

MUSIC THERAPY IN THE PROCESS OF RECOVERY AND LIBERATION FROM GENDER-BASED VIOLENCE: A CASE STUDY



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Abstract

Music therapy, increasingly widespread in integrative therapeutic interventions, offers a range of possibilities for supporting victims and survivors of gender violence. The present project aims to outline a case study based on an innovative context. It is taking as reference a transformative narrative and moving away from stereotyping, moving outside the reductionist paradigm for offered by specifically addressing therapeutic intervention with the Muslim population, from an intersectional perspective, focusing on the case of a woman who, due to religious interpretation, rejects the use of music. That is why, inspired by the Andalusian music therapy model and its similarities with Helen Bonny's GIM model, the intention is to verify the effect that the musicality of the Quran generates in reducing the state of anxiety and stress associated with exposure to any of the aspects of abuse. Analyzing the results that have been obtained throughout the entire process, it can be concluded that the contribution of the recitation of the Quran, as a receptive method in a music therapy program, is positive.

Keywords: Music Therapy, gender-based violence, intersectionality, Andalusian, GIM, Islam

BACKGROUND

Violence against women is a reality that crosses borders and cultures. The mere fact of being a woman obliges her to pay a tribute, which is paid to her body and her freedoms. As noted by Bonomi et al. (2009), it affects up to 44% of adult women (p. 1692). In this way, homes can be the most dangerous places for them, as they become the trenches in which states of emergency take place.

As an integrative therapeutic intervention, music therapy contributes to the accompaniment of women in situations of intimate partner violence. Even so, as Hernández-Ruiz (2005) warns, the scientific production related to music therapy interventions linked to gender violence is scarce despite the prevalence of this reality (p. 143).

Gender-based violence does not overlook women's health, who can suffer from a 50% to 70% increase in gynecological conditions, as well as the central nervous system or stress (Campbell, 2002, p. 1157). Lenore Walker (2007) coined Battered Woman Syndrome to refer to psychological signs and symptoms, such as hyperarousal, high levels of anxiety, and emotional dullness that usually manifests as minimization, denial, dissociation, repression, or anxiety (p. 42).

Thanks to studies, such as the pilot program of music therapy in Cuba (Fernández de Juan, 2011), it has been possible to show that the somatization of anxiety is externalized by keeping the body tense (p.192). For Jiménez (2017), the effectiveness of this type of therapy

can be seen in the reduction of the consumption of anti-depression drugs by focusing on music as a tool to induce joy (p. 90). In this way, music therapists can be, as Whipple and Lindsey (1999) point out, a crucial adjunct to developing, implementing, and enhancing existing programs in care centers for women and children in situations of abuse (p. 67) since music acts as a mediating element through an accessible and non-threatening environment for treatment and empowerment.

However, the discursive strategies linked to the use of music therapy in the context of gender-based violence are approached from a homogeneous approach to what it means to be an abused woman. Thus, a hegemonic narrative is reproduced that circumscribes the ontological victim as a monolithic block, distancing itself from the plural reality of the women who fit into this situation. For this reason, the intersectional view offers a counter-hegemonic aspect far from stereotyping, offering tools for intervention with the Muslim population, specifically with those who present resistance to the use of music.

Given this diversity, it is necessary to find treatments that take into account the inclusion of spirituality. For this reason, in recent decades, research has begun to be carried out in the area of Alcoran and medical science. The reading of the Qur'an is done through different maqamat, that is, the use of a specific melody with measured and embellished intonations, merging the meaning of the set of verses recited with the corresponding mood and emotion (Shahriar & Tariq, 2021, p. 117.271).

Several studies explore the impact of the musicality implicit in the recitation of the Qur'an to verify its effectiveness in reducing the state of anxiety, such as the one carried out by Al-Jubouri et al. (2021), which accounts for the benefit of using the Alcoran to minimize the impact of anxious conditions (p. 1612).

According to Hoffmann (2007), the recitation of the Qur'an creates a musical atmosphere, from which the Qur'anic text is embellished through musical modulations, highlighting verbal sounds, with repetitive patterns of rhymes and alliteration, iconicities (puns and onomatopoeias) or inferred sounds (p. 109).

