

University of Louisville

ThinkIR: The University of Louisville's Institutional Repository

Electronic Theses and Dissertations

5-2005

Survival songs : how refugee and immigrant women experienced violence.

Judith C. Heitzman
University of Louisville

Follow this and additional works at: <https://ir.library.louisville.edu/etd>

Recommended Citation

Heitzman, Judith C., "Survival songs : how refugee and immigrant women experienced violence." (2005). *Electronic Theses and Dissertations*. Paper 602.
<https://doi.org/10.18297/etd/602>

This Doctoral Dissertation is brought to you for free and open access by ThinkIR: The University of Louisville's Institutional Repository. It has been accepted for inclusion in Electronic Theses and Dissertations by an authorized administrator of ThinkIR: The University of Louisville's Institutional Repository. This title appears here courtesy of the author, who has retained all other copyrights. For more information, please contact thinkir@louisville.edu.

SURVIVAL SONGS: HOW
REFUGEE AND IMMIGRANT WOMEN
EXPERIENCED VIOLENCE

By

Judith C. Heitzman, ABD, LCSW
B. S., University of Louisville, 1986
MSSW, University of Louisville, 1989

A Dissertation
Submitted to the Faculty of the
Graduate School of the University of Louisville
In Partial Fulfillment of the Requirements
For the Degree of

Doctor of Philosophy in Social Work

Kent School of Social Work
University of Louisville
Louisville, KY
and
College of Social Work
University of Kentucky
Lexington, KY

May 14, 2005

SURVIVAL SONGS: HOW
REFUGEE AND IMMIGRANT WOMEN
EXPERIENCED VIOLENCE

By

Judith C. Heitzman, ABD, LCSW
B.S., University of Louisville, 1986
MSSW, University of Louisville, 1989

A Dissertation

Approved on April 14, 2005

By the Following Dissertation Committee:

Daniel Wulff, Ph.D., Chairperson

Debra Anderson, Ph.D.

Bibhuti Sar, Ph.D.

Sally St. George, Ph.D.

Barbara Wheeler, Ph.D.

DEDICATION

To my husband, Rev. Tony Heitzman
whose enduring patience, support and love
made this journey possible,

To Candida, Jonia, Luna, Mariah, Philamina, Ruth and Zee,
who so generously shared their stories of survival for this study,
To all persons who assist refugees and immigrants internationally,
and

To the millions of refugee and immigrant women worldwide
who daily respond to suffering with courage and determination.
May they find strength and support to survive their ordeals.

Judith Cooper Heitzman

ACKNOWLEDGEMENTS

An undertaking of this magnitude could not have been accomplished without the people who generously shared their time, energy, wisdom, and scholarship. I especially wish to thank:

Dr. Dan Wulff, who mentored me through this process with tenacity and levity while enriching my quest for respectful, collaborative scholarship,

Dr. Ruth Huber, who encouraged my doctoral studies and prepared me for qualifying exams with tender loving care,

Dr. Debra Anderson, who broadened my understanding of qualitative inquiry with women violence survivors,

Ms. Norma Niev, who faithfully provided a fun and supportive environment,

Dr. Bibhuti Sar, who brought expertise in cultural diversity to my committee,

Ms. Jan Spang, whose friendship, insight and support sustained me throughout this doctoral experience,

Dr. Sally St. George, whose steadfast editing and optimistic spirit guided me through the qualitative inquiry and writing process,

Dr. Barbara Wheeler, whose gracious mentoring and scholarship in the field of music and music therapy broadened the scope of my learning,

Dr. Vernon Wiehe, who inspired me to connect the trauma of surviving violence with the restorative properties of music, and

Dr. Gale Goldberg Wood, who first fostered my appreciation of social constructionism as a means to empower marginalized persons, particularly women violence survivors.

TABLE OF CONTENTS

COMMITTEE SIGNATURES.....	ii
DEDICATION	iii
ACKNOWLEDGEMENTS	iv
TABLE OF CONTENTS	vi
ABSTRACT	xiii
CHAPTER 1 – PROBLEM STATEMENT	
Introduction	1
The Experience of Violence as a Refugee or Immigrant Woman	3
Why Hear Only Women’s Voices?	4
Can Music Sooth the Pain of Violence?	6
Music as a Coping Mechanism	7
Potential Significance of this Study	8
CHAPTER 2 – LITERATURE REVIEW	
Refugee and Immigrant Women Survivors of Violence	10
Violence Against Women.....	10
Patriarchy and Sexism	13
Atrocities	15
Sexual violence against women	15
Domestic and Community Violence	18
Cultural imperialism and colonialism	20
Suffering and the Effects of Violence	21

Post Traumatic Stress Disorder and Trauma Recovery	24
Stress and the duration of suffering.....	27
Grief and Loss Experiences	30
Grief and loss issues faced by women who survive violence.	30
Defining grief, loss, and bereavement	31
Bereavement and violence	32
Bereavement complications for refugee and immigrant women	33
Surviving Violence	34
Pre-trauma Risk and Resiliency	34
Resiliency	36
Storytelling and Survival	37
Listening to survivors' visions	38
Transitioning to Another Country as Refugee or Immigrant Women	39
Music and Coping with Stress	44
Music therapy	48
Music performance	49
Restorative properties of music	49
Emotional responses to music	55
Music and meaning making	57
Music as a universal form of expression	59
Music, metaphor, and healing.....	59

CHAPTER 3 – METHOD

Researcher Context	62
Storytelling	63
Pragmatism	63
Language	64
Patriarchy and language (aka sexism).....	65
Violence against Women	65
Music and Healing	66
A Passion for Justice	67
Best Teaching	67
Assumptions	68
Description of Method	69
Hermeneutics	70
Reflexivity	72
Triangulation	73
Trustworthiness	73
Rigor	74
Research Design	75
Grounded Theory	76
Participants.....	78
Defining the Participant Population	78
Recruiting Participants	80
Consent Procedures and the Institutional Review Board	82

Compensation	83
Data Collection	83
Collecting Field Notes	85
Data Analysis	85
Step-by-step	86
Illustrations of data analysis	87
Making sense of the data	89
Peer Reviewer	91
Emerging Themes	91
Punctuating the Themes	92
Character Portraits and a Composite Story	94
From Emerging Themes to Evolving Theory	95
 CHAPTER 4 - RESULTS	
Character Portraits	98
The Participants	99
Africa	99
Ruth	99
Zee	100
Central America	101
Candida	101
Philamina	102
Eastern Europe	103
Jonia	104

Luna	104
Mariah	105
The Composite Story	106
Gentle Grit	106
Life Before the War was Routine and Ordinary	107
The Brutality of War	108
Sexual Violence against Women	111
How Violence affected Family Members	114
Escaping the Violence	115
The Refugee Camps are no Guarantee of a Harbor Safe Harbor from Danger	116
Cultural Taboo of Talking about Sex or Sexual Abuse	118
The intergenerational cycle of violence and conflict ...	119
Grief Responses to Losses	120
Longing for the old country	122
Music and Coping	123
Prayer and Coping	125
Coming to the USA	127
Responses to the World Trade Center bombings	129
Lessons Learned	130
Feedback from Participants	131
Feedback from Peer Reviewer	132
My Field Notes	133

Philamina	133
Zee	133
Mariah	133
Candida	134
Jonia	134
Luna	135
Ruth	135
Reflections on the field notes	136
From Emerging Themes to Evolving Theory	137
Theory evolution process	138
Evolving Theory about Refugee and Immigrant Women	139
Evaluating the theory	139
CHAPTER 5 - DISCUSSION	140
Study Overview	143
Grounded Theory, Emerging Themes, and Evolving Theory..	144
Application of theory criteria	145
Findings	145
The violence	145
Survival and grief	146
Coping mechanisms	147
Unexpected findings	147
Design, Data Collection, and Data Analysis	149
Advertising	149

Language	150
Evolution of method	150
Switching Hats	151
Implications for Practice	152
Social justice issues.....	153
Responses to music questions	153
Referral sources and potential biases	154
Inquirer Reflections	155
My experience as a qualitative researcher	155
Method efficacy	156
Field note review and reflections	157
Clinical social work vs. qualitative inquirer roles	159
Conclusion	160
REFERENCES	165
APPENDIX "A"	191
APPENDIX "B"	193
CURRICULUM VITAE	

ABSTRACT

Survival songs: How refugee and immigrant women experienced violence
Judith Cooper Heitzman
May 14, 2005

An interest in privileging the voices of women who are marginalized in many parts of the world coupled with knowledge of the restorative properties of music cultivated this qualitative study. Seven women, ages 20-49 years of age, from three continents were asked the following grand tour questions: What was your experience of violence? What were the residual grief and loss issues that you faced? What, if any, role did music play in helping you cope with the stress of surviving violence? Participants were required to (a) be over 18 years old, (b) currently reside in the United States, (c) have left their native country because of violence, and (d) have arrived in the United States since 1992 with refugee or immigrant status. Individual interviews of approximately 2-1/2 hours were held with each participant. Data were collected via audiotape and then transcribed. Using a grounded theory method, ATLAS-ti was used to create open and axial codes, leading to themes and a theory of these women's experiences. A composite metaphoric story was written and punctuated with quotations from the raw data.

CHAPTER 1

How Seven Refugee and Immigrant Women Experienced Violence

Introduction

The problem of the maltreatment and the suffering of women through violence continues to plague societies throughout the world (Green, 1999; Hatty, 2000; Lum, 2003; Stout & McPhail, 1998). This problem goes beyond the ravages of war. However for this study, violence was defined as the brutal conditions that motivated the participating women and their families to leave their homelands for a safer environment. These conditions included (a) atrocities against persons through political means such as terrorism, war, torture, and persecution, (b) community violence such as assault, rape, kidnapping or other attacks on one's physical person that are life threatening, and (c) domestic violence such as witnessing violence in the home or on one's family members, or being the victim of physical abuse, sexual abuse, psychological abuse, neglect, or abandonment.

While there are many types of violence suffered by women, this study specifically looked at the experiences of refugee and immigrant women who have survived violent conditions. I wanted to know how these women survived, both emotionally and physically, their experiences of violence. I suspected that women accomplished this using a range of coping mechanisms. Some women found an inner wisdom that guided their survival. Others may have used a variety

of interventions to strengthen their coping skills. The specific nature of each woman's culture, as well as serendipity, may have also influenced this process. Based on these factors, particular emphasis was placed on how these women accessed inner strengths in surviving violence.

I believe my decision to study this population was of particular importance. I wanted to hear and record the voices of women whose experiences are frequently omitted by the media or other information outlets. Sadly, it is still evident in the 21st century from newspapers, television interviews, and literature that women's voices, while sometimes heard, are persistently omitted. Even for those women who are interviewed by the media, I wondered if the reporting really reflected their stories. I am doubtful that data gathered in quantitative studies capture the depth of the experience of women who survived violence. Due to these informational shortcomings, I chose a qualitative study as a means of bridging this gap. I hope these data and subsequent analysis will benefit the participants in this study by giving a better representation of their voice in their stories, as well as providing greater understanding to care providers and other researchers who work with immigrant or refugee women.

The study of survival is a subjective one. Hence, for this inquiry, survival was defined in the following ways: how participants managed to stay alive and the ways participants managed the residual physical, emotional, psychological, and spiritual consequences of staying alive. For example, some of them lived, while their loved ones were killed. If they or their family members endured physical or sexual violations, such as starvation, dehydration, or rape, I wanted to

know how they bore the stress, and if their survival tools helped ease the suffering and grief of these violations or losses. I also wanted to know what their experiences of acculturation were after settling in the United States.

In addition to knowing each woman's experience of surviving violence, I wanted to know specifically if music contributed to her ability to survive the stress of violence. Music is a medium used across cultures to comfort, sooth, or evoke strong feelings (Hoffman, 1995) and the music literature is rife with examples of how music reduces stress (Bunt, 1994; Christensen, 2000; Scheiby, 1999b), especially related to such traumatic situations as surviving violence (Scartelli, 1989; Scheiby, 2002; Smyth, 2002; Swallow, 2002). As a lifelong musician, I have long had an interest in the healing properties of music, and therefore wished to examine what part music might have had in these women's stories of surviving the stress of violence.

The Experience of Violence as a Refugee or Immigrant Woman

Primarily I explored what experiences the participants had in their native countries, including what life was like before the circumstances that led to their emigration and the nature of the violence that was experienced (e.g., war, terrorism, profound poverty). Through the interview process, I had hoped to hear the stories of these participants and learn what each woman saw as problematic and/or supportive in her contextual experience of surviving violence and what grief issues surfaced as a result of their violent experiences.

A secondary issue was the resettlement of these women and their families. What were their experiences of acculturation in the United States?

Though studies have been conducted with refugee women while in refugee camps, few studies in the social science literature that examined issues of re-settlement for refugee and immigrant families included acculturation in the United States, adaptation to English as a primary language (Breton, 1999; Miserez, 1998) or multi-cultural experiences in the United States (Aisenberg, 2001; Lum, 2003). I had hoped to gain a deeper understanding of the relevant issues of women from different cultures who experienced the stress of surviving violence (Atlani & Rousseau, 2000).

Lastly, I had hoped to learn what role music might have played in helping these women cope with the stress of violence. Since music is a universal phenomenon, I thought that perhaps the restorative properties of music reported in research (Smyth, 2002; Tomaino, 1998) might apply to this vulnerable population of women.

Why Hear Only Women's Voices?

Although women's roles and opportunities in the Western world have broadened in scope since the 1960s, women across the globe continue to experience limited choices in their life roles. In many parts of the world, women are still subjugated to the male dominance of their cultures (Lum, 2003). Worldwide, many women are forced to bear children and to be the primary caretakers of children (Stout & McPhail, 1998). Women continue to experience the violence of war and other atrocities, such as femicide, rape, physical injury, slavery, and prostitution specific to gender (Stout & McPhail, 1998). I had hoped to learn how women coped with their grief and loss during the violent times

This study was grounded in the views of *liberal feminism*, a utilitarian concept originating in the 18th century. Liberal feminism, not to be confused with the current day notion of a political liberal, specifically purported that equal treatment of all persons regardless of gender benefits the whole community, while unequal treatment harms the whole community (Wollstonecraft, 2001). A contemporary version of this theory is *liberal humanism*, which claims to best serve the community by assessing each individual on efforts and achievements, while ignoring differences in such demographic information as gender, race, ethnicity, and religion (Young, 1990).

The ideology of liberal feminism is not a new concept, but rather one whose threads have been woven throughout history by advocates for gender equity. Mary Wollstonecraft wrote about liberal feminism in the late 18th century. One hundred and fifty years later, Virginia Woolf (1938) again addressed the ramifications for women living in a patriarchal society. Woolf argued that war and terrorism have been historically a male dominated notion of problem solving, and that women have paid the price of war in various ways, including less money for education of themselves and their families and loss of family income through the death of the male breadwinner in the family. Juxtaposing Woolf's views with *postmodern feminism*, a belief that those in a society with more power socially construct the dominant social discourses of what is real, acceptable, and appropriate, a fundamental premise of this study is that the inclusion of all affected voices in identifying a problem has greater utility for survivors like the participants in this study than including only the voices of dominant group

members such as researchers or policy makers (Gilligan, 1982). The residual effects of war and violence on refugee and immigrant women qualified as a social problem (Chambers, 1999) worthy of study.

Can Music Sooth The Pain of Violence?

Music has charms to sooth the savage breast
Congreve (1964/1697), *The mourning bride*, Act 1, Scene 1

As a person with a lifelong musical avocation, I have both observed and directly experienced the use of music as a stress reducer. I have heard stories from friends, colleagues, and clients about the healing properties of music. I have witnessed the use of music as a crucial component of grief rituals, when loss was so profound that no words were possible or would suffice (Bosco, 2002; Bright, 1999; Christensen, 2000). These experiences are supported in music therapy studies (Bunt, 1994; Smyth, 2002; Tomaino, 1998). However, this concept of music as *therapy* is a Western idea, and while I have an interest in music as a clinical intervention, this study was primarily interested in the ways women used music as a source of strength, inspiration, and/or healing in times of violence. My interest was sparked by an assumption that most people understand neither the relationship between stress and the residual physiological effects of that stress (Gottman, Katz, & Hooven, 1997) nor the relationship between the physiological compromises of stress and the healing properties of music (Ghosh, 1997; Scartelli, 1989). For example, while many parents sing their cranky babies to sleep, I doubted that most parents know why the music is so effective.

Music is frequently used in rituals of both grief and loss and stress management (Lang & Mcinerney, 2002; Smyth, 2002; Sutton, 2002; Swallow, 2002). I wanted to explore with refugee and immigrant women who have survived violence what role, if any, that music played in coping with the stress of violence. In order to do this, I first asked each participant to name what constituted music for them, since how music is defined contains cultural components.

Music as a Coping Mechanism

Exploring music as a coping mechanism for the stress of surviving violence has merit for a number of reasons. First, music is almost always accessible. Most cultures of the world include music as part of their customs. Even in the most dismal of circumstances, one can still hum (or even think of) a tune. Second, there is the likelihood that survivors may experience compromised neurological functioning as a result of emotionally contending with the horrors of violence. Hodges (1996b) noted no significant differences in musical performance abilities when comparing groups of neurologically impaired and non-impaired persons. Music has also been used effectively throughout history as a soothing agent. Scheiby (1999b) described music as an agent that sustains and supports by symbolically holding clients as though they were in the firm and loving arms of reliable parents. Lastly, music possesses the adaptive properties and the needed flexibility to address both the vulnerability and multi-cultural nature of violence survivors (Cassity & Kaczor, 1990). I believe this information merits study in order to broaden the scope of understanding around multi-cultural

experiences of violence and the role that music might play in recovery from violence.

Humans learn through several methods, including sensory learning such as visual, auditory, or tactile and the use of musical learning, and music provides a mechanism for multi-sensory learning (Hodges, 1996a; Lipscomb, 1996). I believed it is relevant to connect the properties of music therapy and the theories of this study. For example, the essence of music therapy evolves through a triangular relationship between the therapist, the client(s), and the music (Boyce-Tillman, 2000), with the essential function of the music as both a partner to the therapist and client(s), and a vehicle through which change can occur. Through such creative processes as improvisation, music therapy imparts an atmosphere of self-actualization and meaning making that transcends words (Aigen, 1998). I wanted to know if music was used by these women as a coping device, and if so, how were choices of music selected.

Potential Significance of this Study

This study had many positive contributions. First, it allowed the survivors to tell their stories. The relationship between violence and the residual impact on survivors of violence is well documented (Dutton & Golant, 1995; Friedman, 1993; Saldana, 1992). I explored the coping strategies specific to refugee and immigrant women during the experience of violence and following their immersion in the United States culture. Further, it was my hope that their stories might lead to the development of new ways for professional helpers to lend a hand. Regarding the role of music in the lives of refugee and immigrant women, it

was my hope that this study would illuminate ways that these participants used music as a means of coping with the stress of violence that have not heretofore been studied.

CHAPTER 2

Literature Review

A Nation is not conquered
Until the hearts of its women are on the ground.
Then it is finished.
No matter how brave the warriors
Or how powerful the weapons.
Cheyenne proverb
(in Kuoich, Wali, & Scully, 1993)

Refugee and Immigrant Women Survivors of Violence

In this chapter, I examine the literature related to refugee and immigrant women who survived violence. This examination includes a review of general, communal, and domestic violence and the specific atrocities associated with these types of violence, the suffering and other residual effects of violence, including stress, grief, post traumatic stress disorder (PTSD) and survival issues, including resiliency and the use of music as a tool for coping with the stress of violence.

Violence Against Women

Scholars throughout history have identified social norms that contribute to violence against women (Butler, 1999; Butler & Scott, 1992; Gilligan, 1982; Gordon, 1988; Lerner, 1986; Wollstonecraft, 2001). Across cultures, in social, political, and familial realms, dominant discourses of patriarchy and male privilege have unilaterally prohibited the active participation of women in charting their own courses. My position is that any society that silences the voices of half of its population suffers from that silence. This fits with theories that have been

studied for centuries. For example, Wollstonecraft (2001) wrote prolifically during the late 18th century on social utility, and described how a society suffers by the inefficiency of subjecting women to prescribed roles. Rather, she supported the efficacy of allowing all persons to work to their capability, regardless of gender. While Wollstonecraft's original work was written in 1792, the theme of women being restricted from active participation in society as well as subjected to violence is still a commonplace theme in much of the world (Kuoch, Wali, & Scully, 1993; Lum, 2003). Similarly, Woolf (1938) challenged the integrity of her contemporaries in their political support of war. She defined war as a means of further oppressing women, referring to monies invested in war as another way of keeping women impoverished. Instead of raising more money for war, Woolf called for a paradigm shift that would financially support the education and liberation of all persons, including women. She equated this form of justice with a natural increase in peace.

To empower people, especially women who have suffered violence, Young (1990) called for several conditions: (a) reject the idea that one must assimilate to the dominant norms to be fully participative in social life; (b) espouse the validation of cultural difference as emancipatory; and (c) acknowledge that infrastructures which support "othering" are in fact a ruse for oppression by privileged persons fearful of losing power and control. Only when these concepts are embraced can people have access to the liberation of transcending group difference (Young, 1990). The notion that women had a unique and equally credible perspective was pioneered through the work of Carol

Gilligan (1982) when her book, *In a Different Voice*, critiqued the possibilities of enriching life and relationships through the identification and reverence of gender differences.

Woolf (1938) underscored the particular violence that war brings to women. Baber and Allen (1992) concurred with Woolf's ideas, and further noted how the acceptance of women in the military, particularly in the reserve forces, impacted women by forcing them to leave their children with little or no notice for appropriate childcare arrangements. Similarly, this chapter examines how the literature has addressed issues of many types of violence against women, suffering and other effects of violence, and tools that women use for surviving violence.

As a woman who has lived most of my life in the United States, it was hard for me to comprehend the levels of violence that many women around the world routinely endure. The literature accounts for many world cultures where women endure intimate partner violence (Bell, 1993), genital mutilation (Morgan & Steinem, 1995; Stout & McPhail, 1998), domestic servitude (Glenn, 2001), and the exploitation of prostitution (Kuocho, Wali, & Scully, 1993; Stout & McPhail, 1998). Such an existence may also include the profound poverty found in developing countries, the subsistent living of refugee camps for survivors of war torn countries, or living in countries where the marginalization and oppression of women are commonplace (Lum, 2003). Whether violence appears normalized in a social context of oppression (Lum, 2003) or is a tool for marginalization of indigenous people through colonialism (Yellow Bird, 2001), the scope of violence

always brings advantage to the oppressing group at the expense of the marginalized group (Chambers, 1999). As a means of reviewing the ontology of violence against women, several topics will be reviewed including the two main topics of patriarchy and sexism. Also included in the discussion of the violence experienced by refugee and immigrant women are such atrocities as sexual violence against women, domestic and community violence, and cultural imperialism and colonialism.

Patriarchy and Sexism

In a patriarchal world, the thoughts, opinions, emotions and behaviors of women are frequently discounted. Young (1990) described this and all forms of oppression as a sinister process that persons of privilege use to maintain their power, usually at the expense and denigration of others. This process is called “othering,” and is defined as a way to reinforce difference from the dominant group as an inferior state while normalizing the privileged status of the dominant group (Riggins, 1997). In a patriarchal society, othering is a powerful tool for strengthening the oppression and marginalization of women.

I defined sexism as any situation where one suffers discrimination based solely on gender. On a broader scale, sexism influences the way many male and female children are reared (Gilligan, 1982), how they view their gendered roles (Hatty, 2000), and what they accept as normal within their lives (Chodorow, 1978; Garbarino, 1999; Pittman, 1993; Websdale, 1998). Deborah Tannen, a linguist, prolific writer, and expert on discourse analysis, has focused much of her work on the issues of who will talk and in what situation. In 1993, Tannen edited

a collection of articles in sociolinguistics titled *Gender and Conversational Interaction*. In this collection, Edelsky (1993) reviewed her study on gender issues around “who’s got the floor,” or more specifically, who has the turn to talk? Her findings indicated that men were more active in defining the “floor,” spoke longer during their turn, ignored interruptions more readily than did women, and were less interactive in collaborative interactions than were women. These data, collected in a rigorous quantitative study, raise some serious questions. If patriarchal structures are still dominant in most parts of the world, including the United States, who will women talk to, and who will listen to them? Will refugee or immigrant women oppressed by patriarchal cultures shrink from opportunity if ignored or discouraged in their new homelands?

When analyzing the differences in the amount of time men talk and the amount of time that women talk, James and Drakich (1993) asserted that a gender bias has dominated the literature. James and Drakich claimed that while the common stereotype is that women talk more than men, the research on this topic has been misinterpreted. Because of the male domination of patriarchal culture and language, the gauge was not about amount of talking but about silence, thereby entitling dominant men in a patriarchal culture to define how much talking is too much. The issue is not that women talk more than men, but that speaking women talk more than silent women.

This kind of attitude could place refugee and immigrant women in a precarious position. For example, Herman (1997) noted that in trauma recovery, women need four specific things in their environment in order to heal: (a) safety,

(b) remembrance, (c) mourning, and (d) reconnection. One wonders how this might be provided if these women are scrutinized by when and how much they talk. While sexism continues to barricade the progress of many women, a more sinister problem confronts many refugee and immigrant women, the issue of atrocities and sexual violence against women.

Atrocities

One can only imagine some of the experiences of women in this study; the agony of seeing loved ones killed, of hearing the voices of family members screaming, then silenced, of running in terror from approaching enemy lines while carrying young children, or learning of the mutilation, torture or death of family members. Such atrocities, while beyond the scope of most United States citizens' experience, continue throughout a large part of the world. The quest to know how these women managed to survive such horrendous experiences is a means to inform persons who support suffering women worldwide – women who still suffer from marginalization and continue to endure the oppression of violence.

Sexual violence against women. While there is no universally defined meaning of gender-based violence among cultures, the General Assembly of the United Nations (1993) defined it as follows:

Any act of violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. (In Hynes & Cardozo, 2000, p. 819)

Atlani and Rousseau (2000) claimed that “three perspectives dominate the Western discourse on sexual violence in war: feminist discourse on rape, the post traumatic stress disorder (PTSD) paradigm, and shifting conceptions of culture” (p. 436). Were it not for the feminist discourse on rape in war, which states that wartime rape is an instrument of policy used to terrorize and humiliate the enemy (Tetreault, 2001), we might still be in an age where rape that occurs in war is altogether ignored. Were we not in a social climate where we identify problems through a Western medical model instead of focusing on solutions first, the issues of post trauma complications might also be overlooked. However, it is the approaches to culture that bring the most to bear on how women survive sexual violence. Suppose for a moment that a refugee woman has sought refuge in the United States. If she comes from a country where tribal medicine is practiced instead of traditional Western medicine, she will not likely have ever been to a hospital, or had an obstetric or gynecological examination. If that refugee woman would require such an examination after settling in the United States, cultural sensitivity would be of the utmost importance. Without culturally sensitive education, such an experience in a Western culture would likely be perceived as a further invasion, its purpose being misunderstood (Atlani & Rousseau, 2000).

Since this study examined the experiences of both women who were in war and who were not in war, it is imperative to consider how cultural context also shapes what is considered normal and what is not. The issues of female “sunna circumcision (removal of the prepuce and/or tip of the clitoris,) . . .

clitoridectomy (the excision of the entire clitoris,) . . . and infibulation (removal of the entire clitoris, the labia minora, the labia majora – plus joining the scraped sides of the vulva across the vagina, sewn with catgut or thread . . . thus requiring a woman to be cut in order to have intercourse)”(Morgan & Steinem, 1995, pp. 318-319) are considered normal rites of passage in some cultures. However, such procedures, defined as genital mutilation of women, are certainly considered a crime from a Western feminist viewpoint. Conflicts in defining the social context of such procedures are grounded in dominant discourse values around women’s sexuality. Does a particular culture allow women the right to experience the sexual arousal that uncompromised bodies provide, or must these urges be contained as it is in some cultures (e.g., through the sunna circumcision) lest the socially constructed meanings deface the reputations of women? Who gets to define or construct these meanings? Such questions underscore the nature of such a conflict. Paradoxically, by Western feminist standards, sexual violence contributes to the deterioration of all family members, regardless of their sociocultural beliefs. For example, Friedman (1993) noted that men also suffer as refugees by being subjected to witnessing violent acts of rape, and observed that men from patriarchal cultures who have lost control of their surroundings sometimes resort to domestic violence once they settle in their new homelands as a way of reestablishing control of the family.

In a review of sexual violence against refugee women from a public health stance, Hynes and Cardozo (2000) noted the use of rape as a weapon of war in such areas of recent conflict as Bosnia and Sierra Leone. The authors identified

physical health consequences to rape as “homicide, serious injury, unwanted or early pregnancy, STI (sexually transmitted infection) including infertility and infection with human immunodeficiency virus (HIV), and vulnerability to disease” (Hynes & Cardozo, p. 820). They further noted that cultural taboos about rape can be devastating to the victim, encouraging a lack of reporting related to stigmas that may result in the rape victim’s death at the hands of her family (Heise, Pitanguy, & Germain, 1994). Lastly, Shepherd (1987) reminded us of the devastating issues to women, not of direct sexual violence, but of the residual consequences of ecocide, defined as the poisoning of the environment through chemical warfare. The subsequent reproductive compromises endured by women who survived ecocide include infertility, multiple miscarriages, and birthing malformed children.

Domestic and Community Violence

Tomes (1978) outlined the history of the economic dependence of women, and noted that women have historically stayed in violent relationships to protect their children’s economic survival. This again reflected the most common theme in the literature about violence against women - that patriarchy is at the root of defining role expectations for men and women (Lerner, 1986; Tomes, 1978; Websdale, 1998). Gilligan (1982) and Ruether (1983) asserted that the roots of patriarchy predate modern civilization, tracing them back to biblical times.

Lum (2003) described patriarchal behaviors that often oppress women, particularly methods of domestic violence, including withholding access to family

money, coercion and threats, verbal intimidation, non-verbal threats or gestures, emotional abuse, male privilege, guilt or intimidation about her children, and limiting her involvement through isolation. Young (1990) defined the “faces of oppression” (p. 48) that women frequently suffer in patriarchal cultures as exploitation, marginalization, powerlessness, and violence, and asserted that “justice should refer not only to distribution, but also to the institutional conditions necessary for the development and exercise of individual capacities and collective communication and cooperation” (p. 39).

Claiming that exploitation, marginalization, and powerlessness were relational constructs of power, “who benefits from whom, and who is dispensable?” (p. 58), Young defined cultural imperialism as a phenomenon that “involves the universalization of a dominant group’s experience as the norm” (p. 59), and alleged that violence is randomly assigned to marginalized groups, particularly to women.

