked to the use of music within the women's refuge, it is important to note that music and the sessions were also avoided. Avoidance included religious and cultural preferences as well as during periods of stress, when participants needed to divert emotional focus toward the situation. Some women avoided specific songs which were linked to their abuse, while others avoided 'sad songs' to avoid re-engagement with the emotions of their abusive past.

This stage of recovery was marked by an awareness and autonomy in the use or avoidance of music for psychological benefit and recovery.

<u>Main themes</u>

Social justice, voice, self-identity, affirmation of control (songs and songwriting), affirmation or measurement of recovery (songs or song choices), empowerment, platform, male trust, cognitive reprogramming, dancing to upbeat music to boost mood, recovery regression (court cases, contact with the perpetrator), musical avoidance.

A summary of the use or avoidance of music:

- The women used music to access their 'pre-abuse' identities by returning to instruments or songs which were part of their past
- Songwriting and song choices enabled the women to look forward and measure or affirm recovery. This also affirmed control and the removal of coercive control from their mindset
- Learning an instrument and recording in a studio was linked to empowerment, self-esteem, and resilience
- The recording sessions also addressed male trust for one participant (making music with a male was pivotal to her recovery)

- Some women believed that music could program the mind cognitively and had the power to alter their mood when used as a psychological tool
- Some women used dancing to music, alone or with their children, to improve mood. This was also used as a psychological tool to alter mood when circumstances had resulted in recovery regression
- Social justice became a theme for most women as their mindset of coercive control diminished. They showed a desire to address the wrongs they had experienced for themselves, their children and all of society. This related to the justice system, equality, and female suppression. Most women recognised songwriting as an effective platform to voice their feelings and raise awareness surrounding domestic abuse
- Recovery regression was also evident. This was often linked to unwanted contact with the perpetrator due to court cases or child contact. It caused one participant to feel suicidal, she used music to address that
- March music was used to remind one woman to keep moving forward and another woman listened to 'Cardi B' to access her characterisation as a strong woman
- Music was also avoided for three reasons identified by the participants:

  a) Cultural and religious avoidance resulting in preferences for other art forms
  b) 'Sad' music had the power to trigger emotions linked to the abuse
  c) Sometimes the women needed to avoid music during periods of stress i.e., court hearings. One woman described the need to focus her energy on her problems and that musical avoidance allowed her to do that.

10.3 Provision to support post-refuge recovery: opinions from refuge residents and staff

The staff at the women's refuge were asked what provision would result in better recovery outcomes for the women. Refuge worker 1 said: "I just don't think there's anything, there's not enough afterwards when they move on from [the] refuge". Refuge worker 2 concurred, saying that:

> I think music would be wonderful to get them… Kids sessions, adult sessions and then something they could carry on with when they left the refuge; 'Cos that's another thing isn't it? Things just stop when they leave the refuge. So that would be wonderful, you know? Space that they could access, ongoing.

Refuge worker 3 believed that this type of support should be ongoing as part of the need to "Build confidence and resources" (Government, 2021a, p. 26). She described the need to address new ways of thinking: "It's hard and we know how women can fall back into old patterns, particularly choosing new men sometimes but with the same patterns. Whereas, you know that constant, that little reminder, would be so powerful".

Recent data shows that the likelihood of survivors returning to their abusive partner after leaving was around 66.3% (Lahav, 2022). This was also something which the women felt that they needed on leaving the refuge with WR05 describing her anxieties "Just the kids… That's why it's scary". Both WR03 and WR04 believed that the provision after leaving the refuge should be similar to the experience whilst in the refuge. WR04 said that she would like, "Just a chat or doing some crafts or singing to music" and WR03 said that a post-refuge group should be: "A general well-being group, but maybe specifically for women who would understand". Both the creative activities and the peer support aspect were seen as important for ongoing well-being maintenance and as a way of addressing threats to recovery which might result in regression.

These gaps in provision, identified by the staff and residents, have been highlighted historically (Chanley et al., 2001) and more recently by Women's Aid (2021c). However, statistics show that over half of women will return to their abuser at least once and for 97.1% of these, it will be multiple times (Lahav, 2022). If interventions are to have an impact, they need to be available longitudinally.

The data suggest that women use group music activities for ongoing psychological maintenance after several months, but many still need the ongoing support found in the 'community' aspect of musical engagement to maintain their well-being. Refuges are under increased financial pressure (Women's Aid, 2021c) which in turn supports an agenda for shorter stays with increased local authority intervention to supply or signpost accommodation. For some women, this may increase the need for community-based provision to support both short-term and long-term recovery. Refuge worker 3 believed that such support was needed for women leaving the refuge for the following reason: "It's very important for human beings to gather in a community and be. Particularly for these women who've suffered abuse because they've all… been isolated: from family, from friends, from networks". It is important not to contribute to the factors which might cause a survivor to return to their perpetrator.

10.4 Longitudinal data summary and conclusion

As the women engaged with the music and the sessions over an extended period, their understanding of how music made them feel increased. The women deliberately used music for specific purposes linked to recovery after six months, whether for psychological maintenance, cognitive programming or to increase awareness of domestic abuse and create social justice. Even the avoidance of music shows a sophisticated understanding of how it might interact psychologically at a particular moment in time. What must also be recognised is the way in which the research method also contributed to the overall recovery projection of the women; an outcome not considered when designing the methodology at the start of the project. The literature review links the etymology of participatory action research (PAR) to health settings in which professionals, or professionals and service users, work through approaches to practice, revising and reviewing efficiency at regular intervals to understand the problem and test out solutions (Reason, 1994). Reason argued that within health services, PAR is not a tool used to find an absolute 'truth' or solutions for replication, but a tool used to gain 'understanding'. He discussed the dangers of proposing singular answers to problems, driven by individual agendas as this might lead to 'oppression' (Reason, 1994, p. 98). The use of PAR within this research context was also to gain a range of 'understanding' rather than to gain ideas for exact replication. The 'by product' of that understanding for the participants had unintentionally contributed to their recovery by externalising trauma and gaining support within a peer group environment, collectively 'understanding', reviewing, and affirming their recovery linked to a range of recovery tools using music for psychological benefit. This recovery was contextually linked to the experiences, characteristics, and preferences of the group; therefore, the discussions, activities, and group interactions which became part of this project might have developed or worked in different ways for others, as previous projects in the women's refuge had shown. Inadvertently, PAR had transformed into a model for 'participatory action-based recovery'. The focus upon participant autonomy within the recovery process lends itself to the current 'social prescription' model, and the use of this type of recovery-based PAR discussion as a tool for recovery will be discussed within Chapter 11.

It was evident from the data presented that although recovery was not linear, music was often used as a resilience tool to manage emotional reaction to the causes of regression. In contrast to the psychological manipulation linked to coercive control, the

women were able to control their own emotions using song choices, songwriting, dancing, instrument playing and PAR discussion. This was something which could be developed into a life skill beyond the refuge environment.

10.5 Postscript: Reflexivity statement prior to the research findings and recommendations

Since beginning this research project in 2016, several areas of significance have emerged or gained importance within society. This has added further relevance to the research findings and address prevention and support for those experiencing domestic abuse. The original contribution proposed by this PhD research initially came from a desire to promote social justice for those recovering and maintaining their recovery from the effects of domestic abuse within the refuge setting. This research also aimed to explore methods of knowledge generation which aligned with the ethics underpinning community arts practice itself, endorsing the importance of voice, context, diversity, equality, and inclusion. The process of literature review acknowledges that the reduction, generalisation, or statistical representation of human voice may sanitise the 'messiness' of the data but might also lead to misrepresentation or the under-representation of characteristics within oppressed groups of people.

Injustice against women and girls has been highlighted within recent years, with calls for national and international change. There has been a greater focus upon women's rights since the 'Me Too Movement' expanded globally in 2017, as a result of the Harvey Weinstein sexual abuse allegations (Lins et al., 2020). National protests also took place in the U.K. following the murder of Sarah Everard by a serving police officer in March 2021 (Lowerson, 2022). The final publication of the Domestic Abuse Bill (2021a) followed, after a series of drafts, consultations, re-drafts, and debates. These events have given poignancy to the relevance of the provision of recovery-oriented activities within the women's refuge, in line with the responsibility of local authorities (Domestic Abuse Bill, 2021a).

Such events and societal reactions have only served to inform and enlighten the findings of this research project which has its roots within CM outreach: A profession concerned with the recognition of oppression and the promotion of diversity, inclusion, equality, social justice, and change. There is an urgency to share the findings of this research, and to advocate for improved resources and services to support survivors of domestic abuse while there is an agenda for change.

Chapter 11 Evaluation of research findings and implications for future practice, policy, and community music research

11.1 Introduction

This final chapter will summarise the research findings, in answer to the research questions. It will highlight the importance of the research findings in terms of provision for survivors of domestic abuse both within and following admission to the women's refuge and explore recommendations for provision and potential impact, considering current legislation and initiatives supported by the NHS. Practical and situated understanding has been shared with a strategic lead working with the NHS Creative Minds initiative. They source and support creative therapeutic recovery and well-being activities both within hospital settings and within the community as social prescription activities. These insights allow for the triangulation of the recommendations and their impact, rather than the data which has already been triangulated.