Materials and method

Participant

The intervention is carried out with a forty-year-old woman of Spanish origin and Muslim confession. She is divorced after twenty-two years of marriage to the aggressor, eighteen years her senior. He is of Algerian origin and Muslim tradition. As a result of their relationship, they have a nine-year-old son together. The guardianship and custody falls to her, having established a visitation regime. Parental authority is shared.

She reports that psychological violence is established in the relational dynamics of the couple from the beginning of the cohabitation, escalating in intensity, frequency, and severity befo-

re the birth of the child and when she decided to end the relationship two years ago. The cohabitation persisted until ten months ago, when she decided to leave the home with the child. Vicarious violence is also identified, a fact that makes him re-experience situations of abuse. No complaint of ill-treatment has been filed.

It can be seen that the violence suffered does not have a cyclical structure from the moment it begins, given that, in the story of violence, no phase of affective manipulation or honeymoon is detected.

It is observed that there is no emotional bond with the aggressor and that the mourning for the broken family project has begun to be elaborated, with the re-establishment of the meaning of the experience lived as undesirable and violent.

She is diagnosed with an anxiety-depressive condition associated with the experience of gender violence in the couple. For the past two years, she has been receiving daily pharmacological treatment consisting of Zolpidem Scillatropan Cinfa (antidepressant), Pristiq (antidepressant), and Rivotril (anxiolytic). It manifests continuous dullness, confusion, and attention difficulties. Verbalizes presenting sleep disturbances, having difficulty falling asleep and sustaining it for more than two continuous hours.

The collection of the child after each visit with the father is activated on an emotional level, where he expresses that he feels fear, anger, guilt, and helplessness because of the behavior of his aggressor.

The woman expresses feelings of guilt and shame for having sustained the violent relationship over time and for the impact that this decision has had, on an emotional level, on her son.

Resources

- Musical instruments: Oceandrum, ney, orff percussion instrument case, guitar, portable keyboard, ukulele, recorded selection of recitations from the Qur'an, sounds of nature.
- Helpful resources: small water fountain, Story Cubes, paint and paints, colorful handkerchiefs and fabrics, two tennis balls and two stockings, a pack of balloons, bubble wrap, eight chopsticks, a skein of wool, four old newspapers
- Technological equipment: Tablet, speakers, mobile phone with a high-resolution camera (4K), tripod, and internet connection
- Other materials: two cushions and two mats
- Human Resources: A part-time music therapist

Music Therapy Sessions

A total of twenty sessions have been carried out under the structure shown in Table I, combining the receptive method

and the active method of music therapy. The design of the set of sessions has taken inspiration from the Andalusian music therapy model, which, in turn, has certain similarities with the GIM model. Each session is initially divided into eight phases, with variations to adapt to the woman's personal and emotional circumstances.

With regard to the choice of musical instruments, special care has been taken to respect diversity, taking a disposition of openness on the part of the music therapist without the intention of modifying the codes formed by the patient with respect to the illegality of music or musical instruments. However, at the woman's request and prior to the start of the sessions, she was provided with written information on the findings found in relation to the prohibition of music from the Islamic paradigm.

Likewise, despite the fact that the programming of the sessions was initially designed to be developed with the tambourine and ocean drum, in each session, a variety of instruments were available (ney - reed flute used in Andalusian music, orff percussion instrument case, guitar, portable keyboard, and ukulele) accessible to be used by the patient if she wished. At the same time, the suitcase of instruments was left at home so that she could use them with her son, if she considered it necessary, as a way of approaching and improving mother-child communication. It should be noted that, in both situations, the patient made use of them.

Within the techniques of the receptive method, the following have been used:

- Relaxation: They were introduced in each session to open the way to physical, physiological, and psychological relaxation, deep states of consciousness, connecting with your inner self, and looking at the session and the process you are experiencing. In this phase of internalization, we have sought to create spaces to disconnect from the stressors of their daily lives, acquiring new tools for their application outside the program.
- Imaginary Listening: It is the technique used within the receptive musical journey, referring to the use of recorded auditions of the recitation of the Qur'an to stimulate the patient's images. The selection of the pieces has been based on those indicated for their importance in the sound-musical historiography of women, as well as those whose message can serve as a catalyst, such as the azora Al-'Ihlas [Adoration], highlighted for spiritual development or the azora An-nur [The Light], whose message focuses on the repudiation of violent treatment: sexual offenses and defamation of women. The sound of moving water has accompanied it. These

Table 1.