Basta (2000) reported an increasing correlation between the continued acceptance of violence against women and the murder of undesirable wives, mothers-in-law, and the killing of children, particularly girls. In a comparison between affluent and poor countries, Basta found that socioeconomic class did not impact the gender specific homicide rate of 15% women and 85% men worldwide.

Despite changing social norms and dominant discourses, women worldwide continue to embrace the roles of spouse and primary caregivers of children. However, the ramifications of violence that women are experiencing

worldwide have had remarkable consequences on these roles. Basta also noted how the trend of women fighting back against violence has increased female perpetrators of assault.

Cultural imperialism and colonialism. At the root of many wars and international conflicts is the desire for conquest (Yellow Bird, 2001). The notion of colonialism is one that has painted world history since recorded word began. From biblical stories of who smote whom to 21st century wars, the human temptation to normalize one's own way of doing things and villainize those with different value systems has endured as a rationalization for conquering, seizing and dominating the lives of others. Yellow Bird defined colonialism as "the invasion by alien peoples of territories inhabited by peoples of a different race and culture and its establishment of political, social, intellectual, psychological, and economic control over that territory" (p. 62). In a brief review of the experiences of First Nations tribes in what is now the United States of America, Yellow Bird outlined the mechanics of colonizing people, including the shame and punishment taught to indigenous children about their heritage, race, values, land and language. Such uncompromising methods of devaluing have been standard procedure for the colonization of conquered countries for centuries. Since many indigenous tribes around the world used oral history as the means of transferring information from one generation to the next (Yellow Bird, 2001), a great deal of wisdom in world history has been lost through the elimination of indigenous languages. In the First Nations cultures, storytellers were often women, so women have again lost a fundamental role of value in their

communities. While women were often stripped of such basic roles in their culture, the process of transitioning to another country as a refugee or immigrant may complicate their experienced losses.

Suffering and the Effects of Violence

Persons who survive physical or emotional violence suffer. A key element to surviving this suffering is how one responds. While it is quite common to reject such memories from consciousness, atrocities will seldom be completely forgotten (Herman, 1997). Even if survivors are able to forget consciously, the carnage remains intact in their subconscious, and may surface through fragmentation of the personality, through nightmares, or through psychotic breaks (Herman, 1997). In less dramatic ways, violence survivors may suffer any number of symptoms that most persons experience with loss, including numbness, disorganization, mechanical functioning, social insulation, intensely painful feelings, and re-entry into a more ordinary life (Kübler-Ross, 1969).

One wonders how survivors can function in their daily lives while resolving the psychic trauma that accompanies violence. One obvious answer is to escape the physical danger through evacuation. Another answer is to consider all forms of violence as requiring resilience or survival skills, including the emotional and psychological violence perpetrated on women worldwide by marginalization, exclusion, and subjugation (Butler, 1999; de Beauvoir, 1989). Yet another more complex answer is the transformation of suffering into compassion.

Young-Eisendrath (1996), a Jungian psychoanalyst and psychologist with a specialty in resilience, practices a holistic approach that combines psychology and spirituality. From her work primarily with adults who suffered traumatic childhoods, Young-Eisendrath addressed the nature of self-healing around suffering, noting that the transcendence of suffering is the beginning of compassion and empathy. Many questions arise in the transformative process from suffering to empathy. Survival is a complicated and subjective construct, with multiple factors that contribute to the success or failure of one's ability to survive.

In discussing the ethics of suffering, Young-Eisendrath (1996) depicted retaliation as the roots of karmic suffering. Karmic suffering, or karma, was described as "the effects or consequences of our actions and attitudes" (Young-Eisendrath, 1996, p. 158). Young-Eisendrath did not suggest that survivors of violence circumvent the grieving process, but rather noted that a concentrated effort on grieving can augment the attainment of forgiveness.

Forgiveness of self and others is considered across religious and spiritual schools of thought to be a fundamental component in transcending hatred and bitterness, and thus being prepared for reconciliation with oneself. Reconciliation with oneself is the key to overcoming the stress of surviving violence (Herman, 1997) and provides a segue to resiliency, or "your capacity to bounce back, to withstand hardship, and repair yourself" (Wolin & Wolin, 1993, p. 5). This is not to say that there is only one way to respond to violence. Rather, the point Wolin and Wolin are making is that bitterness and hatred ultimately continue the

victimization, repeatedly poisoning the victim, where forgiveness is a means of letting go of traumatic poison and moving on with one's life (Young-Eisendrath, 1996). Ultimately, only the survivor knows when and if she is ready to do this.

So what is suffering? For this study, I defined it as the emotional pain that comes from experiencing circumstances that are contrary to our values and desires. Is suffering then self-imposed, as Frankl (1962) inferred, or is it sometimes unavoidable? What Frankl's inference challenged was the notion that we are victims of our circumstances. So while specific circumstances can dictate the application of suffering, Frankl held that as individuals we either actively or passively participate in giving away our personal power to determine the significance of suffering. "What matters, therefore, is not the meaning of life in general, but rather the specific meaning of a person's life at a given moment" (Frankl, 1962, p.171). "We can discover this meaning in life in three different ways: by doing a deed, by experiencing a value and by suffering" (p.176). With this statement, Frankl challenged us to use each and every experience of our lives as a teaching moment, seizing the opportunity for learning in all experiences, including suffering. In other words, *carpe momentum*, the Latin term for seize the moment.

While suffering is one of the most documented of human conditions, it has also been described as an opportunity for growth. Wolin and Wolin (1993) noted "in the last [19th] century, George Eliot echoed a similar thought in her book *Adam Bede*: 'deep, unspeakable suffering may well be a baptism, a regeneration, the initiation into a new state'" (p. 11). Yet surviving violence,

bouncing back, and attaining a state of regeneration are distinct issues. While many persons may mend physically and psychologically from the stress and trauma of their violent experiences, the efficacy with which they recover can be accelerated by resilience (Wolin & Wolin, 1993; Young-Eisendrath, 1996).

The choice of how one chooses to survive suffering is, of course, up to the individual. Some persons choose a path of drinking, more violence, suicide, or other destructive avenues. However, it is the focus of this section to augment how persons survive trauma in a more holistic way. That is, how did they stay alive and also stay intact emotionally, psychologically and spiritually? While one might agree with the adage that we are made stronger by that which we survive, human beings still need a means to process the violence or trauma endured. For some, the atrocities and associated stress that was endured may have been beyond their capacity to process and/or endure, and the hallmark behaviors of a post traumatic stress responses are encountered. For some, these indicators are self-destructive behaviors. For others, a normal process of grief and loss is engaged.

Post Traumatic Stress Disorder (PTSD) and Trauma Recovery

It is an unfortunate reality that the cross-cultural literature on trauma survival is steeped in the Western psychiatric model language. A review of trauma survival literature from studies of people throughout the world still used the language of PTSD in defining the post trauma responses of survivors. For that reason alone, this section is entitled PTSD. However, the issues of trauma recovery far outweigh the clinical application of diagnostic terms. The lives of

trauma survivors from the studies discussed here have been invaded, altered, and in some cases, permanently changed.

For many survivors of violence, the social support system that is available to them contributed to either the recovery or deterioration of their functioning (deJong et al. 2001; Feiring, Coates, & Taska, 2001). For example, refugees fleeing a war stricken country may find solace in opportunities for a new start. Diametrically, refugees who have resettled and then found hostility in the new country may re-experience symptoms of post traumatic stress (Somasundaram & Sivayokan, 1994). Children who witnessed or experienced violence recover more readily if they perceive their environments as safe rather than continually hostile (Aisenberg, 2001; Feiring et al., 2001). With these survivors of violence, a reoccurrence of post traumatic stress disorder (PTSD) symptoms may occur. These symptoms include flashbacks, withdrawal, numbness, hyper arousal, and/or existential problems (El Sarraj, Punamaki, Salmi, & Summerfield, 1996).

The aftereffects experienced by the victims of violence are often labeled in the Western world's mental health industry as post traumatic stress disorder (PTSD). In the same way, the relationship between the PTSD responses of survivors of violence and the subsequent cycle of violence is also profound. For example, Somasundaram and Sivayokan (1994) studied refugee participants and concluded that violence was highly correlated with problematic psychosocial reactions to violence such as hostility, aggression, social withdrawal, and substance abuse. In a fascinating paradox, none of the refugee participants in the Somasundaram and Sivayokan study considered themselves to be

experiencing such problematic psychosocial symptoms. Rather, as in other studies, participants saw themselves as coping normally with the abnormality of war and violence (Horowitz, 1986). These views reflected studies by Selye (1956) who coined the phrase for the way people respond to stress as the *general adaptation syndrome*, a concept that would affirm a problematic response as a normal response to a problematic situation such as experiencing the stress of violence. Selye defined the last stage of general adaptation syndrome as *exhaustion*, experienced when a person is so overwhelmed by the stress that they no longer have the physical or psychological capacity to fight or flee. This kind of emotional exhaustion is linked to PTSD.

Remembering that PTSD is a reflection of the Western world's dominant discourse, several studies associated the survival of violence with the experience of PTSD. For example, Schlenger et al. (2002) reported a positive relationship between geographic proximity to the World Trade Center bombings on September 11, 2001 and PTSD type symptoms in their participants. It should be noted, however, that these data were collected in the second month following the bombings, a time period that most clinical professionals using the DSM-IV-TR would consider adequate for determining only acute PTSD symptoms, since chronic PTSD symptoms are considered to last for three or more months.

Keane and Wolfe (1990) asserted that the data support a clear correlation between a PTSD diagnosis associated with surviving trauma and other psychological issues such as substance abuse and depression. After an integration of epidemiological studies on the relationship between persons

exposed to trauma and subsequent alcohol abuse, Stewart (1996) concluded that “trauma severity is positively associated both with alcohol consumption following the trauma and with severity of alcohol-related problems” (p. 105). In a comparison among 52 Indonesian refugees who had survived war trauma and torture, Mollica, Wyshak, and Lavelle (1987) also noted a strong correlation between PTSD diagnosis and major affective disorders such as depression. A similar study looking at lifetime events of trauma of over three thousand persons from four post-conflict developing countries by de Jong et al. (2001) examined variables of age, gender, and type of adverse event. However, de Jong et al. subsequently emphasized the critical nature of contextual differences when assessing trauma or human rights violations. One primary contextual difference is how much stress one experiences.

Stress and the duration of suffering. Selye (1956) proposed three phases of stress responses. First, although *stress* is a naturally occurring tension that accompanies change, an alarm reaction responds to stress producing situations. Second, *distress* occurs as a means of resistance when stress continues without relief for the sufferer. During this stage, the fight or flight response is activated. Third, *exhaustion* takes place when distress continues without the possibility of escape or some emotional relief. For persons who have experienced violence, the adaptation cycle may rapidly reach levels of exhaustion, depending on the level of crisis, and the coping and adaptability skills of individuals within their respective cultures (de Jong et al., 2001). For many survivors of violence, long term or catastrophic distress and exhaustion will

trigger physiological changes that can have adverse residual affects. I reviewed some of these physiological affects.

Hormone depletion that occurs during the exhaustion phase leaves the body vulnerable (Selye, 1956; Swallow, 2002). The experiences of refugee and immigrant women who survived violence merit examination. The body is compromised, with limitations imposed upon both cognitive and emotional functioning. When stress advances to exhaustion, the immune system is drained and the body is at risk of serious illness or even death (Scartelli, 1989). Persons who endured chronic stress suffered increased heart rate and elevated blood pressure (Scartelli, 1989). Recovery from such violence required the victim to reestablish the physiological and subsequent cognitive and emotional levels required for daily functioning (Feshbach, 1975; Goleman, 1995, Lang & Mcinerney, 2002; Smyth, 2002; Swallow, 2002). For example, Goleman (1995) called post traumatic stress disorder a “limbic” disease, and noted the “symptoms of learned fearfulness can be accounted for by changes in the limbic circuitry focusing on the amygdala, a part of the brain that is closely linked to regulation of the body’s neurochemicals called *catecholamines*, namely adrenaline and noradrenaline. These neurochemicals mobilize the body for an emergency” (p. 205). Swallow (2002) described this phenomenon like this:

The amygdala, or hub of the wheel of fear, speaks of the high road and low road response to a stimulus. The low road response is passed directly from the thalamus or main sensory pathway to the brain and activates the autonomic nervous system resulting in

the clinical manifestations of shock, that is, preparing the body for fight or flight . . . and is done at an unconscious level. . . .

The outpouring of noradrenaline, a part of the low road response, has been shown to heighten emotional awareness . . . and may play a part in consolidating the explicit memory traces that result from the traumatic event. Immediate and unexpected assault on the amygdala (low road response) may actually result in damage to the cells in this structure, so that the subsequent processing functions are impaired with a limited potential for recovery . . .

The amygdala has been implicated in the genesis of panic attacks, the features being those of activation of the autonomic nervous system, rise in blood pressure, pulse rate, over-breathing, sweating, dizziness and a sense of foreboding. These physical manifestations are themselves often precipitated by over-breathing . . . and may themselves trigger a conditioned response in the amygdala resulting in a resurgence of the post traumatic experience. (pp. 48-49)

However, despite the response that surviving violence may trigger (Asterita, 1985), the memory of freedom and independence makes emotional relearning possible. Goleman (1995) offered this theory of hope; while certain stimuli have elicited changes in brain chemistry due to one's perception of imminent danger, these changes are temporary, and can be altered by retraining. In other words, once the danger is no longer present, learned behavior can be relearned

(Bandura, 1986). New learning can be achieved as a means of overcoming trauma. Herman (1997) suggested three steps to recovery from trauma: (a) regaining a sense of safety, (b) remembering the trauma and grieving the loss that accompanies it, and (c) recreating a normal life. If one can indeed move through these recovery stages, then the normal process of grief and loss can be accessed.

Grief and Loss Experiences

Kübler-Ross (1969) described commonalities among cultures and situations in her longitudinal studies of grief and loss. Later in her career, Elisabeth Kübler-Ross joined David Kessler to weave their stories and expertise into a collection called *Life Lessons* (2000). In this anthology, they described opportunities for growth presented in situations of grief or loss. Though collected primarily from people living in the United States, these stories run the gamut of age, socioeconomic class, gender, ethnicity, and degree of loss. Thus, the grief and loss experiences of refugee and immigrant women are expected to have some similarities and some variables across cultures (LaMothe, 1999; Oakes & Lucas, 2001). It was my intent to explore what experiences of loss these women encountered, and what resources were engaged on behalf of themselves and their families.

Grief and loss issues faced by women who survived violence. While all persons who suffer some kind of loss may experience grief, the experience of loss for refugee and immigrant women is compounded by several factors. First, the refugee and immigrant women in this study left their homelands because of

some kind of violence. Second, the impact of leaving one's native land and starting over in another country includes the experience of loss. It has been my clinical observation that for most people, the more complicated the grief, the longer it takes to recover from it. However, recovery time can be shortened by adequate social supports. Therefore, attention will be given to (a) the definition of loss, grief, and bereavement; (b) bereavement and violence, and (c) bereavement complications for refugee and immigrant women.

Defining grief, loss, and bereavement. First of all, "grief is always about losing" (Deits, 1988, p. 95). The experience of loss is something that we humans know on many levels. Whether the experience of loss is as trivial as losing one's car keys, as serious as becoming unemployed, or as devastating as losing a loved one through war, all experiences of loss have emotional ramifications which we call grief. The emotional pain related to the grief is correlated with three factors: (a) the importance of that person or thing lost, (b) how ready one is for the loss, and (c) the ramifications of the loss (Kübler-Ross & Kessler, 2000).

In 1969, Kübler-Ross first identified the classic stages of grief and loss related to one's own death: (a) denial, (b) anger or rage, (c) bargaining, (d) depression, and (e) acceptance. In her continuing study of the dying process, she noticed that these stages of grief and loss were experienced not only by the dying person, but also by the loved ones of the dying person. These observations evolved into a lifetime of study by Kübler-Ross. Subsequently, she purported that all persons, regardless of culture or faith tradition, experiencing

loss experience these classic symptoms of grief. We call the process of moving through these stages of grief work or bereavement.

Bereavement is also the process of mourning, or walking through one's grief. Deits (1988) endorsed four key factors about grief: that "(a) the way out of grief is through it, (b) the very worst kind of grief is our own, (c) grief is hard work, and (d) effective grief work is not done alone" (p. 41). As Deits suggested, grief work can seldom be avoided if one is to remain emotionally healthy. One has to experience the pain of the grief, one's own emotional pain, and a most difficult process that is best endured with the help of a caring support network. For some, that network may include family, friends, and/or professionals who understand grief work. For refugee and immigrant women, the experience of grief is full of twists and turns. First, many of these women have left behind their support network of family and friends. For many, they have lost their families through death or separation. Some have witnessed such heinous crimes as the torture, mutilation, or death of their loved ones. While the experience of loss always carries a degree of helplessness, one can barely imagine how dramatic that experience was for persons who survived the atrocities of violence.

Bereavement and violence. For women who survived violence, sexual assault is a common theme (Atlani & Rousseau, 2000; Hynes & Cardozo, 2000; Morgan & Steinem, 1995). In her collection of narratives about Caribbean women and girls who had survived sexual assault, Francis (2004) identified the difficulty of speaking about their abuse issues. Francis explicitly began the article's title with the phrase "silences too horrific to disturb," symbolizing the

repulsion reported by women who experienced such violence, and noted the correlation between the silenced voices of women in strongly patriarchal cultures and the difficulty of women giving voice to their abuse. This raises the question of whether or not we can truly hear the voices of women who have had such horrific abuse. Their silences may be a way to protect themselves – and yet without voice, which gives ownership to victimization and survival, change is less likely to occur. These are tough choices for these surviving women to make.

In addition to sexual assault, many immigrant and refugee women experience the loss of loved ones through violent atrocities. Elbaz-Luwisch (2004) noted how abuse and bereavement issues spill over into everyday life as she explored the barriers to education for survivors of violent conflict. Besides the issues of multiculturalism and diversity, Elbaz-Luwisch challenged teachers of those persons who have survived violence to be mindful of the profound and acute levels of grief experienced by refugees and immigrants. Noting that such grief is often overlooked or ignored by faculty, Elbaz-Luwisch used her experiences with grieving students and families to heighten her own awareness and ability to relate to the experiences of other cultures, and observed the commonalities among cultures in experiencing feelings. Her metaphoric title, “How is education possible when there’s a body in the middle of the room” captured the need for giving grief work priority before classroom education is plausible.

Bereavement complications for refugee and immigrant women.

Consider all the grief issues associated with surviving violence as a refugee or

immigrant woman. For many, homes have been lost, family members have been killed or maimed, they have literally run for their lives, or experienced the transition from safety to peril in a moment of disbelief. Many refugee and immigrant women were also supporting their children emotionally through this maze of emotions. Jarrett (1994) explored the intricacies of loss issues for children including experiences of death, abandonment by parents, changing schools or neighborhoods, and debilitating grief that sometimes deters self-esteem in children. The complexity of these overlapping issues is of vital significance for grief processing. Each loss has its own stage of associated grief and subsequent bereavement.

Surviving Violence

While the violence was occurring, these refugee and immigrant women used many resources to carry on with their lives. For some, resiliency was a factor. Others may have been motivated by responsibilities for their children's safety. The restorative properties of music may have been a comfort for some. In this section, these aspects will be reviewed, including the refugee and immigrant women's grief and adjustment issues associated with the residual losses that preceded their transition to the United States.

Pre-trauma Risk and Resiliency

In an extensive study of more than 1,600 men and women, the relationship between pre-trauma risk and post traumatic stress syndrome was examined with Vietnam veterans (King, King, Foy, Keane, & Fairbank, 1999). King et al. found that recovery variables were more negatively correlated for

women, with particular emphasis on such pre-trauma risk factors as "low socioeconomic status, poor relationship with father, family instability, and early trauma history...portray a stress filled and possibly disadvantaged existence.... prior to the (war) experience" (p. 168). In other words, the more often these variables were found, the less likely women in these studies were to recover back to their pre-violence conditions. Similarly, in a study of war trauma in the civilian population in Sri Lanka, Somasundaram and Sivayokan (1994) noted that pre-war low socioeconomic status was a positive indicator of postwar mood disorders. So the less money and resources persons had before the war, the more likely they would be after the war to manifest signs of hopelessness, lethargy, nervousness, and sadness.

While findings such as these are forewarnings for high trauma experiences, not all persons in the social sciences believe this as inevitable. In her book *Women Who Run with the Wolves: An Archetype of the Wild Woman*, Estes (1992) described the archetype of the Wild Woman as an essential component of survival. She suggested that within every female lives an indomitable spirit that not only knows how to survive, but also how to recreate herself. Estes, a Jungian psychoanalyst and indigenous storyteller, calls this internal spirit the *Wild Woman*. She tells a series of stories that represent the Wild Woman as a resilient spirit who restores us to health. In surviving the travesties of life, the Wild Woman archetype is described as the one who holds our fractured selves intact, and through creative ingenuity, looks for the right moments to breathe life back into us. My belief in such a spirit of resiliency was

a motivator for my hope to discover how these refugee and immigrant women coped with the stress of violence.

Resiliency

Many factors can affect resiliency rates, but a primary factor is gender (Butler, 1999). Men and women have historically found strength in different ways. Men have traditionally been more aggressive, seeking revenge or retaliation, while women have traditionally looked inward for their source of strength (Gilligan, 1982; Woolf, 1938). Just as gendered behavior patterns are stronger in patriarchal societies (Lerner, 1986), this inward journey has sometimes been the only available source from which a woman can draw strength.

From another perspective, Young-Eisendrath (1996) offered an approach for engaging the resilient spirit, and subsequently transforming the suffering that is often experienced by immigrant and refugee women. While her approach was grounded in spirituality and holistic healing, Young-Eisendrath offered an interdenominational approach to releasing the chains of suffering, and suggested that the process of healing was in fact available regardless of the degree of suffering one had experienced. In an examination of families in the United States, Wolin and Wolin (1993) identified suffering as the means for transformation into a new state of being, and defined resilience as " your capacity to bounce back, to withstand hardship, and repair yourself" (p. 5), and presented pain as opportunity for growth. They identified seven resiliencies that empower recovery from suffering. These seven categories, and the sub-categories of

development are (a) insight, including understanding, knowing, and sending, (b) independence, including separating, disengaging, and straying, (c) relationships, including attaching, recruiting, and connecting, (d) initiative, including generating, working, and exploring, (e) creativity, including composing, shaping, and playing, (f) humor, including laughing, shaping and playing, and (g) morality, including serving, valuing, and judging.

While cultural differences and socio economic class may make some of these resiliencies described by Young-Eisendrath difficult for refugee and immigrant women to access, Wolin and Wolin claimed that each resiliency is applicable to the universal experiences of suffering. However, Wolin and Wolin also noted that many of these skills may be lost in the experience of suffering. They said that such resiliencies could empower any survivor of suffering to avoid the trap of the victim role. Just as the concept of giving voice to oppressed people was viewed as a liberatory experience by Freire (2003), and building on the strengths of people was held as a fundamental attitude of helping (Saleebey, 2000), these resiliencies were offered as a lens worthy of studying women who have survived violence.

Storytelling and Survival

Devore (2001) determined that telling ethnic stories contributed to the knowledge of who we are. This is of particular importance to persons who have survived violence by emigrating from their native lands. Freire noted the integral nature of preserving our heritage through storytelling, since this process stresses the liberating element of consciousness-raising in human beings (McLaren &

Leonard, 1993). It is through such conscious awareness and decision making in the present moment that we reclaim the power over our lives. Worden (1991) supported the use of life stories as a means of grieving, either for recalling the events of one's life as a preparation for one's own death, or for processing substantial losses such as refugee and immigrant women suffered.

Viktor Frankl (1962), an existential philosopher, understood this. As a Jewish survivor of a Nazi concentration camp, Frankl discovered the power of conscious decision making over external circumstances. While being held prisoner in the camp, he experienced the insight that no matter how grim the circumstances, no one could control his mind unless he allowed it. Frankl's point was not to categorize suffering persons as weak or strong, but rather to offer them a method of hope that controlling their own thoughts might bring.

Listening to survivors' visions. Despite bleak statistics, many refugee and immigrant women and the persons who assist them are creating new ways to survive their trials. Pecnik and Miskulin (1996) assessed the efficacy of empowerment programs offered in refugee camps to displaced women in Croatia as a means of protecting their mental health. Assessed programs included those that provided emotional release and were therefore perceived to be more effective in coping with stress, social support within the camp, a wider network of social support and security, an energizing response to life, an enriched quality of life in the camp, and new knowledge. Similarly, Miserez (1998) noted how a educational course in Switzerland dedicated to preserving the health of refugee women and their children chose as its focus factors that would give the

participants two key tools for survival - aspects of culture that would increase their fit within their new culture, such as how to access a doctor's appointment, and accelerated language skills.

Gamble, Castelloe, and Varma (2003) brought together 131 women from 14 countries to discuss their vision of sustainable development, defined as what it takes to prosper in a culture. Of interest in this study was how women from different experiences, cultures, world regions, and languages would create constructs to define sustainable development. It was concluded that the roles of women as caretakers for their families must have equal value in the community to those roles held by men, and that the voices of women must be incorporated into the community vision in order for sustainable development to last in a community over time.

Transitioning to another Country as Refugee or Immigrant Women

For many refugee and immigrant women, the problems faced in transitioning to their new country are complex. Issues such as "loss of support networks, cultural dissonance, social isolation, lack of language skills, and for many, domestic violence" (Breton, 1999, p. 27) are often faced on a daily basis. Breton also noted that for some persons of color, racism in the United States has been identified as creating a hostile environment.

Hostile environments such as these do not necessarily begin for refugee and immigrant women in their new countries. In an international study on the experiences of Liberian women living in refugee camps, Kreitzer (2002) discovered women experiencing trauma while living in the camps, and claimed

that women experienced violent attacks and sexual assault at the hands of male refugees and military guards. Further, Kreitzer found that some women felt guilty for surviving after witnessing the death of their loved ones, while others had become complacent and integrated into camp life, abandoning hope for returning to their own homes. Such a loss of hope might be seen as a reasonable response to surviving day to day in an environment of violence.

While this scenario appears bleak, there is evidence that some structural supports in the camps and in the transition to new countries are helpful to immigrant and refugee women. Breton (1999) noted how agencies supported Latino women in their transition to the United States, and associated this success with social worker accountability to the needs of their clients taking priority over organization or professional standards, should conflicts arise. Conflict between client needs and agency protocol is a dilemma that social workers often face. Maximization of supports was attributed to group networking among the Latino women served.

Once an immigrant or refugee woman has settled in her new country, adaptation and acculturation issues abound (Williams & Berry, 1991). In a study of gender differences among immigrants, Itzhaky and Ribner (1999) noted that women's scores reflected an inverse relationship between fatalism and job satisfaction, and also between a belief in individual rights and commitment to a work site or organization. These data are supported within the context of women who were primarily homemakers transitioning from a fundamentalist population in their countries of origin to women in the work force in the United States. Further,

the higher commitment to work may be associated with a new role of breadwinner that many women must embrace in their refugee or immigrant status.

In an earlier study, Lovel, Tran and Nguyen (1987) examined transitional issues of refugee women from Southeast Asia who resettled in the United States. Noting the radical differences in culture, Lovel et al. asserted that compared to United States standards for women, Southeast Asian women were labeled as “passive, dependent, or withdrawn “ (p. 318). Such labeling of refugees or immigrants in negative Western stereotypes created significant acculturation stressors for these women because of their change from a central role in their traditional family. Many women of Southeast Asia had experienced family members’ death or separation, and were also forced into a bread-winning role. Other identified acculturation stressors included defining one’s role for gainful employment, loss of extended family and support networks, and adaptation to expectations of women in the United States. Lovel et al. also reviewed the benefits of support projects, and noted that the projects most helpful to the refugees were those designed in a collaborative effort between the refugee and American women.

Shepherd (1987) studied the historical progression of Vietnamese women by comparing chronological case studies. Among issues of consequence, Shepherd noted *ecocide*, defined as the systematic defoliation in the 1970s of more than 43% of plantations and orchards in South Vietnam through the use of Agent Orange. Subsequently, these refugee women suffered multiple

reproductive disabilities related to chemical warfare. Shepherd encouraged paying attention to the repercussions of Agent Orange exposure that many refugee and immigrants experienced as a means of improving services. To overlook such an experience as ecocide could seriously hinder appropriate service to clients with such history.

Of critical importance in adapting to the culture of the United States is the perception of race. In a study of African American acculturation, Snowden and Hines (1999) noted that race is a diverse construct, particularly when observed across cultures, and assumptions of homogeneity are inaccurate among all races.

In the spirit of self-determination, how survivors of violence progress depends on several factors. Among them, who gets to define the condition of functioning, recovery, and resiliency of the survivor plays a pivotal role in the levels of survivors' self-determination. To further examine the role of self-determination, it is imperative to also look at how a society determines which behaviors are acceptable, and to do that, I briefly deconstructed the way reality is defined within a society (Riggins, 1997). In a patriarchal society, for example, such self-determination for women has the potential for adverse affects for both men and women. It may change the balance of power. Not only does the experience of such a paradigm shift in one's own life redistribute power, but also it can bring marginalized groups into the realm of privilege and, as such, seduce us into the role of oppressors. In a patriarchal society, for instance, when a woman attains power, she usually wants to keep it, and may unwittingly become

an oppressor of others in order to protect her own power position. On the contrary, men who have power may be forced to either share it or give it up, and usually do not do so voluntarily (Foucault, 1972). Hopefully, this competitive example is not the only possibility for sharing power. It can also encourage us to work in a cooperative environment, and become advocates for other oppressed persons.

In many parts of the world, 21st century refugee and immigrant women have another ally for their recovery from violence - the voices and advocacy of other women, many who have experienced oppression in patriarchal cultures. While many women who have survived violence come from cultures that promote the denigration and marginalization of women, refugee or immigrant women who come to the United States could find advocates for their liberation here, both from other refugees and from concerned United States citizens. So while scores of women throughout the world still live with oppression and violence and struggle to attain freedom, there are also many women who have been emancipated, tasted freedom, and learned to accept and even expect liberty. Women who have moved from the realms of oppressed to the realm of privileged are not likely to give this up. However, even women who are emancipated, including those in Western societies such as the United States, continue to be oppressed in many ways. There are still myriad overt and covert messages in the United States society that denigrate women, including the bombardment of advertisements that sexualize women, and the masculinization of women who have succeeded in business, defined as succeeding by thinking and acting like men. But the

financial autonomy of women is paramount for independence, and it is still possible for a woman to succeed in her own right in this society and be financially independent (Young, 1990). This is not to imply a preference of life without men, but rather relationships with men that are interdependent, and support the choices and self-determination of both men and women.

As a part of survival, many women use supports that are part of their daily lives. While there are likely numerous ways to deal with the stress of violence and its residual effects, one coping mechanism is music.

