

Music for the Soul: Teaching Guitar to Women Offenders

Christopher J. Lively, B.Sc., B.A.

Department of Psychology, St. Francis Xavier University, Antigonish, Nova Scotia

Margo C. Watt, Ph.D., R. Psych.

Department of Psychology, St. Francis Xavier University, Antigonish, Nova Scotia

Department of Psychology, Dalhousie University, Halifax, Nova Scotia

Department of Psychology, Acadia University, Wolfville, Nova Scotia

ABSTRACT

Research shows that music offers physical (e.g., reduced pain) and mental (e.g., reduced anxiety; enhance mood) health benefits for a variety of people in a variety of contexts. In populations identified with high and complex mental health needs (e.g., women offenders), music might render some of these health benefits. In fact, some international studies have explored the effects of music programs in correctional facilities but, to date, Canadian data is limited. The Correctional Service of Canada manages offenders sentenced to serve at least two years plus a day. Staff within these institutions often look for activities that might have therapeutic value for these diverse populations. Thus, the first author has been offering guitar instruction to women offenders in a multi-level security institution. For the first author, the experience has been a valuable learning opportunity that has challenged preconceived notions of offender populations, and cultivated a new passion in Forensic Psychology.

RÉSUMÉ

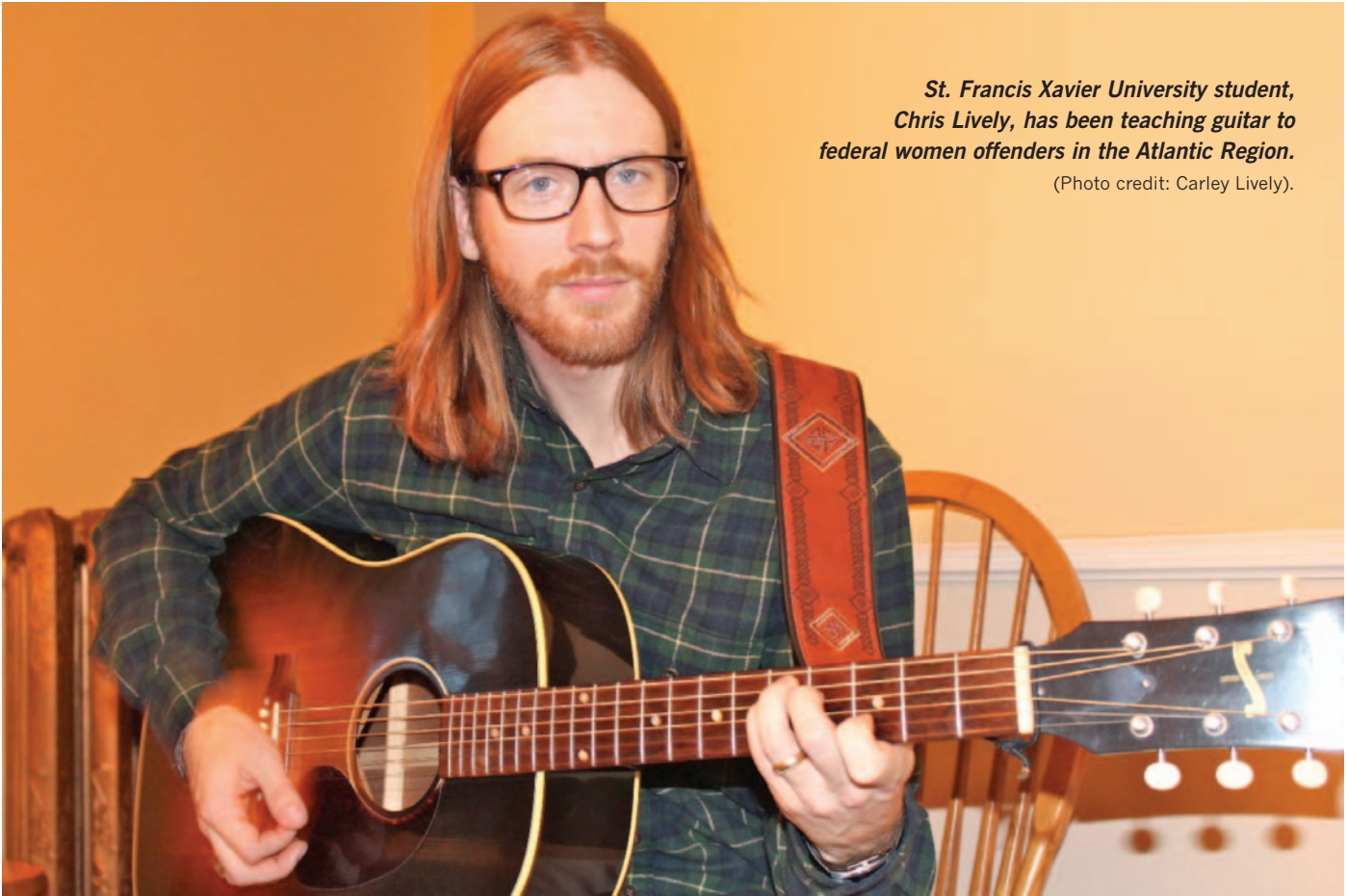
La recherche montre que la musique procure à différentes personnes, et dans différents contextes, des avantages pour la santé physique (p. ex. réduction de la douleur) et mentale (p. ex. diminution de l'anxiété, amélioration de l'humeur). Dans les populations où les besoins en santé mentale sont reconnus comme étant grands et complexes (p. ex. chez les délinquantes), la musique peut être bénéfique pour la santé. Effectivement, certaines études internationales

