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Prescribing Music to Forensic Settings: A Literature Review

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Prescribing Music to Forensic Settings: A Literature Review

Capstone Thesis

Lesley University

May 5, 2023

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Clinical Mental Health Counseling: Music Therapy

Dr. Rebecca Zarate

Abstract

Though prison is inherently musical, evidence-based forensic music therapy is rather understudied. This thesis critically reviews musical experiences in forensic environments and synthesizes its intersection with inmates' psychological distress. Additionally, the literature explores how forensic music therapy can act as a health and social resource for the incarcerated and their communities. Engaging in this work is vital because healthier correctional systems mean healthier communities (Hopwood, 2021). This review synthesizes relevant literature to inform better practices in music therapy, counseling, and healthcare and seeks to popularize discussion around an otherwise unpopular population, incarcerated folx. Emerging themes include (1) incarceration breeds negative mental health symptoms like psychological distress, anger, and fear, (2) Inmates need an escape from oppressing conditions and negative symptoms, (3) Inmates have little opportunity for preventative healthcare while being incarcerated only worsens their pre-existing health conditions, (4) Correctional systems rely on low-cost alternative health practices like mindfulness and music therapy to aid in the release of distress, (5) Forensic music therapy offered opportunities for inmates to escape from psychological distress, connect with others, learn about oneself and generalize other learned skills throughout the prison setting and release if applicable. Through this critical review's examination, it's safe to conclude that music therapy is low-cost and prescribable to correctional facilities for improving inmates' regulation of psychological distress and the acquisition of generalizable social skills.

Keywords: forensic, inmates, psychological distress, connection, preventative healthcare, music therapy, mental health, coping skills, skill acquisition, and emotional regulation.

Author Identity Statement: The author is a White, cis-gendered Woman from Massachusetts with experience in Forensic music therapy and mental health.

Prescribing Music to Forensic Settings: A Literature Review

Introduction

There is much debate on whether incarceration is used to reform crime or as the new mental health dumping grounds. The U.S has an incarceration rate three times higher than nations like Canada, Australia, or England. Incarceration culture in the U.S. could be correlated to our historical acts of social and economic marginalization (2022), and as such, compounds mental health concerns. Housing mentally ill inmates is widespread practice due to economic reasons like the inability to cover bail, the lack of stable housing, and other socioeconomic factors that affect the likelihood that an individual could be incarcerated at some time in their lives. People with mental health or substance use disorders could engage in criminal behaviors due to cycles of poverty, low self-regulation, or lack of coping skills, or having mental illness symptoms that cause one to engage in disruptive behaviors. "Numerous studies have identified that as hospital and psychiatric bed usage declines, incarceration rates tend to increase (Ramezani, 2022)."

In Massachusetts, the annual cost of incarcerating people with serious mental illness in state prisons has reached almost \$300 million. Large percentages of the U.S. adult prison and jail inmate population currently experience serious psychological distress compared to the noninstitutionalized population. Additionally, these mental health issues are observed at higher rates in local jails than in prisons (Heun-Johnson et al., 2017)." Even though Massachusetts is a leader in mental health care and has the most mental health professionals per capita, there is still a deficit. "20 full-time providers are needed in addition to the current workforce in these designated "shortage areas" to reach an acceptable provider-to-patient ratio. This shortage is

particularly acute in the criminal justice system, where many people need mental health treatment (Heun-Johnson et al., 2017).

With the rising investment in community-based care for people with mental illness, one can wonder how music therapy could be a community health resource inside and outside prison. "On average, approximately 72% of their budgets are now spent on community-based programs, compared to 33% in the early 1980s. Compared to the U.S. average, Massachusetts' state mental health agency spends a lower total amount per capita, but the amount of spending on community-based programs per capita is similar to the U.S. average" (Heun-Johnson et al., 2017). The trends say that the administration knows the need for mental health programming from a community mindset. Since the concentration of mental health illness is so high with incarcerated folx, more research should be done or synthesized. Talking about inmates with mental illness this way could also help reduce stigma and inform better, healthier practices.

After inquiry into the topic, I was drawn to the idea of music therapy as a preventative health resource. Health, in this sense, includes mental health. According to Widdowson & Fisher (2020) "Preventive Health care refers to efforts to stop illness before it begins and differs from illness-related or custodial care that are responses to detected illness." In this basic exploration, stress management or physiological distress is a common experience among the incarcerated. Prison breeds a toxic environment that makes stress management hard (Hopwood, 2021). Since there is a need, could we prescribe music?