Music and Coping with Stress

Music expels hatred from those who don't love.
For the restless it gives peace, for the crying comfort.
Those whose road is blocked will find new paths and
Those who reject everything will have new certainty and hope.
Pablo Casals, master cellist (In Lehtonen & Shaughnessy, 1997)

Why music? How did I come to think that music could be a viable option to help survivors of violence cope? For this study, I made the assumption, gleaned from the music literature (Bunt, 1994; Gaynor, 1999; Pavlicevic, 2002), that music is often used as a means of stress relief when persons find themselves in crisis, e.g., Auchschwitz (Ann Klein, Holocaust survivor, March 15, 2004, personal communication). In addition to hearing their stories of survival, I also wanted to know if or how music was used to relieve or cope with stress. I thought it possible that some participants might avoid certain kinds of music in order to avoid the memories or feelings evoked.

Music allows expression of both pathologies and potential through emotions (Aldridge, 1993; Madsen, 1997). Emotions create context and meaning for interactions (Johnson, 1998), a framework of social interaction that is

inseparable from the action itself. This situational framework is paralleled by the same relationship between the context of music and its meaning (Lawson, 1995). For instance, one does not get the full impact of a song by either reading the text without the notes or by hearing the notes without the words. It is the contextual combination of meaning and sound that creates the full impact of a song. Such songs can carry meaning by reminding listeners of something else, such as one's roots, happier times, and persons they have known, etc. In support of music as a coping method for violence survivors, I reviewed some of the history of music and mental health applications with persons who are experiencing stress.

In the late 1940s, E. Thayer Gaston and Wayne Ruppenthal in Topeka, Kansas, made contributions to modern day music therapy (Miller, 1998). Supported in that era by the Topeka State Hospital and the Menninger Clinic, music therapy was developed for use with psychiatric patients (Miller, 1998). Physician John Harvey Kellogg joined music critic Louis C. Elston in studying the health benefits of singing as physiologically sound (Hunter, 1999). Scheiby (1999a) developed techniques with music to “explore conscious material, strengthen the ego, access unconscious material, explore relationships, access spirituality, deal with resistance and denial, stimulate fantasy and imagery, manage pain and stress, and relax the body and mind” (p. 101). Scheiby also applied these techniques to the comfort and integration of body, mind and spirit that trauma survivors often need.

To examine the applicability of music in the context of psychological issues such as coping with stress, I reviewed the work of psychologist James

Hillman, who theorized that contemporary psychological problems are a result of a pervasive lack of imagination (1996). Scheiby (1999a) supported Hillman's theory by using music to stimulate imagination through the embodiment of the cultural context of clients. In other words, the music holds clients in their own cultural context, providing the support needed to act as a catalyst through the use of self-exploration, intuition, self-assessment, and insight (Talerico, 1986). So while music in any form is first and foremost a means of communication, it is also a conduit to emotion (Bennetts & Bates, 1985; Nelson & Weathers, 1998).

Music has been demonstrated to be a powerful therapeutic tool with a number of populations and in a variety of settings. Salmon and Meyer (1992) attested to reduced stress levels of professional musicians during music performances because of their unique ability to access vibrotactile imagery (Brodsky & Sloboda, 1997). I think of the vibrotactile experience as the ability to feel the vibrations of the music both on a kinesthetic and a soul level. Verillo (1992) described vibrotactile imagery as mechanical displacement of sensory receptors of energy that are activated from the environment. Verillo's description was preceded by Talerico (1986) who found that an imposition of order upon disorder (such as music provides) reduces the anxiety state.

The vibrotactile imaging system is not exclusively accessed through performance, but indeed through listening. Any respectable performer knows that listening and blending to one's ensemble is paramount to a good quality performance. This method of storing and activating creative processes is what Talerico (1986) called the Creative Arts Reciprocity Experience (CARE). This

creative and active listening process parallels the concept of active listening used in other helping professions, including social work. In social work, we seek to hear not only the words that clients are speaking, but also be *attuned* to their posture, tone of voice, and emotional and cognitive responses. Music acts as a catalyst for attunement, since music engages not only the sense of hearing, but also the imagination, the central nervous system, and subsequently cognition and emotion (Ghosh, 1997; Swallow, 2002; Tomaino, 1998).

Swallow (2002) reported that compromises to stress overload responses in the autonomic nervous system triggered in situations of extreme violence may cause cellular damage in the amygdala, a part of the brain that functions as the center for survival responses. Swallow claimed that such a neurological compromise could cause permanent damage in one's ability to respond appropriately to stress stimuli, sometimes leading to an overload of emotions.

The resulting overload of emotions may be similar to what happens when there is a disconnection of the cognitive (left) and emotive (right) functions of the brain. Music utilizes both left and right brain functioning. Schlaug, Jancke, Huang, Staiger, and Steinmetz (1995) noted that the corpus callosum, the part of the brain that acts as the interhemispheric neurological bridge that links left and right brain functions, was significantly larger in musicians than in non-musicians. This appears to be related to music's simultaneous access and interaction of both hemispheres. Survivors of violent trauma experience stress, and music is a medium that has effectively been used to alleviate stress (Scartelli, 1989;

Scheiby, 2002; Swallow, 2002). Music provides a mechanism for expression when language skills cannot (Bunt, 1994; Christensen, 2000).

Music as a means of coping with stress has been used for several decades as a means of reducing trauma (Ruud, 2000; Sutton, 2002). Through distinct interventions, such methods as relaxation therapy which has been developed into a specialized method called *Guided Imagery and Music* (GIM) (Bonny & Savary, 1990) have been a core part of music therapists' repertoire. Music creates a space for searching, transcending pain, and emergence into new life (Lee, 1996). To better understand this link, a brief summary of music therapy follows.

Music therapy. The essence of music therapy evolves through a triangular relationship between the therapist, the client(s), and the music (Boyce-Tillman, 2000). To a novice, it may help to think of the essential function of the music as a partner to both the therapist and client(s) and a vehicle through which change can occur. Through such creative processes as improvisation, music therapy imparts an atmosphere where self-actualization and meaning making can transcend words (Aigen, 1998). Since humans learn through several methods, including such sensory learning as visual, auditory, tactile or the use of musical learning, music provides a mechanism for multi-sensory learning (Hodges, 1996a; Lipscomb, 1996).

Many persons have access to music in their daily lives. For example, the concept of music performance has a range of properties and applications that support using music to cope with stress.

Music performance. The term music performance is used in this context as a reference to anyone who is making music. That can include anything from singing along with your favorite song on the car radio, banging drums in your basement or drumsticks on your desk, singing in the shower, to Pavarotti singing on the stage. Professional music performance, as in Pavarotti's case, involves a social process, an interaction between the listener(s) and the performer(s) involving listening to and communicating the music (Otswald, 1992).

In empirical studies, music performance triggered endorphin levels that actually boost the immune system (Merritt, 1996) and reduced cortisol levels that normally increase as distress levels increase (McKinney, Antoni, Kumar, Tims, & McCabe, 1997). Cortisol is created by the body when stress begins to move into distress. Increased cortisol levels are directly associated with reduced autoimmune functioning, explaining why persons under extreme stress are more likely to become physically ill (Scartelli, 1989). Performance also requires concentration levels similar to relaxation techniques that are correlated with decreased stress levels (Miles, 1997). While it is unlikely that all violence survivors proficiently play a musical instrument, most persons (excluding those who have had their larynx removed) do have voices, and voice has been called the most perfect instrument (Merritt, 1996; Miles, 1997; Newham, 1999).

Restorative responses to music. While using music as a coping tool for emotionally surviving violence may be a new concept, the universal awareness of music's restorative properties is not. In 1931, Michigan physician J. H. Kellogg stated "I thoroughly believe in music both as a prophylactic and a therapeutic

measure" (in Hunter, 1999, p. 125). Hunter further illustrated that singers have increased oxygen levels, deeper breathing, better posture, and less breathing problems than non singers. Deutsch (1999) observed that the function of the voice in respiration, phonation, and articulation operated as a link between neurophysiological and musical perceptions.

In addition to music's restorative influence on the brain, there are several other restorative properties to music (Tomaino, 1998). Like most persons who survived violence, I suspect that refugee and immigrant women also created mechanisms to insulate themselves from emotional overload. Yet, connecting with another human being on a deeply intimate level requires the capacity to break free of that insulation and be capable of vulnerability. The flexibility of music allows the production of sounds that elicit stress reducing responses. Those responses can act as a bridge between the safety required to endure violent circumstances and the vulnerability needed to maintain intimate relationships. However, music also has the ability to produce stress related physiological and motor responses, and in such cases the removal of music may be a more therapeutic response to the violence (Thaut, 2002). The following examines how the physiological and emotional responses elicited by music contribute to recovery from distress and trauma.

Selye (1956) and Asterita (1985) noted that all of life involves stress responses. Selye called the stress that is derived from positive experiences *eustress*. Regarding *distress*, the stress that accompanies negative life experiences, Selye noted the relationship between distress, cortisol secretion,

and fight or flight patterns. As in the case of many violence survivors, the lack of opportunity to fight or flee becomes a segue to the cognitive-emotional breakdown. When stress advances to exhaustion, the immune system is drained and the body is at risk of serious illness or even death (Scartelli, 1989). In a similar manner, Tomaino (1998) discussed the clinical application of music with neurological rehabilitation. In studies examining the central nervous system functioning of persons with neurological damage, Tomaino noted the efficacy of rhythm and song as both diagnostic and treatment tools.

Since persons in distress often suffer arousal levels that include erratic heart and respiratory rhythms, another advantage of music is its ability to regulate body rhythms. For example, medical science has long been aware of entrainment, defined as the natural tendency of body rhythms to synchronize, and listening to and/or performing music can positively regulate erratic body rhythms (Bonny & Savary, 1990; Bush, 1995). Ortiz (1997) claimed that entrainment reflects how “living organisms are oscillators” (p. 319) and as such, seek mutual harmony. Sociologists have long espoused the idea of music as a primal form of communication, and observed music and rhythmic effects on muscle movements and neurohumoral occurrences (Otswald, 1992). Reiterating the human capacity to respond to music, studies on intrauterine exposure to music have even noted prenatal determinants and environmental factors for children’s musical development (Gardner, 1982).

In 1973, Helen Bonny introduced a revolutionary method called Guided Imagery and Music (GIM). Subsequent studies reflected increased efficacy in

medical treatment when GIM was present because of decreased heart rate and lowered blood pressure (Bonny, 1983). In an examination of mood and cortisol levels, McKinney, Antoni, Kumar, Tims, and McCabe (1997) reported significant outcomes in stress reduction and subsequent physiological reductions in cortisol levels when using GIM with chronically distressed persons. Similarly, Volkman (1993) noted improved integration of a fragmented psyche when using music therapy for treatment of trauma-induced dissociative disorders.

Rhythm is a fundamental part of being human. To be alive, we must have a heart beat, and to stay healthy, it must be a particular steady beat. Rhythm and the beats it provides connect with another ancient part of the human species, our limbic system. It is the oldest and most primal part of our brain, where emotions are recognized, housed, and experienced (Swallow, 2002). Since rhythm is one of music's most fundamental elements, it is a natural segue to emotions (Bonny & Savary, 1990; Swallow, 2002). Further, physiological studies have reported a direct link between sound as an external stimulus and subsequent responses of the central nervous system (Bennetts & Bates, 1985; Gaynor, 1999). More specifically, musical sounds affect pulse, blood pressure, and heartbeat rates, with physiological studies evidencing increased levels of natural opiates produced in endorphins (Gaynor, 1999). It is no wonder. "The very first brain structure to receive auditory input is the medulla, the portion of the brain that controls autonomic function including heart rate and respiration, our most vital and continuous rhythms" (Scartelli, 1989, p. 22).

The experience of violence is not a guarantee for a posttraumatic response. Many variables, including personality, available social support systems, education and access to resources, contribute to one's response to trauma. While intergenerational patterns of violence have been contributed to learned behaviors and attitudes (Dutton & Golant, 1995), there is evidence that violence is strongly linked to the distress that causes physiological changes in the autoimmune system and makes persons more susceptible to illness (Scartelli, 1989; Selye, 1956). Other physiological studies have reflected music's contribution to pain reduction, increased tolerance for medical treatment procedures, and relaxation responses (Gfeller, 1992; Scartelli, 1989; Scheiby, 1999b; Tomaino, 1998). Thaut (2002) underscored physiological and motor responses to musical stimuli, a potential explanation for this medical breakthrough.

Considering the distress levels associated with surviving violence, I suspected that persons such as refugee and immigrant women violence survivors may have suffered compromised neurological and physiological functioning associated with such traumatic events. Music may have acted as a means to provide some normalcy, as it has for persons far more severely and permanently compromised. In related studies of neuromusical research with brain damaged individuals, Hodges (1996b) noted that no significant differences were found in pitch, tone, or rhythm between groups of normal singers and persons with severe aphasia, a condition that frequently leaves persons unable to speak coherently.

As a restorative agent, music provides a forum for ritual, transformation, and healing. DeBacker (1996) observed the transforming nature of musical regression (defined as changeable consciousness) and asserted that while pathological regression creates anxiety, as in the case of psychosis, musical regression creates a feeling of well being. He referred to this feeling of unity as part of a whole, since music elicited a sense of being in union with the music. Bunt (1994) further stated that a flexible musical development creates a forum for the instillation of hope, the basis for all transformation.

Music is the obvious medium for attunement, particularly for strengthening listening skills. Music has the properties to engage persons in non-threatening, non-verbal ways. Dr. Alfred Tomatis (1991), a French ear, nose, and throat physician, developed an approach to enhance listening skills called *earobics*, which provided "an auditory tune-up through the integration of music into a unique format." This format links the five components that "make up the Chinese verb 'to listen'; ear, eyes, heart, you and undivided attention" (Campbell, 1992, p. 243).

Tomaino (1998) observed the stimulation of emotional responses and long-term memory in brain-injured patients through the use of music therapy. Knowing that persons who survive dire situations such as violence often have compromised physiological and neurological functioning (Scartelli, 1989; Selye, 1956; Swallow, 2002), it was encouraging to see such positive outcomes for persons whose functioning has likely been compromised far beyond that of violence survivors. Scheiby (1999a) used music therapy to address the same

kinds of dissociative states found in some violence survivors, and found music provided an environment of safety including “holding, support, predictability, empathy with emotions, structure, and direct contact” (Scheiby, 1998. p. 201). Liebmann (1996), Skaggs (1997), and Lehtonen and Shaughnessy (1997) reported on the use of music in conflict resolution, and supported the theory that non-verbal methods may be more effective than verbal methods in developing the fundamental cognitive and affective skills needed for re-building trust and interpersonal skills in violence survivors.

Considerable psychological fragmentation has contributed to behavior and personality alterations for some violence survivors (Montello, 1999). Herman (1997) purported that music helps heal the split by accessing the inner musical child. Music is a most effective conduit for reorganization and imagination, which are vehicles for healing (McNiff, 1992). Through the use of imagination, music helps organize, express, and create new structures of consciousness and emotions (Lehtonen & Shaughnessy, 1997). Music may provide a means to minimize compromised physiological functioning, since such compromises can ultimately contribute to reduced emotional functioning, as I will now discuss.

Emotional responses to music. Emotional activity dwells in a collection of neurological segments in the brain known as the limbic system (Scartelli, 1989). Of particular interest is the deterioration of the neurological cognitive-emotive connection. In the midst of violence, many survivors of trauma experience a breakdown in this connection. Subsequently, they have been noted

to lose empathy, a fundamental social skill that requires the neurological collaboration of both cognition and emotion (Taylor, 1994).

The relationship between violence and trauma is a complicated one. Levine (2002) claimed that the seeds of violence are related to trauma and subsequent distress and/or posttraumatic stress. This claim was based on the belief that unlike other species, humans kill one another as a response to violence. This is specifically because the trauma that is invoked when surviving violence can lead to emotional responses such as fear, suspicion, hostility, and hatred. Levine noted that while war is a complicated phenomenon, the issue of recovery from war induced trauma and violence is not so complicated. He claimed that trauma “has as its core a profound deregulation of internal physiological rhythms” (p. 150), and offered such soothing musical interventions as the rocking and singing a mother might do with her distressed child that includes “voice, rhythm, music, and gentle inner movement” (p. 152) as a catalyst for resolution of distress. In other words, Levine stated that the emotions of traumatized people become immobilized, and need a gentle psychoneurological nudge such as music and movement to release these blocked emotions.

On a similar note, Heller (2002) observed the use of freeze responses by trauma survivors. She described the freeze response as one that is triggered by some event that matched the devastating residue of emotions experienced in a trauma. Heller used a desensitization model of music therapy with victims and caregivers following the bombing of the World Trade Center in 2001, and noted that persons involved in this process began to demonstrate the ability to trigger

their own relaxation responses in lieu of the trauma response. She professed that the music only engages what we humans already have within us, an inherent ability to recover.

Boyce-Tillman (2000) examined the hunger for creativity in the human race throughout history, and noted that such dichotomies as (a) containment vs. freedom and (b) community vs. individualism frequently were sources of conflict that called for creative ways of moving on. The matching of instruments, their tone and texture, and the subsequent harmonies used initiate responses that can soothe or aggravate. Further, Boyce-Tillman offered the playing of musical instruments as a means of embodiment, a state in which the person, the instrument and the music become one, and noted that embodiment leads to transcendence, defined as the condition where one can overcome obstacles that seem insurmountable.

Music and meaning making. The experiences of violence survivors can vary from the type of violence to and including the cultural context of violence within their native countries. Thoughts, beliefs, and actions of violence survivors reflect their experiences in a socially constructed context. Music provides a unique mechanism for persons to create an environment of temporary safety in the midst of their struggle for survival. For example, Blacking (1990) observed music as a culturally defined tool that clearly displays ethno-musical differences. Hargreaves (1986) applied the blend of cognitive and emotional development to the artistry and creativity of cultural contexts. Maranto (1994) claimed that the flexibility of listening, performing, composing, or improvising can elicit the

cognitive-emotive connection in a variety of contexts. Addressing disparities in social contexts, Priestley (1975) touted the holistic nature of music.

Music faces us with the realization that . . . the inner (or spiritual) world and the outer world (where we often speak to one another), are often incommunicable. Music is the bridge that makes it possible . . . (and we are) privileged to communicate with this deepest part of human beings. (p.31)

Many music therapists have claimed that music is a hermeneutic method (Bunt, 1994; Cassity & Cassity, 1998; Stige, 1999). Lehtonen (1997) referred to music's ability to surpass consciousness in both verbal and non-verbal manifestations of communication. Ruud (2000) noted that music provides a context for meaning, while Amir (2003) equated music with a paradigm shift from analysis of the interaction to contextual meaning making. Aldridge (1996) associated the nature of music and its meaning, form, pattern, and relationships with the descriptive method of storytelling and understanding narratives. Since many women survivors of violence experience such impairments as *alexithymia*, defined as the ability to feel feelings without being able to articulate them (Taylor, 1994), music provides a viable substitute for telling one's story, through listening, composing, or singing.

Multiple music studies reflect the efficacy of music in addressing the inability to verbalize stress. Henson (1977) described music's ability to create a non-verbal dialogue between the composer, performer, and listener. Tolbert (2001) asserted that music has "co-evolved with language . . . and is grounded in

the capacity for mimesis, or motor modeling" (p. 91). Sundberg (1999) identified singing as a medium of music that addresses four essential questions of any language: "how successfully is expressive information communicated, what messages does the expressivity convey, what details in the performance contain these messages, and what is the origin of the [communication] code?" (p.207). Since the crux of any communication method it is to convey the intended message between sender and receiver, it is important to examine the hermeneutic nature of any communication.

Music as a universal form of expression. In his hit *I Believe in Music*, Mac Davis (1970) proclaimed "music is the universal language and love is the key to peace, hope, and understanding, and living in harmony." This ancient sentiment depicts how music connects people across situations and cultures. What makes music a viable avenue of communication? Music provides a forum for language, thought, and operational logic (Deliege, 2001), a communication tool for language acquisition, and reflects the essence of diverse cultural experiences (Hodges, 1996b; Stige, 2002). Music has the unique ability to express what we cannot verbalize, and therefore acts as a branch of body language (Lehtonen, 1994).

Music, metaphor, and healing.

Music is the only language with the contradictory attributes
of being at once intelligible and untranslatable . . .
music is the supreme mystery of science . . .
Claude Levi-Strauss (in Storr, 1992).

The transforming and healing power of music provides the metaphoric key to surviving violence. The burdens of violence leave many persons in pain and fragile (Elliott, 1992). Violence often creates an environment that requires a

survival mentality, similar to a post traumatic stress disorder (PTSD) response. In PTSD, survivors often maintain a sense of hypervigilance, anticipating another crisis, and thus find themselves unable to access their ability to gain knowledge and increase coping skills which are enhanced by cognitive awareness (Taylor, 1994). Kalliopuska (1993) suggested that listening to music evokes four experiences that embody empathy development: observing the feelings evoked by the music, understanding those feelings, understanding the quality of the feelings evoked and experiencing or feeling the feelings. Deutsch (1999) noted that the significance of the relationship between rhythm, timing, and movement is considered both perceptual (cognitive) and performative (experiential/emotive). This link to emotional responses is critical to the integration of autonomic and behavioral functioning.

In summary, music has properties that connect to the human condition in ways verbal language cannot. In situations of severe distress or trauma such as surviving violence, music not only has appeal for persons in need of comfort, it also provides violence survivors with physiological and neurological tools to augment psychological and emotional survival and recovery.

So far, we know from the literature some of the circumstances and precursors of violence, what conditions refugee and immigrant women might endure during violence, and some of the variables of grief and loss that refugee and immigrant women who survive violence could suffer. That which we know little about, however, is what role music might have in helping refugee and immigrant women cope with surviving violence. Hoping to help fill this gap, I

posed the following grand tour questions: (a) *What are the stories of refugee and immigrant women who have survived violence in their native countries?* (b) *what grief issues did they experience?* and (c) *what role, if any, did music have in helping them to cope with the stress of violence?*

CHAPTER 3

Method

For this study, I chose qualitative inquiry, since it is a non-linear model, and therefore allows several processes to happen simultaneously. Knowing that the qualitative inquiry process is complex, this chapter will describe the researcher context, description of method, participant selection and description, data collection, and data analysis.

One of the hallmarks of qualitative research is the use of the researcher as an instrument (Denzin & Lincoln, 2000). As such, it was my intention to identify the characteristics of my lens. I chose qualitative data analysis for this study for several reasons that grew from my professional and personal context. These include my perspective on storytelling, pragmatism, language, sexism, musicianship, social justice, best teaching, and my assumptions.

Researcher Context

Having taken the use of researcher as instrument seriously, I regularly examined my values and goals during the course of this study. I believed this self-examination was necessary to keep my intentions clear; to privilege the voices of the participating refugee and immigrant women for the study. Ironically, because I am passionate about women's voices being heard, I thought it possible that in my zeal, my own voice might override the participants' voices as I write the results. Therefore, I examined my view on the following perspectives.

Storytelling

Since childhood I have hungered for stories. I love hearing stories about friends and family. More than that, stories conjure up images of the storyteller's reality. Through metaphor, symbol and ritual, stories give a richer contextual fabric to the storyteller's meaning than simply reporting facts can do (Combs & Freedman, 1990).

Storytelling is also an ancient form of communication (Yellow Bird, 2001). Since one of my goals for this study was to hear the voices of these refugee and immigrant women, it seemed particularly appropriate to have the stories from a variety of world countries told in the participating women's own words.

Storytelling also seemed a good fit for this study about surviving violence because stories offer the storyteller the opportunity to talk *about* something rather than tell the details directly (Combs & Freedman, 1990). When talking about violence, I hoped storytelling would provide participants with a method that might minimize the pain of reliving their violent experiences.

Pragmatism

The word *pragmatism* in this context refers to the practicality of this study. Habermas (1990) called for social scientists to look at research not as a method but as a reflection of ordinary life. So as a practicing clinical social worker for the past fifteen years, part of my decision-making process for this study was rooted in the practice knowledge that many social workers in direct practice do not read research. Despite burgeoning managed care and best practice initiatives based on the generalizability of statistically significant results, it was my impression that

many practitioners still do not read research for several reasons; they find it boring, they do not understand it and they believe it is irrelevant to their work. Because of these issues, many practice professionals simply do not take the time to read it. Additionally, during the last several years of doctoral studies, continued clinical practice, and teaching, I have increasingly seen the efficacy of collaborating with students and clients. I have become a social constructionist, and hold the idea of the client as expert in great esteem (Berger & Luckmann, 1966; Freedman & Combs, 1996; Freire, 2003). Therefore, the design of this study was shaped in such a way that I hoped would make it more interesting and relevant and therefore more likely to read by professionals who work with refugee and immigrant women.

Language

Another factor that swayed my decision for qualitative inquiry was my interest over the last fifteen years in the power of language. I was first drawn to this interest while hearing Noam Chomsky on a PBS presentation prior to the presidential election in 1988. Chomsky, a political activist and professor of linguistics, adamantly declared that presidential elections have been forever contaminated by the use of the media. He gave the example of the Lincoln-Douglas debate in 1860. Chomsky noted that this debate was famous because it was the first time that voters had a chance to hear what each candidate stood for. He then disdainfully depicted the current campaign climate, noting that candidates poll the voters to hear what they want, and then tell them what they want to hear. Chomsky warned that 21st century voters will have no idea for

whom they are voting. After becoming a student of Chomsky's work, I became increasingly convinced that language has the power to shape how we think (Chomsky, 2001; Greene, 1972). It therefore seemed a logical progression to have the language of this study shaped by the voices of the participants.

Patriarchy and language (aka sexism). During this same period when I became a student of Chomsky, my consciousness was continually being raised about language. I became more aware of the patriarchal tone of the English language that is used in the United States. As a clinical social worker, I also listened more carefully to metaphors that clients used to describe themselves. I began to make a connection between the power of language and the mystification of persons who were being oppressed by circumstance or by culture, primarily women (Richardson, 2001). I particularly listened to women clients who routinely put themselves down through the use of humor. Although language was being used as a tool for marginalization in a patriarchal culture, I believe that through consciousness raising, language could also be transformed as part of the therapeutic process to a tool for emancipation. My belief in the power of language again supported the idea that the voices of these refugee and immigrant women should be heard.

Violence against Women

Given this history of my interest and belief in the power of language, and in the way persons, particularly women, use language to strengthen or hinder their freedom, I chose qualitative inquiry as a means of hearing the participants' own versions of their stories. In my role as clinical social worker, I have

witnessed many women change how they take care of themselves once they actually hear how they put themselves down. I hoped that by voicing their stories, the participating refugee and immigrant women would also have an opportunity to process any residual grief that they are carrying and if needed, have a restorative experience.

I have held a growing interest in how socio-political issues contribute to the perpetuation of violence against women, which I have encountered numerous times in the past fifteen years of clinical social work practice. I have also interacted with a number of refugee families through my faith community. Some of the families come with so much hurt and loss, and at times just need to tell their stories as a means of moving on with their lives. All of these factors contributed to my interest in hearing the stories of refugee and immigrant women who survived violence. I also chose this type of study as a means to explore the use of music as a coping mechanism when surviving violence.

Music and Healing

Another aspect of my history that shaped this study was my lifelong avocation as a musician. For many years, I have sung in community choruses, and noted that there are an inordinate number of human service professionals in these groups. As a person who both loves music, I have often noticed the impact of music on people. During my doctoral work, I became interested in pursuing a research project that looked at the relationship between music as a healing force and the stress of violence.

A Passion for Justice

In addition to these aforementioned life experiences, I also was influenced by some professional justice issues to which I am committed. They include liberal feminism, or my longstanding passion for equal treatment among persons of equal skill regardless of gender; peacemaking, or my hope that these stories might shed light on the atrocities resulting from war and violence; world community, or my belief that we humans are all one and as such, all suffer from the consequences of the oppression of some and musician, my lifelong avocation as a musician and my subsequent observation and research interest of ways that music is used as a means of restoration, comfort or consolation in multiple situations. This interest in the soothing properties of music is not to discount the role of social worker as advocate for persons who are oppressed, but rather to see if participants used one of the tools at their disposal for self-comfort and support during their time of surviving violence.

Best Teaching

Many of my assertions about this study are based on the belief that the most appropriate voices to teach researchers what needs to be studied are the voices of those persons who have experienced the issues (Smith, Willms, & Johnson, 1997). I also believe that claims makers most accurately represent a social problem when they are persons who have been directly affected by the problem (Best, 1995). In this case, gathering the perspectives of refugee and immigrant women survivors of violence is intended not only to inform the

research, but also to identify any barriers (e.g., being silenced) that might have been constructed in the process of surviving violence.

Assumptions

I made several assumptions prior to designing this study and collecting the data. These include my assumptions that (a) war is a predominantly patriarchal and political way of solving problems, which frequently does not clearly identify the suffering endured by women and their families; (b) sexual abuse of women is a routine factor in war; (c) some countries do not protect the physical or emotional safety of their women; (d) every violent act results in someone experiencing loss; (e) grief is a residual experience of loss; (f) all people have within them an innate ability to know how to survive, yet survival is often random; (g) because of how women have been socialized, particularly as caregivers of children, women are more often attuned to survival skills; (h) music is a part of all cultures and therefore accessible to most people as a means of stress relief or coping; and (i) because of accessibility and familiarity, music might be a means of coping with the stress of surviving violence. Considering how many of these assumptions were embedded in the social science literature, with particular emphasis on violence against women, refugee and immigrant women, grief work, and music, I chose to pursue this study. These experiences, beliefs and assumptions became part of my personal narrative, and contributed to the way this study was designed.

Description of Method

Choosing a qualitative research method was influenced by several factors. I wanted to find a method that would best fit both the rationale behind this study and the data that was collected. Denzin and Lincoln (2000) and Padgett (1998) supported qualitative inquiry as the preferred method when there is little known about a topic. Further, qualitative inquiry works well when exploring overlapping disciplines. This study is based on the theories of social constructionism and feminism as they are applied to the issues of refugee and immigrant women surviving violence, subsequent grief and loss, and using music as a means of coping with the stress of surviving violence.

Scholars of qualitative inquiry also recommend using the inquirer as an instrument in the data collection (Denzin & Lincoln, 2000; Padgett, 1998). They recognize that biases of the inquirer are always present and advise researchers to claim how these biases might impact the data analysis. Qualitative inquiry explores the depth and richness of each story, and embraces the possibility of learning from participants (Denzin & Lincoln, 2000; Padgett, 2004). Therefore, I expected that a qualitative method would be the best way of hearing the stories of the participants and capturing the richness of the data.