11.1.1 The research evaluation

The findings within this thesis offer several original contributions to the field of CM within the women's refuge setting, linked to the navigation of recovery from the effects of domestic abuse. They also contribute an original approach to CM research which has been guided by several existing theories and principles. The CM practice and research developed within this thesis has grown from these understandings. All changes in the approach to the sessions have been guided reflexively by the participants and researcher (through action research). This knowledge is both experiential and situational (gathered directly from the participants within the refuge setting) and includes the consideration of wider contexts (both social and global). The recommendations highlighted below are not a blueprint for replication but a starting point, to be shaped by participants' voices alongside situated knowledge, contextual understanding, and constant reflexivity. Similar approaches of CM delivery may transfer to a variety of recovery-based settings and develop situationally. A summary of original research contributions include:

i) A detailed understanding of the role of music within recovery from the effects of domestic abuse within the women's refuge setting, gained longitudinally, over a two-year period (shown in Figure 10.1).

ii) A flowchart for recovery-focussed CM practice (Figure 11.1) and a model for CM research (Figure 11.2 and Section 11.5). Both of which align ethically with its fundamental principles.

iii) Recommendations for local authorities linked to the research findings, in relation to their obligations for provision within women's refuges as set out in the Domestic Abuse Act (2021a). This will include psychological recovery and maintenance both within the refuge and within the community (post-integration) (Section 11.4).

iv) Recommendations for social prescribing provision as a result of the research findings with a focus upon community provision for survivors of abuse (Section 11.4).

These research contributions will be discussed within the following sections.

11.2 A conclusion of the research findings: What is the role of music in recovery from domestic abuse within the women's refuge setting?

This research shows that music can be offered as an effective tool for managing and maintaining psychological recovery, alongside or whilst waiting for clinical interventions. Longitudinal data show the adaptability of music to address a range of psychological needs both within the sessions and outside of the weekly sessions over a sustained period (up to two years). Initially (the first 3 weeks), music can be used to address feelings of isolation, particularly for those with children and to provide distraction for those dealing with trauma symptoms. Later (3 weeks to 6 months), participants may use music in more sophisticated ways, which links to the processing and articulation of trauma and the symptoms of trauma such as depression, anxiety, and self-harm. Post-6 months, participants may continue to use music for the same psychological benefit as they previously have, but may develop their use of music further, addressing and confirming identity, recovery, trust, empowerment, child bonding and freedom. Themes of social justice and the ways in which music can be used within society to raise awareness of domestic abuse for others often links to these later months of recovery. Within the sessions, participants may choose songs for emotional processing, emotional articulation, empathy, recovery affirmation, characterisation, and the promotion of a sense of social justice. Songwriting collaboration between the women in one or more refuge, may enable participants to build trust and share experience. Individual songwriting also enables the articulation of emotion, the processing of emotion and provides a platform for themes of warning or social justice. Learning to play an instrument is also a useful psychological tool,

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particularly for those without children in the women's refuge. Playing an instrument may be perceived as a "replacement child" or a "friend" (WR01), contributing to a range of psychological benefits from distraction through to a replacement for self-harm, as well as an agent for accelerated recovery.

One unexpected finding is linked to the way that the participatory action research discussions also acted as an agent for recovery. Participants frequently discussed the importance of sharing experiences and asked for this to be part of the sessions within the earliest discussions. Unintentionally, the research method itself became part of the recovery process, contributing to a sense of community, trust, and peer support. The women were also able to articulate the ways in which they had chosen to integrate music within their lives, describing complex psychological uses which had impacted upon their recovery. This in turn led to the women using music autonomously as a recovery tool. Through group reflection and discussion, the women were able to share the ways in which music had worked for them and compare their experiences with each other. This might not have been possible without such in-depth and recovery-focussed discussions. Some women described the discussions as being of equal importance to recovery as their music engagement.

Engagement with the music sessions and the participatory action research discussions was entirely voluntary and some women chose not to attend. The project enforced this as a key principle of CM and important within any setting in which the practitioner is working with vulnerable people. Participants also chose their own 'rules of engagement', whether as an observer an active participator or a partial engager. CM meets the participant where they are and builds upon what they choose to offer to a session.

11.3 Research findings: A future flowchart for community music practice within the women's refuge setting

Figure 11.1 below shows an approach to practice which has developed over the two years of facilitated CM sessions within the women's refuge setting. The flowchart incorporates the principles of CM whilst also acknowledging that the research methodology was integrated within the sessions as an active tool for recovery. Participants create understanding of the use of music in their own recovery for the benefit of self and others. This underpins the essence of CM and the ethics of care (Silverman, 2009) by facilitating positive change through collaboration, empowerment,

and support. There are advantages and limitations with the approach seen below, particularly within a refuge setting when recovery and resilience may vary among the women. Those at the start of their journey can benefit from the experience and advice of those who have gained a greater sense of well-being and wholeness over time. However, it is important for the CM practitioner to manage situations where those in crisis may unintentionally share experiences which may trigger those who are seeking to move away from previous trauma.

When comparing Reason's original framework for participatory action research (1994, p. 44) with my own developed flowchart, the alignment with CM principles can be seen. I propose my own flowchart, not as a research methodology but as an approach for recovery where the research seeks to explore the concept of a return to health and well-being for the participants within each community (determined by need or setting):
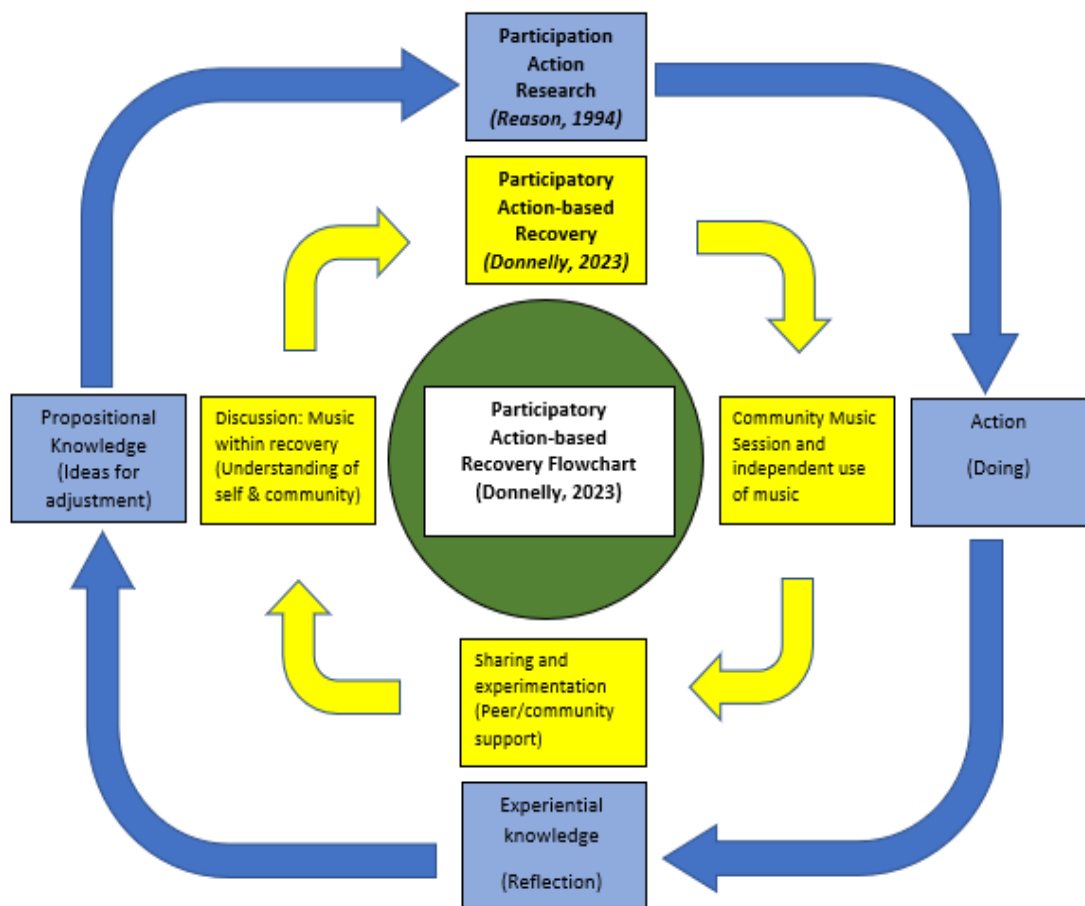

Figure 11.1 The Participatory Action-based Recovery Flowchart

The accessibility of music, either digitally, through provision of an instrument or through singing, makes it a readily available tool throughout the week and links to a variety of daily tasks within the refuge community. The women incorporate music into their everyday lives whether using music to calm their children or manage panic attacks when catching a bus. Women also use music to accompany other activities such as workouts or craftwork, feeling a greater benefit when occupying mind and body. The accessibility, availability, adaptability, and low cost of music provision for everyday living makes it a popular tool within recovery. In some cases, music is beneficial in maintaining psychological function whilst waiting for clinical treatments. In the absence of onboard counsellors within the refuge, many participants found that music supported their mental health.