Prescribe to Control

Music has been "prescribed" and officially documented since 1921. Musician Willem Van de Wall pioneered the modern use of therapeutic music in American prisons and psychiatric

institutions. Van de Wall is responsible for the phenomena, the "iso-principle." In his applications, the iso-principle was a tool for social control. Rather than drugging or restraining participants, he used therapeutic music practices as an agent of change for wellness. Even though the language for "social control" is heavy, it is safe to say this was a landmark moment in music therapy and has inspired future work. Since Music has been prescribed since the "dawn of time" and there is a need for services, let's see how evidence-based Music Therapy (MT) has evolved since Van De Wall.

Methods

Lesley University Library's all-search feature and peer-reviewed journals or other scholarly journals and open-access sources were the primary ways of finding material. All works were researched from a reflexive lens and adjusted regularly to reflect on continuing relevance or ways to grow. Material free to the public was a priority; because of this, I was only able to access a few articles in the journal of correctional health care by the National Commission of Correctional Health Care. The process evolved several times as resources beyond Lesley's library and read available literature were discovered. The research was supplemented with weekly emails, including search terms that intersected music therapy with inmates, stress, prisons, healthcare, detention centers, resource-oriented, recidivism, trauma, re-integration, anxiety, depression, self-esteem, and well-being. Each article was briefly annotated, sorted for relevance and reviewed regularly.

Literature Review

Prison as "Deathmaking Institution"

Prisons are dangerous institutions and are notorious for exposing incarcerated people to extreme environmental, physical, and mental conditions. Being incarcerated should not automatically be a death sentence. Incarceration breeds disconnection, feeds despair, and fuels symptoms of psychological distress. Being incarcerated can increase one's chances of entering mental health crises or experiencing psychological pain. Being incarcerated is an unhealthy lifestyle and has been proven to take 2 years off their life expectancy (per year served) while aging someone 10-15 years physiologically. These statistics prove alarming with an aging population, longer sentences, and poor healthcare (Wang & Sawyer, 2021).

Notably, the suicide mortality rate is higher in correctional settings versus the general population or outside the community. In 2018, state prisons saw the **highest number of suicides** (340), an 85% increase since 2001 (Wang & Sawyer, 2021). The significant increase in overall "unnatural" deaths involving suicide, homicide, and drug overdoses illustrates that state prisons are fatal in their attempts to provide humane conditions for those incarcerated. People should not have to worry about unnaturally dying before a chance of being rehabilitated and released into the community, if applicable.

Mass Incarceration and Mental Health Care

Kolodziej et al. (2022) sought to assess the intensity of perceived stress and measure the subjective control of anxiety, anger, and depression of women and men serving time in Polish penitentiary institutions. 57.24% of the selected group presented a high-stress level, and data were not dependent on gender and age. The effects of stress poison people at the cognitive, emotional and psychological levels which includes the experience and potential display of negative and extreme emotions. Emotions tell humans to behave in certain ways and can affect the quality of life, safety and overall functioning of the individuals in question.

Emotional level stress symptoms most experienced by inmates are anxiety, irritability, impulsiveness, anger, hostility, loss of control over life, feeling intimidated and embarrassed, impatience, over-agitation, inability to relax, mood swings, feeling lonely and isolated. Stress at the cognitive level is evidenced by decreased concentration, racing thoughts, and difficulty making decisions and could be mitigated by skill building in emotional intelligence. Emotional intelligence consists of numerous competencies, being a reliable reporter of one's emotions while working to regulate them to ensure well-being. Benefits related to emotional intelligence are a greater sense of emotional self-awareness and relationship to the world, managing emotions, the productive use of emotions, and solid relations with peers (Kolodziej et al., 2022).

The research found that the incarcerated were likelier to bottle or suppress negative emotions. The prisoners had the best control over fear, less over anger, and the least over depression (Kolodziej et al., 2022). Even though this group's sample size was small and therefore not generalizable across all isolated prison populations, its influence suggests that therapeutic interventions facilitated by a multidisciplinary team could help build skills to buffer stress and regulate the bottling of negative emotions.