Another aspect of qualitative inquiry that I found attractive was its attitude toward hegemony, defined as the use of dominance to pursue one's own agenda. Hegemony has historically privileged the dominant discourse (van Dijk, 1998). Qualitative inquiry considers hegemony a destructive force in the area of social responsibility (Fine, Weis, Weseen, & Wong, 2000), and encourages

methods that privilege the voices of the participants. It also seeks to carefully represent these voices in accurate contextual frameworks. Qualitative inquiry challenges the inquirer to guarantee the provision of a safe environment for collecting data. In other words, it holds the inquirer accountable for securing a socially responsible study where the data are most representative of the participants' voices (Fine et al., 2000). The refugee and immigrant women participants in this study had already survived the most violent kind of hegemony, and therefore were expertly qualified to speak about the experience of marginalization and surviving violence. By privileging their voices, I hoped to contribute in some way to the restoration of the power that was taken from them when they became subjected to violence.

The focus of qualitative inquiry must be on strengthening the relationship with the participants. Thus two essential issues in qualitative inquiry are trustworthiness and authenticity (Denzin & Lincoln, 2000; Padgett, 1998). The choice of a qualitative study allowed me to define the participants as the experts. In addition to the strengths of storytelling, the use of qualitative components such as hermeneutics, reflexivity, triangulation, trustworthiness, and rigor gave credence to a qualitative study as most apt to accurately represent the participants' voices. After reviewing these aspects of qualitative inquiry, I will discuss the path to grounded theory as the best fit for data analysis in this study.

Hermeneutics

Habermas (1990) defined hermeneutics "both as an observable event and as an understandable objectification of meaning" (p. 22) and encouraged social

scientists to reclaim the hermeneutic aspects of research. A particularly relevant facet to a study with refugees and immigrant women is what Schwandt (2001) described as the hermeneutic circle. The hermeneutic circle links the circular nature of the relationship between knowledge or tradition, the inquirer's interpretation of participants' interviews, the participants' feedback about the text to the inquirer and the inquirer and participants' co-adapting of the interpretation. Rodwell (1998) noted that consensual-based decision making between the inquirer and participants was essential to manage the paradoxes of power and control in the hermeneutic circle. Such is my hope for this study. Capturing the nuances of multi-cultural meanings requires a way to hear the texts and voices represented across cultures (Atkinson, Coffey, & Delamont, 2001). In addition to defining these hermeneutic circles, reflexivity and triangulation will be discussed as tools that capture these ideas and more.

Rodwell (1998) asserted that constructivist inquiry, defined as the rigorous means of "emphasizing cognitive structures and interactive feedback from the environment" (p. 20) provides a hermeneutic circle of inquiry. Schwandt (2001) described hermeneutics as "the art, theory, and philosophy of interpreting the meaning of . . . the utterances of another speaker" (p. 115). A hermeneutic circle of inquiry, then, was used in this study as a process for ongoing clarification of meaning between the researcher and each participant. Interviews focused on themes that addressed each woman's journey, such as life in her country before the war, the experience of violence, becoming an immigrant or refugee, and current life in America.

While it was my intent to privilege the voices of the women participating in this study, it was also my hope that the process of telling their stories might provide an environment for validating the suffering and survival skills that they disclosed. This is what is called the contextual reality of their stories, defined as “a type of constructed reality absolutely imbedded in the particulars of a given situation or environment” (Rodwell, 1998, p. 254).

Reflexivity

If the focus of reflexivity is looking inward toward one’s self (Padgett, 1998), qualitative research provides such a mechanism for “flexing our reflexivities” (Weis & Fine, 2000, p. 34). Schwandt (2001) described reflexivity as a means for researchers to examine our own biases, thus providing a more sensitive representation of participants’ views, while Rodwell (1998) linked reflexive journals with “the aha moments of tacit knowledge, or knowledge that we intuit, (p. 216)...and with the researcher’s role in emergent inquiry” (p. 134). Reflexivity offers both inquirer and participants an opportunity to examine what was said and clarify meaning; clarify whose voice is represented in the data analysis; identify problems about which one cannot speak, or what information may be culturally taboo; and clarify voice positionality, noting whether the dialogue is representative of a hierarchy or a partnership between the inquirer and the participants (Weis & Fine, 2000). It was my hope that the participants would give feedback about both the experiences of their interviews and of reviewing their transcripts, and also clarify any misinterpretations that were made either by the researcher or the transcriptionist.

Triangulation

One purpose of using triangulation in qualitative inquiry is what Padgett (1998) defined as “two or more sources used to achieve a comprehensive picture of a fixed point of reference” (p. 96). From another perspective, Schwandt (2001) defined triangulation as “a procedure used to establish the fact that the criterion of validity has been met” (p. 257). For this study, I used both definitions of triangulation. First, the seven individual interviews of the participating refugee and immigrant women created the multiple data sources (Padgett, 1998). Second, because of the gravity of the participants’ experiences, I wanted to examine surviving violence from multiple perspectives, thicken the richness of the description of such experiences, and strengthen the criterion for validating those experiences (Schwandt, 2001).

Trustworthiness

Trustworthiness or credibility refers to the qualitative equivalent of reliability and validity used in quantitative research (Padgett, 1998). It is intended to reflect the best possible meaning of the data from the participants’ views. There are three key factors in establishing trustworthiness with participants: “prolonged engagement, defined as an investment of enough time to learn the culture; persistent observation, defined as immersion in the culture being observed, and triangulation . . . The most important part of establishing trustworthiness is the strategy of triangulation” (Belcher, 1994, pp. 128-129). Three key threats exist to trustworthiness: reactivity, defined as the possibility of the researcher’s presence in the field distorting the data collected; researcher

bias, or bringing a preexisting conclusions to the study and using data that only would support these conclusions; and respondent bias, or purposely protecting data that may violate their privacy or reveal unpleasant circumstances (Padgett, 1998).

Rigor

Shibusawa and Lukens (2004) encouraged qualitative inquirers to use three constructs for enhancing rigor. They are engagement, defined as bringing to the field both interviewing skills and some understanding of the culture of their participants; triangulation, or the combination of methods used for analysis and/or persons collecting the data; and auditing and record keeping, or keeping a journal to record our reactions, agreements, and or disagreements with information collected in the study.

In addition to these ideas, Padgett (1998) also encouraged (a) peer debriefing and support as a means to keep the inquirers' views fresh and free of biases, since the inquirer's use of self as an instrument in the study is paramount to collecting rich data; (b) member checking, or periodically checking with participants as to the accuracy of the data collected; (c) prolonged engagement, or longevity in the field, known to minimize the effect of lying by either omission or commission by participants and (d) negative analysis, in which inquirers become our own devil's advocate, and actively look for falsified evidence in the data in order to refute it. Considering the vulnerable nature of participants in this study (e.g. the emotional pain that might be reexperienced during the interviews) longevity in the field was impractical with this population. However, to ensure a

sound outcome for this inquiry, additional methods of rigor were used. With my clinical experience in the field came sophisticated interviewing skills, and a broad knowledge of cultural diversity. During the process of collecting data, I spoke to several community members who work with the diverse populations represented in this study. While there is a marked difference between clinical and research interviewing, both require the inquirer (or clinician) to know how to ask open-end questions, and thus elicit more information through conversational dialogue.

A field journal was kept on an on-going basis during the process of this study. The journal entries included observations during the interviews and other times when this study was in formation. A peer reviewer who is a friend and doctoral student colleague read this manuscript and critically analyzed researcher bias, the appropriateness of reference materials, and the application of grounded theory to the data and the overall flow of this work.

Research Design

During the course of my doctoral studies, I used qualitative inquiry to study domestic violence prevention. I wanted to know how men who grew up in homes where they experienced or witnessed either battering or their mother by their father or child abuse and/or neglect. Because I had previous experience with qualitative inquiry, I wanted to again carefully choose a method that would best represent the voices of women from countries other than the United States. I initially chose discourse analysis, since it gave me a tool for assuring that goal. Discourse analysis looks specifically at the effects of power and such socially constructed marginalizations as racism and sexism, and examines the speech

patterns in dialogue (e.g., who speaks first, more often, etc.). These criteria were a fine fit for analyzing these data. However, as the data analysis evolved, it became clear to me that to extract the full impact of discourse analysis, I needed to thoroughly understand the nuances of the cultures and their language of origins, as well as the complications of English as a second language, that each participant had experienced. Knowing that I could not do so, I then wanted to use discourse analysis as a means to look at the *process* of gathering the data and interacting with the participants, peer reviewer, committee members, and my field notes, and use grounded theory to examine the content of the data. However, after reviewing the data I decided that discourse analysis would be so comprehensive that it could distract from the heart of this study; to hear the stories of the participating refugee and immigrant women.

One of the flexibilities of qualitative inquiry is the ability to coherently mix and match methods, or change methods to best fit the data. As I reviewed the data, I came to believe that grounded theory was a better match, since it is an inductive method that allows theory to be developed from the data (Strauss & Corbin, 1998). Therefore, I ultimately selected grounded theory as the best fit for this study.

Grounded Theory

From social constructivist perspective, “grounded theory methods consist of systematic inductive guidelines for collecting and analyzing data to build middle range theoretical frameworks that explain the collected data” (Charmaz, 2000, p. 510). Constructivist grounded theory takes a position midway between

postmodernism and positivism, and assumes that all multiple social realities are relevant (Charmaz). Grounded theory also supports the concept of socially constructed reality and therefore sees the participants' words as valid and encourages the inquirer to invite participant interpretation of the text, thereby seeking coherence, supporting credible claims, and accounting for exceptions in the text (Wood & Kroger, 2000). Grounded theory is also designed to create or establish a new theory (Dey, 1999; Glaser & Strauss, 1999), and is used by the inquirer to examine data with an eye towards substantive and plausible concepts that support the emergence of a new theory (Denzin & Lincoln, 2000; Dey, 1999; Glaser & Strauss, 1999; Strauss & Corbin, 1998). At the core of data analysis using grounded theory are the constructs of constant comparison, defined as continually comparing emerging data with new data, and saturation, defined as the time when no new concepts emerge (Schwandt, 2001). Further, grounded theory adapts to the voice of the participant (Dey, 1999) so the chance of researcher bias is lessened. I found this method particularly attractive since this study is an inquiry into three diverse issues: (a) the stories of how refugee and immigrant women survived violence, (b) the grief and loss issues they encountered, and (c) the efficacy of music as a stress reducer for women who have survived violence.

The rigor of constantly comparing emerging data, iteration after iteration, provided me with a way to immerse myself in the data and get a better grasp on the emerging themes and subsequent evolving theory. Strauss and Corbin (1998) asserted that "a well constructed grounded theory will also meet four

central criteria for judging the applicability of theory to a phenomenon: (a) fit, (b) understanding, (c) generality, and (d) control” (p. 23). In other words, if all of these categories are present, the theory will reveal substantive meaning from the data collected. Since grounded theory is an inductive process, the theory will emerge from the data rather than the data emerging from the theory (Glaser & Strauss, 1999). This also supports my decision to change methods mid-study, since how I was able to analyze the data with a grounded theory method gave way for the women participants’ voices to be heard in a deeper way through the evolving theory.

Participants

The process of selecting participants and describing who they were was also complex. This section describes how the participant population was defined and how participants were recruited.

Defining the Participant Population

Participants were specifically defined as refugee or immigrant women who had moved to the United States in the past twelve years. These criteria were based on feedback from my dissertation committee that participants be chosen from women who arrived in the United States since 1992, here long enough to have a basic grasp of the English language, and close enough to their memories to tell the details of their stories. These women must have survived violence in their native lands so that their stories would include both the experience of violence and the experience of transitioning to life in the United States. In the hope of including as many dimensions of the participants’ experiences of

violence as possible, violence was defined as any personal experience or major loss resulting from violence, such as death, physical separation, loss, personal injury, mutilation, torture, rape, profound poverty, or other crimes of violence that directly affected the participants or their family members.

My initial plan was for participants to be women who had a basic grasp of the English language, were over the age of eighteen, were of immigrant or refugee status when they entered the United States, were each from a different country of origin, and had indicated in the screening process that music played a significant role in their lives. The issue of speaking English was chosen as a means of acknowledging that many refugee and immigrant women who choose to learn to speak English can do so fluently in a few years (Carol Young, Kentucky Refugee Ministries, August 15, 2002, personal communication). In a study of refugee women living in the United States who had learned English, 80% chose to do their interview in English instead of in their native tongue, and indicated that they preferred using the language that they currently use in their daily lives rather than reverting to a language that they used in the past (Ross-Sheriff, 2001). However, during a consultation with several bi-lingual interpreters and victim advocates at the Center for Women and Families (Jana Meyer and staff, December 12, 2003, personal communication), I was informed that many persons suffer some language regression following the experience of trauma, and would therefore have a better chance of reporting most accurately in their native tongue. Therefore, the criterion for language was amended to include the

participant's choice of interviewing in either English or in their native tongue. However, all participants chose to do their interview in English.

Recruiting Participants

The initial plan was to recruit participants by word of mouth and by written flyer. My hope was to recruit women from several different countries who had settled in the Louisville Metropolitan area. There are more than seven thousand refugees and immigrants currently residing in the Metropolitan Louisville area (Mary Cleary, Jewish Family & Vocational Services, Refugee Services, September 18, 2002, personal communication). Flyers were distributed in the Louisville area at several locations serving the refugee and immigrant populations including but not limited to Americana Community Center, Catholic Charities, Jewish Family and Vocational Services, Kentucky Refugee Ministries, University of Louisville Women's Center, The Center for Women and Families, and the Iroquois Shopping Center ValueMarket. Childcare was also offered during interviews.

Although over 200 flyers were distributed in the Metropolitan area, not one participant came to the study as a result of seeing a flyer. Rather, all participants were engaged after they were referred by someone they knew personally. This process reflects a snowball design, where one person, a study participant, tells another potential participant about the study, and participants are subsequently referred by personal associates. Therefore, a decision was made to abandon the initial plan to recruit participants from different countries and allow participants into the study regardless of their country of origin.

Initially, potential participants were screened by this inquirer for their ability to understand and participate in the project in English. No new referrals were made after the study was amended to give language choice to participants. To minimize risk to participants, I used basic social work assessment skills to screen for PTSD symptoms. The symptoms include a combination of recurring and persistent intrusion of distressing memories or flashbacks, hypervigilance, nightmares, and physiological responses similar to those experienced at the time of the trauma (DSM-IV-TR, 2000). Any woman who gave indications of suffering from PTSD was eliminated as a potential participant. This exclusion was a means of protecting potential participants by minimizing risk to them, a procedure that was agreed upon with the Institutional Review Board for human studies research at the University of Louisville.

Participants selected for the study were interviewed at times convenient for them. The Americana Community Center in Louisville, Kentucky or another location of the participant's choice were offered as the interview sites. The Americana Community Center serves multiple refugee and immigrant populations from many countries across the world. However, all participants chose to do their interview either at their home, the home of a friend, or their place of employment. No participants chose to do their interviews at the Americana Community Center. Initial telephone screening was used with the following questions.

1. What conditions caused you to relocate in the United States? These conditions must be considered political, domestic, or community violence.

2. When did you come to the United States? (since 1992).

Since all of the participants currently reside in the Louisville Metropolitan area, I grouped them by continent instead of country, and used pseudonyms as a means of further protecting confidentiality. While each woman was asked to choose a pseudonym of her liking, some of them requested that I choose one for them. While participants were interviewed in the order of referral, I arranged the stories by continent to highlight the similarities and differences from each region. The refugee and immigrant women participants came from three continents. They are (a) from Africa, Ruth and Zee, (b) from Central America, Candida and Philamina, and (c) from Eastern Europe, Jonia, Luna, and Mariah. They will be introduced in more detail with their stories in Chapter Four.

Consent Procedures and the Institutional Review Board (IRB)

The University of Louisville requires a formal review of every research project by an ethics committee for human subjects known as the Institutional Review Board (IRB). The IRB reviewed this study and concluded that the design would not cause any undue risks to the refugee and immigrant women who chose to participate. They agreed with my assertions that there was a risk of triggering unpleasant memories of experiencing violence. All of the risks and benefits were clearly spelled out in the permission form. I read the entire permission form aloud to each participant and had a brief dialogue to ensure that she understood the terms of participation in the study before she would be interviewed (See Appendix A).

Compensation. Since the IRB considers it acceptable for participants to be reimbursed for their inconvenience, I offered to pay \$25.00 to each participant for their time they took for their interview with me. Some participants offered to be interviewed without compensation, but I insisted that each of them accept the money, which all women did. All participants were paid at the time of their interview.

Data Collection

Once the initial telephone screening was completed, and a potential participant agreed to be interviewed, a time and location of the participant's choice was scheduled. Data were collected through individual interviews, lasting approximately two hours that were recorded on audiotape. Since it was possible that some emotional stress might be triggered for participants by the recounting of these survival stories, plans to make any needed mental health referrals to the community mental health services in the Metropolitan Louisville area were made. However, no participants displayed a need for or requested such referrals.

At the beginning of each interview, the IRB approved informed consent form was read aloud to the participant. After an effort was made with each participant to ensure that she understood to what she was consenting, each participant then signed the consent form and was given a copy. In order to ensure high quality recordings of the interviews, state of the art audio equipment, specifically a *SONY MZ-B100 audio recorder*, was used to record each interview. This equipment was chosen because of its crystal clear clarity, which I hoped would enhance the ability to hear the dialogue from each interview with refugee

and immigrant women, who all spoke English with heavy accents from their native countries. A copy of each tape was made before submitting the original to a confidential transcription service.

The interview began by asking each participant a few demographic questions such as country of origin, age, number of family members, and who came to the United States with them. The following grand tour questions were used to structure each interview.

1. What were your experiences in transitioning from the violence of your homeland to the United States as a refugee or an immigrant?

Subheadings of this question included asking details about the violence; where the violence took place, and their experiences around the violence (e.g., physical and emotional survival). Participants also were asked about their experiences after coming to the United States. No participants reported continued violence once they were in the United States.

2. What issues of grief, loss, or bereavement were experienced?

Questions about loss were asked separately only if they were not addressed in the dialogue.

3. What role, if any, did music have in helping you to cope with the stress of surviving violence?

Each participant usually talked about the first question for approximately three-fourths of the interview time. All participants mentioned their grief issues in the conversation around the first grand tour question. I used follow-up probes with the grand tour questions. For example, I asked specifically for details about

whether the participant suffered direct physical harm, witnessed any family member's harm, or any family member was killed during the violence.

When I noticed a lag in the conversation, I then introduced the second (or third) grand tour question concerning music.

Collecting Field Notes

Field notes were kept throughout the process of data collection and were recorded at intermittent intervals. These notes served to enhance my memories of the interviews, as well as other observations made during the interviews. Some entries were made immediately following the interviews. These included entries made in regard to my responses to what was said, or comments made by the participant after the tape had been turned off, my reflections on this process, meeting with my dissertation committee members, reviewing the text, reflecting on the social context of refugees' plight juxtaposed on the privileges of life in the United States, and participants' feedback after reading their transcripts.

Data Analysis

Data analysis reflected similarities and differences among the participants. This included each participant's experience of telling her story of survival, grief and loss issues encountered, the experience of leaving her country, the experience of acculturation in the United States, and the role of music in her life during the process of surviving violence. The data analysis also included examining what biases that I, the researcher, introduced into the study. For example, why did I shape the grand tour questions as I did, and how might this format have influenced the data collection as reported by the participants (e.g.,

music emphasis, social work background, etc.)? And what did I, the researcher, learn from this experience? Following the interview transcription, each participant was invited to review her transcript for accuracy, a process called member checking.

Step-by-Step

Figure 1 depicts the process of moving through the iterations, coding, and themes emergence and theory development step-by-step. Before beginning the data analysis, I first reviewed the audiotapes while reading each transcript, checking for accuracy. Then I asked each participant, if they were willing, to review her transcript, and make any changes she deemed necessary. Some participants chose not to read their transcripts, and told me that it was painful to re-live the experience during the interview, and did not want to re-experience that pain so soon again after the interview. Two participants reviewed the transcript privately and then corrected it in front of me with an explanation of a cultural custom they were describing that had been misunderstood by the transcriber (step 1). After completing all transcript reviews, I loaded all transcripts into the ATLAS.ti software for data analysis. In analysis process, I first looked at each participant's transcript independently, and used open coding to code the data (step 2). Then I looked through the open codes for themes of similarities and differences among the participants (step 3). In the results section I presented one composite story comprised of the similar themes. I then reviewed the raw data and selected quotations which I used to punctuate the story (step 4). Following the story punctuation, I then reviewed the raw data again to ensure all

common themes had been included in the story (step 5). Next I compared the selected quotations from the raw data to the theme it was punctuating to ensure an appropriate fit (step 6). Individual character portraits were created for each participant that included her demographic information and also unique or remarkable themes from her transcript (step 7). At this juncture, I wrote a metaphoric story from the composite common themes of all participants, arranged the themes in chronological order, and used the selected quotations from their individual transcripts to punctuate the story (step 8).

Illustrations of data analysis. The following text is a sample that shows how the open coding raw data was structured. Axial coding, the process of collecting similar codes, was used to create themes. After each participant comment is a category assigned through open coding [in brackets].

P= participant, I = inquirer

P “When I found out my child was raped, I was beside myself [details of violence]

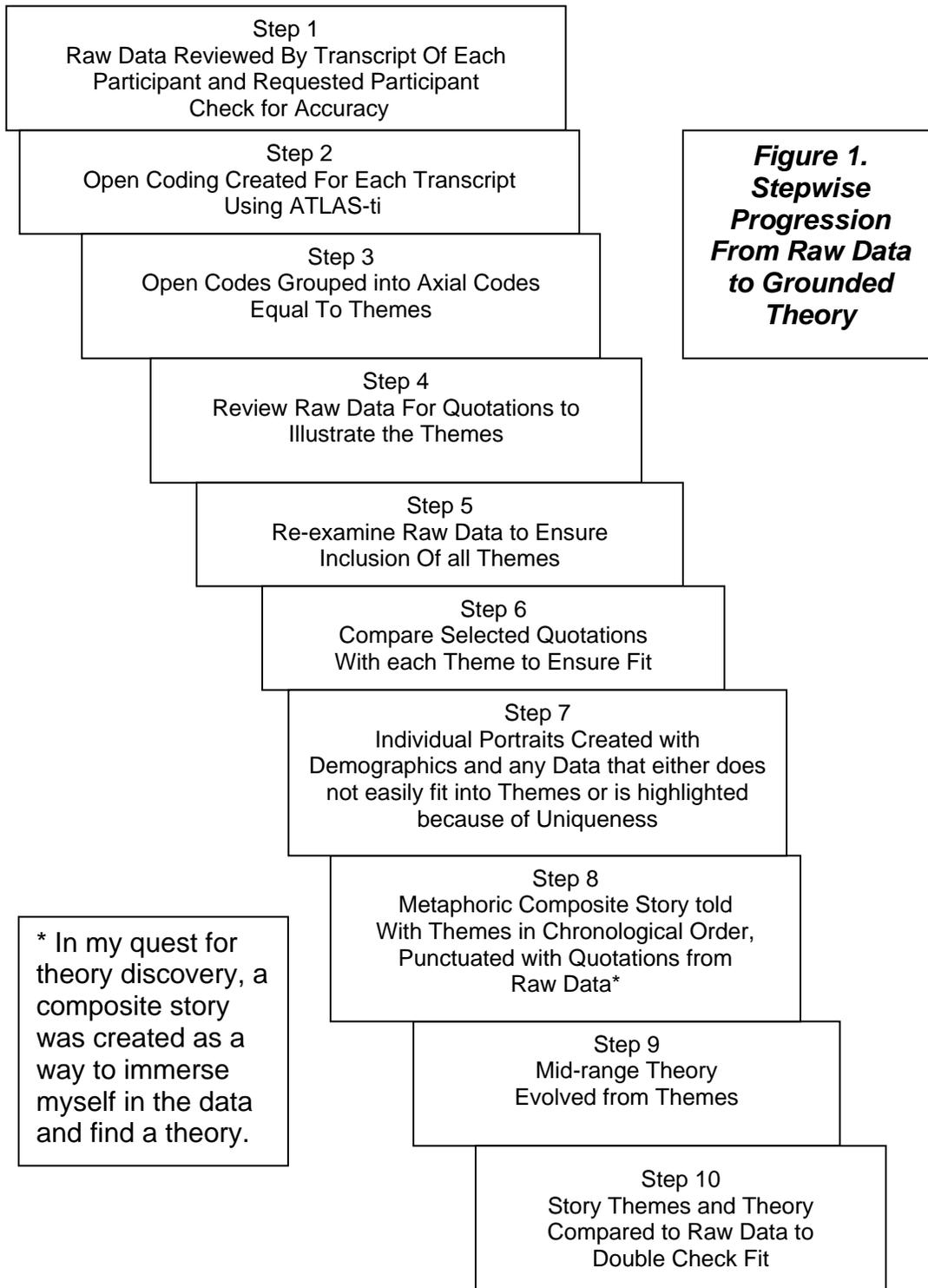
I had no recourse because the law did not protect her [no legal protection]

No one does anything about crimes against women in our country. You just have to learn to live with it. [female vulnerability to violence]

I “How did you manage?”

P “At first, I thought I would go crazy. I really wanted to go out and find the guy who did this. But after walking all night, and sobbing while I was walking, I came home and danced until I was so exhausted that I just dropped in the bed.” [grief processing]

I “You danced?”



P “Yes. In our country, and especially in our family, we play our native music and dance to process many emotions. We are not afraid of expressing our negative emotions like I see people in the United States are. We just express all the emotions. I played really fast, rhythmic and loud music and danced as hard as I could for as long as I could stand it. The music really helps me get the feelings out.”

[music and coping with violence]

Making sense of the data. After creating the original 54 codes from the raw data (Figure 2.), these 54 codes were collapsed into 13 axial codes that became the themes of this data. While axial coding combined many of these themes into experiences of violence, not all were appropriate. For example, the code “beauty in the midst of violence” was only described one time, so that was included as an anecdote in the character portrait for that particular participant because of its special quality (e.g., I thought it a special quality of this participant that she could be grateful for help received when she was literally running for her life). Similarly, the categories “surviving the violence” and “escaping the violence” were not included because I viewed them as separate themes based on the volume and numbers of ways the participants described their survival stories.

While this is an example of only one emergent theme, there were fifty-four codes that emerged from the raw data (see Figure 2), which were collapsed into thirteen themes (Figure 3). Using grounded theory, a subsequent theory evolved from these themes. Grounded theory best breaks open the meaning of the words (Glaser & Strauss, 1999; Strauss & Corbin, 1998). Since all of the

participants were using English as a second language, I considered the repetitive iterations essential in capturing the heart of these data. This was since some of the participants had a better grasp of the nuances of the English language than others did. I thought this feedback process would illuminate any missed data themes or data that was poorly matched with a particular theme.

Figure 2. Original 54 Open Codes and number of Times Applied to Raw Data	
<i>After the Violence - 7</i> <i>Attitudes before the War - 1</i> <i>Beauty in the Midst of Violence - 1</i> <i>Behaviors of abused children - 8</i> <i>Breaking the Silence Taboo - 10</i> <i>Coping with Violence - 16</i> <i>Cross Cultural Study - 3</i> <i>Crying - 3</i> <i>Descriptions of Violence - 34</i> <i>Early Life Abuse – 3</i> <i>Escaping the Violence - 21</i> <i>Ethnic Cleansing - 2</i> <i>Family coming as refugees - 5</i> <i>Family Left Behind in Danger - 2</i> <i>Fear - 1</i> <i>Grief and Loss - 2</i> <i>HealthCare during War - 2</i> <i>History of Abusive Mother - 1</i> <i>Humor - 1</i> <i>Illness - 3</i> <i>Immigrant status - 4</i> <i>Institutional Life - 2</i> <i>Leaving our Homeland - 6</i> <i>Lessons Learned from Violence - 11</i> <i>Life before the violence – 6</i> <i>Medical Career Danger - 4</i>	<i>Music - 4</i> <i>Music and Church - 3</i> <i>Music and Grief – 2</i> <i>Music Uses - 28</i> <i>Native Country vs. USA - 3</i> <i>Native culture - 7</i> <i>No food or Water - 7</i> <i>Parental Affirmations - 1</i> <i>Political complications - 2</i> <i>Pregnant during the War - 6</i> <i>Race issues in Native Country - 1</i> <i>Reason for Coming to US - 8</i> <i>Recognizing Violence Coming - 6</i> <i>Refugee Camp Experience – 2</i> <i>Refugee Escape Assistance - 2</i> <i>Refugee Status - 2</i> <i>Religious war Residue - 2</i> <i>Residual of Violence - 17</i> <i>Revisiting Native Country - 3</i> <i>Searching for Family - 1</i> <i>Seduction into Violence - 4</i> <i>Sept. 11 - 6</i> <i>SES change - 4</i> <i>Still working on family member's escape - 1</i> <i>Surviving the Violence - 13</i> <i>Transient Nature of Refugees - 1</i> <i>Code: USA Experience - 16</i> <i>Violence upon Violence – 1</i>

In Chapter Four, each woman's character portrait includes the central themes of her individual story. In the composite story, themes are used as sub-headings, and quotes are used directly from the transcripts to punctuate each

theme in the story. I also substituted the words “my country” for the country’s actual name to further protect confidentiality.

Peer Reviewer

I chose a peer reviewer based on specific criteria. Jan Spang is a friend, colleague, and a doctoral student who has had an extensive research career. She has completed many interviews across the United States with persons from marginalized or minority groups. Her candid feedback and dependability when making a commitment made her an easy choice. She is also a member of a minority group, and often educates me in the ways that United States citizens of European descent routinely oppress minority groups due to deficient insight. Peer review is also a factor that reduces threats to trustworthiness (Padgett, 1998).

We discussed many facets of this study along the way, including the choice of design, process of participant recruitment, and my reactions or responses to literature review and participant interviews. Jan read the manuscript at several points in time during the study. She gave me verbal feedback early in the study, and then did a written analysis after reviewing the full manuscript to ensure that I was faithful to my design and had answered all of the research questions.

Emerging Themes

After reviewing the raw data, truncating the text to highlight core content of the raw data, and applying open coding to the raw data, several themes emerged. Included in this list of themes are two sub-themes that reflected

unique but essential data within a theme. The themes are: life before the war was routine and ordinary, the brutality of war, sexual violence against women, how violence affected family members, escaping the violence, the refugee camp, cultural taboo of talking about sex or sexual abuse, with a sub-category of the intergenerational cycle of violence and conflict, grief responses to losses, with a sub-themes of feelings for the old country, music and coping, prayer and coping, coming to the USA, with a sub-category of response to the World Trade Center bombing, and lessons learned. Each theme was included in the composite story, and each is punctuated with direct quotations from the participants' comments.

Punctuating the Themes

The process of data analysis using grounded theory included the step-by-step process depicted in Figure 1 (step 8). Here are some selections from Zee's transcript that were to punctuate the story theme.