11.4 Implications for the key recommendations linked to local authority responsibility and *The Domestic Abuse Act* (2021a)

Immediate access to clinical psychological services, therapeutic interventions and group activities were highlighted as an area to be addressed in the findings of this research project. These areas aligned with recommendation proposed within the domestic abuse bill, for implementation and monitoring by local authorities. These proposals included:

i) *Service users can access individual counselling or group work to build their confidence and resources.*

ii) *Support is provided to parents to develop their parenting resources and maintain their relationships with their children.*

iii) *To improve outcomes for victims of domestic abuse, including their children, through a strategic approach to identifying and addressing gaps in support within safe accommodation services.*

(Taken from the Ministry of Housing, Communities and Local Government Quality standards, The Domestic Abuse Act, 2021c, p. 26)

The Domestic Abuse Act (2021a) shows that each local authority has a responsibility to provide or commission services for survivors of domestic abuse. This research has shown that the provision of creative activities alongside opportunities to share experience improves recovery outcomes for the women, and that this has the potential to do so if continued outside of the refuge setting. This research has also shown that the use of music (both inside and outside of the sessions) also contributes to parental bonding between the women and their children. This could directly impact

upon the "development of parenting resources" (The Domestic Abuse Act, 2021a, p. 26). The women spoke of the importance of music in enabling them to regain their identity, build confidence and self-esteem as well as using it as a tool to address psychological maintenance (Figure 10.1). This aligns to the use of "Groupwork to build their confidence and resources" which again is proposed within the Domestic Abuse Act (2021a, p. 26).

I would recommend an integrated approach to the provision and funding of services through the local authority community partnership networks. In this way the council might be able to draw upon funding from several strategies which connect directly to domestic abuse or indirectly such as culture or health and well-being. Partnerships including the NHS or charities linked to the NHS could integrate with refuges to provide mental health services in a more direct and immediate way. This will be discussed further in section 11.4.1 in relation to national initiatives for the arts, health, and well-being as well as other partnership possibilities.

The women used music in their daily lives and being able to choose, listen and sing along to specific song choices was highlighted as beneficial throughout their recovery within the refuge (Figure 10.1). The funding of subscriptions which would allow women to stream music digitally within each refuge could provide a useful tool for psychological maintenance and recovery at a relatively low cost.

11.4.1 Key recommendations: The NHS, 'Social Prescribing', Creative Health and the All- Party Parliamentary Group on Arts, Health, and Well-being (APPG)

The culture of healthcare is changing. There are encouraging signs of the use of alternative therapeutic interventions within the training of GPs and health practitioners with the formation of the 'Mind-Body Faculty' within the 'College of Medicine and Integrated Health'. The College of Medicine provides training to those interested in these areas and has taken a lead upon the promotion of social prescription within the health service. They promote patient autonomy within recovery saying: "Whatever is happening in a person's life, they have the resources to help themselves, at least to some extent, as they learn to relate to themselves, their illness and their situation in different ways" (College of Medicine, Mind-Body Faculty, 2023, paragraph 5). They acknowledge that health services within the UK have not traditionally valued non-medical forms of intervention within the recovery process: "The College of Medicine leads a new movement in the UK that is taking healing and health beyond pills and

medical procedures" (College of Medicine, Mind-Body Faculty, 2023, paragraph 3). The findings of this research provide therapeutic approaches to recovery which supports self-help, creative-recovery, and healing (either without or alongside clinical intervention).

The Domestic Abuse Act highlights the need for "planned therapeutic support" including "peer support" as a meaningful way to address confidence and share recovery resources (Gov. 2017, section A3.4). This notion is at the heart of social prescription and provision could easily be adopted as part of the integrated care services of local authorities as a way of improving health and well-being needs while waiting for clinical intervention. Dowlen (2020) reviewed a range of 'culture on referral' evaluations which were linked to visual, creative, and participatory arts projects. She noted that "All 13 studies showed positive outcomes on participants' well-being" but that "it is difficult to determine whether changes in well-being were due to the culture on referral programme itself, or whether they were due to factors related to increased social contact" (Dowlen, 2020, p. 4). Within this research project, the women related positive well-being and recovery outcomes to both factors. Figure 10.1 charts the recovery process linked to music and Figure 11.1 shows how 'recovery-based discussion' is of benefit when linked to shared experience. In 2018, the sessions within one of the refuges linked to this research project were part-funded by the NHS linked Creative Minds partnership, as part of the social prescribing initiative. The strategic lead for the NHS Creative Minds partnership (a charity which commissions social prescribing projects within the NHS), described the role of the arts in relation to integrated care within an interview which took place in March 2021:

> Now you mentioned social prescribing. I think that's an interesting area in terms of funding because we had been working with NHS England, who were going to set us up as a kind of a pilot for funding secondary care social prescribing… But there's no money attached to it (at the moment)… It's that flaw of 'big society'. Great idea, yes, and there's a lot of people who want to do that you know, but you can't do it without funding (Strategic Lead NHS Creative Minds, March 2021).

The strategic lead perceived an important role for the provision of creative activities within acute settings because of the barriers initially faced by those experiencing social isolation or anxiety. He acknowledged the fact that some people do not integrate with the care they need either because it is not available in an accessible space or format to them: "I don't like the term, but 'hard to reach' or I see people 'easy to ignore' by local authorities and trusts. I think lots of people can fall between the cracks". He agreed that

place-based provision addressed the criteria for social prescription, given the acute and longer-term mental health and well-being needs of the women:

> The women's centres and women's space might be one route where we would fund projects. I know for a lot of people we work with, that's preferable because they don't want to be dependent on people and they don't want it to be associated with the NHS or the local authority or whatever it might be for all sorts of reasons (Strategic Lead NHS Creative Minds, March 2021).

Social prescription is viewed as an a 'secondary care' intervention to be sourced through existing charities and voluntary organisations within the community. This offers a potential route for appropriate support when leaving the women's refuge. This is seen already through services such as 'Women's Empowerment Groups' which offer social, emotional, and practical advice and activities within the community. Some of these groups are delivered by volunteers and others are delivered through local authority education services or charities such as Women's Aid.

I would recommend that some social prescription activities be available solely for residents within places of vulnerability; this would include the women's refuge setting. This flowchart may also be transferrable to other settings such as acute psychiatric facilities, safe spaces for vulnerable adults or hostels for those who are homeless and recovering from drug and alcohol addiction. The vulnerability found within these populations when they enter these facilities at 'crisis' point, is often not addressed in a holistic way, leading to recurrent cycles of regression, crisis, and the need for recovery. Rochelle Burgess (2017) studied the primary mental health care model in rural South Africa and found high levels of unconscious bias towards the acceptance of social injustice, poverty, and poor living conditions linked to populations perceived as already vulnerable. This had led to a focus upon symptom presentation and clinical intervention without regard for social causes having a direct impact upon mental health. She too observed the benefit of peer support, empowerment, and recovery through addressing social injustice collectively: she found that a "smooth operation of multi-disciplinary work was needed for mental health" (Burgess, 2017, p. 25). Marmot (2015) described the same phenomenon when working with a group in Liverpool who were addressing health inequalities: he used the label "Community resilience - A property of sustainable communities" (p. 237). He had learnt that community interaction against oppression would lead to empowerment and mobilisation. Marmot also makes links between a country's level of social spending to GDP (Gross Domestic Product) and their ability to reduce health inequalities within society (Marmot, 2015). The strategic Lead for the Creative Minds NHS Partnership did not believe that NHS

England's integrated care system was holistic in its approach to recovery saying: "It's often (for funding terms and budgets being tight) it's wherever you sit, where does the funding come from and is it a social care issue or is it a health issue?". If we return to Carlson et al.'s (2002) suggestion that survivors of abuse secure better recovery outcomes when maintaining a sense of community and peer support, there is a justification to address social and health interventions at the same time. The recovery flowchart proposed in Figure 11.1 would work well alongside clinical intervention. In this way clinical intervention would be offered as another tool for recovery alongside creative activities, holistically giving scope for autonomy within recovery. The recommendation would be for joint local authority and the commissioned refuge service provider to fund clinical professionals to work alongside creative practitioners, delivering activities and professional psychological interventions within the refuge setting. These services and associated costs could be shared regionally, securing better value for money. For this proposal to be considered there would need to be a greater emphasis upon the integration of social care and health care, something which the strategic lead of NHS Creative Minds believed was emerging:

> As a charity, you're on one side of the river and the NHS and local authorities on the other side and they speak a different language and if you build a bridge, they expect the communities to talk an NHS language… Public health moving into the council (I think) has been a transformational process… We're starting to build really strong ties because of us having a foot in the NHS and a foot in the charity, we're kind of perfect for them (Strategic Lead NHS Creative Minds, March 2021).

He also recognised the benefit of NHS charity partnerships as "micro-commissioners" with the ability to define need and manage resources on a community level. Social prescribing itself was created as a means of integrating health and social care to address the growing needs of the population in these areas: the role of the arts in promoting better health and well-being outcomes within society was seen as paramount (APPG, 2017). The need to implement the social prescription initiative has become more urgent as a result of COVID-19, which has widened health inequalities and created further demand for health and social care support (National Centre for Creative Health, 2023). The All-Party Parliamentary Group on Arts, Health and Well-being have recently issued a press release which shows a new commitment to the use of a holistic approach to addiction recovery within the NHS which includes creativity:

> The National Centre for Creative Health (NCCH) welcomes the decision from NHS England working in partnership with Integrated Care Systems (ICS) to develop a new framework for local health care providers that embraces creative health approaches as part of a holistic treatment plan (APPG, 03/03/2023).