Making reliable information transparent and accessible about psychological distress in prison could help reduce the stigmatization and marginalization of prisoners. Popularizing taking care of prisoners could increase successful reintegration into society and improve recidivism rates. It's known that incarcerated folx have higher incidences of mental health diagnoses, more so than the general population, and its rippling effects could reach all of humanity.

Psychological Distress

Porter (2019) sought to find connections between incarceration and stress-related or inducing experiences. Porter found twenty-five past inmates willing to be interviewed at a local coffee shop. All the participants started by being asked if incarceration affected their health and whether it was a yes or no; the questions were semi structured and client led. Sixty percent reported incarceration was harmful, twenty-eight percent said it was beneficial, and twelve percent felt it had no effect. Inmates found the interactions with corrections officers (COs) and medical staff to be the most stress-inducing, while unemployment (leading to higher rates of recidivism) is the second most stress-inducing experience of the incarcerated. The majority who experienced and reported negative experiences shared that stress was the leading toxin. This study found it notable that all participants mentioned stress without being specifically asked about it.

Porter (2019) was most intrigued to find that ex-inmates found the social stress more depreciative of their well-being than the environmental and expected stress of losing one's freedom. One inmate shared, "I just remember always being, we called it being 'on point.' What that is, is an action-readiness, like I'm ready for action. I'm ready for action at all times" Porter (2019). This feeling of "being on point" may be one of the most pervasive features of being incarcerated. Since these folks spend so much time being "on point," they are more likely to develop stress-related health challenges, like depression, than their non-incarcerated others.

Stress Management Techniques

Kristofferson and Kaas (2013) sought to identify the general body of knowledge about using stress management techniques (SMTs) in correctional settings to reduce psychological distress and behavioral outbursts in male and female adult prison populations. Studies have demonstrated that the less stress people experience, the fewer behavioral and psychological

challenges they could be susceptible to experiencing, especially in prison populations (Kristofferson & Kaas, 2013). The most widely used practices in SMTs are progressive muscle relaxation, Transcendental Meditation (TM), Eastern meditative practices, cognitive methods, autogenic training and biofeedback, music therapy, and eye movement desensitization and reprocessing (EMDR). Kristofferson and Kaas's 2013 review aimed to aid nurses with more tools to use in correctional settings by researching the topic. Skills coaching between the nurses and clients could significantly impact their stress levels and the prisoners, strengthening the therapeutic relationship and ability to tolerate care.

Politics, Law, and Stress Management

Samuelson et al. (2007) found that the Massachusetts Department of Corrections has adopted a mindfulness-based stress reduction (MBSR) culture to address psychological distress during incarceration. The sustained non-judgmental attention to one's ongoing mental contents and processes (physical sensations, perceptions, affective states, thoughts, and imagery) is also known as mindfulness. MBSR in correctional facilities aims to help inmates acquire resourcing muscles to decrease criminal or disruptive behavior and recidivism. Studies on MBSR have illuminated the positive attitudinal, health, and behavioral changes potential for inmates in correctional facilities. Inmates reported improvements in measured hostility, self-esteem, and mood disturbance. Mindfulness can promote autonomy and self-efficacy and may offer inmates their first conscious or intentional experience of control of the mind-body connection.

Facilitating mindfulness could be easier for clients when they can combine it with the coping skills they are familiar with. People have been using music to cope with stress, prescribing music, and potentially unknowingly using music mindfully already. Music can enhance mindful listening and awareness by focusing or shifting inward attention while noticing, and not judging,

the melody, rhythm, dynamics, and note changes (Shaw, 2021). Music gives experiences that can connect us to our senses and feelings.

Mass Incarceration and Preventative Healthcare

Incarceration has engrossing, negative consequences for those it chains. Research has recognized that mass incarceration can be a social determinant of health (Widdowson et al., 2020). Incarcerated individuals have higher rates of disease and infection, mental health diagnoses, and premature death than their community counterparts. Much is known about incarceration's difficulties and holistic impacts but less about its relationship with preventive health care services.

Preventative healthcare in prison is a considerable domain to research—lower rates of disease, pain, and suffering serve as evidence. Preventative care directly relates to reductions in health care costs. Widdowson et al. (2020) found that active and former inmates are less likely to request access or be given access to preventative care, instigating future health complications and even influencing recidivism or criminality.