Included in the theme *escaping the violence*:

I had a big cut within my leg and knee. My feet were bleeding. I was screaming and then my sister came. I said, "Go and hide somewhere. They are coming!" So we hide in the banana trees, and my sister gave me a cloth to tie my body. They are saying they should burn the house. Then I go upstairs by the back door, they were at the front side. I get my boy, and come out the back window. Then we saw the house on fire. The whole house was burned up.

Included in the theme *the brutality of war*:

They tell my father, "Show us the way you can perform making love." My father replied, "No, she's my daughter. I'm not going to do it." Then one of them shoot, the bullet hit my father in the stomach and killed him. They have lighters in their hands, they light the plastic, starting burning, putting the fire on my body. I was shouting. They burned up our whole house. Our father's body burned up. Nobody bury our father. He was already dead. His body was in the house.

Included in the theme *how violence affected family members*:

My son was five months old. The rebels kill any baby they see. I have to give my boy phenegril syrup so that he can sleep. I wrap him and hid him under the bed.

I selected these quotations since I found them most representative of Zee's experience. After coding each transcript by participant, I grouped those selected quotes into themes by participant. When I first examined all of these selected data, I was overwhelmed. So in order to get a better sense of each woman's story, I decided to use a medium that I often use to make sense out of overwhelming situations. As an introduction to step 9, I wrote a verse of poetry

for each participant by grouping her main themes together. Here is a sample of a verse I wrote to represent Zee's story.

*They ravaged our homes and killed our men
Raping the women of all of our kin.
We hid in our homes and drugged our babes
To keep them from their early graves
Malice most sinister was their game plan
While burning and killing half of our clan.
My innocence was lost on that fateful day
When they bludgeoned and raped our dignity away.*

Although the poems were not intended to be part of the story, they did help me get a better grasp on the main themes. After that, I was able to present the common themes in narrative form as a composite survival story, punctuated by participants' quotes from the data (step 8). Each heading in this story represents a theme that emerged from the axial coding of the data. I also supported many of my themes with direct quotes from the participants. This process helped me to synthesize the themes, and immerse myself in the data in order to find a theory (step 9).

Character Portraits and a Composite Story

As an introduction to the story, I have presented a character portrait for each participant, which contains both individual demographics and data that were uncommon to other participants. This part of the design was created with the hope of giving the reader an understanding of several cultural contexts that are

involved in the composite story, which contains thirteen themes that were common to most participants.

From Emerging Themes to Evolving Theory

In order for the themes that emerged from the data to evolve into a theory, a comparison was made within the contents of each theme. For example, in the theme of violence against women, the refugee women had similar stories, the immigrant women had similar stories, but the content was widely diverse between the two groups.

In another category (e.g., music and coping) there was a clear response related to music and coping from each of the seven participants, yet within the category of music and coping, there were vast differences in the utility and scope of how music was used for coping. Therefore, the answer to the research question as to whether or not music had a role in coping with the stress of violence was a resounding “yes” and the significant contribution to the evolving theory was that music was used across cultures as a means of coping with the stress of surviving violence, although in very different ways.

The process used to recognize the theory as it evolved from the emerging themes was to compare the raw data within the themes and between the themes to again ensure fit (Glaser & Strauss, 1999; Strauss & Corbin, 1998). In the two examples above, one theme (violence against women) contained data that were similar within groups but different between groups, while the other theme (music and coping) contained data that were similar between groups but different within that group. Should the comparison of the data across all the themes be more

similar, then that would contribute to an evolving theory. In the same manner, should the data across themes be more different than similar, then that would contribute to another evolving theory. Looking at similarity and difference across themes is but one of many potential theories that might evolve from the emerged themes. It is essential that the process of allowing the theory to emerge be steeped in a thorough evaluation of all levels of data, including the selections from the raw data, the coded data, the themes in which these coded data were included, and the comparable results of these themes.

In the example above, grounded theory would demand the use of all the data in this process of theory evolution. Remembering that qualitative inquiry encourages the use of the researcher as instrument, it would also be appropriate at this juncture to evaluate the contents of the field notes. Were there themes that emerged from these data? If so, how do these themes compare with each other? How do the coded data within each theme compare? Are there patterns between emerging themes in the interview data and themes in the field notes data? This same schema can also be applied to the peer review and participant feedback data. In summary, as much data as are available should be compared and contrasted to find an evolving theory. All theory should be measured by how closely it fits the substantive area of research, how readily understandable it is to the lay reader, how applicable it is to multiple and diverse situations, and how well it allows the user partial control over the process of daily activities over time (Glaser & Strauss, 1999). If more than one theory should evolve, then the researcher must decide which theory is most applicable to the research study

questions, to the population that was studied, and to the recipients of the disseminated information from the study (Glaser & Strauss, 1999).

Figure 3. Themes and Sub-Themes that Emerged from Raw Data used to Create Composite Story

Life Before the War was Routine and Ordinary
The Brutality of War
Sexual Violence Against Women
How Violence Affected Family Members
Escaping the Violence
The Refugee Camp
Cultural Taboo of Talking about Sex or Sexual Abuse
Intergenerational Cycle of Violence and Conflict
Grief Responses to Losses
Feelings for the Old Country
Music and Coping
Prayer and Coping
Coming to the USA
Response o the World Trade Center Bombing
Life Lessons Learned

CHAPTER 4

Results

This research project was initiated with a hope of privileging the voices of refugee and immigrant women who had survived violence by means of telling their stories, hearing the grief that these women experienced in the process of surviving violence and learning what role music might have played as a coping mechanism for the stress of surviving violence. This chapter presents the results of the data analysis. The results are presented in the form of character portraits for each participant, a metaphoric composite story, feedback from a peer reviewer, review and feedback from the field notes, and the evolution and evaluation of a theory.

Character Portraits

Portraiture is defined as a means for White inquirers to privilege the voices of participants of color, particularly by honoring their strengths (Chapman, 2005). Chapman critiqued the partnership of portraiture and critical race theory (CRT) and noted that this partnership presents the inquirer with an emancipatory opportunity to present counterstories - stories that accentuate the goodness of persons of color who are often marginalized. CRT scholars are concerned with the history of White inquirers representing the voices of persons of color in such a naïve way that the results are ludicrous (Delgado & Stefancic, 2001). So

pairing CRT and portraiture gives the inquirer occasion to take advantage of using the words of the participants to speak their own experience.

Chapman (2005) further claimed that voice has several components that portraiture can enhance. These include voice as autobiography, or letting the participant speak for herself, voice as dialogue, in which the inquirer acknowledges her own voice as placed in the middle of the dialogue between herself and the participant in dialogue, and voice as witness, in which the inquirer again emphasizes herself as the discerning observer whose voice will be present in the interpretive text.

The Participants

The seven participating refugee and immigrant women in this study come from three continents; Africa, Central America, and Eastern Europe. The character portraits were grouped by continents to protect the confidentiality of the participants.

Africa

While these women were unknown to one another in their native African countries, they met after arriving in Louisville. Both came from refugee camps where they fled to escape grueling experiences of war. Zee arrived about one year before Ruth. Like many refugees do, Zee took Ruth under her wing, helped her acclimate to the Louisville area, and as they continue to support one another, their children have become friends.

Ruth. This 32-year-old woman's story is one of a lifetime of constant survival. Having survived two separate wars ten years apart in two separate

countries, Ruth's story sounded like an adventure saga, ranging from grotesque experiences in war of witnessing murder, surviving torture, rape, and attempted mass murder to subsequent rescue, deliverance, and recovery in the United States. Most of her life, Ruth has lived in an institutionalized setting. From childhood, she was reared in a Catholic mission. As a young adult and single mother, she lost her father in the first war, and escaped to another African country, where she resided in a refugee camp for 12 years. During this time, she met her husband, married, and subsequently had four more children. She came to the United States from that refugee camp to escape death for herself and her children after the second war began. Ruth told of music's use and support in prayer settings, including through the refugee camp church services, and in her role as mother to five young children. A less verbal participant, most of her story was answers to direct questions from me. Although her English was quite sophisticated, her accent was so heavy that I found myself repeating most of her words just to be sure that I heard her correctly. She did not volunteer much information without prompting. Her children, ages 14, 10, 8, 5, 1 were present in her home during our conversation, but did not yet speak any English. At the time of her interview in 2004 for this study, Ruth had been in the United States only three weeks.

Zee. "Zee" was the pseudonym chosen by this participant. Arriving in the United States at the age of 32 in 2003, she was relieved to be rescued from four years in a dank refugee camp. Losing both her husband and father in the war, Zee often longs to see and speak to her mother who is still living in Africa. While

she arrived in the United States with her sister and five-year-old son, her sister chose to stay in the New York area. She also has an aunt who survived the war and lives in Dallas, Texas.

Zee's exceptionally articulate story included details of life before the war. Sharing harrowing memories of three to six months of the sudden brutality of war, Zee described her shrewd and valiant efforts to survive the violence, the life threatening trek to and experience in the refugee camp, and her experiences of coming to the United States. Zee described how she used music both as a mechanism for coping and memory. Since she spoke English in her native country, along with 27 other tribal languages, the conversation was easy to follow, despite the fact that Zee had been in the United States just under a year at the time of her interview.

Central America

The two immigrant participants from Central America are an African American mother and daughter. They came to the United States to escape the sexual violence that was pervasive in their native country. The mother, Philamina, was my first participant, who later encouraged her daughter, Candida, to also participate in this study. To protect confidentiality, their interviews were conducted separately.

Candida. A 20-year-old beauty, Candida visited the United States on several occasions before permanently immigrating in the spring of 2001 with her family. She was born in Central America and suffered multiple instances of sexual abuse there. Her family decided to immigrate to the United States after

experiencing violence and marginalization in their native country. Candida presented herself as reserved. She oftentimes appeared apprehensive and waited for me to ask questions before she shared her story.

Having come to the United States to escape the repeated experience in her country of sexual molestations, Candida adamantly claimed that the privileging of men in the patriarchal society of her country left women unprotected by law. While she reported feeling a sense of safety in the United States, she also reported feeling sadness at her awareness of the cyclical pattern of family problems that followed them to the United States, including a strained relationship with her mother. She attributed her continual struggle to her experiences of reliving the old abuse, experiencing new types of violence in the United States, and oftentimes feeling helpless and hopeless. Like her mother, Candida was articulate about the role of music when coping with violence or other life problems. She reflected on life lessons learned so far, and on other coping mechanisms she uses, such as artistic hair braiding.

Philamina. Born by the Caribbean Sea in Central America some 42 years ago, Philamina was a survivor from the beginning. The story of her multi-faceted life included her early survival of a life threatening illness wrapped in the nurturing arms of the elders of her community. Philamina reported that her mother was a self-absorbed woman who had left the support of the community, turned to crime to survive, and ultimately gave Philamina up to the elders when she was born with a life-threatening illness. Despite her nurturing early childhood, a return to her mother's care in adolescence following the death of

several elders led to a traumatic time, including a rape that resulted in a teen pregnancy. Returning as often as she could to the surviving elders, Philamina pursued and received a formal education, and served as a teacher in the elementary schools of her country for a brief time. Marrying in her early twenties, she tells of the shock of living as a married woman in a radically patriarchal culture, where females were neither taken seriously, nor protected from sexual molestations.

An articulate and passionate reporter of her history, Philamina wove together the fabrics of her spellbinding story in a fashion that echoed much thought and reflection. She expressed gratitude for the opportunity to tell her story, and expressed hope that this story might prevent such atrocities for other females.

Eastern Europe

Three of the refugee participants, Jonia, 41-years-old, Luna, 38-years-old, and Mariah, 49-years-old, came to the United States from Eastern Europe. Although they are from the same general area, their experiences are vastly different. Two of these women were medical professionals, and reported a special vulnerability, reporting that enemy soldiers were trying to eliminate specific groups including medical professionals. All three women are mothers, and two of them were pregnant during the war, which again made them specifically vulnerable.

Unlike the other participants, all of the women from Eastern Europe were refugees who had settled in the United States prior to September 11, 2001.

Having experienced war only recently, each of them voiced a response to the World Trade Center bombing.

Jonia. Jonia came to the United States in 1996 at age 33 with her husband, five children, mother, sister, and nephew. She spent several years in the war before leaving her country. Her pain was evident as she described the suffering of ethnic cleansing, her loss of work as a medical professional, and her conviction of the insanity of war. She described in graphic detail the violence that she and her family experienced and the subsequent impact on her children. Unlike other participants, she enjoyed the camaraderie of the refugee camp, having tired of the separation by nationality that ethnic cleansing imposed. Jonia's themes included gratitude for the realization of her life dream of coming to the United States, music and other expressive arts as coping tools, homesickness for her homeland, and lessons learned.

Luna. Luna came to the United States in 1997 at the age of 31 with her husband and three children. Like the other women from her region, Luna described the ordinariness of life in her country before the war, and then noted the abruptness with which the war impacted their lives.

The mother of three children, she described leaving in a rush with hundreds of other people as the front-line penetrated their village. Her husband had been captured, so she was escaping as caregiver with her three children. Her eldest son, who was fifteen at the time of the escape, was a hefty adolescent with a crippling disease that left him unable to walk. Though she is a large woman, Luna literally carried her handicapped son on her back, causing her to

lag to the end of the refugee exodus. This led to her decision to give her two smaller children into the safekeeping of a neighbor traveling alone. She expressed eternal gratitude for the help she received with her son from two unknown soldiers, who despite speaking a language she did not know, helped carry her 15-year-old son to safety.

Following their flight from their home, Luna and her family spent five months in a shelter similar to a refugee camp. During that time, she and her children knew nothing about her husband, including whether he was alive or dead. They were astounded to see a television news clip on New Year's Day that showed her husband being traded for another prisoner of war. He ultimately returned to their family a few days later. Her story also included details of transitioning to the United States, a response to the World Trade Center bombing, and how she and her family have used music as a means of staying connected to their heritage.

Mariah. Mariah came to the United States in 1994 at age 38 with her husband and infant child. She was a practicing physician in her country and is currently a practicing physician in the United States. Like Jonia, she was also pregnant during the war. Mariah reported that ethnic cleansing specifically targeted killing medical professionals.

Mariah was the most affluent of the participants, both in her former country and in the United States. She candidly reported how her attitude before the war was steeped in a belief that war happened to people who had basically done something wrong, or misused their resources. However, Mariah reported a

marked difference in her attitude once she was subjected to the violence of war, an atrocity that she knew she had not earned through any wrongdoing.

Unlike the other refugees, Mariah and her husband had the financial means to leave the country with her own resources. She chose to do so following the birth of her only child, for whom she wanted a better life. Her themes also included a panic response to the World Trade Center bombing, which she prompted in her interview, and how she avoided music to cope with the stress of violence. Since the war ended, she has returned to her country on several occasions to visit family and friends.

The Composite Story

As an attempt to capture some of the richness of these stories, I chose to present the composite story as a metaphor called *Gentle Grit*. Metaphor allows me to immerse myself in the data and thereby experience a deeper meaning of the stories. While this metaphor is a story of seaworthiness, a story of women from earthen villages who were suddenly lost at sea, it is designed as such to emphasize the depth and breadth of the survival experiences and skills of the participants. Each new heading in the story represents a theme that emerged from the data. Direct quotes from the truncated data are used to punctuate each theme.

Gentle Grit

This is a story of hope. Not a hope steeped in theoretical notions, but rather one rooted in the gut wrenching experiences of women who survived violence. The women who contributed to this story are leaders in their own right,

who drew upon the kind of courage found only in the deepest part of one's soul. These women made conscious decisions to survive. They were sophisticated and strategic non-violent warriors. Not only did they survive, but many women managed to save the lives of their loved ones as well. Before the violence began, these were ordinary women, with no idea of what they would face. Yet when the need arose, their determination and grit defined them as survivors. That is what makes this a story of hope.

Life Before the War was Routine and Ordinary

Imagine an average day in the lives of many female citizens of the United States who are married with children. One arises after a night's sleep, bathes, prepares breakfast for the family, gets the children ready for school, and prepares oneself to go to work in a shop, a hospital, or at home. Such were the stories of these women. These were, for the most part, ordinary women going about the business of daily life. Like most people from around the world, they had values and attitudes, and came from a variety of backgrounds, both social and economic. They made choices about how they spent their time. In other words, they lived life. So say these selections from their stories.

Before the war, I was a nurse in the nearby hospital.

I always have dream of coming to the United States.

Jonia

We live pretty good. I never worked there in my country. Husband work and make very good money.

Luna

I was selling in my boutique shop. My husband was a police officer. We celebrate situations with friends, and I like music so play music for fun.

Zee

We lived a wonderful life there. I was very happy. I had lots of friends all over the country. Traveled every single part of that country. Somehow, you always believe that countries in war deserve it. They didn't know how to manage it.

Mariah

These were happy women, who did not make a habit of worrying about the future. And the mere fact that they lived in the present, contributing to life and living it as best they could, blindsided them to the devastation that was to come.

The Brutality of War

Estes (2003) reminded us that a ship in the harbor is safe, but that is not why ships are built. So like vacationers on a calm sea, these women enjoyed the balmy breezes, the sun in their hair, the sight of their children playing in the water, and the smell of the salty sea. They were unaware of the approaching hurricane, but their ship was sturdy, and when the sails could no longer be adjusted to withstand the storm, they became expert captains of their vessels. They suffered, but engaged the most courageous and cunning devices within

their power to outlive the atrocities that they and their families faced. The brutal violence of war would not outwit them.

My husband come home completely bloody; face, arm, hands, legs and complete body. I lost many of cousins and family killed in the war. I saw them come home. I saw the dead bodies. A priest and nun is tied to altar and killed there in the fire explosive. It was hard to find all the parts and bones.

Jonia

They tell my father, "Show us the way you can perform making love." My father replied, "No, she's my daughter. I'm not going to do it." Then one of them shoot, the bullet hit my father in the stomach and killed him. They have lighters in their hands, they light the plastic, starting burning, putting the fire on my body. I was shouting. They burned up our whole house. Our father's body burned up. Nobody bury our father. He was already dead. His body was in the house. The only water we can drink is from the gutter drainage. No food. Sick a lot from the dirty water. One day we saw a bucket . . . tastes like baking soda, the bicarbonate soda, but it's the native stone, that the rebels soak it in that bucket filled with

water. We drink and it cook our mouth inside. I nearly lost my life because of sores in my mouth down into my throat.

Zee

Because he was the chief and a delegate, they went in after my father with a power saw. When they took my father, he was crying. Then after I heard the power saw sound, I stopped hearing my father's voice. He was dead. They cut my father into three pieces. They put us in a separate hut. They were going to pour gas on the hut and burn the house with all the children in it. And then shoot fire upon the house. All the brothers in the house with me, my sister, and my son. My brother took fire iron, and he busted the window and we all escape. They started beating me eight months pregnant. My husband says they shouldn't beat me, they should beat him. They beat my husband until the bones were outside his foot.

Ruth

You not have clothes, you not have shoes, you not have food. Sometimes cold, sometimes rainy. They kill my two brothers. My husband loses three brothers

from one brother two sons, three brothers and two nephews.

Luna

Such a brutal hurricane may have taken a fleet of ships. Yet these women survived, and lived to tell their stories. The courage they mustered in these circumstances was equivalent to persons with no knowledge of the sea rebuilding the ship while the storm tossed it about, a seemingly unattainable task. Yet it was indeed the story of these surviving women. There are those who rode out the storm of war, and there are those whose masts were rotten from the beginning of their voyage that still managed to survive the winds of violence.

Sexual Violence against Women

For many women, war is not a necessary entity for suffering and violence. Women who are born in a country that does not protect its female citizens through law enforcement and social standards often suffer early in life from the pain of sexual molestation, assault, and/or rape. They might as well have been born aboard ship in a hurricane. The strategies to stay afloat are their only protection. For these women, it is only the wiles of the women's network within their culture that will protect them. Once they are victimized, there is no legal recourse to minimize their further exploitation, or encourage their healing.

When I was two, a neighbor's son pushed a Coke bottle into my vagina. At the age of five, I was raped by another man. At the age of 9, I can remember being molested by male family members. From the

age of 13 to 15 there was ongoing period of molestation from family members.

Candida

She handed me over to this guy who was her boyfriend's friend. He raped me and I got pregnant. I was 15. In 1982, while still in my native country, I noticed that my nephew had a bruised and swollen penis. He had been molested. In 1992, this little boy who was two-years-old in '82 was living in the United States. His mother called me and said, "Please pick him up at the airport. He's coming on a plane tomorrow. It's a matter of life and death." I was told that he had witnessed a murder and would be killed if caught. I went to the airport immediately. That very night I think I came face to face with the devil. When we went to sleep all the lights in the house blew. He blew out all the lights in the house the first night he came in. I didn't know that he had started raping little girls in school in the United States. He was 12-years-old. He was being transferred from one school to the next and got expelled from every school town. The next day when I got up, my four-year-old came and said, "Mommy, I hurt." He had sliced her private parts

to pieces, like strips. When I saw her, I fainted. It took the doctor four hours to sew her back. He raped my other girls who were 6-years-old and 8-years-old at the time. All of them were sleeping in the same bedroom. My sister-in-law was staying with us in the bedroom next door with all her children. We still don't understand how it happened.

Philamina

Just as some cultures often fail to protect their female citizens from sexual violence, one of the routine consequences of war is the rape and sexual assault of women.

They said, "You refuse to receive us for sex, so we are going to kill everybody." Then they called one lady out, and shot the lady in front of us.

Zee

He say I should come and be with him. He don't have woman with him. I told him no, so he chased me, and beat me, and raped me.

Ruth

What is a woman to do with no mast and a decaying ship in the storm of sexual violence? She can fight, she can drown, or she can hold on to some wretched scrap of her dignity and endure the ravages of violence until she is free of it. This is particularly so in cultures where patriarchy so privileges the rights of

men that women will silently endure suffering rather than be further traumatized by the benign neglect of the legal system (Francis, 2004).

How Violence affected Family Members

Imagine a brave and determined woman at the helm of this weather worn and battle scarred ship. She has true grit. She will not give up, despite constant opportunities to do so. While one might be awed by such tenacity, I suspect that the instincts and prowess to survive were also fueled by motherhood. All of the participating refugee and immigrant women were mothers, and many of them spoke with passion about their dogged attempts to save the lives and protect the physical and mental health of their children. I also suspect an awesome resolve might be invoked to escape the monstrous violence that these women endured.

My son was five months old. The rebels kill any baby they see. I have to give my boy phenegril syrup so that he can sleep. I wrap him and hid him under the bed.

Zee

The children be scared but just talking to them it will be okay, we are with you. Everyday try to hide them.

Luna

I was scared for my daughter, my oldest one. She was more depressed than everybody else.

Jonia

Escaping the Violence

The actual process of escape that these women described was riveting. The paradoxical analogy of continuing to sail a wrecked vessel that is barely seaworthy perhaps might capture the minute to minute survival that these women experienced. While they endured multiple and sequential barriers to safety, some women met both life-threatening and heart-warming conditions.

I had a big cut within my leg and knee. My feet were bleeding. I was screaming and then my sister came. I said, "Go and hide somewhere. They are coming!" So we hide in the banana trees, and my sister gave me a cloth to tie my body. They are saying they should burn the house. Then I go upstairs by the back door, they were at the front side. I get my boy, and come out the back window. Then we saw the house on fire. The whole house was burned up.

Zee

I have to go around the border so the enemy soldiers don't see us on foot, carrying my 15-year-old handicapped child. Two men (strangers) help me carry my son all the time until we come to the free area. I never forget that. I still want find them and say thank you.

Luna

The tattered ship endured the hurricane and miraculously remained intact. So the gritty captain scouts for a safe haven where repairs may be made, where replacement parts are available. For these refugee women, reaching a safe haven usually involved arrival and admission to the nearest refugee camp.

The Refugee Camps are No Guarantee of a Harbor Safe from Danger

With a sigh of relief, the captain gently guides her beleaguered ship into a safe harbor for respite and repair. While one hopes that needed supplies are available, the prudent captain will dock at the nearest port if the ship is about to sink, and work on gathering supplies later. Such were the choices of some women entering refugee camps. Like the captain whose ship was badly damaged, the likelihood of nautical supplies may vary depending on how much desperation influenced the decision to dock. So were the experiences in the refugee camps, and as such were viewed by the women with a range of perceptions from lifesaving to life threatening.

When we finally reached the refugee camp, we met a man who told us that most of the people in the camp are dying from Cholera. So we go to the next camp, and when we get there, the food they give us was small. No medication. They will give us three cup of rice per month. And one small bottle of oil for one month. For anything to eat with the rice, we have to provide it for ourselves. Lot of refugees go into prostitution at the camp. I used to go and wash and

clean houses. When the rainfall, the water will go into our rooms. We have no beds...they give us sponge one to two inches thick with blankets. Then we live at the camp for almost four years.

Zee

I married in the camp and had four of my children in the camp where I lived for 12 years.

Ruth

They put us in building. My children and me share small room. Something like camp. Then I don't know where my husband is. I can tell you like maybe five months I don't know where is he. Did he live or die, you don't know.

Luna

I like it there. It was small place but still we understand each other. Two or three families was Catholic like us. Everybody around me was Muslim and they did like us so much. We all family there.

Jonia

A refugee camp was depicted like a safe harbor where a battle worn ship could be restored. But what about the ships who never find a safe harbor?

Cultural Taboo of Talking about Sex or Sexual Abuse

One might wonder how long a ship can endure without a harbor. Despite the ability to carry ample fuel, a ship in dangerous conditions needs the support of a protected and replenishing space. While the refugee women searched for such a place in the camps, the immigrant women had little opportunity to find a safe harbor in their homeland. It was the lack of protection related to the taboos of discussing sex or sexual abuse, as well as the blind eye of justice, which prompted them to leave their country and seek a safe harbor in the United States.

Nobody talked about sex. No protection and children were considered properties. This was early 1970s. Sex education was a no-no in schools until the late nineties. It still is a big issue teaching sex education and getting permission to teach sex education in schools. I am hoping and praying that my girls can recover enough to go back to our country and speak out. Tell their story. I'm hoping that they can take back some of their power.

Philamina

There was sexual abuse in my young years. Back home in my country, everything is secretive. Everybody acts like they don't see anything because everybody knows everybody, nobody wants to say

anything, nobody would do anything. They don't have a lot of help in my country. It's sad, too, because little girls have no chance, no right, no nothing.

Candida

The intergenerational cycle of violence and conflict. Suppose that parts from a weather worn ship were used to build a new ship. If the rusty rudder were used again, it is unlikely that the new boat would be smooth sailing. So it was with an intergenerational cycle of violence and conflict. The two Central American women were from the same family and within their family system an intergenerational pattern of violence and discord emerged. For example, Philamina reported lifelong conflict with her mother whose values contradicted her own. Similarly, Candida reported feeling controlled by her mother, especially when circumvented about decisions that directly affected her.

When I first went to visit my mother she asked me to go ask a guy I did not know to give me some money. And so I told her, "I don't know how to go ask a man for money. My grandmother says that I must not do anything that they have not taught me, and they never asked me to go ask a man for money, so I'm not going to do that." She got mad and said she was going to beat me up.

Philamina

My mom is headstrong. Because of the way that I got to the United States, I didn't know how to find my way. I was depending on her and paying attention to that. I felt like she was volunteering me to people without asking my permission. That was frustrating to me. My needs were shut out so she could impress and please other people. My sister made an offer for me to come live with her in California and I felt that was the best thing for me to do. Then I ended up in an abusive relationship and pregnant.

Candida

Sometimes we cannot recognize the seaworthiness of a vessel by sight alone. Perhaps our own attraction to an exteriorly refurbished ship keeps us from understanding the trauma and internal damage that such a ship has endured. Sometimes the familiarity of one's own leaky ship may be a barrier to recognizing the leakiness of another ship, even though the damage is from a different type of injury. Perhaps the intergenerational cycle of violence works in a similar fashion. The damage that has been done is passed on unwillingly because of severe blind spots. And sometimes, no matter how hard one works on repairing a ship, it just will not sail again.

Grief Responses to Losses

Every good shipbuilder knows that at some future time, the ship will no longer be seaworthy. That is why the ship is built to withstand ample numbers of

storms. Such a disaster as the Titanic encountered must have saddened the hearts of many shipbuilders. The refugee and immigrant women participants in this study had similar experiences. Despite their best efforts, many of them lost loved ones, often through gruesome and malevolent atrocities. Many stages of grief surfaced (Kübler-Ross, 1969). Some women were numb, while others lost interest in things that had previously given them joy. Several women reported sadness and depressed feelings about what they experienced.

For a while I've been numb. I can't experience feelings. It's hard for me to feel love.

Candida

Whatever was funny before the war is not funny anymore.

Mariah

I cannot wear short clothes because of so many scars. They burned my legs with plastic.

Zee

I cry for a long time. I want my husband to come here. I cannot live with the kids alone, without my husband. His life is not safe.

Ruth

I lose job. I just so depressed all the time and I no work anymore in the hospital.

Jonia

Some day you be like looking at nothing. No house,
no car, nothing. But I just say it thanks we have live,
not die.

Luna

Even in heavy grief, a shipbuilder would not forget the glory and grandeur of a ship like the Titanic. It was state-of-the-art, and its splendor surpassed most ships of its day. In the same way, some women who survived violence often think fondly of good times they remember in their country.

Longing for the old country. A shipbuilder may long for the sight of a ship lost at sea. Similarly, two of the women from Eastern Europe expressed some longing for the lives they had led in their homeland.

When I feel too much missing my home, I take pen
and write music and songs, lot of songs. I write in
poetry how I miss my home, that I feel so sad in my
heart. I so miss my home, my friends, my people.

Jonia

I've been back several times since the war. I still
have a lot of friends there. I still go to my old hospital.
They say, "Are you coming back? Are you back here
to stay?" which feels good.

Mariah

The importance of a safe harbor has been established. I defined a safe harbor for a person trying to survive as anything that provides the environment for the restoration of physical, emotional, psychological, intellectual and spiritual health. The participating refugee and immigrant women reported two elements that provided such an environment; music and prayer. While I introduced the question about music, many of the participants introduced the issue of prayer.

Music and Coping

When a ship is low on fuel, or when it sustains structural damage and can no longer use the original fuel, a shrewd captain will use any non-hazardous fuel at her disposal. Fuel is what keeps the ship going. So it was with the use of music as a coping mechanism for surviving violence. All of the participants used music in some way. For some, music was actively performed, sung, or written during times of trial. For another, music played no role at all during the violence, but was a link to their heritage once they settled in the United States. For one participant, music was so evocative that she chose to stop listening as a coping mechanism during the violence, and also to avoid her depressed feelings since arriving in the United States.

Now in United States we listen to music . . . like we used to before the war. We have radio and videotape music from our homeland. We have a restaurant with food from our country where we mostly go every Saturday. They have music from our country.