Initial Session Structure

Session Phases	t	Activities	Objectives
Preparation Heating (Externalization)	5 min	Water Purification Ritual Recitation of Al-Fatiha Azorah [The Opening]	- Adapting to the physical space - Preparation for the start of the therapeutic process
Motivation for the session (Internalization)	5 min	"I Sound Like This" Activity Use the ocean drum as a tool to express your mood, what your dream has been like, etc.	- Promote self-regulation - Become aware of your own moods - Develop verbal and non-verbal communication tools
Conscious Body Activation (Externalization)	10 min	Free Sound and Body Expression	- Strengthen body self awareness - Unlocking tensions using the body as a means of communication - Promoting freedom of expression
Prelude	20 min	Initial interview to learn about your current concerns	- Mark the situation you want to address
Relaxation (Internalization)	10 min	The music therapist will guide through the induction to relax and create a bridge between the outside and the inside of the woman	- Reduce anxiety and stress - Focus on the auditory and visual senses.
Receptive Musical Journey	20 min	Selection of azoras from the Qur'an that help to provoke the awakening of images and emotions in women. If you wish, you will be able to detail the images, feelings, thoughts and emotions that the musicality of the Qur'an evokes in you.	- Reduce anxiety and stress - Help release negative structures settled in the mind
Epilogue (Internalization/ Externalization)	20 min	Creative exploration with mandala drawings or musical improvisation. Verbal Communication, Exploring the Musical Journey	- Reflect your experience of the session - Promoting freedom of expression - Encourage expressiveness and creativity
Farewell (Externalization)	5 min	Water purification Dua' [Supplication]	- To thank the achievements achieved in the session

Source: Authors' own elaboration based on Mateos (2004, p. 18)

images can be mental or take the form of smells, tastes, bodily sensations, etc.

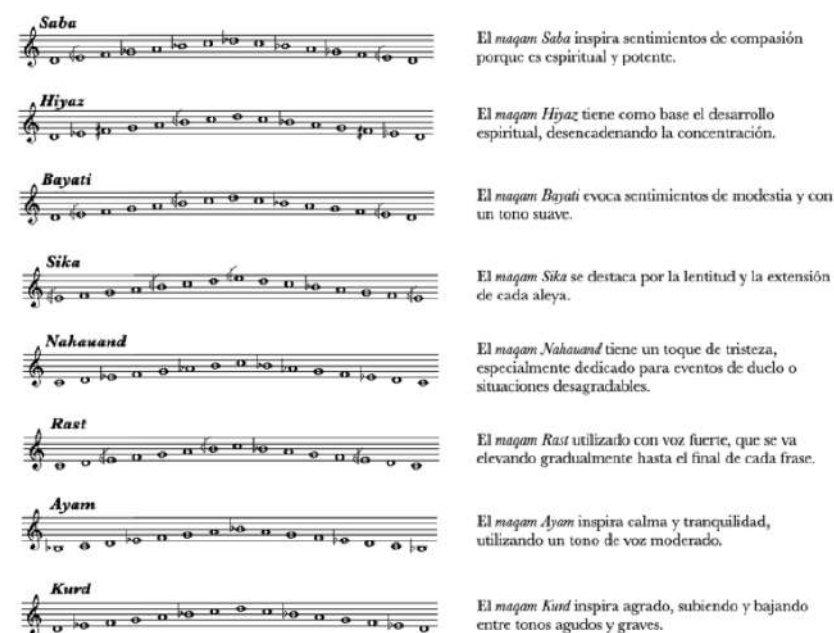
- Live Auditions: They have been developed during the epilogue phase, in the first part aimed at the representation and symbolization of their experience in the receptive musical journey. To do this, the music therapist used the ocean drum or the ney, promoting a state of tranquility in the patient and stimulating images while helping the woman express emotions graphically.
- Recorded auditions and lyric analysis: As this is a technique used in the field of music therapy with abused women, a consensus was reached with the patient on the choice of two songs that, due to their lyrics, could reflect some type of violence against women. The woman was invited to express herself sonically, or through the ocean drum, of the emotions evoked by the lyrics.
- Likewise, recordings of relevant music in the musical historiography of the patient, "Cucurrucú Paloma" interpreted by Caetano Veloso, were used. These recordings were used during creative expression techniques, helping you connect with positive memories and moments of tranquility and happiness.