Incarcerated Women and Wellbeing

With an emphasis on punishment over treatment and stigmas against persons with serious mental illness; our justice system is notorious for exploiting the poor and vulnerable. "The push to incarcerate more women ignores the social and psychological forces that often underlie female offending, including higher-than-average rates of lifetime exposure to cumulative trauma, as well as physical and sexual victimization; untreated mental illness; the use of substances to manage distress; and behavioral choices that arise in conjunction with gross economic disparities"

(Cowan, 2019). Incarcerated women are poorer than their male counterparts and have higher incidences of not being bailed out while awaiting trial.

Correctional culture exacerbates female inmates' vulnerabilities and rarely provides the opportunity to reform. Trauma-sensitive settings and services are essential because females report higher rates of physical and sexual victimization than their male counterparts while incarcerated (Cowan, 2019). The culture consists of harsh rules and regulations, inconsistency, violence, dysfunction, and isolation. Without comprehensive support in the form of regular care, women are more susceptible to revictimization and recidivism. Recidivism is directly associated with consistently failing to provide women with the holistic support necessary to enhance overall well-being (Cowan, 2019). Health professionals must connect with community activists and policymakers to address the care the vulnerable persons in correctional facilities. To do otherwise is looking away from its societal impact and continuing with the broken system.

Alternative Medicine in Corrections

Serrin and Wichmann (2002) sought to discuss complementary and alternative medical practices (CAM) in correctional health care. Alternative therapies are interventions outside the mainstream of conventional Western medicine. Complementary therapies are the lucky alternative therapies approved by Western medicine. Alternative medicine practices could help serve a more diverse population and those aging and involved in palliative care.

The community has caught onto CAM; therefore, offenders who received this type of care while in the community may respond better to the intervention while incarcerated. Serrin and Wichmann (2002) surveyed correctional healthcare staff from all Federal prisons in Canada to determine their views on alternative medicine. "An overview of CAM usage surveyed

includes nutritional therapies, herbal or botanical medicine, physical or movement therapies, energy or life-force therapies, psychological therapies, traditional Chinese medicine, Ayurvedic medicine, Naturopathic medicine, and Aboriginal medicine (Serrin & Wichmann, 2002). The survey results show that nutritional therapies ranked first out of those mentioned above. 80% of inmates and 70% of correctional healthcare professionals reported an existing need for CAM. 84% of all respondents agreed with the trend and need for CAM in correctional settings.

Music Therapy and Institutional Healthcare

Due to the inevitable rising of healthcare costs and the maintenance fees of already running facilities, it is essential to explore cost-effective approaches to healthcare and stress reduction. Franco et al. (2018) sought to bring music therapy forward as a cost-effective alternative and complementary (CAM) health treatment. Music Therapy (MT) has been successful in improving overall wellbeing by relieving negative symptoms and working supplementary to other therapies, enhancing their results. Working together in this way allows MT to be generalizable for use in various healthcare settings insured under different schedules. "With interdisciplinary healthcare teams becoming the norm in practice, it is increasingly important that practitioners trained allopathically understand the importance of CAM and certain types of CAM practices such as MT that can provide important benefits for patients" (Franco et al., 2018).

Franco et al. (2018) were curious about who and how MT is offered as a CAM for patients. Data found that 84.8% of physicians were neutral in seeing and offering MT as a CAM for their clients. 86.6% of non-physician practitioners, including NP, NA, CNM, CNS, and PA, responded more positively toward offering MT as a CAM. Those practitioners that already knew about MT as a CAM were found to be exceptionally high in offering MT services to their

patients. The field needs more research and interdisciplinary teams with low budgets are going nowhere. It's worth looking into CAM, such as MT, when trying to be efficient and cost-effective while also providing unique services to the patient.

Music in Prison

Prison is already a musical institution that breeds a unique blend of connection and conflict. Experiences worldwide differ significantly, but some inmates have access to music through radio stations playing in officer's stations, tablets and televisions, and institutionally distributed CDs or digital playlists purchased through an inmate's bank called their canteen. Access to music and related devices like headphones is usually a privilege earned on incentive. An interviewed Prison guard from Israel said, "music is the only thing [the prisoners] have here for their soul. The freedom here is very limited, so what do the prisoners have left? Just music" (Edri & Bensimon, 2019, p.641).