The strategic lead for NHS Creative Minds agreed that the commissioning and funding of the participatory action-based recovery within the women's refuge could work well within the local authority's remit of community partnership:

> For the NHS to work with someone outside, it's like a fortress you know? So, in funding terms, that's all very complicated and I think you're right, keeping it in the community setting, maybe with the council or local authority, that's probably a better place to be (Strategic Lead NHS Creative Minds, March 2021).

Creative provision for women within refuges is currently inconsistent and without sustainable funding. Previous CM projects within the refuge have been commissioned for between 6 weeks to 2 years (all of which have been provided by charities). Further work outside of these times has been delivered on a voluntary basis (administrated through IDAS). By commissioning creative practitioners and professional mental health workers through the local authority a consistent approach to provision could be achieved. This consideration was presented in the APPG Inquiry Report (2017): "Serious consideration should be given by commissioners to embedding arts approaches into the mainstream care landscape, subject to regular review rather than re-commissioning" (p. 31). There are currently many threats to the development of new approaches within the care system, the lack of funding being the most significant. As of April 2023, the government reduced their funding allocation for social care from £1.7 billion to £700 million, meaning that planned infrastructure changes linked to the allocation of services and budgets would not be able to go ahead (Local Government Association, *Next steps to put people at the heart of care*, 2021c).

The Arts Council addressed some of the health inequalities in response to the COVID-19 pandemic through their 'Thriving Communities Fund' (part funded by the Arts Council, National Academy for Social Prescribing and NHS England). It is possible for the council to apply for funding like this and then re-allocate part of this to services, or to work with representatives from the NHS or local charities to commission services. Although project funding raises problems in terms of sustainability, a joint commitment to service provision may also lead to a continuous sourcing of funds. The need for this will be proposed as a result of this research project with the knowledge that partnership working will be the key to accessing funding and resources, but risks do exist:

> They're kind of finding their way and building up those relationships and developing those connections really, and whatever committee or whatever place you fit it's about conversations that can cut across and start to work together and all that kind of thing but that's still in its infancy (Strategic Lead NHS Creative Minds, March 2021).

Social prescribing and its relevance to recovery in the women's refuge is discussed in chapter 8 as a six-week pilot project was funded in 2016 to provide music sessions at the women's refuge. In 2020, The Culture, Health and Well-being Alliance (CHWA) carried out a survey to gauge the opinions of voluntary and community workers in relation to cultural provision and the social prescribing initiative. The greatest challenges were highlighted as: "The need for funding", "the need to actively tackle inequality" and "the need to invest in relationship and support ongoing collaboration and partnership" (Cole et al., 2020, p. 6). Social prescription and the promotion of culture as a tool to promote health and well-being could be a useful vehicle to tackle many health inequalities, including the lack of domestic abuse support. This can only happen through the integration of community partnerships and the identification of sustainable funding streams. The recognition of the role of the arts within health and well-being provides a good foundation for change but there is still much work to be done.

One effective approach to partnership can be seen through the 'Converge' model offered at York St. John University, which describes itself as "A partnership to provide and promote a community approach to education and well-being" (York St. John University/Converge, *The Converge Evaluation Project 2020-22*, 2022, p. 1). The project integrates tutors, university students and the public to collaborate on a choice of creative activities and is offered to anyone who is supported by the NHS for mental health conditions. The students who attend the project have holistic support with access to occupational therapists as well as "peer learning and access workers" (p. 4). The project has grown and developed since 2008, showing that sustainability can be achieved through secure partnerships. The university also acknowledges the benefit of the project to their students in terms of outreach, employment experience and their own understanding and perception of mental health issues. The evaluation report acknowledges the place of the Converge model in terms of the current social prescription landscape saying: "It is perceived as a wider national key example of universities' duty to support wider society" (York St. John University/Converge, *The Converge Evaluation Project 2020-22*, 2022, p. 5).

11.5 Implications for community music research and practitioner-researcher methodologies

Reflecting community arts values of collaboration, facilitation, participant voice, democracy, empowerment, and social justice, was of paramount importance when

approaching the design of the research methods. CM practice constantly evolves throughout the life of each project due to participant contributions, reflexivity, and ethical sensitivity. Those same principles also applied to the research methodologies used to understand how the CM practice had worked in the women's lives. There were important considerations initially linked to the desire to promote a form of democratic epistemology. These led to existing theories and research tools which supported democracy and participant voice. These included *participatory action research* (co-production of knowledge and participant shaping of practice) , *interpretative phenomenological analysis* (adding detailed context to information to avoid unconscious bias and assumption) and *ethics of care* (acknowledging my position as a group member and practitioner-researcher with lived experience of domestic abuse). Many of the pre-planned research methods changed throughout the course of the study and a reflexive approach would be needed within any CM research project. For example, I had initially planned to deliver the music sessions within the refuge and then choose regular points within the week when I could speak to the women about their experiences and gather research evidence. Many women had commitments when older children were home from school and could not spare the time to do this. When the women asked for the session to be split between singing and craft/pottery sessions so that they could talk, this gave the opportunity for the participatory action research discussions and the peer discussions to take place. This allowed the women to form relationships and peer support each other but also supported the research by:

> i) Providing space within the session to evaluate their recovery and their use of music and other creative tools linked to this

> ii) Allowing research to take place within the session as part of the session experience

> iii) Allowing peer triangulation of ideas through discussion

> iv) Creating thinking space through natural discussion and the distraction of pottery. Participants could think and respond in their own time as the emphasis was on the pottery or other group members. Silence was not uncomfortable within this environment.

In the same way that CM practice was guided by the participants through facilitation, the research could be with general topics for exploration presented as a starting point. It was also apparent that as the discussions explored the ways in which music was

interacting with recovery, the women were advising and supporting each other. This support was not just related to music but also to access to support and service. This aligned strongly with the principles of social prescription which promotes a holistic approach to recovery including all aspects of well-being (social, practical, and emotional). Essentially, the women were researching their own recovery and supporting each other collectively: *Participatory Action Research* had transformed into *Participatory Action-based Recovery* (Figure 11.1).

Although triangulation interviews were an original intention within the methodological design (please refer to Figure 2.1), it became apparent that it was possible to widen perspective and acknowledge positionality as a tool to deepen understanding. Experiential knowing, as practitioner-researcher, could be triangulated with participants during participatory action research discussions (carried out within the sessions). This could then be analysed reflexively within a weekly diary outside of the sessions. Knowledge interpretation could then be triangulated:

i) With refuge staff, working with the women within the research setting

ii) With clinical professionals adding perspective from outside the refuge setting.

Figure 11.2 below is a visual representation of the multiple perspectives and positionalities used to add further insight to the information given by the women. It is significant that the role of the researcher switches between 'inside' and 'outside' positionality, giving perspective to the knowledge created whilst maintaining the overarching need for democratic epistemology.
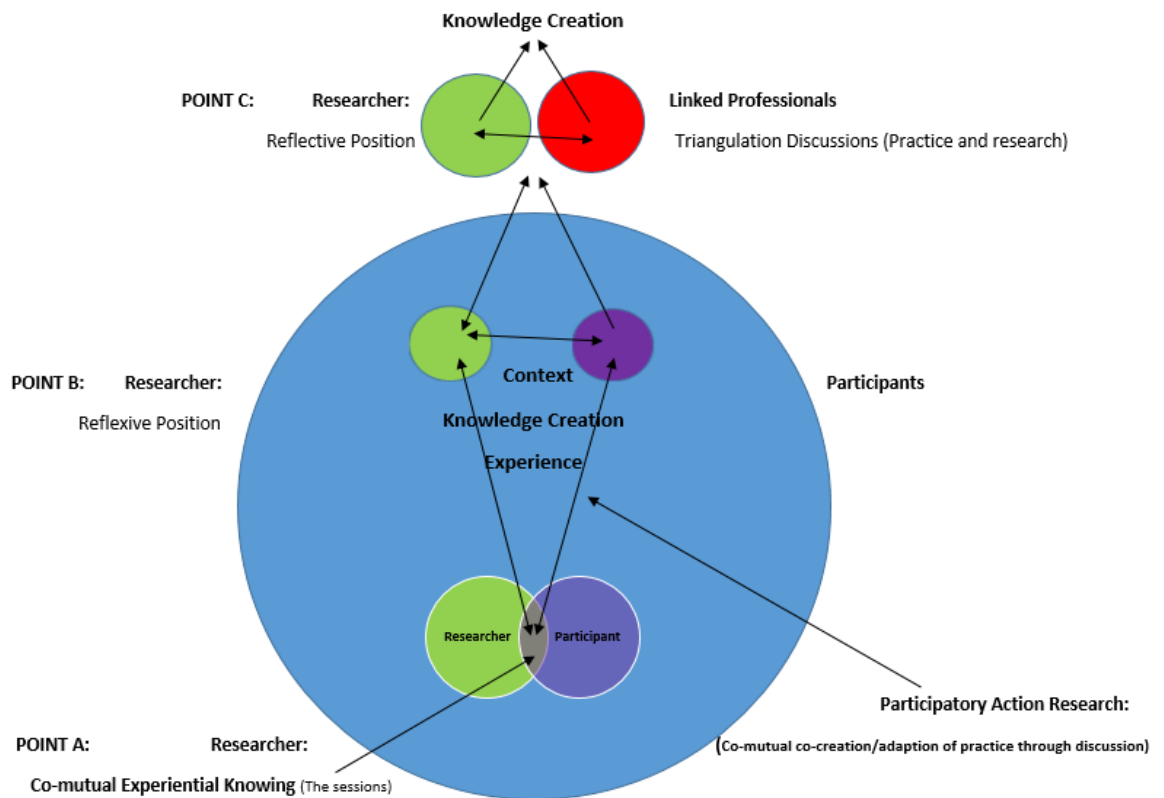
Figure 11.2 Practitioner-researcher data interpretation model