On the other hand, the techniques used within the active music therapy method have been the following:

- Vocal and instrumental improvisation: The use of this technique during the program sought to awaken creativity in the patient, offering a channel of communication and a space of freedom, breaking her blockages and reinforcing her self-confidence and self-esteem.
- The Singing: Focused on the recitation of the Qur'an, thanks to its vocal melodic proposals, it has sought to create a path for self-confidence and self-knowledge and to restore the balance and integrity of one's inner being. The eight main maqamat used for Qur'an recitations are Sheba, Hijaz, Bayati, Sika, Nahauand, Rast, Ayam, and Kurd (Shahriar and Tariq, 2021, p. 117.272), as shown in Figure 1. One of the keys to the recitation of the Qur'an is based on the use of a slow tempo, with rhythmic variations adapted to the text.
- Rhythm and percussion: They have worked through the tambourine as a way to channel their conflicts and as a tool for emotional expression in a non-verbal way. Free and undirected spaces have been created, facilitating the expression and channeling of emotions. Through Rhythm and percussion, it has been intended that the patient connects with her body and mind, varying in intensity, dynamics, or tempo, as a catalyst for the reinforcement of her emotional security, making it possible to

Figure 1.

Main maqamat used in the recitation of the Qur'an



Source: Authors' own creation

strengthen the relationship with her vital Rhythm and with her own body.

- Sound-body expression: Body expression, through movement, has been introduced so that the patient can express herself freely and feel alive and empowered. This technique has been introduced for women to connect with their bodies and become aware of their inner world and the environment. It has also been included for the relaxing benefits it can bring to the body, especially when accompanied by the ney.

Body percussion has been incorporated into this classification, in which the body becomes a dynamic instrument to create rhythms and sounds. Through this technique, they have sought to express feelings, increase self-confidence, improve self-perception, and improve their communicative tools.

- Creative Expression of Hearing: After the imaginary listening, the patient was invited to express, in a graphic and written way, free body movement, the images, feelings, thoughts, or emotions that the journey within her had evoked.
- Musical composition: It is another of the most used techniques in music therapy for women who are or have been exposed to gender violence, as it is a deeply personal work to express, narrate, or free themselves from their violent experience, to process grief, taking a turn towards a transformation of themselves. The music the-

rapist has harmonically accompanied the lyrics composed and sung by the woman with the piano (keyboard).

Data collection and analysis

At the end of each session, a registration sheet was completed where the indicators to be evaluated were collected according to measurable achievements.

In order to evaluate the intervention carried out in music therapy, it is necessary to divide it into three blocks:

1. Initial Assessment

1.1. Quantitative. Through pre-test psychometric instruments, where the person chooses, among alternative possible answers, the one that they consider best suits their situation:

- a. Coopersmith's Self-Esteem Inventory (1981).
- b. Beck BDI-II depression test (Beck et al., 1996).

1.2. Qualitative, through a semi-structured ad hoc interview, as mentioned above, thus knowing the patient's starting point before the music therapy intervention.

2. Continuous evaluation

2.1. Preparation of registration sheets. The sheets were completed at the end of the session, and the necessary adjustments could be made for the next session.

2.2. Review and analysis of the multimedia recordings after each session, pointing out those successful and unsuccessful strategies and making the pertinent adjustments.

3. Final Evaluation

3.1. Quantitative. Through post-test psychometric instruments, where the person chooses, among alternative possible answers, the one that they consider best suits their situation

- a. Coopersmith's Self-Esteem Inventory (1981).
- b. Beck BDI-II depression test (Beck et al., 1996).