Edri and Bensimon (2019) pioneered a qualitative study examining the role of music as experienced by staff and inmates in an Israeli prison. The research found that music provided inmates an opportunity to cope with the "psychological pains of confinement" inmates faced and served as a connection between one another and with correctional staff. Interestingly, the same music that connects us can also cause strain. Volume levels and unpreferred music were the top reasons for conflict and tensions rising within housing units. Certain "problematic" music like techno inspired drug use and sparked fear among prison security staff about partying or violence that the loud music may be covering up. Listening to or engaging in music contributes to the quality of life, while music deprivation may have significant, long-term consequences on one's health (Edri & Bensimon, 2019). The idea of music being a human right competes with prison

incentive programs and helps to circle back on this thesis goal of influencing more opportunities to prescribe music, especially if people cannot "earn" it.

Forensic Music Therapy

Music Therapy (MT) is the clinical and evidence-based use of music interventions to reach individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. MT is a well-established healthcare profession in which various music-based methods address the specific needs of individuals in many domains. The music therapist assesses the client's needs, develops and implements a treatment plan based on assessment findings and evaluates the treatment process. Music can be a powerful and non-threatening medium in which unique outcomes arise throughout various populations (AMTA, 2006).

Clients served in these forensic populations are of all ages and could be either incarcerated or treated in a locked psychiatric unit, living in halfway homes or group homes, living by sanctions, on probation, and even on parole. The validity and efficacy of music therapy are attested to by these individuals, many of whom have physical, psychological, emotional, social, behavioral, cognitive, communicative, and spiritual needs and challenges.

How is Music Therapy Practiced?

Trained music therapists use their therapeutic relationship to drive clients through four methods and help them reach their goals and objectives. Clients do not need any musical experience or training to engage in this alternative healthcare practice.

- Receptive methods involve listening and responding to live or recorded music. Using music as a rhythmic container for exercise, movement, and dance may be helpful for

individuals living in confined spaces. Listening to and discussing chosen music allows clients to express themselves safely and in socially normed ways. Music-assisted relaxation has been found to aid in the reduction of anxiety.

- Improvising is spontaneously creating music using voice, instruments, and body sounds. Engagement in improvisation allows for creative expression, energy release, personal insight, and redirection of difficult or counterproductive emotions in individual and group settings.
- Recreative approaches focus on working with precomposed music. This method allows individuals to develop skills that lead to mastery and increased confidence in forensic settings. Experiences in recreative practices provide opportunities for meaningful social interaction and can contribute to the positive use of leisure time.
- Composition methods involve creating original and client-led vocal and instrumental pieces. Songwriting can be an effective means of expression and satisfaction in all treatment settings and a conduit for learning music theory, a skill transferable outside correctional settings. This generative process also encourages thoughtful work over time, hopefully leading to the completion of a musical product that could be saved in a tangible form via tape or other means of recording approved by institutions.

According to the AMTA (2006) the specific goals in correctional and forensic settings could include: Increasing self-awareness, improving problem solving skills, improving respect for others including peers and authority figures, developing healthy verbal and nonverbal skills, decreasing impulsivity, understanding and accepting responsibility for one's thoughts and feelings, learning relaxation or coping skills, practicing leisure skills, improving physical conditioning and exploring feelings and making positive changes in self or mood states.

Most forensic music therapists frequently address goals in emotional awareness, impulse control, and self-awareness through music listening, discussion, and playing instruments. Music therapy's evidence-based research flexes its success throughout various settings and populations, such as rehabilitation, mental illness, aging populations, and the growing rate of incarcerated women. Consequently, support for music therapy programs in the U.S. prison system continues to rise (Segall & Yinger, 2022).

Current Treatment and Approaches in Forensic Music Therapy

According to (Segall & Yinger, 2022), there is enough evidence on the intersection of music therapy and forensic mental health care but the music therapists who go into these settings haven't been studied enough. Studying these music therapists is essential because it could help inform policy and clinical practice while enhancing music therapy curriculum. This study aimed to learn about a music therapist's philosophies, methods, and protocols within forensic environments.

Segall and Yinger, 2022, were curious as to why music therapists chose to work in forensics and pondered about their perceived feelings of safety. A survey with descriptive and comparative features connected music therapists and their corrections work. The questions reviewed covered several domains; from demographics to religious beliefs. There were questions regarding therapists' methods, trends, and protocols.