This process grew organically as data was collected and the project evolved, following the principles of CM practice by using co-production and reflexivity. Although it is common for the understanding of data to be validated through testing or replication, this model confirms understanding through multi-perspective triangulation to gain further insight related to the 'situated knowledge' of the women without the need for exact replication. It acknowledges the concept within CM practice, that individuals and communities will present changeable characteristics (especially within a facilitated creative context). Therefore, a CM researcher is co-producing 'situated knowledge' for the purpose of understanding, rather than for the purpose of exact reproducibility or replication. There is a growing unease in the design of psychological and sociological research for replication: "Psychologists have begun to engage in some intense soul searching. More than perhaps any other field, we've begun to recognise our deep-seated flaws… Psychologists have the unenviable job of trying to understand highly variable and highly complicated human beings" (Ritchie, S., 2021, p. 8). The research method design for this study originally sought to explore the 'psychological' (the individual) rather than the 'sociological' (the general patterns within society). The use of PAR and IPA, alongside the data interpretation model (11.2), show concern for the representation

of both variability and complexity by focusing on the individual in detail through PAR and IPA. In this way, marginalised voices can be heard and not disregarded as outliers.

CM research is evolving. As the growing body of research is published, it has become apparent that there are a several commonalities aligning research to practice which are in sympathy with the approach to this research project. These characteristics include:

i) Practitioner-researcher approaches to research, including ethnographic research (Birch, 2020; Boeskov, 2020; Curtis, S., 2012a; Curtis, L. et al., 2022; Silverman, 2009; Teresa Lee EnYart, 2018; Turner, 2017)

ii) The utilisation of the lived experience of the researcher (Curtis et al., 2022; Turner, 2017)

iii) Feminist objectivity and multi-perspectivity as a tool to enhance democracy and co-production in CM practice and research (Curtis et al., 2022; de Banffy-Hall, 2016; Turner, 2017)

iv) Themes which explore social justice and highlight participant voices and causes (Adcock et al., 2022; Curtis, 2012a & 2012b; Heard et al., 2023; Silverman, 2009; Sullivan et al., 2020; Turner, 2017; Wells, 2021)

v) Themes which improve CM practice through reflexivity (Currie et al., 2020; Turner, 2017)

Laura Curtis (2022) describes her own ethnographic research as an involuntary childless woman using singing to form community and address challenging psychological experiences shared by others. She refers to her approach as "navigating positionality from the inside" using "reflexive feminist research ethic" (p. 94), the relevance of feminist objectivity within this research project is discussed in chapter 5. Figure 11.2 also acknowledges the use of 'outside positionality within this study, however 'Inside positionality' (Curtis et al., 2022) felt ethically acceptable as a practitioner-researcher with lived experience. This research project suggests that as community musicians, we are drawn to create 'Sites of Social Justice' (Silverman, 2009) in the places where we have witnessed injustice ourselves, and that in facilitating understanding and recovery for others we too are able to find it.

There is an inherent risk in being a practitioner-researcher with lived experience and working with groups of potentially vulnerable people. Exposure to these shared

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narratives may generate personal triggers linked to trauma. With this in mind, practitioner-researchers should risk assess their research and identify their channels of support and funding bodies should consider supervision costs as part of their budget allocation. This may include regular supervision and debriefing sessions with trained professionals (through university counselling services or private practice) as well as contingency plans for alternative data collection methods should the triggers prove to be too great. Where supervision channels exist within practice, regular sessions should be booked in advance as part of any research schedule. The practitioner-researcher should keep a reflexive diary after each session in order to conduct their own debrief and monitor their own well-being prior to supervision.

11.6 Final conclusion and key recommendations

The final research question of this thesis asked: What is the significance of the findings in terms of future practice and research? This thesis will conclude with a summary of the key recommendations for both CM practice and research:

i) A summary of the key recommendations for community music practice:

- The findings of this research should be shared among staff and residents at the refuges who took part in the research project. Guides, showing how music has helped other women throughout their recovery, should be shared along with song words written by the participants taking part within this project. The provision of a digital music downloading service should be promoted as an accessible and powerful tool for recovery and psychological maintenance among refuge providers. This needs to be offered in a way that will not compromise privacy and security. These actions will strengthen the acceptance of music provision in the refuge, ensuring future continuity. Listening to musical choices was seen as one of the fundamental tools to psychological recovery and maintenance. It is relatively cheap to provide and can be accessed autonomously, ensuring that it could be provided promptly.

- Local authority community partnership should bring together representatives from the refuge provider, the NHS and NHS charities, as well as their own adult mental health, domestic abuse, and cultural services to provide creative activities both within and outside of the women's refuges. These activities should be provided as part of their responsibility under the Domestic Abuse Act (2021a),

supporting recovery, parental bonding, and better long-term outcomes through creative groupwork opportunities and professional psychological intervention. Such work should identify autonomous strategies for psychological recovery and maintenance in line with the social prescription model, which seeks to maintain recovery progression through creativity and occupational activities. Ongoing maintenance should be supported through community-based provision, which may be offered as part of the social prescription initiative should the women need it on leaving the refuge. Any provision would need careful planning with a clear identification of roles, responsibilities, and funding streams. Such provision could be offered regionally if proven to be more cost effective. Other partnerships, outside of local authority community partnerships, should be fostered where human resources and infrastructure to support CM provision exist. Higher education provides one such example of successful symbiotic partnership as demonstrated by the Converge Project at York St. John University (Converge, 2022). This has the potential to accelerate recovery and create long term autonomous coping strategies for the psychological effects of domestic abuse. Through access to creativity, positive well-being activities and community group support, recovery is more likely to be sustained or challenged before regression or previous behaviour patterns emerge.

- To recommend the *Participatory Action-based Recovery Flowchart* as a basis for community arts sessions in which the participants are seeking a return to health and well-being. This flowchart may transfer to many situations and settings in which participants would benefit from peer support and understanding as well as a sense of community through the creative arts. The flowchart is also facilitation-led and like CM practice, able to be shaped by the participants within their specific context. I would recommend it only be used within supported settings, where safeguarding concerns can be passed on to trained professionals i.e., the women's refuge, psychiatric facilities, supported living. Discussions may reveal safeguarding issues, such as suicidal feelings. It is never the role of the community musician to address such issues, only to pass them on.

- If sessions are available within a setting (including clinical) it is important that they are offered in a separate space where residents have the choice to attend or not. CM should be an autonomous tool for recovery. When working with vulnerable people, it is important that they do not feel pressured to join in. Music was avoided at certain points within the research, and this must always be respected. This would provide opportunities to explore health, well-being and recovery creatively using a person-centred approach. Where participants choose to explore their own recovery with others, their recovery often centres around the music and not their problems, giving an alternative positive outlook on life which can be shared and supported with peers. This again provides life skills which can transfer beyond the sessions and beyond the refuge stay of the participant, supporting longer term recovery outcomes. The new 'Creative Health Quality Framework' (Arts Council, 2023) recognises the value of utilising workshop leader 'Lived Experience' in their intuitive ability to facilitate and support participants in the creation of their work.

ii) A summary of the key recommendations for community music research:

- The recognition of CM research as a distinct discipline which has a need to conduct research using the same democratic principles which underpin the practice itself. The field of CM research is growing and currently defining itself through use of democratic epistemologies. Regulation and understanding of practice within this field is needed for both recognition and the protection of participants and workshop leaders. Ethical codes of conduct would support future research. Codes of practice are emerging which seek to professionalise the practice of Community Music (Sound sense, 2020). The Culture Health and Well-being Alliance have also published their 'Creative Health Quality Framework' (Arts Council, 2023) which is designed to standardise approaches in participatory arts projects.

- The acceptance of situated knowledge as a 'robust' source of data for understanding rather than for replication. To raise the profile of qualitative research in sociological and psychological fields which explore human experience, accepting that humans and contexts change and that the 'factual knowledge' we use to create the canon of new knowledge must be questioned

and updated continuously to reflect context and avoid the injustice of colonisation and unconscious bias within research and related fields of practice. Quantitative evidence, which relies on generalisation, must not give credibility to decision-making which ignores the unheard voices of the marginalised. The impact of this would enable researchers and practitioners to question their beliefs and prejudices which may be linked to previous research which has been conducted in less ethical ways.