ont exploré les effets des programmes de musique dans les établissements correctionnels, mais jusqu'à présent, les données canadiennes sont limitées. Le Service correctionnel du Canada s'occupe des délinquants condamnés à des peines de deux ans ou plus. Le personnel des établissements correctionnels fédéraux recherche souvent des activités qui pourraient avoir une valeur thérapeutique dans les différentes populations carcérales. Le premier auteur a donc offert des cours de guitare aux femmes délinquantes détenues dans un établissement à niveaux de sécurité multiples. Pour le premier auteur, l'expérience a été une occasion d'apprentissage précieuse, qui remet en question les idées préconçues au sujet des populations carcérales, et a fait naître chez lui une passion pour la psychologie judiciaire.



Authors Note: Although this is written from the perspective of the first author, the second author is credited for her contributions to the conception and intellectual content.

Musical training is a more potent instrument than any other in the integration of the human being because rhythm and harmony find their way into the inward places of the Soul on which they mightily fasten, imparting grace, and making the Soul of him who is rightly educated truly graceful. ~ Plato (The Republic, Book III, 400d; Plato & Jowett, 2008).



St. Francis Xavier University student, Chris Lively, has been teaching guitar to federal women offenders in the Atlantic Region.

(Photo credit: Carley Lively).

Music as a Historic Treatment and Current Supporting Research

According to Plato, musical instruction is a valuable endeavour for people. Whether through music therapy (MT¹; i.e., the planned use of musical elements by a music therapist, to accomplish therapeutic outcomes [Castillo-Pérez, Gómez-Pérez, Velasco, Pérez-Campos, & Mayoral, 2010]), music lessons (i.e., guided instruction on how to perform vocally or with an instrument), or just by listening to or playing an instrument, music appears to have the power to heal and enhance people's quality of life (McCaffrey, 2008). Arguably, music has been present in a variety of cultures for thousands of years (see Zatorre & Peretz, 2001), and used to treat a number of distressing symptoms. For example, some have referred to Greek philosophers (e.g., Asclepiades, Pythagoras, Xenocrates) using music to treat a variety of physical and mental illnesses (Hall, 1982; Hurt-Thaut, 2011).

During the 19th and 20th centuries, some studies emerged reporting correlations between music and physiological changes, such as lowering blood pressure, heart rhythm, and respiratory patterns (Chan, 2007; Gali ska, 1987, as cited in Dobrzy ska, Cesarz, Rymaszewska, & Kiejna, 2006).

Despite the historic examples of music rendering positive health outcomes, music was not considered to be a formal method of treatment until after the Second World War (Dobrzy ska et al., 2006; Hurt-Thaut, 2011). It was observed that exposing music to soldiers recovering in hospitals appeared to produce physical, emotional, and social health benefits for these patients (Hurt-Thaut, 2011). Shortly thereafter, the use of music as a treatment emerged (Dobrzy ska et al., 2006) and standards of practice began to form for MT (Schulberg, 1981). Moreover, a number of organizations (e.g., American Music Therapy Association) and academic journals (e.g., *Journal*