In 2017, 6,300 board-certified music therapists were emailed their 10-week quantitative survey answering all the questions above with a qualitative Likert Scale and narratives. Researchers used Pearson's Chi-test, frequencies, and percentages to report demographic data, including gender and political stance. Research (Segall & Yinger, 2022) found that men and

racial minorities are more likely to work in corrections. While white women, making up 91% of music therapists, typically work elsewhere. Narrative review revealed that many music therapists would work in corrections but never had the opportunity, while others seek this setting out specifically; craving professional growth.

The results revealed that most therapists had common goals for the inmates: emotional awareness, impulse control, and building self-awareness through improvisation, receptive activities, and the group's natural discourse. The research found that most inmates can self-refer to music therapy, and music therapists can work individually and in groups of up to 15, lasting anywhere from 30 to 45 minutes. There were quite a few limitations to this study—the first being the 9% response rate. Only 542 participants returned their surveys. Participants reported confusing wording and researchers had to work with generalizations or inaccurate estimations of the work. The study intended to be a springboard for future research in understanding how the intersectionality of music therapists affects their working environments, in this case, prisons.

Frederiksen et al. (2015) presented a survey among music therapists in correctional settings housing inmates with severe mental illness. They found that providing a non-threatening and appropriate release for energy, tension, stress, or anxiety was described as the treatment objective in music therapy by 90% of the music therapists. The music therapists also state that their treatment plans support the development of self-esteem, self-control, and implementation of coping skills and stress reduction techniques. Frederiksen et al. (2015) also presented two research studies from the Netherlands, displaying that music therapy can support forensic psychiatric patients in regulating anger and aggression and developing coping skills

MT for Regulating Physiological Distress

Research by Chen et al. (2013) collected influential data regarding the intersection of group music therapy with the intention of understanding its impact on symptoms of mental health. The study used quantitative and qualitative methods to obtain data on the inmates' levels of anxiety, depression, or self-esteem. Chen et al. (2013) report that these factors, anxiety, depression, and perceived level of self-esteem are predictors of future criminal behavior, and that any disruption of these factors can make it harder for one to rehabilitate.

The topic of incarcerated individuals brings forth a profoundly lacking dialogue in music therapy and the scholarly community. While evidence exists supporting the mental health needs of this population, there is little knowledge developing in the music therapy field (Chen, Hannibal, et al., 2013; Chen, Leith, et al., 2016; Gold et al., 2020). The physiological distress inmates experience is a recurrent theme in research.

Prison has a high prevalence of mental illness, and prisoners have several unmet needs regarding their well-being. A parallel randomized controlled study by Chen et al. (2013) investigated the effectiveness of group music therapy in reducing anxiety and depression and raising self-esteem in prisoners. One hundred and ninety-two inmates aged eighteen to sixty from a Men's prison in China were randomly allocated to two groups. The experimental group participated in twice-weekly group music therapy for ten weeks, while the control group received the standard treatment. Participants measured anxiety, depression, and self-esteem three times; once before the group, then in the middle, and at the end of the group. Participant journals were also collected and studied narratively. Researchers hoped this study could boost the knowledge of the group music therapy's effectiveness for offenders, an understudied and sometimes avoided population. Researchers believe this work can be generalized across other correctional settings due to the flexibility of the interventions.

Therapeutic interventions are divided into topics (e.g., friendship, trust, empathy, interpersonal conflict, and emotion) that follow the progression of group development and working stages. Each topic had several options for structured and unstructured musical games and was supplemented by using elements of improvisation. For each activity, the group leader explained group goals and objectives and described the materials, setting, and the required steps to participate. Activities and topics can be practiced anytime during the session, as discussion often leads from one topic to the next. The leader facilitated the discussion but was client-led and strength-based.

The work by Chen et al. (2013) is relevant because it helps illustrate how important it is to work with incarcerated individuals' resourced strengths as a vehicle for any amount of change. The results from the study show that if group music therapy is used to increase these strengths, there is a possibility of disrupting the cycle of criminal behavior and returning to the prison system by addressing issues of anxiety, depression, and self-esteem. The limitations of the study showed a lack of gender diversity and representation. Strengths remained in the group's relative homogeneity.

Bensimon et al. (2015) examined the intersection of relaxing music on anxiety and anger levels among a random sample of 48 criminal prisoners. The research found that anxiety and anger levels decreased in the treatment group compared with the comparison group.