- *The Practitioner-researcher data interpretation model*, seen in Figure 11.2, could be considered as an approach for CM research that utilises PAR, multi-perspectivity and feminist objectivity. There may be numerous ways of approaching data gathering from each perspective. However, the consideration of each perspective allows for a robust collection and interpretation of data. The model also embraces the common trend in CM research to learn through situational or experiential knowledge, as a person with lived experience or as a practitioner-researcher using an ethnographic approach. Where knowledge relates to situational experience, participant data should be forefronted with outside positionalities adding only insight and perspective. This model facilitates the understanding of 'experiential knowing' at the time of the experience, within the situation (the setting). This model enables the community musician to conduct research as a practitioner-researcher whilst gaining outside perspective to enable robust interpretation of data.

- Finally, further research could show the use of music in relation to long-term outcomes linked to community arts provision. This could be provided as part of domestic abuse support for women or as part of a broader themed 'Women's empowerment group' (signposted through social prescription link workers or domestic abuse services). This could inform future provision for such services. Further research could also evaluate the effectiveness of *The Participatory Action-based Recovery Flowchart* within a variety of recovery-oriented settings (with professional support available). This could inform future provision in settings e.g., charities working with the homeless, drug and alcohol abuse services or mental health support groups. The flowchart also allows for

discussion around the barriers to health and well-being, highlighting practical needs or supports needs which are unmet. These needs must also be addressed as they too have an impact upon recovery.

11.6.1 Concluding remarks

The participants within this study have provided a rich insight into their recovery journeys from the effects of domestic abuse and the ways in which music has interacted. Music is an accessible, adaptable, and powerful tool which can be used individually or as part of a community, resulting in a range of therapeutic benefits. For some women, music had the power to reverse the symptoms of trauma linked to the damaging effects of domestic abuse, it also had the power to heal less harmonious relationships with their children and the people around them. It is a tool for autonomous, person-centred recovery. CM and access to downloadable music should be offered within the women's refuge as part of offer to survivors of abuse. This can only happen through multi-stakeholder partnerships; however, there are currently many policies which advocate the use of creativity within recovery and health. These opportunities must be taken to provide further support to women within the refuge setting:

"I think I'd be about twenty steps behind… I wouldn't be so, so close to moving on and getting ready… if I didn't have music" (WR01).

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Appendices

Appendix A: An example of an entry from the weekly reflexive diary following the women's refuge sessions

Evaluation/Reflection [Date omitted]:

In my rush to tidy up the previous week when the children were in, I had picked WR01's music sheets up. She said that because she couldn't currently express herself through other people's songs, she had decided to write her own. She arrived with a set of words which she described as therapeutic to telling her story and making sense of her experiences. She strongly felt that this song was personal to her and that her whole identity from that time was wrapped up in the song.

　　We set to work writing the intro, the verse chords and then the chorus chords. It was important for me to facilitate only through this process and to let WR01 take ownership of her own song. She decided to use some of the more complex/newer chords that she had learnt in the introduction, and it sounded good. She then decided to create a bittersweet sense of harmony by combining major and minor tonalities. She said that this reflected the light and shade within the relationship and that even the worst abusive relationship has its good moments and that's why people stay.

　　By the end of the session the song was complete. I said that I would type up the song with chords for the following week.

　　We also discussed the collaboration between the [place name 1] and [place name 2] refuges. The women at [place name 2] had written the chorus to WR01's words and I sang this to her, which she really liked. I said that they would complete the song and then we could try it through.

Appendix B: Full ethical Approval

N.B. Please note that any identifying features such as dates and locations have been removed.

UNIVERSITY OF LEEDS

Susan Donnelly

School of Music

University of Leeds

Leeds, LS2 9JT

Faculty of Arts, Humanities and Cultures Research Ethics Committee

University of Leeds

Dear Susan

Title of study	**The Use of Facilitated Songwriting and Performance as Therapeutic Intervention within the Women's Refuge Setting: An Exploration of the Benefits and Outcomes**
Ethics reference	**PVAR 17-011**

I am pleased to inform you that the above research application has been reviewed by the Faculty of Arts, Humanities and Cultures Research Ethics Committee and following receipt of your response to the Committee's initial comments, I can confirm a favourable ethical opinion as of the date of this letter. The following documentation was considered:

Document	Version	Date
PVAR ███ Committee Provisional (with location of changes).docx	1	███
PVAR ███ Ethical Review Form_V8.docx	2	███
PVAR ███ Poster September ███	2	███
PVAR ███ Information Sheet - ███ Participants- ███ V4.docx	2	███
PVAR ███ Consent Form - ███ ███ V4.docx	2	███
PVAR ███ Indicative Interview Questions - Susan Donnelly.docx	2	███
PVAR ███ Donnelly Fieldwork Risk Assessment.docx	2	███

Please notify the committee if you intend to make any amendments to the information in your ethics application as submitted at date of this approval as all changes must receive ethical approval prior to implementation. The amendment form is available at http://ris.leeds.ac.uk/EthicsAmendment.

Please note: You are expected to keep a record of all your approved documentation and other documents relating to the study, including any risk assessments. This should be kept in your study file, which should be readily available for audit purposes. You will be given a two week notice period if your project is to be audited. There is a checklist listing examples of documents to be kept which is available at http://ris.leeds.ac.uk/EthicsAudits.

We welcome feedback on your experience of the ethical review process and suggestions for improvement. Please email any comments to ResearchEthics@leeds.ac.uk.

Yours sincerely,

Jennifer Blaikie

Senior Research Ethics Administrator, the Secretariat

On behalf of Prof Robert Jones, Chair, AHC FREC

CC: Student's supervisor(s)

UNIVERSITY OF LEEDS

<u>**Information Sheet: Music Sessions**</u>

Exploring the effects of singing and songwriting on women's experiences within a refuge setting

You are being invited to take part in weekly sessions during your time at the refuge. During this time, you will be asked if you would like to be part of a research study. It is your choice whether you would like to take part. You may just wish to attend the sessions and not be part of the research study.

Please read the information carefully before deciding if you would like to take part.

What is the study about?

In previous group songwriting and performance sessions at …………………, women said that this had helped their recovery. This research will explore the reasons as to why and how this might be and help with the understanding of what the benefits of this therapy might bring to other women within the refuge setting.

Who will take part?

All women entering the refuge will be invited to join in with the session and take part in the research.

Do I have to take part?

It is your choice whether you would like to take part in the research or not. You are also free to withdraw at any time and you don't have to give reasons for this. There is no penalty if you choose not to participate.

How will the research happen?

You will attend a weekly group session lasting 90 minutes. The sessions will be very relaxed, and the group will have the choice to take part in a number of activities including:

Singing songs, discussing songs, writing your own lyrics/poems, songwriting, playing instruments and performing.

If you do take part your views and ideas will be very important to the research and all the research findings will be shared and discussed with the group.

Information for the research will be collected in a number of ways but only with your consent:

Session diary (For your personal use only)
Songs and song lyrics
Questionnaires
Interviews (You will be asked to consent separately, and mandatory reporting procedures will be explained verbally)
Group discussion (You will be asked to consent separately)
Discussion with other professionals at the refuge/within sessions or discussions (You will be asked to consent separately)

What are the disadvantages of taking part in this project?

- The project will take 90 minutes of your time each week
- You may find the sessions have a negative impact on you initially as you explore your inner feelings and experiences. Most people find that this generally improves with time as resolutions are explored.

What are the advantages of taking part in the project?

- You could find it beneficial to meet together and share experiences
- You might discover new talents
- You might find that singing helps you to relax
- You might have fun

What is done with my information if I decide to take part?

All the information you give will be anonymous. Your name and identity will not be stored or used in any way outside of the refuge. Your consent form will be stored in the office at the refuge and a number assigned to you for reference. Any information which would reveal your identity will not be included within any of the written/published research findings. All audio recordings will be transferred to a password protected account on the Leeds University OneDrive before leaving the refuge and deleted from any portable electronic equipment, it will then be transferred to the password protected N:\Drive for safer storage. All recordings will be deleted once information relevant to the research has been transcribed (this will normally happen within one week of the recording taking place). If any work is written or published at a future date this commitment to confidentiality, privacy and anonymity will remain unchanged. All participants within this project must be over 18 and given signed consent after carefully reading this information.

What will happen with the research?

The research will be used within a written PhD thesis and may be used in some way within future written or published work. It may also be used to support funding applications for future creative workshops within the women's refuge setting. If you would like to access a copy of the research findings this will be given to both Qdos Creates and the refuge, the organisations linked to this project.

Has anyone given permission for this study to take place?

This study has been approved by the Leeds University Ethics Committee.

Who can I contact if I have concerns about this research?

You may contact the Ethics Committee for further information
ResearchEthics@leeds.ac.uk

Thank you for taking the time to read this information sheet and considering if you would like to be part of this research project.