¹ MT is presently not recognized as an empirically supported therapy by the American or Canadian Psychological Associations. The term is used throughout this article, however, so as to remain consistent with its use in the extant literature. For a discussion of evidence-based practice in music therapy, see Otera (2013).

of Music Therapy) were created as the result of recognizing MT as its own profession. There are many approaches used in MT (e.g., production, reproduction, and reception; see Mössler, Assmus, Heldal, Fuchs, & Gold, 2012), and some have suggested that these techniques can provide or promote sociability, emotional meaning, and evoke physical movement (Maratos, Crawford, & Procter, 2011). In fact, a recent literature review indicates that when MT is administered as an alternative or adjunctive treatment approach, adults' mental health outcomes were enhanced (Lee & Thyer, 2013).

MT is not the only way that music promotes positive health outcomes. Music listening or playing music has also been found to promote physical (e.g., reduced pain) and mental (e.g., reduced anxiety; enhance mood) health. For example, one study found that pediatric patients undergoing intravenous treatment expressed less pain and stress while listening to music (Hartling et al., 2013). Other studies have found that when cancer patients have the opportunity to select what music they would like to listen to, they report less pain in general immediately following music listening than cancer patients who just rest in bed (Huang, Good, & Zauszniewski, 2010). Another study reports that different music activities (e.g., singing, music listening, and playing instruments) have been found to reduce aspects of mental health (e.g., depression and anxiety, anger, and stress, respectively) in clients identified with alcohol dependence (Hwang & Oh, 2013). Still, others (e.g., Twiss, Seaver, & McCaffrey, 2006) have found that listening to music during and after surgery (vs. not listening to music) reduced anxiety in patients undergoing coronary artery bypass surgery.

Music in Corrections: A Potential Therapeutic Activity for Women Offenders

Given its recognized physical and mental health benefits, some have wondered whether music might yield other therapeutic effects, such as the rehabilitation (e.g., reduction in recidivism and improved mental health) of criminal offenders. Hoskyns (1988), for example, found that 40% of a British sample of adult recidivist offenders (N = 15) indicated that they felt their participation in an MT program lowered their risk of re-offending. An American study found that patients in a forensic psychiatric hospital reported less stress and enhanced mood following three months of MT (Thaut, 1987, 1989). Similarly, Australian researchers found that offenders revealed more self-ex-

pression and relaxation, and less stress, immediately following 12 sessions of MT (Daverson & Edwards, 2001). To date, no published results are available for Canadian carceral institutions.

The Correctional Service of Canada (CSC) manages 56 federal institutions across the country, housing offenders who have been sentenced to serve at least two years plus a day. CSC's mission is to contribute to public safety by assisting offenders to become law-abiding citizens through safe, secure, and dignified methods (CSC, 2012a). Consequently, CSC offers a number of programs (e.g., violence prevention, treatment for substance abuse, and rehabilitation for sex offenders) designed to rehabilitate offenders (CSC, 2011). Mental health teams, including psychologists, social workers, and other mental health care professionals, serve an important role in federal institutions. These teams strive to address the ever-increasing mental health needs of offenders, especially women offenders. Almost one-third (29%) of female offenders, versus 13% of male offenders, have at least one mental health problem (CSC, 2013), and often are comorbid with other disorders (this can include mood [9.8%], anxiety [16.2%], and psychotic [17.7%] disorders) (Brink, Doherty, & Boer, 2001).

Women offenders account for only six percent of the Canadian federal population (Mahony, 2011), but their numbers have been increasing exponentially (650%) over the past 30 years; from 93 women in 1981 to 604 women in 2012 (Matheson, Doherty, & Grant, 2009; Sapers, 2012). Women offenders tend to have different needs as compared to their male counterparts (Kong & AuCoin, 2008). Women (vs. men) offenders are more apt to report histories of emotional abuse, childhood maltreatment, sexual abuse and/or violence, intimate partner violence, and having children removed from their care (Loper & Levitt, 2011). Women's institutions are tasked with managing a population with high and complex needs, including mental health needs. Managers within these institutions often look for resources and activities that might have therapeutic value. Considering that the literature reports a number of mental health benefits of music, and the fact that women offenders tend to have high mental health needs, offering music lessons to women offenders with high mental health needs was seen as a potential therapeutic activity. Thus, I accepted an opportunity to provide a service of music instruction with offenders.