Promoting Engagement and Psychological Wellbeing

Inmates are at higher risk of mental health concerns and social isolation than other populations. Empowering people increases their social connectedness because our social lives are directly correlated with our experience with mental health and well-being. Group-based

activities benefit members' well-being, especially if the members come to identify with the group. Kyprianides and Easterbrook (2020) studied the effects of the UK's "Finding Rhythms" charity program on inmates' social engagement and psychological well-being levels. Finding Rhythms is a charity for UK prisons that pairs inmates with top touring artists and runs intensive 36-hr music projects over 6 weeks. Graduates of this group earned a certificate to demonstrate that the skills used in writing, producing, and delivering a project such as this are transferrable to several domains of work and life.

Finding Rhythms results demonstrated a shared identity among members that fulfilled psychological needs and benefits well-being. Kyprianides and Easterbrook (2020) proved that these positive well-being outcomes later transferred into making prison life more manageable. Building relationships helped inmates feel more connected, successful and regulated. Finding Rhythm's success paved the way for more creative group work behind bars in the UK. Prescribing group work, especially in a way that interests the clients, could make prison more manageable by promoting social connectedness and psychological well-being (Kyprianides & Easterbrook, 2020).

DRUMBEAT

The DRUMBEAT program was developed in 2003 by Holyoake Institute to improve mental, social, and emotional well-being in high-risk populations like prisons. The acronym DRUMBEAT stands for Discovering Relationships Using Music, Beliefs, Emotions, Attitudes, and Thoughts. Martin et al. (2014) realized that prisoners are more likely to have pre-existing mental health conditions before incarceration and that the experience of being incarcerated contains the formula and potential for illnesses to get worse. DRUMBEAT alleviated distress

and channeled a pathway toward inmate well-being and engagement through experiential learning and creating.

Participation in DRUMBEAT was voluntary and aimed to increase levels of cooperation, ability to be more responsible for oneself, improved emotional regulation, increased tolerance, and empathy for others, increased self-esteem, improved communication skills, awareness of what makes relationships and lifestyles of any kind healthy, increased sense of community, increased levels of focus and commitment to self. These goals were met by guiding participants through five core elements (Martin et al., 2014, p.7). Core rhythms develop focus, concentration, and generalized skill acquisition. Discussions and storytelling help connect skills learned in the drum circle to the prison environment and community by increasing the ability to play with perspective or engage in empathy and tolerance. Rhythm games feel like fun, engagement, and teamwork but breed skills that help follow boundaries or rules and learn emotional regulation and communication skills. Improvising allows participants to acquire new skills in expression, flexibility, independence, and emotional reciprocity. Performing flexes social skills and community integration while increasing a sense of self-worth.

Feedback from participants boasted improvements in helping inmates release anger, tension, and anxiety. Many participants expressed gratitude for the program's ability to offer relaxation and opportunities to feel happy in an otherwise unhappy place. Several inmates stated the program assisted their journey towards better mental health and keeping what they reported as sane. Inmates reported increased confidence in communication skills which transferred to others outside the group, including staff. Almost all the participants, 93.8%, reported increased self-confidence and feeling better about themselves. Staff and participants noticed that members were better at forming and keeping healthy connections once introduced to the program.

DRUMBEAT's proven success and informal group culture generalize the program to inmates of all ages, genders, backgrounds, literacy levels, sentence lengths, and offenses. Martin et al. (2014) concluded that DRUMBEAT was effective in improving mental well-being and the acquisition of positive life and relationship-building skills.

Using Rap Music as a Therapeutic Container

Richards et al. (2019) synthesized several benefits of using rap therapy to reduce anxiety and improve adolescent emotional regulation and impulsivity. The focus remained on the musical aspects of performing a rap song, such as the power in a client's voice or a person's body language. By not focusing on the lyrics, participants felt less pressured to find the right words and could express themselves through the music. Rap therapy intentionally integrates hip-hop culture elements in a therapeutic setting to facilitate psychosocial development. Rap can promote positive peer interaction and provide a safe outlet for adolescents to share their experiences. Rap therapy also allows those to rewrite their story in a way that instills hope and healthy coping skills.