Kind regards,

Susan Donnelly

Appendix D: Participant Consent Form

School of Music (Faculty of Arts, Humanities and Culture)

Consent to take part in research related to: 'The Use of Facilitated Songwriting and Performance as Therapeutic Intervention within the Women's refuge setting: An Exploration of the Benefits and Outcomes'	Add your initials next to the statement if you agree
I confirm that I have read and understand the information sheet explaining the above research project and I have had the opportunity to ask questions about the project.	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline. Please feel free to discuss this with Susan Donnelly: mcsd@leeds.ac.uk All data will be anonymised, and nothing used that might reveal the identity of any participant but any individual contributions can be withdrawn up to the ………………….. when the research will be used within a written document. Individual data given up to that point can be destroyed at the request of the participant.	
I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research.	
I agree to the audio recording of sessions for research purposes only and for this data to be stored securely on a password protected University network drive. Where applicable I agree for my 'pre-verbal' child to be present knowing that they do not form part of the research but that observations involving them may be used as data (anonymously). All data will be deleted after two years of the research project being submitted.	
I understand that if information I give falls under mandatory reporting protocol that it will be passed on to the appropriate professionals/authorities. The IDAS policy for this can be found at https://www.idas.org.uk/wp-content/uploads/2015/01/Confidentiality-Policy.pdf .	
I understand that relevant sections of the data collected during the study, may be looked at by individuals from the University of	

Leeds or from regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
I agree to take part in the above research project and will inform the lead researcher should my contact details change.	
I agree to being interviewed and have the right to withdraw from any question	
I agree to contributing to separate participant research team discussions which will explore research findings in greater depth and may involve other female professionals (You have the right to withdraw from this activity at any point without having to give a reason)	
I agree to my information being discussed with other professionals at the refuge and where appropriate information about me being shared for research purposes (You have the right to withdraw your consent at any point without having to give a reason)	

Name of participant	(Original copies stored at the refuge only)
Participant's signature	
Date	
Name of lead researcher	Susan Donnelly
Signature	
Date*	

*To be signed and dated in the presence of the participant

School of Music (Faculty of Arts, Humanities and Cultures)

Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form, the letter/ pre-written script/ information sheet and any other written information provided to the participants. A copy of the signed and dated consent form should be kept with the project's main documents which must be kept in a secure location.

Appendix E : North Yorkshire Safety Partnership Conference, 2019 (Questionnaire)

<u>Domestic Abuse Conference (Harrogate Pavilion): 25/03/19</u>

This questionnaire is optional, but we would be really grateful if you could answer the questions below. All responses will be anonymous. If you are interested in the work of Qdos Creates then please feel free to contact info@qdoscreates.com . Your information will both inform future planning and feed into a research project which is exploring the outcomes and therapeutic benefits of creative activities within the women's refuge (supervised by Leeds University). Thank you, Susan.

1. In which capacity have you experienced the effects of domestic abuse? (Please tick)

   A survivor myself
   I work in policing/justice
   I work for the government/local authority
   I work/volunteer in a refuge/restorative service
   I work for social services
   I work for the NHS/|Mental Health Services
   Prefer not to say
   Other (Please Specify)

2. Were you aware of any creative provision for adults within the women's refuge before the conference today? (Please Circle)

   Yes   No

   If 'Yes', please specify

3. Could you see this type of activity being useful for some of the clients that you have worked with? (Please circle):

   Yes   Maybe   Not Sure   No

4. If 'Yes' or 'Maybe' at which stage of recovery might it be most useful?

   The start   During the recovery stages   At the end
   Throughout

5. Who do you think should fund this type of work? (Tick all that apply)

The Arts Council
Charities linked to domestic violence
The NHS/Mental Health Services
The Police Crime Commissioner
Other (Please Specify)

Thank you for your thoughts and time. Please feel free to add any further comments on the other side of the sheet.
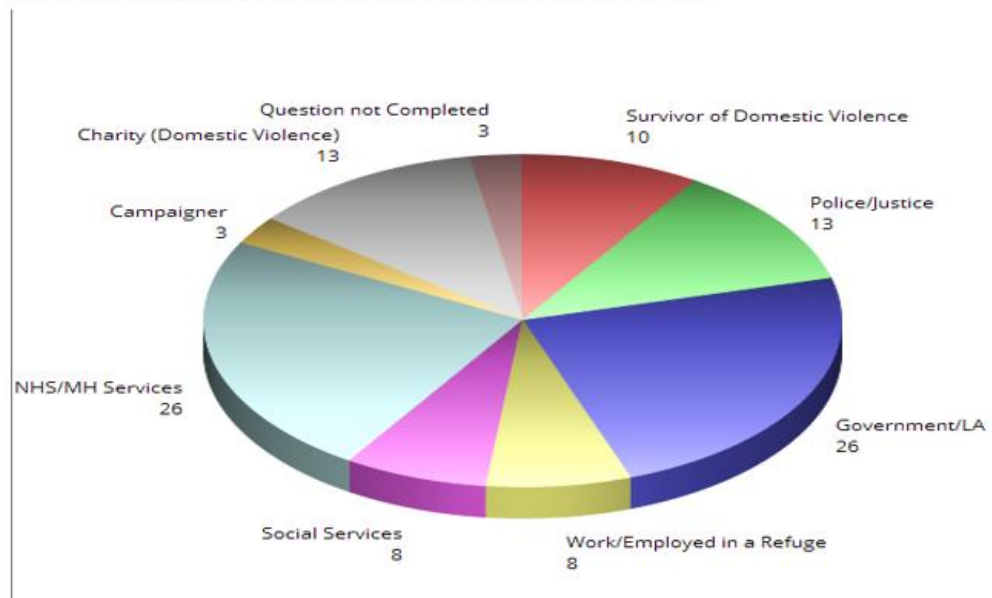
Appendix F: North Yorkshire Safety Partnership Conference 2019 (Questionnaire findings- shared with the conference organiser to allow access for delegates)

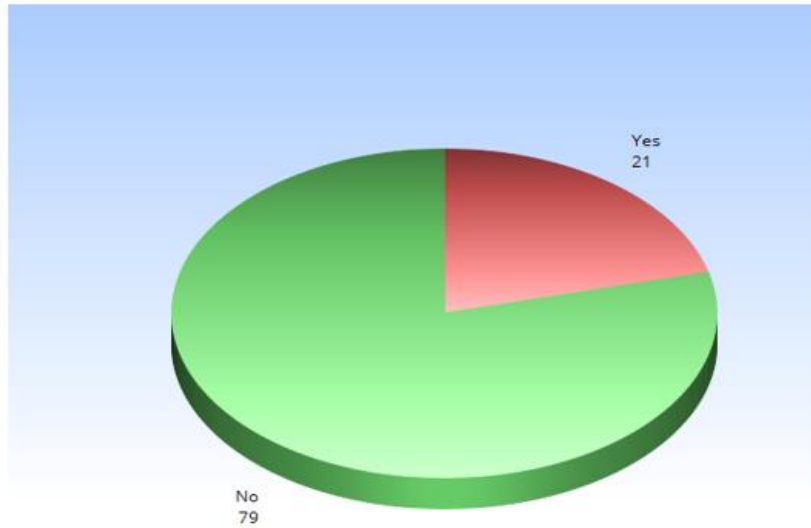**North Yorkshire Safety Partnership Conference, 2019**
Questionnaire Results

'Empowering through the Arts'

Susan Donnelly: Qdos Creates
Leeds University: mcsd@leeds.ac.uk

1. In which capacity have you experienced the effects of domestic abuse?

- Question not Completed: 3
- Survivor of Domestic Violence: 10
- Charity (Domestic Violence): 13
- Police/Justice: 13
- Campaigner: 3
- Government/LA: 26
- NHS/MH Services: 26
- Work/Employed in a Refuge: 8
- Social Services: 8