The Experience of Providing Music Instruction inside a Women's Prison

Nova Institution (Truro NS) is one of five federal correctional facilities for women. Nova is a multi-level security facility with a capacity for 80 offenders (CSC, 2012b), and was the first prison that I had the opportunity to visit as part of my Forensic Psychology class at St. Francis Xavier University (StFX). The exposure to Nova Institution sparked my curiosity about prisons, and inspired me to learn more about the role of psychology in correctional settings. This eventually led me to apply to a new program offering at StFX; namely, a 2-year Special Concentration in Forensic Psychology (Cameron-McCarron, 2013; see Lively, 2014). Shortly after being accepted into the new Concentration, a unique opportunity arose to provide guitar lessons to one of the women offenders at Nova Institution. This particular woman had been identified as having severe and complex mental health needs, and staff was exploring various options for engaging her in activities with a potential to be therapeutic. Given my musical background (e.g., Juno and East Coast Music Awards nominations), experience, and perceived suitability for working with vulnerable individuals, my professor felt that I would be a good fit to provide music instruction for this particular offender. Starting in September 2013, I travelled to Nova Institution once or twice a week to provide basic guitar instruction to this one woman. Lessons ended when she was released to a half-way house two months later but, by that time, other women became interested in taking lessons. To date, I have provided guitar lessons to eleven women from different security areas of the prison, including the maximum security unit.

Anecdotally, the women have reported that they enjoy the guitar lessons. Moreover, staff members have indicated that offenders look forward to the weekly sessions. This subjective oral feedback raised questions as to whether these guitar lessons were rendering therapeutic benefits. Currently, these questions remain unanswered and are the subject of further investigation. Consequently, my professor and I applied for ethics approval to collect feedback from the women participants in order to assess the perceived value of the guitar lessons (e.g., reduced stress and anxiety, enhance mood and self-esteem). It is hoped that collecting this future data will guide the design of a more formalized program of music education and participation that may contribute to the rehabilitation and therapeutic activities for women offenders.

Teaching guitar to a group of incarcerated women has been a unique learning experience. I initially felt quite apprehensive about this task, and was sensitive to the fact that these women are part of a vulnerable population. Although I had previous exposure to offenders through my Forensic Psychology class, this would be my first time working directly one-on-one with offenders. Working with people in any capacity can be challenging, but given the type of clientele (e.g., clinical offending population), I was determined to ensure that my interaction with this population was conducted properly and professionally. As a male going into an all female offender institution, I wondered whether my sex/gender would pose a challenge. Although my task was simply to provide basic music lessons (i.e., not MT), I had hoped that my being male would not add stress to their lives (e.g., induce fear or traumatic memories). Research (e.g., Loper & Levitt, 2011) shows that women offenders often have experienced maltreatment (e.g., emotional and sexual abuse and/or violence) by male partners. As such, I wanted to ensure my sex/gender would not be a source of apprehension for the women if previous traumatic histories existed. Instead, I hoped that our interactions via music might offer an example of what a healthy male-female professionally-based relationship could look like (e.g., proper use of personal boundaries, polite communication). Through both the encouragement from my professor, classmates, and institution staff, and from building rapport with the women, my initial concerns soon diminished. I quickly realized that I was learning as much, if not more, from the women than what I was providing through guitar instruction. Through working with these women, I have learned how mistaken were some of my preconceived notions about prisons, offenders, guards; how diverse was this population; and how important are the women's attitudes, perspectives, future aspirations, and humour in remaining optimistic about their circumstances. Many of my ideas of prison prior to this experience were shaped by prime-time television dramas (e.g., *Orange is the New Black*). I had expected the interaction with the women to be manic and stereotypical (e.g., of bad character, scary), but I'm pleased to report that all contact was normal and non-dramatic; completely opposite to what I had presumed.

This experience has also been valuable in shaping my own personal and academic goals. Having this opportunity has catalyzed my passion for clinical psychology and interest in forensic psychology,

particularly the idea of working with and researching correctional populations. Currently, I am continuing with this endeavour in hopes to hone my clinical training skills and to provide a service to the women and CSC. I hope that our future research initiative will lead to answers for questions such as: does music instruction “impart grace onto the soul” or, at least, hope? Based on my own observations and learning experiences thus far, I concur with Plato’s notions. Indeed, many of the women have exhibited rhythm and harmony from within themselves that they may not have known was there. To have a front row seat and see “gracefulness” being manifested in action has warmed my soul, and left me feeling both “rightly educated” and truly grateful.



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