Luna

I make a lot of songs myself. I write them down. I just write. Nobody sings them, I just write my notes. Sometimes I sing at my place when come in my mind I always write songs in my country. When I feel too much missing my home, I take pen and write music and songs, lot of songs. A few days ago I find newspaper from my country and they say that a lot of people who move everywhere do same way. So I'm not the only one. Lot of people do singing and poetry and all of that.

Jonia

A lot of songs, something like old traditional song, I will just start crying. One of my favorite things ever is *Carmina Burana*. So I avoid that. It's a grief response but it's also being really proud, loving your country.

Mariah

Music is a part of my culture. I saw the women of our culture release their pain through music. They would sing and dance. Women talk, and then as soon as they talk, they end in a song. One woman start dancing and then another woman pick it up.

Pretty soon everybody would be dancing and they burst out laughing.

Philamina

Music in my family was everyday usage. You get in a mood and let it soothe you. Our cultural music uses drums. That thumping gets you all excited, you just forget about everything else. It gets your adrenaline going. In a way it seems to take all your problems away, the drums gives you that little all better feeling in your heart.

Candida

Sometimes we sing those songs and then we cry and it helps us. The song I like more I went and sang this song for my father when he was alive.

Zee

I learn song from my older sister. When the baby is crying, I sing to them so they not cry.

Ruth

Prayer and Coping

My father who served in World War II used to say that he never met an atheist in a foxhole. So in the ship analogy, one might meet no atheists on a sinking ship. Holding on to one sturdy board after a shipwreck, a survivor suspected that the sea was about to engulf her. The waves were far more

powerful than her grip, and she was already exhausted. Just as she began to suspect that she might endure, she noticed the menacing clouds in the distance, forewarning another storm, and she thought only a miracle would save her. So it was with many of the refugee and immigrant women participants. Although the issue of prayer as a coping mechanism was not introduced in this study via the grand tour questions, several women were eloquent and resolute in their belief that prayer sustained them.

Only God can save us from these situations. I realized that God has a plan for everything that happen in your life. The grace of God is what saved you.

Zee

God gave me energy to survive this moment.

Jonia

I passed through, I suffer in my life, and now I am in the United States. So, be patient. God will bless you.

Ruth

I belonged to a black community church. My strength there was my church. We got very involved in the church.

Philamina

Like any reprieve, one hopes that it will be long enough to heal and not so long that one will lose touch with life. The ship must sail again, become a

museum piece, or go to the graveyard. Hope springs eternal, and the captain anticipates the recovery of her once seaworthy vessel.

Coming to the USA

In this story, every captain has the right to determine the seaworthiness of her vessel. In the prime of life, and given even the most rudimentary tools, the captain is almost certainly going to give it a try. For an exhausted and discouraged captain, this may be a result of the crew's encouragement. For a gritty but determined soul, the decision to sail again may be as fundamental to her survival as her blood and bones. The refugee and immigrant women who came to the United States to find a better life had a similar continuum of experiences. Some of them chose to come, while others were sent here, assisted by agencies who help protect the world's most vulnerable citizens.

We came to the United States to find a better life
because of all our sexual molestations.

Candida

We were refugees of the refugee camp and we were
invited to the United States. They pick the place for
us to come.

Zee

We refugee when come here. They fly us to New
York and then St. Louis, and then to Louisville. They
send a translator to the airport. You know it's sad if

you go to another country, it looks like crazy if you not speak their language.

Luna

They send people who follow us place to place, help us coming here because we not speak any English words. Also give sponsor for us. After that we buy a house, after one year in Louisville. New friend help us find good church, then we find good people who help us find house, good jobs and good school for kids.

Jonia

They helped me and they brought me and my children to the United States. I brought only this blanket for the baby. When I got here, they brought us here to this apartment.

Ruth

If a repaired ship is returned to sea, one might wonder if it will sail as well as it did when it was new. When a young captain survives her first perils at sea, one wonders if she will be wiser or more anxious in the face of future turmoil. I suspect that the answer would be some combination of both characteristics. Similarly, the residual affect of surviving violence elicited deep concern in some of the refugee women when the World Trade Center was bombed on September 11, 2001.

Response to the World Trade Center bombing. All of the participants were not invited to discuss this topic. The Central American women had not experienced war in their country, at least not bombings. In 2001, the African women were still in the midst of their own survival in refugee camps. Just as the wise captain would not ignore a looming iceberg, but would rather quickly assess the damage and anticipated harm, I wanted to know if the bombings in the United States and subsequent war elicited any symptoms of trauma in the women who had survived similar circumstances not long ago (Atlani & Rousseau, 2000). So after the first woman interviewed from Eastern Europe brought up the topic of the World Trade Center bombings of September 11, 2001, I introduced the topic to the other women from Eastern Europe.

It's terrible what happened. It's sad. Stupid. I
scared. It's hard telling you, who never been in a war,
who no pass that situation.

Luna

I was so upset. This is not right. They do it because
it's idiots, killing innocent people. This is crazy. It's
sick. When I think about it just make me cry.

Jonia

I felt guilty instantly. This is my other homeland, I
chose it and somebody is attacking it the very same,
brutal way. It was horrible. I don't think any American
really felt it so horrible and deep as those from our

country. We talked about it and many were devastated.

Mariah

Lessons Learned

If the Titanic had survived, I suspect that it would have been returned to the shipyard for a thorough and rigorous evaluation. The shipbuilders would have had an opportunity to learn from the situation. While all of these refugee and immigrant women survived their trials, some of them also took advantage of the opportunity to learn a variety of lessons from their ordeals and their suffering.

Don't be quiet about abuse because it only makes it worse. You're giving away your power.

Candida

Pay attention what happening around us. Take seriously. Have priorities. Children were more important. You couldn't take stuff, so what. I take my kids. This is more important.

Jonia

America is one of the countries that have sympathy and sacrifice to help people. When the war was going on, people are hoping that American government will send troops to help. It was the holy hope we had that the international world should step in and save us.

Zee

Never give up. That is the story of my life.

Mariah

Feedback from Participants

While much of the focus has been on the captain's decisions, one might wonder how she felt telling her seaworthy tale. Feedback from participants came in various ways. Some women gave immediate feedback after reviewing their transcripts. Others voluntarily updated their stories when I inadvertently saw them in the community, as I will soon explain.

Although she appeared reserved in the interview, Ruth contacted me after reviewing her transcript and assertively advised me on some misinterpretations in the data. She articulately explained the political climate and what led up to her husband's exclusion from coming to the United States with the rest of the family.

Jonia also contacted me after her transcript review. She insisted that I understand how her husband left the army because he did not *want* to kill innocent people, instead of not wanting to kill *anymore* innocent people, as the transcript had read.

Several months after her interview, Mariah and I inadvertently saw one another at the theatre. Although she had stopped listening to her beloved classical music during the war because of the emotions the music evoked, Mariah told me how grateful she was that she finally was able to attend an orchestra concert again recently, the first one she had attended since she arrived in the United States some ten years ago. She again was able to enjoy *Carmina Burana*.

Zee and I also met by chance at an international festival last summer. She had a booth at the festival and was selling clothing from Africa. She was very enthusiastic about this opportunity to sell her native dress and described how this process is helping her work towards her goal of having a clothing shop in the United States. We have become friends since the interviews were completed.

Feedback from Peer Reviewer

My peer reviewer, Jan Spang, had a mother who was a full-blooded Inuit tribe member from Alaska, and a father who was a full blooded Irishman. A good friend and colleague, we usually talk weekly, so it was easy for her to give me routine feedback. Having grown up in the Inuit tribe on Northern Alaska, she has taught me much about how it feels to be a member of a marginalized group, and affirmed my stance on privileging voice of these refugee and immigrant women from the beginning. She was fascinated by and supported the idea of inquiring about the role of music in coping with the stress of surviving violence.

From my view, she had only one negative comment – she did not like the metaphoric story. She knows that I am a poet and has read a good amount of the 150 or so poems I have written over the past 25 years. She told me that the story irritated her, because she wished I had written it in poetry verses, as she found my poems better able to capture the sense of walking in another's shoes (e.g., the refugee and immigrant women).

My Field Notes

Throughout the data collection process, I kept field notes. These were observations and reflections that I had during each interview, as well as during some consultation times with committee members. Here are some reflections I made after interviewing each participant.

Philamina. The story was so scattered. She talked so fast and jumped from topic to topic that it was hard to follow her. This is a behavior pattern I have also seen in sexual abuse survivors in my clinical social work practice. But after hearing the monstrous atrocities that she and her family have suffered, I felt compassion for her helplessness. Despite her best efforts, she still could not protect her children. What heartbreak for any mother! I also felt great respect for her continued determination to help her family recover from the violence.

Zee. This gorgeous young woman was initially reserved but soon was so articulate and emotional. She wept several times as she showed me her burn scars. How dreadful that must have been for her. I am so touched. Her day to day ordeal – everyday for six months - was overwhelming. She suffered so much, and yet kept her wits about her. She also expressed much gratitude and had a powerful and resonant voice. I suspect she will do well in the United States.

Mariah. This woman had a privileged life and thus the luxury (or perhaps blindness) to blame victims of misfortune. I wonder if the war was her first life experience of being completely out of control. After her experience of war, she reported growing in compassion. She volunteered to help other refugees in New

York City. Her view of the world was stretched when she saw a rich woman and a poor illiterate woman who had become close friends in the war. In some ways, because of her myopic view of the world, she appeared to still be needier than women who struggled as a way of life. They had better coping skills than she did. She still struggles with depression, but seems able to rationalize it away with medical knowledge.

Candida. This young woman was so quiet, yet trusted me enough to come and tell her story. This is curious since her mother referred her, and she expressed resentment about her mother's control in her life. I hope she makes better choices in the future, and continues to seek help with her pain. She cried intermittently throughout the interview, and expressed so much frustration at her history. She has endured chronic abuse that started in her early childhood, yet she continues to struggle and get on with her life. I am inspired by her courage.

Jonia. Another powerful woman. Her physical presentation is small and quiet, but when she opens her mouth, there is no question of who is in charge! She was very comfortable expressing her anger at war. She also expressed gratitude for many who helped their family. I was touched by how she continued to reach out to neighbors and villagers after being fired as a nurse, going door to door and tending to medical needs just because there was a need. And doing so was also risking her life in this ethnic cleansing environment! It reminds me of how people responded in the United States after the World Trade Center bombings. People just helped each other. I wonder if we humans will ever learn

from our suffering, or are we going to forever continue to use violence in the name of peace?

Luna. This woman had such a peaceful countenance. She smoked cigarettes during the interview, and told me that she started smoking during the war, because it helped her stay calm. Even seeing her large physical size, it is hard to imagine how she carried her fifteen-year-old son on her back for miles. Her husband was captured, her other children were gone with a neighbor, and still she persevered. I was awed at her endurance and determination, and the way she expressed so much gratitude! She told me how good her kids and husband are, how wonderful life is in the United States, how she wished she could thank the soldiers who helped her. She showed incredible determination the way she has learned English without any schooling because she chose to stay and care for her disabled son. Her house was immaculate and spacious, but so cozy. To see it, one would never imagine what this family had suffered. I really like her!

Ruth. This young woman concerns me. She is so tiny and frail. She looks malnourished, but has only been in the United States for three weeks. She has an enormous load; five children to rear alone while she is missing her husband so much and has no idea when or if he will ever get here. She has also lived in an institutional setting for most of her life. I hope she gets lots of support from agencies or somewhere.

I was intrigued how well she could multitask. While she was reporting the atrocities of her recent violent experiences, such as her father being cut into

three pieces with a chainsaw, she was holding her baby on her hip and intermittently correcting the other four children who were playing quietly in the other room. Since they do not yet speak English, she was talking to me in English and fussing with them in French! How does she do it? I wonder if this kind of compartmentalization is part of her survival tools.

Reflections on the field notes. Reviewing and selecting these field notes gave me pause to again realize how deeply these women suffered. It reminded me of the challenge from Clarissa Pinkola Estes (1992) for every woman to get in touch with the Wild Woman within, which is that part of us who is the core survivor. I also wondered what makes the difference in these women and other women who did not survive. The participants reported that some women were killed randomly; while other women made bad choices and died. Most participants articulated their beliefs that they were either fortunate or blessed to have survived. Although it is not uncommon for survivors to feel guilt when others around are killed, none of these women expressed guilt over surviving the violence in their homelands. This took me back to a clinical phrase that I believe - guilt is nothing more than the delusion that we are in control. At the time of their interviews, most of these survivors were operating from an attitude of gratitude and a sense of *carpe diem*, (seize the day), or just keep going, since they had learned that there are no guarantees in life.

It has occurred to me throughout this study that the picture the reader gets of these participants is skewed. We have focused on their valiant spirits and determined wills, but as they also reported, life before the violence was ordinary.

I wonder how the refugee women would have presented themselves if we had known them before the war began. Considering that the participants represented a cross-section of cultures, regions, and socio-economic groups, I suspect there could be any number of characteristics that these women presented before the war. I wonder if they were changed, or if they were already spirited and determined. Some of them had strong faith, families, and professions before the war, while others changed radically in beliefs and behaviors. It is a curiosity worth exploring.

From Emerging Themes to Evolving Theory

Once the themes had evolved from the data codings and transcript quotations were selected to punctuate each theme, random selections of text from each participant's transcript were compared with the selected themes and punctuations to ensure accurate representation. The evolving theory was constructed by first comparing the quotations included in each theme with each other. Although the raw data had far more details than the themes, the purpose of multiple iterations was to capture the essence of the participants' stories in the themes. The stepwise process of comparison used in Figure 1 confirmed the validity of the themes accurately representing the data.

To generate substantive theory, the nuts and bolts of evaluation are now used to look for intricate patterns or the lack thereof (Glaser & Strauss, 1999). The theory evolving from the data of refugee and immigrant women will be a transitional theory, defined as a theory that involves the passage of time in the social structure of the data (Glaser & Strauss, 1999). Further, this theory will be

at a mid-range level, comprised of substantive concepts and rationale which support the evolving theory (Glaser & Strauss, 1999).

Theory evolution process. Since the themes grew from the data, I wanted to use a method of allowing the theory to evolve that would minimize my biases. Considering that qualitative inquiry is in many ways circular, I first laid the manuscript text of the story *Gentle Grit* out on a large table in a spiral pattern, since the story was comprised of all the themes. I walked in a circle around the table looking for patterns within each theme, and then among all the themes. First I walked in the direction to read from the first to the last page. Then I walked in the direction from the last to the first page. This idea came from my expertise in *Gestalt* theory, developed by Fritz Perls in the mid 20th century. Gestalt theory promotes many ideas, including that increased learning can be attained by changing one's perception, or looking at something in a different way (LeShan, 2000). Most readers have probably seen the picture in which one sees either an old hag or a young lady, depending on which way you look at it. This picture is a clever representation of gestalt theory.

Next, I used this same spiral pattern to review truncated quotations that I had selected for each participant's total story. I juxtaposed these quotations on the poems that I wrote to summarize their story. For example, I had listed all the selected quotations by participant, and placed these pages in a spiral pattern next to the poem verses for each participant.

What I found was this: Within the themes there were more similarities than differences. For example, within the themes of surviving violent experiences and

the subsequent grief, the patterns among the participants were very similar. Within the theme of music, all of the women used music as a coping mechanism, but in a variety of ways.

Evolving Theory about Refugee and Immigrant Women

The themes in this study have evolved to mid-range theory, incorporating the three issues addressed in the grand tour questions and a theme that emerged from their stories. The theory generated from this study is the following:

These refugee and immigrant women who lived ordinary lives, when faced with surviving or not, used imaginative and strategic skills to protect their lives and the lives of their children. Despite on-going pain and suffering, these women continued to move forward with their lives. Music and prayer were used across cultures in three continents in a variety of ways as a means of coping with the stress of surviving violence. The physical and/or emotional scars of these refugee and immigrant women tell the story that they kept going, and that they never gave up, no matter what happened.

Evaluating the theory. To evaluate the theory that evolved from this study, I used some constructs from Glaser and Strauss (1999). These constructs include verification of the existing literature, generation of new ideas, and defining the scope, density and groundedness of the theory.

This theory verifies the many experiences of refugee and immigrant women already in the literature. It supports the multiple themes that emerged

from these data, and also concurs with the body of literature on the violence and grief that refugee and immigrant women often suffer.

In the social work realm, this theory also generates new information about the efficacy of music as a means of coping with the stress of surviving violence. It also verifies the efficacy of music as a means of coping with the stress of surviving violence that is already addressed in the music therapy literature.

The *substantive* nature of a theory is defined as a theory with its core (substance) evolving directly from the data. Since the step-by-step process directly linked the themes and subsequent theory to the data, this is also considered a mid-range theory.

While there is a plethora of literature on the experiences of refugee and immigrant women surviving violence, more emphasis was given in this theory to the participating women's *strengths*. This method of qualitative inquiry allowed the inquirer to listen directly to the voices of these surviving women and learn more about the strategies and motivations they used to survive. While the use of music and prayer were also confirmed as coping mechanisms, more study in the use of both music and prayer as tools for coping with the stress of violence is warranted. It is also likely that other means of coping that did not emerge in these data are used by refugee and immigrant women who are surviving violence.

The *scope* of this theory is measured by the extent it has accomplished the primary goal of this study: to privilege the voices of refugee and immigrant women. Their stories of surviving violent experiences, the residual grief

connected with enduring such tragedies, and how they used music as a coping mechanism for the stress of surviving violence expands the knowledge base of persons who work with this population in both research and practice. The current knowledge base about these issues will be augmented because of the validation that came from these refugee and immigrant women's stories. Further, this theory acknowledged that the participants are the true experts on how they survived such violent experiences.

The *groundedness* of a theory depends on how well the constructs of the theory reflect the data from which it comes. Through the use of grounded theory, a method that is intended to assist the inquirer in discovery and comprehension of how complicated situations occur, the inquirer was able to examine the raw data taken directly from the individual interviews of these seven refugee and immigrant women who survived violence. The raw data were then coded through the use of open coding, and the open codes were then collapsed into themes. From the themes a story was written and punctuated with quotations taken directly from the raw data. Using the standards of Glaser and Strauss (1999), this theory is well grounded because it is closely fit to the area of study around the experiences of refugee and immigrant women, is understandable to the reader concerned with this population, and is general enough to be applicable to a number of daily situations that refugee and immigrant women experience.

Density of a theory refers to the level of conceptual saturation. Created from the stories of refugee and immigrant women about their experience of violence, this theory congealed by way of their experiences. This means that the

theory is saturated with the rich descriptions of the participants' experiences, and no themes of the participants were overlooked or excluded from this theory.

Another measurement of theory is the accuracy with which constructivist theory reflects the "relativism of multiple social realities" (Charmaz, 2000, p. 510). While constructivist theory incorporates both positivism and postmodern theory, it primarily supports the relationship between concepts, again affirming the voices of the participants as the real experts on their life experiences.

In a study similar to this one, Weine et al. (2004) used the Charmaz model of grounded theory to study what family consequences evolved as a result of refugee trauma. Weine et al. found two core factors that intersect with this study about surviving violence: (a) that when refugee family members suffer and live with the memories of trauma, the family unit becomes central in the restoration of functioning for all its members, and (b) that families consider themselves to be a part of a larger group of transnational families. These data suggest that more study is needed to examine the juxtaposition of family needs and individual experiences of surviving violence.

CHAPTER 5

Discussion

An overview of this study and its link to the findings will be addressed in this chapter. Adjustments in the data collection process, the data analysis process, and the design that occurred during this study will be discussed. The learning that I gleaned from this study will also be reviewed. Some recommendations for future studies related to both process and content, including implications and limitations of this study, will also be explored.

While practice implications related to this study could benefit persons who work with refugee and immigrant women and their families, they also may help a variety of other populations of helping professionals. These include but are not limited to persons who (a) are involved in warring or peacekeeping processes, (b) advocate for the rights of women around the world, (c) use music in their daily lives or help others to use music most resourcefully, (d) help others process grief, (e) are functioning as spiritual directors or leaders, (f) are committed to the well being of society at large, and/or (g) have experiences similar to the participating women in this study.

Study Overview

An awareness of and curiosity about several intersecting factors led to this study. First, there are millions of women suffering worldwide because of violence. While some suffering is related to a globally oppressive discourse

about women, much of the suffering is related to how well women survive violence with political underpinnings such as war. Second, motivation for this study came from an awareness of the growing numbers of refugees and immigrants in the United States. In the Louisville Metropolitan area, where the current total population is approximately 1,000,000 persons, there are approximately 10,000 refugees and several thousand immigrants (Gail Dupre, Catholic Charities Refugee Services, February 18, 2005, personal communication).

While grief is a normal human experience to any loss, awareness that residual grief issues suffered around violence are far more complex than that of average losses was another motivator for this study. Similarly, the need for members of a dominant culture like the United States to listen, particularly to women who experienced trauma in their homelands, was grounded in a commitment to and interest in learning ways of ending violence against women. Finally, a passion for music and its historical use across cultures as a restorative agent, coupled with the knowledge that the social work literature contains very little information on the use of music in coping with the stress of violence, contributed to the impetus of this study.

Grounded Theory, Emerging Themes, and Evolving Theory.

Sociologists Barney Glaser and Anselm Strauss first introduced grounded theory as a qualitative method of analysis in 1967 (Strauss & Corbin, 1998). Through a method of constant comparison, open and axial coding processes were used to break open the data and create an environment where themes can

emerge. For this study, a list of codes was first created from the raw data using *ATLAS-ti* computer software. Themes that emerged from the coding were woven into a metaphoric story that was punctuated with direct quotes from the participants' stories.

The evolution of the theory came from both the analysis of the emerging themes and a review of the raw data. By laying the manuscript sheets in a circular pattern, a Gestalt principle of looking at things in a different way was implemented (Ludwig & Lachnit, 2004). This method was chosen to open avenues of recognition that might otherwise be missed.

Application of theory criteria. In the second edition of their seminal work, Glaser and Strauss (1999) offered eight standards for testing the validity of a theory. They asked if the theory was generative, substantive, integrated, clear, and of significant scope, density and groundedness. They also considered what type of data were used, in what capacity, and in what relation to the theory? By applying these criteria to the theory that evolved from this study, the theory emerged as a substantive mid-range theory, complete with concept density, scope and groundedness.

Findings

Participants included seven immigrant and refugee women from 20 to 49 years of age from Africa, Central America, and Eastern Europe who had left their homelands because of violence and relocated to the United States. All participants were living in the Metropolitan Louisville, KY area at the time of this study.

The violence. The data collected were rich with detail, evocative of compassion, and marked with an authority that only one who has survived such atrocities could demand. The violence that these participants reported was purposeful, deliberate, and primitive. From the stories of these seven women came reports of every kind of violence; the witnessing of bloody and dismembered family and friends, burnings of homes and of human flesh, shootings, bombings, raids, rapes, genocide, mutilation, torture, and infanticide. Many women also experienced residual conditions that accompany the destruction or decaying of an infrastructure; starvation, disease, crime, life in a refugee camp, and desperation. All participants are mothers, and had the extra responsibility of keeping their children alive and safe during these ordeals.

Survival and grief. Before the war, the refugee women described themselves and their families as ordinary. Now, despite their violent suffering, these women are still functioning. Many of them currently hold responsible jobs. Some have had children in the United States. Some have struggled so much with the residual suffering of grief and loss that they have either sought therapy or continued to use a guarded or manipulative survival mentality. Some participants reported emotional and physical exhaustion after reaching the United States. All participants expressed gratitude for escaping the violence and settling in this country.

At the time of the bombings of the World Trade Center on September 11, 2001, some of the participants were affected more severely than others. The African women were still struggling to survive the wars in their own countries,

while the Central American women had not come through a civil war. One woman from Eastern Europe broached the subject of the World Trade Center bombings and they were subsequently introduced to the other women from Eastern Europe, all who reported it terrifying.

Coping mechanisms. Each woman, in her own way, used music as a means of coping with the stress of surviving violence. Some sang and danced regularly as a part of their native culture, and still continue to use those means to process and cope with their stress. Another participant wrote music, poetry, or song combinations as a means of stress relief, while another completely stopped listening to her beloved classical music as a means to reduce the awakening of feelings around the depression she was suffering. Several reported using music as a means of staying connected with their native culture now that they have settled in the United States.

One common theme that emerged from the data was prayer. Several women described their spiritual life as the thread of hope they clung to during their ordeal, which often lasted for several years.

Unexpected findings. While qualitative inquiry is not intended to generalize any information beyond the participants, I found it curious that none of the women from Eastern Europe reported any sexual assault, while all of the women from Central America and Africa did report this. I wondered if this was because I inadvertently had three participants who managed to escape this trauma, or did they experience sexual assault but chose not to share this information (Heise, Pitanguy, & Germain, 1994)? The literature was very clear

on the rampant occurrence of sexual violence across all cultures during war and political conflict (Friedman, 1993; Hynes & Cardozo, 2000; Morgan & Steinem, 1995). These assertions were also supported by Francis (2004), who noted that when no one reports a rampant problem, some are surely hiding the problem. I spoke to another professional social worker who has worked with refugees and immigrants for many years. While she chose to stay anonymous, she also had observed that very few of the women she had interviewed from Europe reported sexual assault.

One participant of African descent reported her irritation at the expectation she encountered with African American women in the Louisville Metropolitan area. She said that her culture was interracial, and historically she had many White and Black friends, yet she was feeling pressure from other African American community members to pick up the banner of racial prejudice that she witnessed in Louisville, even though those racial tensions were not a part of her history (Essed, 1997).

Another surprise was that while the immigrant participants reported family conflict in addition to cultural problems, the refugee participants did not. Ponizovsky (2004) contributed a combination of loneliness, psychological distress, poor health conditions, and a lack of social support to these tensions in immigrant families. I also wondered if this reflected how refugee families cooperate when they are in a survival mode and at risk of losing one another at any moment, if they did have conflicts but these conflicts were minimized by other traumas that they recounted, or if their culture was one of secrecy about

situations deemed shameful. Merali (2004) noted themes of concerns in perceptual differences within refugee households between generations, equating these conflicts to cultural changes in norms perceived by the adolescent family members. To better address these questions as clinical applications of family therapy and functioning are skyrocketing in the 21st century, more attention needs to be given, both in research and in practice, to the multicultural experiences of refugee families (Lum, 2003; Weaver, 2005).

Design, Data Collection and Data Analysis

If this type of study were repeated, some design changes would be made based on things I learned in conducting this study. Two components that would be altered concern advertising and language.

Advertising. A piece of learning gleaned from this study related to advertising. While it was the case in clinical practice that there is a clear correlation between the amount of advertising and the number of referrals and clients, that was not so with this study. Although over 750 flyers (see Appendix B) were distributed in the Metropolitan Louisville area, all participants came by personal referral. This replicated a pattern that was observed in another study that I conducted on surviving violence. From this piece of information, I suspect that because these participants shared stories of great pain and vulnerability, they were hesitant to talk to a stranger without some kind of guarantee of minimal invasion. One participant was very worried about who would be privy to this information, and expressed knowledge of other refugees who were dragged off to testify in their former countries about war crimes. Considering her fear factor, I

was amazed that she not only agreed to be interviewed, but was also quite candid. For future studies of this nature, I would do some advertising, but of a much more specific nature, and without the volume. A few flyers sent to key personnel within the refugee and immigrant community (e.g., community organizers) who could put the word out might have recruited a similar number of participants, and done so more expeditiously.

Language. When this study began, I debated for several weeks whether or not to collect the stories in the English language or in the participant's native tongue. I found literature that asserted that when given the choice, a large majority of acculturated refugees and immigrants living in English speaking countries chose English (Ross-Sheriff, 2001). I also wanted to avoid marginalizing assumptions (e.g., that refugee and/or immigrant women would be unable to do their best in English). That is why I initially chose English. However, during the process of this study, several professional women who routinely work with victims of violence implored me to reconsider. They claimed that in their experience people's language skills regress under extreme trauma, and encouraged me to give the participants a choice of language. While this is less practical because of the need to engage and pay translators from many languages, in retrospect it would have been more liberating for the participants to have such a choice. If I were to repeat a study with people from countries where English was not their first language, I would offer participants that choice.

Evolution of method. One of the hallmarks of qualitative inquiry is the possibility for method to evolve during the course of a study. I originally chose

discourse analysis based on theoretical notions about refugee and immigrant women. I especially liked the idea of privileging the voices of the participants through honoring their specific cultures. However, as the data were reviewed, issues I soon realized that to deconstruct the experience of the participants using discourse analysis, I would have to understand the intricacies of both their native tongues and the experience of speaking English as a second language. Seeing these factors as unattainable, I switched to grounded theory, both to privilege the voices of the participants as the experts of their experiences, and to allow a theory to emerge from their stories.

Switching Hats

Since I have been a practicing clinical social worker for more than fifteen years, it was more difficult than I had expected to hear these stories and engage in conversation without making suggestions about community resources, especially when asked (Gilgun, 1994). For example, many of the participants are still developing their skills in maneuvering the Metropolitan Louisville area, and asked me questions about where to shop, where they might sell their wares, or other such issues that normal dialogue would tolerate. I found myself engaging easily in these conversations, but then became frustrated as the time ticked away. I had committed to approximately two hours for each interview, and tried to stick to that time frame. Consequently, I found myself redirecting the dialogue, when letting the participant lead the dialogue may have produced a more fruitful story. This I suspect is a residual behavior from clinical practice, where I am locked into an hour session, and have the responsibility to contain the dialogue in

that amount of time. Two things I learned from this experience for future interviewing are to engage the participant in the time management and to resist giving advice or direction in detail, even when asked.

Implications for Practice

The experiences reported by these seven women moved me deeply. They were rich in detail, and also evoked compassion for the violent atrocities that they endured and the pain they suffered. I was awed as well at the resilient spirits demonstrated by these seven women. All of them presented an uncompromising strength of spirit. They wanted to survive, and openly expressed gratitude that they had done so.

The grief issues that they bore were numerous and varied. For some, their grief was ongoing, as in the case of the immigrant women from Central America. They expressed heartbreak at the hopeless state that they experienced in their native land. For others, there was a longing to return to their homeland and recapture some of their heritage. Still for others, the losses of family and friends through death or separation were a heavy burden. Yet there were no borders that divided their determination for survival. Each woman, in her own way, claimed as much power as she could during her ordeal, and some women are still working to continue to move on with their lives.

The responses evoked around surviving violence and grief processing could be of value to any persons who work with or experience these harrowing situations.

Social justice issues. In the midst of hearing the stories of violence that the participating refugee and immigrant women experienced, I was struck by how dramatically violence affected these participants, I thought of a collection of essays which examined the feasibility of peaceful multi-cultural co-existence (Habermas, 2001). Habermas was adamant that the only route to peaceful coexistence was through reciprocal hermeneutic understanding and not by the hegemonic imposition of democracy by the West on the rest of the world. This political statement that Habermas declares about world peace supports my belief that a study like this one was needed so readers could listen to the voices of participants surviving violence in other parts of the world. Grounded theory provided a premier means for building this kind of reciprocal understanding attitude between me as inquirer and the participants as experts on surviving violence.