2. Were you aware of any creative provision for adults within the women's refuge before the conference today?

Yes
21

No
79

3. Could you see this type of activity being useful for some of the clients that you have worked with?

No Blank
3   3

Not sure
13

Maybe
26

Yes
59
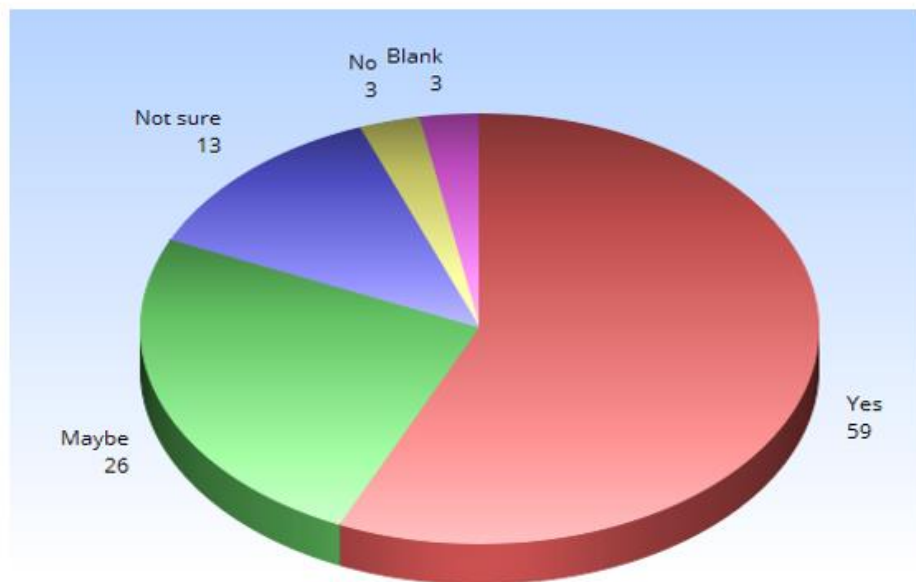
4. If 'Yes or 'Maybe' at which stage of recovery might it be most useful?
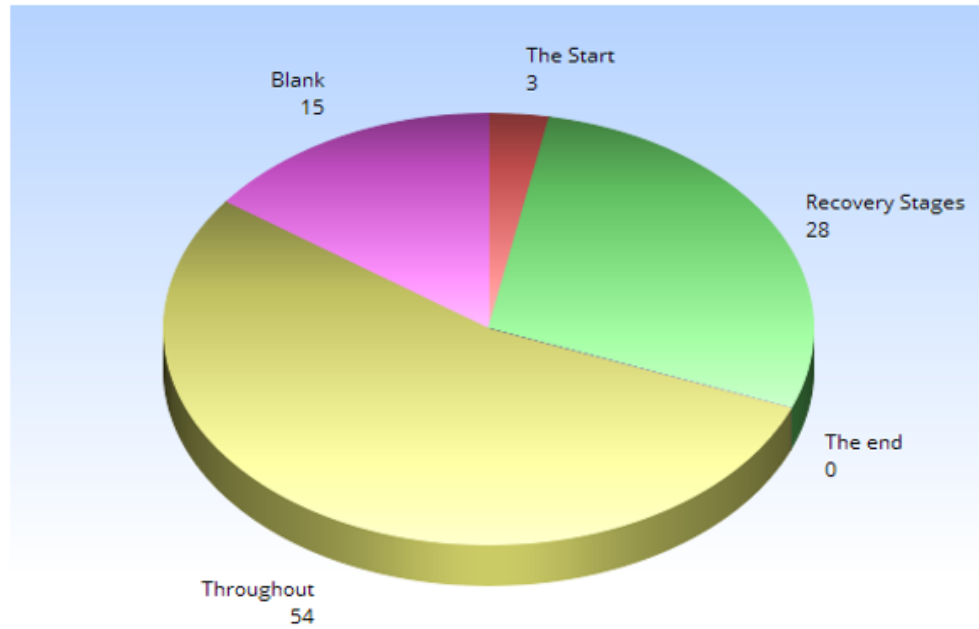
5. Who do you think should fund this type of work?
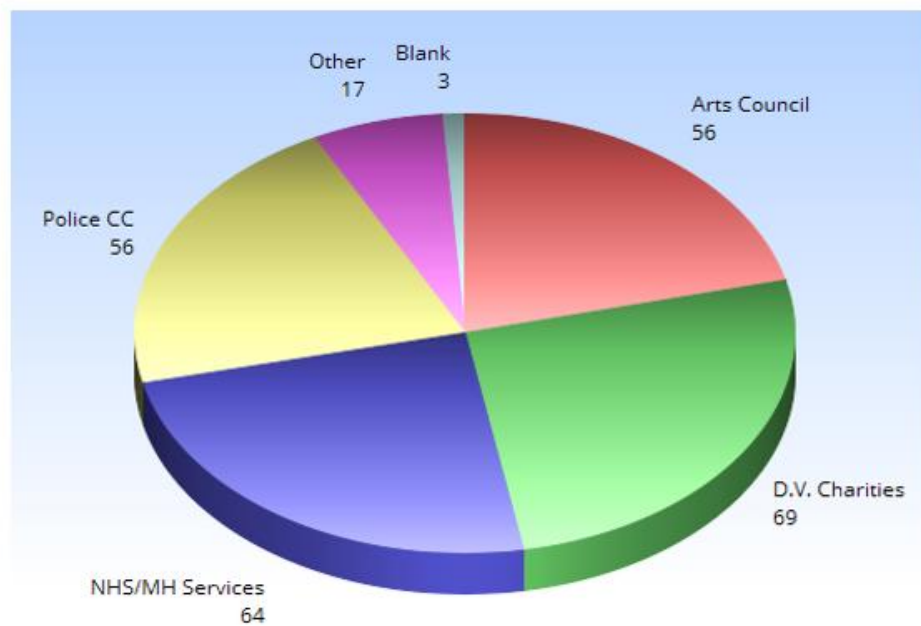
Appendix G : Information sheet (linked professionals discussions)

<u>**Susan Donnelly: PhD Student at Leeds University**</u>

<u>**Research Title:**</u>

An Exploration of the Role of Music in Relation to Recovery from the Effects of Domestic Abuse: Within the Women's Refuge Setting

<u>**Information Sheet for Linked Professionals:**</u>

Thank you for considering your contribution to this research by interview. The following information will give you the background and purpose for the project. If you have any questions, you will find contact details at the end of the sheet.

What is the study about?

Music sessions have been offered at ███████████████████████████ and ███████████████ women's refuge for over ten years, women have said that this had helped them with their recovery. The research project began in ████ to ascertain the answers to the following research questions:

> What are the benefits and outcomes of using songwriting and performance as therapeutic intervention in the women's refuge setting?
> What are the stages of recovery and how does music activity link?
> What are the individual and community benefits and outcomes? (Refuge community)
> What are the phenomena presented within the data?
> What are the themes presented within the data?
> What is the significance of the findings in terms of future practice and research?

Participants

The study will analyse the data from Interviews undertaken with women who have taken part in music sessions on a regular basis. Most participants have accessed sessions for a period of between four months to eighteen months. These interviews have been transcribed and totally anonymised in line with the terms of the ethical approval granted by Leeds University at the start of the research.

You will be asked to participate within a discussion where anonymised quotes and themed findings will be presented. You will be asked to interpret this information from your professional point of view drawing upon both your theoretical, medical or practical knowledge and experience. Only when your opinion and interpretation has been presented will the researcher's interpretation be presented in order to clarify deeper meanings through discussion. The emerging themes have already been previously discussed by the participants during action research groups within the refuge setting.

The linked professionals to be interviewed include refuge staff, occupational therapists working for the NHS, music therapists, community music workers, psychologists, and Creative Minds (NHS Social Prescribing) managers. Other than the refuge staff who have personally worked with the participants, no other interviewees will be given identifying information.

Do I have to take part?

It is your choice whether you would like to take part in the research or not. You are also free to withdraw at any time and you don't have to give reasons for this.

What are the advantages of you agreeing to take part in the project?

The information gathered will help to eliminate bias within the interpretation of data as well as bolstering the understanding of data from a number of contextual viewpoints, including clinical, psychological, social, therapeutic and political. By triangulating the experiences and insights of the women alongside current thought, practice, and policy this will also inform my final research question within the PhD which seeks to outline an effective plan for future practice and research in the field.

What is done with my information if I decide to take part?

If you agree to take part within this project, you will be asked to sign and date a consent form. This form will outline that you agree for your answers to contribute to the research project and to be used within the thesis. You will also be asked if you consent to your name and position being represented within the thesis. Your consent form will be scanned and stored electronically to a password protected account on the Leeds University OneDrive: the original form will be confidentially disposed. Any audio recordings will be transferred to a password protected account on the Leeds University OneDrive and deleted from any portable electronic equipment, it will then be transferred to the password protected N:\Drive for safer storage. All recordings will be deleted once information relevant to the research has been transcribed. All participants within this project must be over 18 and given signed consent after carefully

reading this information. The above materials will be deleted from the Leeds University network drive after five years of the thesis submission.

What will happen with the research?

The research will be used within a written PhD thesis and may be used in some way within future written or published work. It may also be used to support funding applications for future creative workshops within the women's refuge setting. If you would like to access a copy of the research findings this will be given to both Qdos Creates and the refuge, the organisations linked to this project.

Has anyone given permission for this study to take place?

This study has been approved by the Leeds University Ethics Committee.

Who can I contact if I have concerns about this research?

You may contact the Ethics Committee for further information ResearchEthics@leeds.ac.uk

Thank you for taking the time to read this information sheet and considering if you would like to be part of this research project.

Kind regards,

Susan Donnelly

Susan Donnelly   **Contact information: mcsd@leeds.ac.uk** or **info@qdoscreates.com**

Appendix H : Consent form (linked professional discussions)

School of Music (Faculty of Arts, Humanities and Cultures)

Consent to take part in research related to: 'An Exploration of the Role of Music in Relation to Recovery from the Effects of Domestic Abuse: Within the Women's Refuge Setting' **Linked Professional Consent Form**	Add your initials next to the statement if you agree
I confirm that I have read and understand the information sheet explaining the above research project and I have had the opportunity to ask questions about the project.	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline. Please feel free to discuss this with Susan Donnelly: mcsd@leeds.ac.uk	
I agree to being interviewed and have the right to withdraw from any question	
I agree to the audio recording of my interview and for this data to be stored securely on a password protected University network drive.	
I understand that if information I give falls under mandatory reporting protocol that it will be passed on to the appropriate professionals/authorities.	
I agree to take part in the above research project and will inform the lead researcher should my contact details change.	
I agree for my name and position to be represented in the thesis as given below	
I agree for the data I give to be used within the thesis	
I have been given details of where I can access a copy of the final thesis	

Name of participant	
Position/Institution	

Participant's signature	
Date	279
Name of lead researcher	Susan Donnelly
Signature	
Date*	

*To be signed and dated in the presence of the participant.

Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form, the letter/ pre-written script/ information sheet and any other written information provided to the participants. A copy of the signed and dated consent form should be kept with the project's main documents which must be kept in a secure location.