Several themes emerged from the research of Richards et al. (2019). Participants reported they could find their voice and escape mundane prison routines. Participants said these therapy groups were a form of mental relief, scenery change, and a place to learn and implement coping skills. Participants engaged uniquely in affirming their identities in a safe environment while building connections and communication skills with peers and staff. A member of the women's group said the "integration of rap therapy improved their communication and that it became easier for them to ask others for help" and that the group provided a safe environment for members to develop a sense of support and community. "I realized that a lot of us are going through the same thing" (Richards et al., 2019, p. 8).

Bridging Inner and Outer Worlds with Music

O'Grady (2011) created a study about creating and performing a musical in prison. The study adds to the body of music therapy literature and contributed to the development of expressive programming in forensic settings and their connection to its healthcare system. The 10-week intrinsic case study was conducted in an Australian maximum security women's prison and influenced by grounded theory. Participants were chosen for the study after being approved by two ethical boards. Seven women approved, ages 24-40, and four had previous musical experience. Two community actors supported the seven approved inmates in this work. Data were collected using semi-structured post-performance interviews lasting fifteen to forty-five minutes and supported by weekly field/session notes.

The results found that these women could bridge their inner and outer worlds by creating and performing a musical together. They described these results as physical to symbolic shifts (inside to outside), shifting from private to public, moving from solitude to togetherness, from previously focusing on yourself to focusing on others, and moving from subjective thought processes to more objective thought processes (O'Grady, 2011.) Women explained these results as a sense of freedom and escape. Not all participants enjoyed it; some explained feelings of threatened autonomy and vulnerability.

The main limitation is that the findings cannot be generalized across settings or even to other prisons. Creating and performing musicals in this context is an intermodal approach that supports more traditional music therapy styles and is not meant to be universal. The analysis states that creating and performing was a bridge to connect oneself to the outside world. Research in these areas should continue to develop and influence women's healthcare. Further

exploration also helps provide more options for incarcerated women to be rehabilitated and reduce recidivism (O'Grady, 2011.)

Discussion

This review aimed to understand how music has been "prescribed" in correctional facilities. The forensic population is often complicated to research due to the prison environments' many changing variables, like institutional lockdowns and vulnerable inmates who may feel pressured to participate. Still, the forensic population suffers more from psychological distress than others and often enters their cells with preexisting mental health conditions (Martin et al. (2014).

Admittedly, there are several limitations to this critical review of the literature, especially regarding the affordability of available and influential works. There are plenty more data to support the need and flex the success of forensic music therapy supporting every day and preventative health. Unfortunately, due to cost, these articles were read but uncited. I also limited myself by not presenting work from similar settings like halfway houses or detention centers. Nonetheless, reading these works informed practice, as the information was valuable for understanding the big picture. Bulman et al. (2002) explain that each state's laws about studying vulnerable populations such as inmates vary, making reliable research difficult. Kolodziej et al. (2022) reached limitations in generalizations across settings because their study size needed to be more significant. Due to the abovementioned challenges, Wang and Sawyer (2021) struggled with a low response rate. Similarly, Chen et al. (2013) could only study men and could not diversify their results across all genders. Additionally, participating inmates could simply not trust the researchers. They may feed desirable answers and only participate in the work to get out of isolation, not because of genuine need or interest (Bulman et al., 2002).

Critical data illustrated the daily stressors of being an inmate, the Department of Corrections' stress reduction techniques, and how music has been and is already used therapeutically and recreationally throughout forensic environments. Literature guided readers through the rising incarceration rates, its gaps and influences in healthcare, and the need for more therapists in Massachusetts and beyond. Data collected presents the positive result that forensic music therapy offered inmates ways to learn about themselves and others, a way to escape the psychological distress of being an inmate. The research found that forensic music therapy also offered opportunities to acquire skills in emotional regulation, all while doing a generally preferred activity; musicking.

Synthesizing this research was essential in working with and respecting the forensic population, which I have been practicing since September 2022. The literature review illustrated the need for and potential call to action for more therapists to serve this population. It was also interesting to present the potential of prescribing music therapists to prisons to be preventative against incarceration's ability to be toxic to one's well-being. With a definite deficit of therapists, therapy programs, and an overwhelmingly high representation of mental illness behind bars, let's unlock the possibility of making music therapy a regular and accessible form of preventative healthcare to help inmates of all kinds meet their psychological needs.

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THESIS APPROVAL FORM

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: _Dr. Rebecca Zarate MT-BC, LCAT, AVPT