Responses to music questions. Stige (1999) asserted that music and music therapy are viable interventions in psychiatry. While music therapy is an autonomous discipline practiced by professionally trained music therapists, using music as an intervention in the field of clinical practice is a phenomenon that is accessible to all clinical fields. The fact that many of these participants were able to easily access how and why they used music during their crises suggests that music is a medium that these women related to despite their traumatic situations. In some cases, music was viewed as a means of healing in the midst of trauma. In one case, a woman was cognizant of music's power to evoke feelings such as sadness and hopelessness, and so chose to avoid music during their crisis. Still

in other cases, music was not a means of coping with the violence at all, but became instead a residual means to stay connected to their original culture. Considering the extreme violence that these seven women experienced, using music in practice with persons surviving violence or grief is a viable consideration (Austin, 2002; Frank-Schwebel, 2002; Lang & Mcinerney, 2002; Smyth, 2002).

This is not an encouragement for social work practitioners to practice music therapy, but rather to be aware of music as an element of life with restorative properties that all persons can access for use at their own discretion. When persons are suffering from trauma or grief, they often forget simple solutions. Similar to nutrition, rest, and exercise, music is another resource of life that clients can be encouraged to use for their betterment.

Referral sources and potential biases. The prayer life reported by these particular participants may reflect their referral source. For example, one of them was referred by a woman who had formerly been employed by Catholic Charities. Three of them were referred from members of a faith community that support refugee and immigrant families. Two were referred by other participants. One was referred by a local organization that has spiritual care as part of its core professional team. Because most of these refugees came through organizations with faith based components, and some of them reported how their faith sustained them, I wondered if the referral sources skewed the participants and therefore these responses.

Inquirer Reflections

In addition to addressing issues that reflect experiences of the refugee and immigrant populations, I reviewed my experience as a qualitative inquirer with these refugee and immigrant women, assessed the efficacy of my method, and considered what I might do differently if this study were repeated. Similarly, I reviewed my process journal and considered how my presence in this study may have impacted some responses. I also wondered if my long term role as a clinical social worker helped or hindered my role as a qualitative inquirer.

My experience as a qualitative inquirer. In reflecting on the experience as the inquirer for this study, I learned some things about myself. First, it reinforced my belief in relativity. Since this study, when I am struggling with stress of any kind, I ponder the trials and experiences that these participants reported, and almost immediately put my momentary stress in perspective. Even in the process of completing this dissertation, which has had its stressful moments, I have come to see dissertation stress as no more than a hologram of the situations faced by the participants of this study. I am repeatedly awed by the endurance that they manifested. I have wondered if my experience as a White middle-class citizen of the United States, who has been privileged to have higher education, has left me feeling entitled to an uncomplicated life. If I compare my life to the lives of these participants, there is little doubt that their choices to survive were made in circumstances that I can only compassionately embrace without fully understanding.

Conversely, while I question my entitlement shackles, I also feel privileged to have had the opportunity to hear the stories of these women. They had much to say, and I believe that I am richer for having heard their stories.

I also have had a desire to experience research with the same passion and depth with which I have experienced practice. Using a qualitative method enabled me to experience the richness of stories that would not have been available in a quantitative method. I also learned that I am more satisfied with depth of information collected from this study than I am with generalizability. The results from this study and the evolving theory are not generalizable to any population beyond this study, and only applied to these seven participants. So while I believe that research has a place for both generalizable quantitative methods and rich qualitative methods, I found the richness of this method more personally fulfilling.

Method efficacy. While I appreciated the theory that evolved from this method of grounded theory, the efficacy of my design was something that left me frustrated. I wish in retrospect that I had used more reflexivity in the design in order to get a better sense from the participants of how well this study represented their experiences. With the grounded theory method, I determined the grand tour questions based on many professional and personal suppositions that were supported by the literature.

Upon seeing the results of this study, I felt disappointed that I did not have opportunity for further feedback from the participants. There were so many issues about which I still wanted to hear the participants' thoughts. For example,

I wanted to know if they really felt heard, what relevance the grand tour questions held in the scheme of their experiences with violence, and if there were other coping mechanisms that they felt more relevant than music and prayer. I was sorry that I had not looked for a way that the participants' voices were more privileged from the beginning, especially since I had the task of selecting from and summarizing their transcripts without reflexive responses from them.

Field note review and reflections. Among my musings throughout this study was the question of my Westernized vocabulary. I chose to interview women from other cultures who experienced violence and ultimately resettled in the United States with the hope of broadening an understanding of their life events from their own perspectives. At the end of the study, I was still wondering if my voice, steeped in the Westernized terminology that engulfs the world in which I exist, created an emancipatory or oppressive discourse for these participants. I surmised that this was representative of my increased learning garnered from this study. Perhaps my increased immersion in the experiences of women from other cultures helped this awareness surface.

Another of my thoughts had to do with the evolution of a theory in this study. In order to complete a grounded theory study, one must conclude either with a theory grounded in the data, complete with conceptual saturation, or claim that no new theory has evolved. My theory represents a composite of what I heard from the voices of these women participants. The fact that they were unable to tell me their thoughts on this theory reflected another limitation of my method. With the assumption that more than one theory could evolve, I again

wished that I had an opportunity to dialogue with the participants and hear their conclusions about which theory most accurately represented their experiences.

As a social worker interested in an interdisciplinary dissertation, my committee members were both fascinated and cautious with the following question: *What role, if any, did music have as a means of coping with the stress of surviving violence* for these refugee and immigrant women? For example, some committee members cautioned that by introducing this phenomenon of music into the study, I was biasing the study. While the study of refugee and immigrant women experiencing violence is in tandem with the principles of social work that encourage us to serve marginalized populations, issues of the role of music were not seen in this light. I suspect that this phenomenon was representative of the two parts of the dominant discourse of social work: encouraging ways to address how we can better serve marginalized populations, and ways to design a qualitative study so that the data can emerge from the story. I was able to word the research question related to music in such a way that the participants could either deny or affirm music's role in their coping with the stress of violence, and identify what, if any, role that music played in coping with that stress.

I have a deeper respect for the agencies and personnel who work with refugee and immigrant populations. The participants' stories reiterated how much agencies like Catholic Charities eased the burden of their transition to the United States.

In the process of this study, I learned the alarming number of people all over the world who live with life threatening violence, subsequent displacement, and transient lifestyles. While my awareness of the comforts of life in the United States has been raised, so has my sense of existential guilt. I have grappled with questions about why some people live life relatively carefree, while some struggle daily just to survive, and others die in heinous violence. I continue to ask myself how one with so much privilege as I have accrued might contribute to the reduction of suffering for others less fortunate.

Clinical social work vs. qualitative inquirer roles. While I knew on an academic level that there were differences in my roles as a clinical social worker and a qualitative inquirer, I experienced first hand the difficulty in switching hats between these two roles. Initially, I thought my expertise in clinical social work would be an advantage as a qualitative inquirer. I learned that the styles of interviewing clients and participants and how one would respond to them in conversation are radically different. When practicing clinical social work, I often ask questions in the hope of illuminating the strengths that clients bring to our conversation. I am comfortable in a clinical role where I strategically guide the clients to recognize how they can use their own strengths to enhance or obtain their therapeutic goals. As a qualitative inquirer, I found myself wondering if I really heard the voices of these women, or if I heard their responses that answered the questions shaped by my Western existence.

I also had great difficulty both in limiting my questions as an inquirer, and in determining how to best answer questions from the participants, particularly

when asked about community resources. My discomfort was based more on my need to adhere to IRB approved research protocols than on addressing the needs of the participants. Lastly, in social work practice, I have long considered parsimony in note writing a strength, because it both makes timely record keeping more achievable and protects clients from intrusion through possible court subpoenas. This terse style of writing became a handicap for me as a qualitative inquirer. I often had to re-write sections of this study several times before the committee reader could comprehend what I meant. Even my style of indentation made a great difference in the clarity of representing the participants' voices when punctuating my story with text quotations. Writing for case records is usually meant to be private, while writing for research is meant to be disseminated to massive numbers of readers. In the process of this study, I learned that these two styles of writing are very different.

Conclusion

This study was designed in the hopes of gaining knowledge of how refugee and immigrant women survived violence. The issues of violence, residual grief, and the use of music as a tool for coping with the stress of surviving violence have been addressed. Further, the issue of hearing the stories of women and what consequences they suffered because of political situations and decisions was a powerful phenomenon.

Many questions for further studies have been raised from these data. How might this study have taken shape if the participants had been involved from the start? What questions might they have raised? Would they have gone in a

similar direction that I did, or would they have even found my grand tour questions relevant?

While additional studies are warranted on surviving violence, this particular study also examined the role of music in coping with the stress of violence. The depth of connection with music that was reported by the participants was varied. More research is warranted in examining music as a coping mechanism when working with persons surviving violence.

Studies similar to this one are recommended with (a) refugee and immigrant men as the participants, (b) with entire families of refugees and immigrants, and (c) with refugee and immigrant children. The differences between the responses of women, men, and children may illuminate differences in what each group experiences, how each group processes stress and grief, how music might interface with that process, and what each group learned in this process.

Another recommendation is to examine what efficacy music has in working with violence prevention. There may be some musical properties that promote empathy by serving to connect the cognitive-emotive separation that often occurs in violence survivors. Should the correlation between music interventions and increased empathy be positive, this could offer substantial support to the process of rehabilitating violent offenders.

A study juxtaposing the therapeutic properties of music on post traumatic stress disorder (PTSD) treatment could examine the efficacy of such an intervention. Should it be seen as effective, one could postulate that a reduction

of the cycle of violence might be an outcome of such an intervention, since there is a clearly established correlation between PTSD and subsequent perpetration of violence, particularly in men from patriarchal societies (Hatty, 2000; Jordan et al., 1992).

On a more global level, I believe that the responses in this study give credence to the following questions. What if a theory of war were developed by women who had withstood the atrocities of war? What if a declaration of war required consent of persons who had endured war? What if the grief of survivors needed to be heard by persons making decisions about war? Here are some words from one participant addressing these issues:

War is stupid. Because why fight. For what fight? I not understand this. This is crazy when people lose family, brother, sister, everybody else. For what we fighting? Some President's chair, for nothing else. It's crazy. My neighbors, everybody else said this was very stupid to have war. But this is not first time. All kinds of place where people fight. This is crazy place where nationality always fights between nations. This is a religion playing game too. Here is different because originally one side president invades other side. My country is not too much doing religion this way and what direction what need be done. It's bad. One God for everybody. This is so

crazy. I think God saying “what is people fighting,
fight for what? I’m God for everybody.”

Jonia

If we listened to women like Jonia, who suffered through the atrocities of war, would we as a nation and a world be so quick to declare war?

While this may be a leap that most aspiring politicians would ignore, it is possible that the rules of war could change if nations followed a consensual-based decision making model promoted by Rodwell (1998) as essential to manage the paradoxes of power and control in the hermeneutic world circle. If the role of government, particularly the government of the United States of America, is to promote the general welfare of its people, we must begin to act as a world power by demonstrating a cooperative stance with other nations. This could include seeing the world through the eyes of a social constructionist view, and knowing that the world as we know it is not a static entity, but rather embraces how we are shaped by our associations (Charmaz, 2000).

The theory that evolved from this study supports the participants as women who struggled to do whatever it took to save their lives and the lives of their children. In turn, this theory illuminates the need for world citizens of compassion to continue asking ourselves and our governments what we can do to end these violent struggles. Although these women survived, must we continue to function as a world where struggles such as theirs are plentiful? My hope is that we, in the 21st century, begin to see ourselves as a global community where we work for the equitable survival of all persons, and not just to protect the

power of some at the expense of the many. More study about the question of developing a global community is recommended. In 1899 Jean Sibelius composed his first symphony which included a movement called *Finlandia*. The words to this work, written in the 20th century by poets Lloyd Stone and Georgia Harkness, are suggested as a template for thinking as a global community:

This is My Song

Verses 1 & 2 by Lloyd Stone
Verse 3 by Georgia Harkness
to the tune of *Finlandia* by Jean Sibelius

This is my song, O God of all the nations,
A song of peace for lands afar and mine.
This is my home, the country where my heart is;
Here are my hopes, my dreams, my holy shrine.
But other hearts in other lands are beating
With hopes and dreams as true and high as mine.

My country's skies are bluer than the ocean,
And sunlight beams on cloverleaf and pine,
But other lands have sunlight too and clover,
And skies are everywhere as blue as mine.
Oh hear my song, Thou God of all the nations,
A song of peace for their land and for mine.

May truth and freedom come to every nation;
May peace abound where strife has raged so long;
That each may seek to love and build together,
A world united, righting every wrong;
A world united in its love for freedom,
Proclaiming peace together in one song.

References

- Aigen, K. (1998). *Paths of development in Nordoff-Robbins Music Therapy*. Gilsum, NH: Barcelona.
- Aisenberg, E. (2001). The effects of exposure to community violence upon Latina mothers and preschool children. *Hispanic Journal of Behavioral Sciences*, 23(4), 378-399.
- Aldridge, D. (1991). Aesthetics and the individual in the practice of medical research: A discussion paper. *Journal of the Royal Society of Medicine*, 84, 147-150.
- Aldridge, D. (1993). Music therapy research II: Research methods suitable for music therapy. *The Arts in Psychotherapy*, 20, 117-131.
- Aldridge, D. (1996). *Music therapy research and practice in medicine: From out of the silence*. London: Jessica Kingsley.
- American Psychiatric Association. (2002). *Diagnostic and statistical manual of mental disorder* (4th ed., text revision). Washington, DC: Author.
- Amir, D. (2003). Home, time, space: Music as a shuttle between here and there, now and then [online] *Voices: A World Forum for Music Therapy*. Retrieved June 3, 2004, from <http://www.voices.no/columnist/colamir131003.html>

- Asterita, M. (1985). *The physiology of stress*. New York: Human Sciences.
- Atkinson, P., Coffey, A., & Delamont, S. (2001). A debate about our canon. *Qualitative Research*, 1(1), 5-21.
- Atlani, L., & Rousseau, C. (2000). The politics of culture in humanitarian aid to women refugees who have experienced sexual violence. *Transcultural Psychiatry*, 37(3), 435-449.
- Austin, D. (2002). The wounded healer: The voice of trauma: A wounded healer's perspective. In J. Sutton (Ed.), *Music, music therapy and trauma: International perspectives* (pp. 231-259). London: Jessica Kingsley.
- Baber, K., & Allen, K. (1992). *Women & families: Feminist reconstructions*. New York: Guilford.
- Bakker, T., Blokland, L., May, M., Pauw, A., & van Breda, R. (1999). The props are falling down and we want to make music: A narrative perspective on organizations in transition (Violins/Violence in Organizations). *Contemporary Family Therapy: An International Journal*, 21(2), 173-185.
- Bandura, A. (1986). *A social foundation of thought and action*. Englewood Cliffs, NJ: Prentice-Hall.
- Basham, B., & Lisberness, S. (1997). *Striking terror no more: The church responds to domestic violence*. Louisville, KY: Bridge Resources.
- Basta, S. (2000). *Culture, conflict, and children: Transmission of violence to children*. Lanham, MD: University Press of America.
- Beck, A. (1976). *Cognitive therapy and emotional disorders*. New York: International Universities Press.

- Belcher, J. (1994). Understanding the process of social draft among the homeless: A qualitative analysis. In E. Sherman & W. Reid (Eds.), *Qualitative research in social work* (pp. 126-134). New York: Columbia University Press.
- Bell, L. (1993). *Rethinking ethics in the midst of violence: A feminist approach to freedom*. Lanham, MD: Rowman & Littlefield.
- Bennetts, R., & Bates, B. (1985). Psychological bases of music experience in social work. *Journal of International Social Work*, 28(4), 1-8.
- Berger, P., & Luckmann, T. (1966). *The social construction of reality: A treatise in the sociology of knowledge*. New York: Anchor.
- Blacking, J. (1990). Music in children's cognitive and affective development: Problems posed by ethnomusicological research. In F. Wilson & F. Roehmann (Eds.), *Music and child development* (pp. 68-78). St. Louis, MO: MMB Music.
- Bonny, H. (1983). *Music Rx: An innovative program designed for the hospital setting*. Port Townsend, WA: The Printery.
- Bonny, H., & Savary, L. (1990). *Music and your mind: Listening with a new consciousness*. Barrytown, NY: Station Hill Press.
- Bosco, A. (2002). September 11: Where words fail, music speaks. *The Record*, 124(37), 4.
- Boyce-Tillman, J. (2000). *Constructing musical healing: The wounds that sing*. London: Jessica Kingsley.

- Breton, M. (1999). The relevance of the structural approach to group work with immigrant and refugee women. *Social Work with Groups*, 22(2/3), 11-29.
- Briggs, C. (1991). A model for understanding musical development. *Music Therapy*, 10(1), 1-21.
- Bright, R. (1999). Music therapy in grief resolution. *Bulletin of the Menninger Clinic*, 63(4), 481-498.
- Brodsky, W., & Sloboda, J. (1997). Clinical trials of a music generated vibrotactile therapeutic environment for musicians: Main effects and outcome difference between therapy subgroups. *Journal of Music Therapy*, 34(1), 2-32.
- Brooks, D. (2003). A history of music therapy journal articles published in the English language. *Journal of Music Therapy*, 40(2), 151-168.
- Bunt, L. (1994). *Music therapy: An art beyond words*. London: Routledge.
- Bush, C. (1995). *Healing imagery and music: Pathways to the inner self*. Portland, OR: Rudra Press.
- Butler, J. (1999). *Gender trouble: Feminism and the subversion of identity*. New York: Routledge.
- Butler, J., & Scott, J. (Eds.). (1992). *Feminists theorize the political*. London: Routledge.
- Campbell, D. (1992). *Music and miracles*. Wheaton, IL: Quest Books.
- Cassity, M., & Cassity, J. (1998). *Multimodal psychiatric music therapy for adults, adolescents, and children: A clinical manual*. St. Louis, MO: MMB Music.

- Cassity, M., & Kaczor, T. (1990). Domestic violence: Assessments and treatments employed by music therapists. *Journal of Music Therapy*, 27(4), 179-194.
- Chambers, D. (1999). Analyzing the social problem background of social policies and social programs. In D. Chambers (Ed.), *Social policy and social programs: A method for the practical public policy analyst* (3rd ed., pp. 7-30). Boston: Allyn and Bacon.
- Chapman, T. (2005). Expressions of “voice” in portraiture. *Qualitative Inquiry*, 11(1), 27-51.
- Charmaz, K. (2000). Grounded theory: Objectivist and constructivist methods. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 509-535). Thousand Oaks, CA: Sage.
- Chodorow, N. (1978). *The reproduction of mothering*. Berkeley: The University of California Press.
- Chomsky, N. (2001). 9-11. New York: Seven Stories.
- Christensen, E. (2000). Music precedes language. *Nordic Journal of Music Therapy*, 9(2), 32-35.
- Combs, G., & Freedman, J. (1990). *Symbol, story & ceremony: Using metaphor in individual and family therapy*. New York: Norton.
- Congreve, W. (1964). The mourning bride, Act 1, Scene 1. In M. Summers (Ed.), *The complete works of William Congreve* (Vol. 2, pp. 185-196). New York: Russell & Russell (Original work published 1697)

- Critchley, M. (1977). Ecstatic and synaesthetic experiences during musical perception. In M. Critchley & R. Hensen (Eds.), *Music and the brain: Studies in the neurology of music* (pp. 217-232). London: William Heinemann.
- Cross, I. (2001). Music, mind and evolution. *Psychology of Music*, 29, 95-102.
- Davis, M. (1970). I believe in music. On *I believe in music* [Record]. New York: Columbia Records.
- DeBacker, J. (1996). Regression in music therapy with psychotic patients. *Nordic Journal of Music Therapy*, 5(1), 24-30.
- de Beauvoir, S. (1989). *The second sex*. New York: Vintage.
- Deits, B. (1988). *Life after loss: A personal guide dealing with death, divorce, job change, and relocation*. Tucson, AZ: Fisher.
- deJong, J., Komproe, I., Ommeren, M., El Masri, M., Araya, M., Khaled, N., et al. (2001). Lifetime events and posttraumatic stress disorder in four postconflict settings. *Journal of American Medical Association*, 286(5), 555-562.
- Delgado, R., & Stefancic, J. (2001). *Critical race theory: An introduction*. New York: New York University Press.
- Deliege, I. (2001). Introduction: Similarity Perception<-> Categorization <-> Cue Abstraction. *Music Perception*, 18(3), 233-244.
- Denzin, N., & Lincoln, Y. (2000). The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 1-28). Thousand Oaks, CA: Sage.

- Deutsch, D. (1999). *The psychology of music* (2nd ed.). San Diego, CA: Academic Press.
- Devore, W. (2001). "Whence came these people"? An exploration of the values and ethics of African American individuals, families, and communities. In R. Fong & S. Foruto (Eds.), *Culturally competent practice: Skills, interventions, and evaluations* (pp. 33-46). Boston: Allyn and Bacon.
- Durand, V., & Mapstone, E. (1998). Influence of mood-inducing music on challenging behavior. *American Journal of Mental Retardation*, 102(4), 367-378.
- Dutton, D., & Golant, S. (1995). *The batterer: A psychological profile*. New York: Harper Collins.
- Edelsky, C. (1993). Who's got the floor? In D. Tannen (Ed.), *Gender and conversational interaction* (pp. 189-227). New York: Oxford University Press.
- El Sarraj, E., Punamaki, R., Salmi, S., & Summerfield, D. (1996). Experiences of torture and ill-treatment and posttraumatic stress disorder symptoms among Palestinian political prisoners. *Journal of Traumatic Stress*, 9(3), 595-606.
- Elbaz-Luwisch, F. (2004). How is education possible when there's a body in the middle of the room? *Curriculum Inquiry*, 34(1), 9-27.
- Eliot, G. (1984). *Adam Bede*. London: Zodiac.
- Elliott, F. (1992). Violence: The neurologic contribution: An overview. *Archives of Neurology*, 49(6), 595-603.

- Essed, P. (1997). Racial intimidation: Sociopolitical implications of the usage of racial slurs. In S. Riggins (Ed.), *The language and politics of exclusion: Others in discourse* (pp. 131-152). Thousand Oaks, CA: Sage.
- Estes, C. (1992). *Women who run with the wolves: Myths and stories of the wild woman archetype*. New York: Ballantine.
- Estes, C. (2003). *Do not lose heart*. Kapaa, HI: Aloha International.
- Feiring, C., Coates, D., & Taska, L. (2001). Ethnic status, stigmatization, support, and symptom development following sexual abuse. *Journal of Interpersonal Violence, 16*(12), 1307-1329.
- Feshbach, N. (1975). Empathy in children: Some theoretical and empirical considerations. *The Counseling Psychologist, 5*, 25-30.
- Fine, M., Weis, L., Weseen, S., & Wong, L. (2000). For whom? Qualitative research, presentations, and social responsibilities. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 107-131). Thousand Oaks, CA: Sage.
- Foucault, M. (1972). *Power/knowledge*. New York: Pantheon.
- Francis, D. (2004). "Silences too horrific to disturb": Writing sexual histories in Edwidge Danticat's *Breath, Eyes, Memory*. *Research in African Literatures, 35*(2), 75-90.
- Frankl, V. (1962). *Man's search for meaning*. New York: Simon & Schuster.
- Freedman, J., & Combs, G. (1996). *Narrative therapy: The social construction of preferred reality*. New York: Norton.
- Freire, P. (2003). *Pedagogy of the oppressed* (3rd ed.). New York: Continuum.

- Friedman, A. (1993). Rape and domestic violence: The experience of refugee women. In E. Cole, E. Rothblum, & O. Espin (Eds.), *Refugee women and their mental health: Shattered societies, shattered lives* [Special issue, Part I]. *Women & Therapy*, 13(1/2), 65-79.
- Gamble, D., Castelloe, P., & Varma, S. (2003). Women have their say: The meaning of sustainable development. *Journal of Social Work Research and Evaluation*, 4(1), 121-135.
- Garbarino, J. (1999). *Lost boys: Why our sons turn violent and how we can save them*. New York: The Free Press.
- Gardner, H. (1982). *Frames of mind*. New York: Basic Books.
- Gaynor, M. (1999). *Sounds of healing*. New York: Broadway Books.
- Gfeller, K. (1992). Music therapy in the treatment of medical conditions. In W. Davis, K. Gfeller, & M. Thaut (Eds.), *An introduction to music therapy: Theory and practice* (2nd ed, pp. 204-220). Boston: McGraw-Hill.
- Ghosh, T. (1997). Music and psychoneuroimmunology. In D. Schneck & J. Schneck (Eds.), *Music in human adaptation* (pp. 369-376). St. Louis, MO: MMB Music.
- Gilgun, J. (1994). The grounded theory approach and the social work practice approach. In E. Sherman & W. Reid, (Eds.), *Qualitative research in social work*, (pp. 115-125). New York: Columbia University Press.
- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.

- Glaser, B. (2002). Conceptualizations: On theory and theorizing using grounded theory. *International Journal of Qualitative Methods*, 1(2), 1-31.
- Glaser, B., & Strauss, A. (1999). *The discovery of grounded theory: Strategies for qualitative research*. Hawthorne, NY: Aldine de Gruyter.
- Glenn, E. (2001). From servitude to service work: Historical continuities in the racial division of paid reproductive labor. In L. Richardson, V. Taylor, & N. Whittier (Eds.), *Feminist frontiers* (5th ed., pp. 57-73). Boston: McGraw-Hill.
- Goleman, D. (1995). *Emotional intelligence: Why it can matter more than IQ*. New York: Bantam.
- Gordon, L. (1988). *Heroes of their own lives: The politics and history of family violence*. New York: Penguin.
- Gottman, J., Katz, L., & Hooven, C. (1997). Necessary concepts from child physiology: A brief review of research. In J. Gottman, L. Katz, & C. Hoover (Eds.), *Meta-emotion: How families communicate emotionally* (pp. 117-122). Mahwah, NJ: Lawrence Erlbaum.
- Green, J. (1999). *Cultural awareness in the human services: A multi-ethnic approach* (3rd ed.). Boston: Allyn & Bacon.
- Greene, J. (1972). *Psycholinguistics: Chomsky and psychology*. Baltimore: Penguin.
- Gregory, D. (2002). Four decades of music therapy behavioral research designs: A content analysis of *Journal of Music Therapy* articles. *Journal of Music Therapy*, 39(1), 56-71.

- Habermas, J. (1990). *Moral consciousness and communicative action*.
Cambridge, MA: MIT Press.
- Habermas, J. (2001). *The liberating power of symbols*. Cambridge, MA: MIT Press.
- Hargreaves, D. (1986). *The developmental psychology of music*. Cambridge, MA: Cambridge University Press.
- Hatty, S. (2000). *Masculinities, violence, and culture*. Thousand Oaks, CA: Sage.
- Heise, L., Pitanguy, J., & Germain, A. (1994). *Violence against women: The hidden health burden*. Washington, DC: World Bank Discussion Paper.
- Heller, D. (2002). Rising from the ashes: Healing in the aftermath of extreme life events. In J. Loewy & A. Hara (Eds.), *Caring for the caregiver: The use of music therapy in grief and trauma* (pp. 107-115). Silver Spring, MD: The American Music Therapy Association.
- Henson, R. (1977). The language of music. In M. Critchley & R. Hensen (Eds.), *Music and the brain: Studies in the neurology of music* (pp. 233-254). London: William Heinemann.
- Herman, J. (1997). *Trauma and recovery: The aftermath of violence from abuse to political terror*. New York: Basic Books.
- Hillman, J. (1996). *The soul's code: In search of character and calling*. New York: Random House.
- Hodges, D. (1996a). Human musicality. In D. Hodges (Ed.), *Handbook of music psychology* (2nd ed., pp. 29-68). St. Louis, MO: MMB Music.

- Hodges, D. (1996b). Neuromusical research: A review of the literature. In D. Hodges (Ed.), *Handbook of music psychology* (2nd ed., pp. 197-284). San Antonio, TX: IMR Press.
- Hoffman, J. (1995). *Rhythmic medicine: Music with a purpose*. Leawood, KS: Jamillan.
- Holleran, S., Jones, M., & Butler, D. (1995). Perceiving implied harmony: The influence of melodic and harmonic context. *Journal of Experimental Psychology*, 21(3), 737-53.
- Horowitz, M. (1986). *Stress response syndromes*. New York: Aronson.
- Hunter, B. (1999). Singing as a therapeutic agent, in *The Etude*, 1891-1949. *Journal of Music Therapy*, 36(2), 125-143.
- Hynes, M., & Cardozo, B. (2000). Sexual violence against refugee women. *Journal of Women's Health & Gender-Based Medicine*, 9(8), 819-823.
- Itzhaky, H., & Ribner, D. (1999). Gender, values and the work place: Considerations for immigrant acculturation. *International Social Work*, 42(2), 127-138.
- James, D., & Drakich, J. (1993). Understanding gender differences in amount of talk: A critical review of research. In D. Tannen (Ed.), *Gender and conversational interaction* (pp. 281-312). New York: Oxford University Press.
- Jarrett, L. (1994). *Helping children cope with separation and loss*. Boston: Harvard Common Press.

- Johnson, S. (1998). Listening to the music: Emotion as a natural part of systems theory. *Journal of Systemic Therapies, 17*(2), 1-17.
- Jordan, B.K., Marmar, C., Fairbank, J., Schlenger, W., Kulka, R., Hough, R. et al. (1992). Problems in families of male Vietnam veterans with posttraumatic stress disorder. *Journal of Consulting & Clinical Psychology, 60*(6), 916-926.
- Kalliopuska, M. (1993). A study with a follow-up of the effects of music education on holistic development of empathy. *Perceptual Motor Skills, 76*(1), 131-137.
- Keane, T., & Wolfe, J. (1990). Comorbidity in posttraumatic stress disorder: An analysis of community and clinical studies. *Journal of Applied Psychology, 20*(21), 1776-1788.
- King, D., King, L., Foy, D., Keane, T., & Fairbank, J. (1999). Posttraumatic stress disorder in a national sample of female and male Vietnam veterans: Risk factors, war-zone stressors, and resilience-recovery variables. *Journal of Abnormal Psychology, 108*(1), 164-170.
- Kreitzer, L. (2002). Liberian refugee women: A qualitative study of their participation in planning camp programmes. *International Social Work, 45*(1), 45-58.
- Kübler-Ross, E. (1969). *On death and dying*. New York: Collier.
- Kübler-Ross, E., & Kessler, D. (2000). *Life lessons: Two experts on death and dying teach us about the mysteries of life and living*. New York: Simon & Schuster.