For the analysis of the data obtained, both in the record sheets and the psychometric instruments, they were digitized and processed using Apple's Numbers program, version 13.1.

Results

It can be observed that the results obtained in the Coopersmith self-esteem inventory confirm the improvement produced after the musical intervention (Table 2). Thus, it can be seen that, although the level of self-esteem oscillates in the same range of average self-esteem (12 points in the pre-test and 15 in the post-test), the patient's self-perception and the experience herself assessed in relation to her physical and psychological characteristics has brought about a positive change. Similarly,

there are modifications in attitudes and experiences in the family environment, showing a degree of significance in the feeling of feeling loved and valued by their family.

Table 2.

Comparison of results of the Coopersmith Self-Esteem Inventory

	Pre-test	Post-test
Problems usually affect me little	False	True
I have a hard time speaking in public	True	False
If I could, I would change a lot of things about myself	True	False
I can easily make a decision	False	False
I'm a nice person	False	True
At home I get angry easily	False	False
It's hard for me to get used to something new	True	False
I'm a popular person with people my age	False	False
My family usually takes my feelings into account	False	True
I give up easily	True	False
My family expects too much of me	True	False
It's hard for me to accept myself as I am	True	False
My life is very complicated	True	False
My colleagues almost always accept my ideas	False	False
I have a bad opinion of myself	True	True
Many times I would like to leave my house	False	False
I often feel disgust	True	False
I'm less pretty than most people	True	False
If I have something to say, I usually say it	False	True
My family understands me	False	True
Others are better accepted than I am	True	True
I feel like my family is pressuring me	True	False
I often get discouraged with what I do	False	False
A lot of times I'd like to be someone else	True	False
I can be trusted little	False	False
Total Scores	12	15

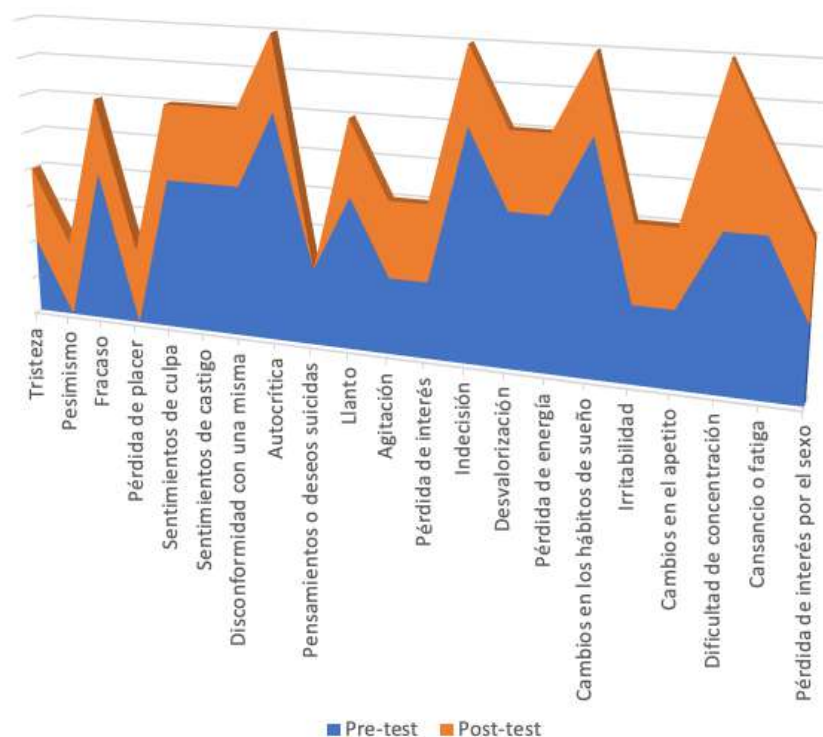
Source: Authors' own elaboration based on Coopersmith (1981)

Improvements in the severity of depression were observed, going from a total score of 34 (severe depression) to 21 at the end of the music therapy program, being within the scale of moderate-severe depression (Figure 2). The changes are reflected in both cognitive-affective factors, with a score of 20 (0.51) at the beginning of the program, compared to the score obtained at the end of the musical intervention, with a result of 12 (0.31). At the same time, the somatic factor has also been reflected in the improvement, going from 14 (0.58) to 9 (0.38).