- Kuoch, T., Wali, S., & Scully, M. (1993). Foreword. *Women & Therapy, (Special Issue, Part I)*, 13(1/2), xv-vxi.
- LaMothe, R. (1999). The absence of cure: The core of malignant trauma and symbolization. *Journal of Interpersonal Violence*, 14(11), 1193-1210.
- Lang, L., & McInerney, U. (2002). A music therapy service in a post-war environment. In J. Sutton (Ed.), *Music, music therapy and trauma: International perspectives* (pp. 153-174). London: Jessica Kingsley.
- Lawson, T. (1995). Music and social work. In *Encyclopedia of Social Work* (pp. 1736-1741). Washington, DC: NASW Press.
- Lee, C. (1996). *Music at the edge: The music therapy experiences of a musician with AIDS*. London: Routledge.
- Lehtonen, K. (1994). Is music an archaic form of thinking? *Nordic Journal of Music Therapy*, 3(1), 3-12.
- Lehtonen, K. (1997). Is there correspondence between the structures of music and the psyche? *Nordic Journal of Music Therapy*, 6(1), 34-52.
- Lehtonen, K., & Shaughnessy, M. (1997). Music as a treatment channel of adolescent destructivity. *International Journal of Adolescence & Youth*, 7(1), 55-65.
- Lerner, G. (1986). *The creation of patriarchy*. New York: Oxford University Press.
- LeShan, L. (2000). Senses and the self. *Advances in Mind, Body Medicine*, 16(1), 76-78.

- Levine, P. (2002). Trauma, rhythm, contact, and flow. In J. Loewy & A. Hara (Eds.), *Caring for the caregiver: The use of music therapy in grief and trauma* (pp. 148-154). Silver Spring, MD: The American Music Therapy Association.
- Liebmann, M. (1996). *Arts approaches to conflict*. London: Jessica Kingsley.
- Lipscomb, S. (1996). The cognitive organization of musical sound. In D. Hodges (Ed.), *Handbook of music psychology* (2nd ed., pp. 29-68). St. Louis, MO: MMB Music.
- Lindvang, C., & Frederiksen, B. (1999). Suitability for music therapy: Evaluating music therapy as an indicated treatment in psychiatry. *Nordic Journal of Music Therapy*, 8(1), 48-58.
- Lorde, A. (1991). America's outsiders. In C. Zweig & J. Abrams (Eds.), *Meeting the shadow: The hidden power of the dark side of human nature* (pp. 211-214). New York: Tarcher/Putnam.
- Lovell, M., Tran, T., & Nguyen, C. (1987). Refugee women: Lives in transition. *International Social Work*, 30(4), 317-325.
- Ludwig, I., & Lachnit, H. (2004). Effects of practice and transfer in the detection of embedded figures. *Psychological Research*, 68(4), 277-288.
- Lum, D. (2003). Social context. In D. Lum (Ed.), *Culturally competent practice: A framework for understanding diverse groups and justice issues* (2nd ed., pp. 34-60). Pacific Grove, CA: Brooks/Cole.
- Madsen, C. (1997). Emotional response to music. *Psychomusicology*, 16, 59-67.

- Maranto, C. (1994). A cognitive model of music in medicine. In R. Pratt & R. Spintge (Eds.), *MusicMedicine* (Vol. 2, pp. 327-332). San Antonio, TX: MMB Music.
- McKinney, C., Antoni, M., Kumar, M., Tims, F., & McCabe, P. (1997). Effects of guided imagery and music (GIM) therapy on mood and cortisol in healthy adults. *Health Psychology, 16*(4), 390-400.
- McLaren, P., & Leonard, P. (1993). *Paulo Freire: A critical encounter*. London: Routledge.
- McNiff, S. (1992). *Art as medicine: Creating a therapy of the imagination*. Boston: Shambhala.
- Merali, N. (2004). Family experiences of Central American refugees who overestimate intergenerational gaps. *Canadian Journal of Counseling, 38*(2), 91-103.
- Merritt, S. (1996). *Mind, music and imagery*. Santa Rosa, CA: Aslan.
- Miles, E. (1997). *Tune your brain: Using music to manage your mind, body, and mood*. New York: Berkley Books.
- Miller, J. (1998). The contributions of Wayne Ruppenthal to the field of music therapy. *Journal of Music Therapy, 35*(2), 105-118.
- Miserez, C. (1998). Help for refugee women. *World Health Forum, 19*(3), 319-323.
- Mollica, R., Wyshak, G., & Lavelle, J. (1987). The psychosocial impact of war trauma and torture on Southeast Asian refugees. *American Journal of Psychiatry, 144*(12), 1567-1572.

- Montello, L. (1999). A psychoanalytic music therapy approach to adults traumatized as children. *Music Therapy Perspectives, 17*(2), 74-81.
- Morgan, R., & Steinem, G. (1995). The international crime of genital mutilation. In G. Steinem (Ed.), *Outrageous acts and everyday rebellions* (2nd ed., pp. 317-328). New York: Henry Holt.
- Nelson, D., & Weathers, R. (1998). Necessary angels: Music and healing in psychotherapy. *Journal of Humanistic Psychology, 38*(1), 101-108.
- Newham, P. (1999). *The healing voice: How to use the power of your voice to bring harmony into your life*. Boston: Element Books.
- Oakes, M., & Lucas, F. (2001). How war affects daily life: Adjustments in Salvadoran social networks. *Journal of Social Work Research, 2*(2), 143-155.
- Ortiz, J. (1997). *The Tao of music sound psychology: Using music to change your life*. Boston: Weiser.
- Otswald, P. (1992). Psychotherapeutic facilitation of musical creativity. *American Journal of Psychotherapy, 44*(3), 383-403.
- Padgett, D. (1998). *Qualitative methods in social work research: Challenges and rewards*. Thousand Oaks, CA: Sage.
- Padgett, D. (2004). Analyzing qualitative data in a cross-language context. In D. Padgett (Ed.), *The qualitative research experience* (pp. 175-188). Belmont, CA: Wadsworth.

- Pavlicevic, M. (2002). Fragile rhythms and uncertain listenings: Perspectives from music therapy with South African children. In J. Sutton (Ed.), *Music, music therapy and trauma: International perspectives* (pp. 97-118). London: Jessica Kingsley.
- Pecnik, N., & Miskulin, M. (1996). Psychosocial assistance to refugee and displaced women in Croatia. *Groupwork*, 9(3), 328-351.
- Peterson del Mar, D. (1999). *What trouble I have seen: A history of violence against wives*. Cambridge, MA: Harvard University Press.
- Pittman, F. (1993). *Man enough: Fathers, sons, and the search for masculinity*. New York: Berkley.
- Ponizovsky, A. (2004) Patterns of loneliness in an immigrant population. *Comprehensive Psychiatry*, 45(5), 408-414.
- Priestley, M. (1975). *Music therapy in action*. London: Constable.
- Priestley, M. (1995). *Essays on analytical music therapy*. Phoenixville, PA: Barcelona.
- Richardson, L. (2001). Stereotyping in the English language. In L. Richardson, V. Taylor, & N. Whittier (Eds.), *Feminist frontiers* (5th ed., pp. 112-116). Boston: McGraw Hill.
- Riggins, S. (Ed.). (1997). *The language and politics of exclusion: Others in discourse* (pp. 1-30). Thousand Oaks, CA: Sage.
- Risset, J., & Wessel, D. (1999). Exploration of timbre by analysis and synthesis. In D. Deutsch (Ed.), *The psychology of music* (2nd ed.). San Diego, CA: Academic Press.

- Rodwell, M.K. (1998). *Social work constructivist research*. New York: Garland.
- Rogers, R. (1983). "Hamlet's tongue". *The Psychoanalytic Review*, 69(4), 533-555.
- Rogers, S. (1990). Theories of child development and musical ability. In F. Wilson & F. Roehmann (Eds.), *Music and child development* (pp. 1-10). St. Louis, MO: MMB Music.
- Ross-Sheriff, F. (2001). Immigrant Muslim women in the United States: Adaptation to American society. *Journal of Social Work Research*, 2(2), 283-294.
- Ruether, R. (1983). *Sexism and god-talk: Toward a feminist theology*. Boston: Beacon.
- Ruud, E. (1998). *Music therapy: Improvisation, communication, and culture*. St. Louis, MO: MMB Music.
- Ruud, E. (2000). Music therapy: History and cultural contexts. *Nordic Journal of Music Therapy*, 9(2), 67-76.
- Saldana, D. (1992). Coping with stress: A refugee's story. *Women & Therapy*, (Special Issue, Part I), 13(1/2), 21-34.
- Saleebey, D. (2000). *The strengths perspective in social work practice* (3rd ed.). Boston: Allyn and Bacon.
- Salmon, P., & Meyer, R. (1992). *Notes from the green room: Coping with stress and anxiety in music performance*. New York: MacMillan.
- Scartelli, J. (1989). *Music and self-management methods: A physiological model*. St. Louis, MO: MMB Music.

- Scheiby, B. (1998). Listen to the music of the unconscious: Using countertransference as a compass in analytical music therapy. In A. Robbins (Ed.), *Therapeutic presence: Bridging expression and form* (pp. 185-203). London: Jessica Kingsley.
- Scheiby, B. (1999a). Better trying than crying: Analytical music therapy in a medical setting. In C. Dileo (Ed.), *Music therapy and medicine* (pp. 96-106). Silver Spring, MD: American Music Therapy Association.
- Scheiby, B. (1999b). Music as symbolic expression: Analytic Music Therapy. In D. Wiener (Ed.), *Beyond talk therapy: Using movement and expressive techniques in clinical practice* (pp. 263-285). Washington, DC: American Psychological Association.
- Scheiby, B. (2002). Caring for the caregiver: Trauma, improvised music and transformation of terror into meaning through community music therapy training. In J. Loewy & A. Hara (Eds.), *Caring for the caregiver: The use of music and music therapy in grief and trauma* (pp. 93-106). Silver Spring, MD: American Music Therapy Association.
- Schlaug, G., Jancke, L., Huang, Y., Staiger, J., & Steinmetz, H. (1995). Increased corpus callosum size in musicians. *Neuropsychologia*, 33(8), 1047-1055.
- Schlenger, W., Caddell, J., Ebert, L., Jordan, K., Rourke, K., Wilson, D., et al. (2002). Psychological reactions to terrorist attacks: Findings from the national study of Americans' reactions to September 11. *Journal of American Medical Association*, 288(4), 581-588.

- Schwandt, T. (2001). *Dictionary of qualitative inquiry* (2nd ed.). Thousand Oaks, CA: Sage.
- Selye, H. (1956). *The stress of life*. New York: McGraw-Hill.
- Shepherd, J. (1987). Coping in America: Contextual variables in the adaptation of female refugees and immigrants. *Social Development Issues*, 11(2), 72-86.
- Shibusawa, T., & Lukens, E. (2004). Analyzing qualitative data in a cross-language context: A collaborative model. In D. Padgett (Ed.), *The qualitative research experience* (pp. 175-188). Belmont, CA: Wadsworth/Thomson Learning.
- Sibelius, J. (1899). *Finlandia*, with words by Lloyd Stone and Georgia Harkness. Retrieved April 4, 2005 from http://prometheusli.com/musings/a_song_of_peace.htm
- Skaggs, R. (1997). Music centered creative arts in a sex offender treatment program for male juveniles. *Music Therapy Perspectives*, 15(2), 73-78.
- Sloboda, J. (1990). Music as a language. In F. Wilson & F. Roehmann (Eds.) *Music and child development* (pp. 28-43). St. Louis, MO: MMB Music.
- Sloboda, J. (1999). Music: Where cognition and emotion meet. *Psychologist*, 12(9), 450-455.
- Smith, S., Willms, D., & Johnson, N. (1997). *Nurtured by knowledge: Learning to do participatory action research*. New York: Apex.

- Smyth, M. (2002). The role of creativity in healing and recovering one's power after victimisation. In J. Sutton (Ed.), *Music, music therapy and trauma: International perspectives* (pp. 57-82). London: Jessica Kingsley.
- Snowden, L., & Hines, A. (1999). A scale to assess African American acculturation. *Journal of Black Psychology, 25*(1), 36-47.
- Somasundaram, D., & Sivayokan, S. (1994). War trauma in a civilian population. *British Journal of Psychiatry, 165*, 524-527.
- Starr, W. (1990). The Suzuki Method. In F. Wilson & F. Roehmann (Eds.), *Music and child development* (pp. 377-383). St. Louis, MO: MMB Music.
- Stewart, S. (1996). Alcohol abuse in individuals exposed to trauma: A critical review. *Psychological Bulletin, 120*(1), 83-112.
- Stige, B. (1999). The meaning of music: From the client's perspective. In T. Wigram & J. DeBacker (Eds.), *Clinical applications of music therapy in psychiatry* (pp. 61-83). London: Jessica Kingsley.
- Stige, B. (2002). *Culture-centered music therapy*. Gilsum, NH: Barcelona.
- Storr, A. (1992). *Music and the mind*. New York: Ballantine Books.
- Stout, K., & McPhail, B. (1998). *Confronting sexism and violence against women: A challenge for social work*. New York: Longman.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Newbury Park, CA: Sage.

- Sundberg, J. (1999). The perception of singing. In D. Deutsch (Ed.), *The psychology of music* (2nd ed., pp. 171-214). San Diego, CA: Academic Press.
- Sutton, J. (2002). *Music, music therapy and trauma: International perspectives*. London: Jessica Kingsley.
- Swallow, M. (2002). The brain – its music and its emotion: The neurology of trauma. In J. Sutton (Ed.), *Music, music therapy and trauma: International perspectives* (pp. 41-56). London: Jessica Kingsley.
- Talerico, C. (1986). The expressive arts and creativity as a form of therapeutic experience in the field of mental health. *The Journal of Creative Behavior*, 20(4), 229-247.
- Tannen, D. (Ed.). (1993). *Gender and conversational interaction*. New York: Oxford University Press.
- Taylor, G. (1994). The alexithymia construct: Conceptualization, validation, and relationship with basic dimensions of personality. *New Trends in Experimental and Clinical Psychiatry*, 10(2), 61-74.
- Taylor, D. (1997). *Biomedical foundations of music as therapy*. St. Louis, MO: MMB Music.
- Thaut, M. (2000). *A scientific model of music in therapy and medicine*. St. Louis, MO: MMB Music.

- Thaut, M. (2002). Physiological and motor responses to music stimuli. In R. Unkefer & M. Thaut (Eds.), *Music therapy in the treatment of adults with mental disorders: Theoretical bases and clinical interventions* (2nd ed., pp. 33-41). St Louis, MO: MMB Music.
- Tolbert, E. (2001). Music and meaning: An evolutionary story. *Psychology of Music, 29*, 84-95.
- Tomaino, C. (1998). Music and memory: Accessing residual function. In C. Tomaino (Ed.), *Clinical application of music in neurologic rehabilitation* (pp. 19-27). St. Louis, MO: MMB Music.
- Tomatis, A. (1991). *The conscious ear: My life of transformation through listening* (R. Laffant, Trans.). Barrytown, NY: Station Hill Press. (Original work *l'Oreille et la vie* published 1977)
- Tomes, N. (1978). A torrent of abuse: Crimes of violence between working class men and women in London, 1840-1875. *Journal of Social History, 11*(3), 328-345.
- United Nations. Declaration on the Elimination of Violence Against Women, Dec. 20, 1993. Retrieved July 31, 2004, from [http://www.unchr.ch/huridocda/duridoca.nsf.\(Symbol\)/A.RES.48.104.En?OpenDocument](http://www.unchr.ch/huridocda/duridoca.nsf.(Symbol)/A.RES.48.104.En?OpenDocument)
- van Dijk, T. (1998). *Discourse as structure and process*. London: Sage.
- Verillo, R. (1992). Vibration sensation in humans. *Music Perception, 9*, 281-302.
- Volkman, S. (1993). Music therapy and treatment of trauma-induced dissociative disorder. *The Arts in Psychotherapy, 20*, 243-251.

- Weaver, H. (2005). *Explorations in cultural competence: Journeys to the four directions*. Belmont, CA: Brooks/Cole.
- Websdale, N. (1998). *Rural battering and the justice system: An ethnography*. Thousand Oaks, CA: Sage.
- Weine, S., Muzurovic, N., Kilaizovic, Y., Besic, S., Lezic, A., Mujagic, A., et al. (2004). Family consequences of refugee Trauma. *Family Process*, 43(2), 147-160.
- Weis, L., & Fine, M. (2000). *Speed bumps: A student friendly guide to qualitative research*. New York: Teachers College Press.
- Wiehe, V. (1997). Approaching child abuse treatment from the perspective of empathy. *Child Abuse & Neglect*, 21(12), 1191-1204.
- Williams, C., & Berry, J. (1991). Primary prevention of acculturative stress among refugees: Application of psychological theory and practice. *American Psychologist*, 46(6), 632-641.
- Wolin, S., & Wolin, S. (1993). *The resilient self: How survivors of troubled families rise above adversity*. New York: Villiard.
- Wollstonecraft, M. (2001). *A vindication of the rights of women: With strictures on political and moral subjects*. New York: Modern Library (original work published 1792)
- Wood, L., & Kroger, R. (2000). *Doing discourse analysis: Methods for studying action in talk and text*. Thousand Oaks, CA: Sage.
- Woolf, V. (1938). *Three guineas*. San Diego, CA: Harcourt Brace.

- Worden, W. (1991). *Grief counseling and grief therapy* (2nd ed.). New York: Springer.
- Yellow Bird, M. (2001). Critical values and first nation as people. In R. Fong & S. Furuto (Eds.), *Culturally competent practice: Skills, intervention, and evaluations* (pp. 61-74). Boston: Allyn & Bacon.
- Young, I. (1990). *Justice and the politics of difference*. Princeton, NJ: Princeton University Press.
- Young-Eisendrath, P. (1996). *The resilient spirit: Transforming suffering into insight and renewal*. Cambridge, MA: Perseus.

Curriculum Vitae

of

Judith C. Heitzman, Ph.D., LCSW, MSSW

Home
1616 Jaeger Avenue
Louisville, KY 40205
(502) 608-2472

E-Mail: judy.heizman@louisville.edu

Revised 4-22-05

EDUCATION & TRAINING

- **Ph.D. in Social Work, University of Louisville/University of KY Joint doctoral program, Louisville campus**

- Dissertation Defense, April 14, 2005
- Graduation, May 14, 2005

- **Dissertation Title**

Survival Songs: How Refugee and Immigrant Women Experienced Violence

- Doctoral Studies Concentration in:
Violence Prevention
Women's Studies
Empathy Building
Surviving Violent Trauma
Domestic and International
Using Music as a Coping Mechanism
- Certified Diplomate, American Psychotherapy Association, 1998.
- Certified Cognitive-Behavioral Therapist, 1998.
- Licensed Clinical Social Worker, Commonwealth of Kentucky, 1994.
- Certified Social Worker, Commonwealth of Kentucky, 1989
- **Master of Science in Social Work**, Kent School of Social Work
University of Louisville, Louisville, KY, **1989**.

Concentration in:
Family Systems Therapy
Family & Children's Studies
Blended Family Counseling
Gestalt Therapy (including Dream work)
Alcohol & Drug Abuse Treatment
- **Bachelor of Science**, University of Louisville, KY, **1986**.

Degree in Counseling & Personnel Services.
Background in Business, Economics, and Management.

PRESENTATIONS

- 2005** Poster Presentation, on Domestic Violence Prevention Learning Through the Arts National Conference, Toronto, Canada (April)
 Poster Presentation, on Domestic Violence Prevention Council on Social Work Education Annual Program Meeting, New York City (February)
 Poster Presentation, on Domestic Violence Prevention Conference, University of Georgia, Athens, Ga (January)
- 2004** First Runner Up Award
 Eastern Evaluation Research Society
 Poster Presentation on Domestic Violence Prevention
 Field Supervisor's Training
 Kent School of Social Work, MSSW Program
 'Overview of Foundation Practice curriculum'
 St. William Church, Advent Retreat
- 2003** Continuing Education, University of Louisville,
 Kent School of Social Work
 Birth to Death: Transitional Family Issues
 St. William Community – Advent Retreat
 Field Supervisor's Training
 Kent School of Social Work, MSSW Program
 'Overview of Foundation Practice curriculum'
 Staff Retreat, Project Women
 Forum on the Family
 Storytelling and Family Issues around Adoption
- 2001** Adoptions Workshop, Jeffersonville, IN
- 1998-2001** Field Supervisor's Training
 Kent School of Social Work – MSSW Program
 "Overview of Advanced Micro-Practice curriculum"
- 2000** International Presbyterian Women's Conference
 "Demystifying Parent/Teen Relationships"
- 1998** *Parkway Psychotherapy Associates*
 "Parent Training Forum"
- 1997** *Just Teens* Television Show
 "Eating Disorders"
Just Teens Television Show
 "Depressive Disorders"
Resources for Better Living
 "Using Music to Enhance Child Care"
 "Blended Family Issues"
- 1996** *Resources for Better Living*

1994 "Money Doesn't Grow in Trees: Teaching Children Money Management"
Family & Children's Counseling Center
"Attention-Deficit-Hyperactivity-Disorder Caregiver Training"
New Beginnings Divorce Recovery
" Blended Family Issues"

PUBLICATIONS

Moore, S., Collins, W., Golder, S., **Heitzman, J.**, & Monroe, J. (2005). I Think I Can, I Know I Can, Yes I Can!: A Faith-based/University collaboration to empower young African American males. Submitted for Publication 2005 to The Journal of Child and Adolescent Social Work.

Heitzman, J. (2003). Epiphany: A reunion story. In G. Mallon (Ed.). *Handbook on Permanency Planning*. In Publication: Accepted, 2002.

Heitzman, J. (2002). Post-it notes: Social workers and research participants sticking together. *The Qualitative Report*, accepted, 10-06-2001.

Manuscripts (preparing for publication)

Heitzman, J., and Wulff, D. (2005). Looking for a few good men: A qualitative study of domestic violence prevention.

Heitzman, J. The aural imperative: Strategies for augmenting active listening skills.

Heitzman, J. The inverse relationship between music performance as an avocation and burnout in human service professionals.

Heitzman, J. Turn up the volume: Using music therapy interventions to build empathy in domestic violence perpetrators

Heitzman, J. Clarifying ethical discourses: Faith-based principles that exacerbate or deter domestic violence against women.

Heitzman, J. A feminist view of domestic violence against women in the United States: The struggle continues.

Heitzman, J. Musical interventions as a tool for empathy building in abused boys: An intervention to prevent domestic violence against women.

EMPLOYMENT HISTORY

TEACHING

- **Adjunct Faculty, Kent School of Social Work, 1997- present**
Taught graduate level courses in:
Advanced Clinical Practice
Narrative Social Work
Foundation Practice
Psychopathology
Children and Families
Mental Health
- **Adjunct Faculty, Sullivan College, 1997-1998**
Taught undergraduate courses in:
Marriage & Family Therapy
Abnormal Psychology

CLINICAL SOCIAL WORK

- **Private Practice, 1995 - present**
Individual therapy with children, adolescents, and adults
Marital therapy
Family therapy
Community education
Consultation
Supervision
Training
- **Morton Center, 1998-1999.**
Co-leader of group for Parents of Teens with Addictions
Leader of Adolescent Process Group for Co-Dependency
Leader of Adolescent Psychoeducational Group for Co-Dependency
- **Family and Children's Counseling Center, 1996-1998.**
Contract psychotherapist
- **Principal Social Worker, Seven Counties Services, Inc. 1989-1996.**
Team Leader, Behavioral Health Services, 1995-96.
Clinical Supervisor, Child & Family Team.
Supervised MSSW students.
Coordinator, School Based Services program, East office, 1991-93.
Member, Total Quality Management (TQM) committee for Training and Staff Development, 1994; and for MIS, 1995.
Chaired agency-wide Communications Committee, 1991-93.
Member, *RESPOND* Crisis Intervention Team, 1989-present.
Member, Crisis Response team, STANDARD GRAVURE, 1989.
Provided individual, group, & family therapy, including services

at the elementary and secondary school levels.

- **Social Worker, Child Protective Services, 1987-1988.**
Assessed risk for reports of abuse, mental injury, and neglect.
Managed 2,000+ monthly Hotline calls in Jefferson County.

CLINICAL INTERNSHIPS

- **Baptist Hospital Highlands, Louisville, KY, 1989**
Inpatient Adolescent and Chemical Dependency units.
- **Child Abuse Hotline, Child Protective Services (on-job placement), 1987-88.**
- **Our Lady of Peace Hospital (now Caritas Peace), Louisville, KY, 1986**
Substance Abuse Inpatient Treatment - Women's Program.

OTHER EMPLOYMENT

- **Harris Bank, Chicago, IL. 1983-1984.**
Investment Officer, Manager of Investment Processing.
Managed staff of 18 employees and \$850,000 budget and daily
Monitored daily flow of securities and federal funds (\$8.5 billion+).
- **First National Bank, Louisville, KY 1980-1983.**
Investment Operations Manager, Correspondent Banking, Bond Dept.

ACADEMIC/PROFESSIONAL ACHIEVEMENTS

- Graduate Teaching Assistantship, Kent School of SW Ph.D. Program. 1999-2002.
- Dissertation Committee Member, 1999-2000. Laura Lepping Fitzgibbons, Doctor of Pssychology Degree, Spalding University, Louisville, KY; "Development of a Treatment Program for Siblings of Sexual Abuse Victims"
- *Who's Who in American Professionals*, 2000-2005 edition.
- *Manchester Who's Who*, 2004-2005 edition.
- Scholarship Recipient, Master's Program, University of Louisville, 1987-89.
- Highland Women's Scholar, Undergraduate Program, 1985.
- Nettleroth Scholar, Undergraduate Program, 1984.
- University of Kentucky, Undergraduate Scholarship Program.

COMMUNITY INVOLVEMENT

- Member, Pastoral Planning Council, St. William Church, 2004-Present.
- Organizer/Host, Nicaraguan Sister Parish Delegation to Louisville, 2004.
- Delegate, Traveled to Nicaraguan Sister Parish, 2004.
- Member, Nicaraguan Sister Parish Committee, 2003-Present.
- Consultant, Project Women, Louisville, KY 2003-Present.
- Volunteer, St. Vincent de Paul Conference, 2002-Present. Member, Curriculum Committee, Kent School of Social Work, 2001-Present.
- Member, KY Society of Clinical Social Workers, 1994-1999.
- Member, KY Association for Play Therapy, 1997-2000.
- Member, *RESPOND* Crisis Intervention team, 1989-1997.
- Volunteer, House of Ruth (families with HIV/AIDS), 1996-1997.
- Consultant, Friends for Hope (cancer survivors support), 1996-2000.
- Treasurer, Board of Directors, *The Louisville Chorus*, 1993-95.
- Singer, *The Louisville Bach Society*, 1980-83, 1997-present.
- Singer, *The Louisville Chorus*, 1991-1997.
- Member, Board of Directors, *Just Creations*, 1996-1998.
- Volunteer, *Just Creations* (3rd world outlet store), 1990-1996.
- Member, Financial Review Board, St. James School, 1990-93.
- Coordinator, Community Food Closet, St. James Church, 1989-91.
- Coordinator, Peace and Justice Legislative Reform Committee, 1989-91.
- Liason, Community Ministries Emergency Assistance Program, 1989.
- Chair, Social Concerns Committee, St. James Church, 1989-90.
- Volunteer, Trainer, Single Parenting Training, Chicago, 1983-84.
- Volunteer Coordinator, Parish family services, 1981-83.
- Volunteer Coordinator and Facilitator, Divorce ministry group, 1980-82

Continuing Education

2005

- Learning Through the Arts Conference, Canada.
- Council on Social Education Conference, New York City.
- Qualitative Inquiry Group Conference, Athens, GA.

2004

- Strategies for Working with Immigrant Survivors.

2003

- Rigorous & Relevant Qualitative Research Methods, Padgett & Drisko.
- Narrative Family Therapy, Stephen Madigan.
- Family Perspectives on Somatization with Kids.
- Ethics in Social Work Practice.
- Preventing Sexual Harrassment.
- The Faith Dimension of Family Life.

2002

- Working with African-American Families, Nancy Boyd-Franklin.
 - Treatment of Adolescents with Sexual Behavior Problems.
 - Come Close, Go Away – A Perspective on Sex therapy with Couples.
 - CSWE-APM – Arts Institute.
 - Therapists as Community Advocates, Chas. Waldegrave.
 - QUIG (Qualitative Research) Conference.
- 2001
- LCSW Supervisory Training.
 - Completed Professorship Program, U of L.
 - Ethics & Social Work Practice, Frederic Reamer.
 - Voices of Victims of Domestic Violence.
 - Violence Against Women & Public Health.
- 2000
- Ethics and Social Work Practice.
- 1999
- Family Court Intervention.
 - Connecting with Kids.
 - Attachment Disorders in children.
 - Raising Health Kids in a Toxic Social Environment.
 - Cognitive Behavioral Therapy with Bi-Polar Disorders.
- 1998
- Sex Abuse Treatment with Children who Molest (Eliana Gil).
 - Domestic Violence Training (Commonwealth of KY).
 - Transactional Analysis & Personal Growth.
 - AIDS, the Immune System, and Mental Health.
- 1997
- Sexualized Children in Treatment.
 - Crisis Management for Corporations.
 - Family Play Therapy-Gestalt methods.
 - Teaching Parents How to Parent.
 - Chemical Dependency, “The Addictive Family”,(Claudia Black).
 - Advanced Play Therapy.
 - Eating Disorders, “The Body-Brain Connection”.
 - Healing Touch II.
- 1996
- Stress Management for Women.
 - Attachment, Intimacy & Sexuality (Masters & Johnson).
 - Mastering Managed Care.
 - Advanced Work with Disordered Eating.
 - CPR Re-certification.
 - Healing Touch I.
- 1995

- Solution Focused Therapy, (Insoo Kim Berg).
- Solution Focused Therapy.
- Guided Imagery with Music.

1994

- Brief Cognitive Therapy (Meichenbaum).
- Advanced Treatment of Sexual Abuse, (Masters & Johnson).
- Emotions and Psychoneuroimmunology.
- Treatment of Sexual Abuse in Children.
- Solution Focused Therapy.

1993

- Stress and Disease/Psychoneuroimmunology, 1993.

1992

- Dissociative Disorders.
- Anxiety Disorders.
- Domestic Violence.
- Cognitive Behavioral Modification with Children & Families.
- School Based Mental Health Services.
- Children of Divorce.
- Dynamics of Sexual Abuse.

1991

- Chemical Dependency Assessment in School Aged Children.
- Play Therapy with Children.

1990

- Music Therapy with Children and Adolescents.

1989

- Adolescence and Family Therapy.

1988

- Alcoholism and Family Therapy.
- Counseling with Death and Dying.

References: Furnished upon request.