These results go hand in hand with those obtained in the sessions, measured through the log sheets (Table 4). Throughout

Figure 2.

Comparison of results of the Beck Depression Test BDI-II



Source: Authors' own elaboration based on Beck et al. (1996)

the twenty sessions, the level of anxiety has been reduced without it remaining linear. The peaks that are reflected in the absence of smiling, lowering of the gaze, sustained tension during relaxation activities, or the worsening of falling asleep coincide with the return of the child from the overnight stay with the aggressor, in the visitation regime, and the re-experience of episodes of violence.

Likewise, a notable improvement in the patient's self-esteem is observed, which has resulted in the changes found in body language, such as being able to hold the gaze with the music therapist for at least five seconds or not apologizing, especially in moments of liability or emotional openness.

DISCUSSION

Although the scientific production on the positive effects of music therapy for the treatment of anxiety and the improvement of self-esteem is extensive, there is hardly any research that focuses on the field of gender violence. It should be noted that the publications that intersect music therapy and gender violence incorporate their objectives to reduce anxiety and raise self-esteem, among other objectives, demonstrating in all cases the effectiveness of this type of treatment.

It has not been possible to find studies that introduce intersectionality in the application of music therapy based on a view that breaks with a hegemonic narrative towards victims of gen-

Table 4.

Indicators recorded during each session according to short-term objectives

Short-term goals	Indicators	1,2,3,4
1. End the session with a smile	Show a smile at the end of the session	
2. Reduce repetitive foot and hand movements	On the musical journey he is able to maintain relaxed body posture for at least 20 minutes	
	During the epilogue he is able to maintain a relaxed body posture for at least 5 minutes	
3. Improve sleep	Verbalize that you have improved your sleep at least two nights following the music therapy session	
4. Be able to hold your gaze with the music therapist for at least 5 seconds	Maintain eye contact with the music therapist for 5 seconds	
5. Expressing Your Emotions Without Apologizing	He is able to go on the musical journey unapologetically	
	He is able to perform the epilogue unapologetically	
6. Increase Communication Skills	Show emotions of joy	
	Shows emotions of sadness	
	Shows angry emotions	
	Shows emotions of fear	
	1. Never 2. Sometimes 3. Often 4. Always.	

Source: Authors' own elaboration based on Beck et al. (1996)

der violence. Therefore, the present case study sets a precedent by investigating the specificity of casuistry that moves away from generalizations.

On the other hand, research that includes the treatment of anxiety through the recitation of the Qur'an is not always framed as a music therapy program but rather as treatments that incorporate spiritual sensitivities. Even so, these studies confirm the positive effects that the use of this receptive method has on their patients. To date, it has not been possible to find scientific works that incorporate the recitation of the Alcoran within music therapy programs aimed at women exposed to gender violence.

CONCLUSIONS

This study aimed to verify the effect of the use of the musicality of the recitation of the Qur'an in a Muslim woman in the process of recovering from an experience of gender violence within a music therapy program, seeking to reduce the state of anxiety and increase self-esteem after exposure to any of the aspects of abuse. Analyzing the results obtained throughout the process, it can be concluded that its application is positive.

The implementation of a pioneering program such as this one has required a tenacious bibliographic search, highlighting the historical debt that contemporary music therapy owes to Arab and Muslim societies and, specifically, to Al-Andalus. In the review of texts, it has been possible to verify how it is mentioned anecdotally or openly banished from the relevance on which the discipline is currently based.

It should be stressed that a case study lacks the generalizable capabilities that other types of research offer. However, through this program, an attempt has been made to open the way to a counter-hegemonic view of intervention with women who are exposed to gender-based violence and who would not have a place in the standards usually offered in shelters.

In this theoretical process, based on extensive experience working in the field of gender violence and intervention with Muslim women, it has been possible to design an intervention proposal inspired by the Andalusian model and the GIM model, developing a methodology of music therapy intervention adapted to the process of liberation and recovery of Muslim women in situations of sexist intimate partner violence.

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MUSIC THERAPY FOR
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