


An Introduction to MER, a New Music Psychotherapy Approach for PTSD: Part 2—The Outcomes and Case Examples

Music and Medicine
5(2) 105-109
© The Author(s) 2013
Reprints and permission:
sagepub.com/journalsPermissions.nav
DOI: 10.1177/1943862113487383
mmd.sagepub.com


Tian Gao, MMT¹

Abstract

From 2005 to 2010, I used music entrainment and reprocessing (MER) for 56 clients with posttraumatic stress disorder (PTSD), and worked with 93 traumatic events or disturbed experiences. Among these 56 clients, 46 experienced a single trauma and 10 of them experienced 2 or more traumas. The treatment to these clients varied in the number of sessions taken: 43 (46.7%) of them in 1 session; 17 (18.5%) in 2 sessions; 10 (10.9%) in 3 sessions; 4 (4.3%) in 4 sessions; 3 (2.2%) in 5 sessions; 13 (14.9%) did not complete the treatment had markedly low scores in the Subjective Units of Disturbance (SUD) scale. The criterion for “treatment completed” is that the SUD score reaches between 0 and 2, and the client state that they have recovered and do not need any more treatment. A small percentage of the clients decided that they would like to stop at an SUD score of 1 or 2 instead of 0, and continued to carry some degree of sorrow for mourning their deceased love ones. These were also considered successful treatment experiences.

Keywords

MER, music psychotherapy, music therapy, procedural music therapy, PTSD, music and imagery, trauma

Music entrainment and reprocessing (MER) was piloted with 56 clients who were diagnosed with posttraumatic stress disorder (PTSD), and I worked with 93 traumatic events or disturbed experiences. Among these 56 clients, 46 of them experienced a single trauma and 10 of them experienced 2 or more traumas. These clients varied in the number of treatment sessions they received: 43 (46.7%) had 1 session; 17 (18.5%) had 2 sessions; 10 (10.9%) had 3 sessions; 4 (4.3%) had 4 sessions; 3 (2.2%) had 5 sessions; 13 (14.9%) did not complete the treatment and had markedly low scores in the Subjective Units of Disturbance (SUD) scale.

The criteria for “treatment completion” are that the SUD score should be between 0 and 2 and the client should state that he or she has recovered and does not need anymore treatment. A small percentage of the clients decided that they would like to stop at an SUD score of 1 or 2 instead of 0 and continued to carry some degree of sorrow to mourn for their deceased loved ones. These were also considered successful treatment experiences.

On September 9, 2010, I made telephone surveys to all the clients who received MER treatments between January 2005 and January 2010, in order to examine the long-term effects of MER and whether any symptoms had recurred (Table 1). Twenty-six (46.4%) clients were contacted and agreed to participate. Others could not be contacted due to the change in phone numbers or other reasons. This article is an audit of the outcomes of my private clinical work and did not require

research approval: Currently there is no ethics committee available in China for research on private music therapy work.

In all, 19 (73%) clients reported that they did not have any relapse of symptoms and expressed that they were satisfied with the treatments. Five (19.2%) reported that they had some degree of relapse, but that their conditions had greatly improved or that they had felt better after the treatments (Table 2). They also reported that they were satisfied with the treatment. One client reported that a significant relapse occurred, and 1 client reported a complete relapse. The cases studies in the subsequent section include reports of relapse.

Ms Zhao, a 34-year-old woman, visited my office 14 months earlier. When she was young, she dreamed of studying music in a conservatory. However, her father refused to send her to study music because of the family’s poor financial situation, and he arranged for her to get a job after high school to support the family. For many years, she was very angry with her father for “destroying her dream,” and had even avoided the word *conservatory*. Ms Zhao reported an SUD score of 9 at the

¹Music Therapy Research Center, Central Conservatory of Music, Beijing, China

Corresponding Author:

Tian Gao, Music Therapy Research Center, Central Conservatory of Music, 6-1604, Beijing 100031, China.
Email: tiangao@263.net

Table 1. The Outcomes of Music Entrainment and Reprocessing (MER).

Types of Event	Client	Event	Treatment Completed in Sessions					Unfinished
			1	2	3	4	5	
Abused physically/verbally in childhood	7	27	10	4	8	3	2	
Abused sexually in childhood	2	2	1	1				
Loss of love relationship/divorced	14	14	6	5				3
Spouse has sex outside of marriage	9	11	10					1
Loss of family member	6	7	5	1				1
Raped	1	1	0			1		
Domestic/school violence	4	6	4	1				1
Kidnapped	1	1	1					
Earthquake	1	1		1				
Others	12	24	11	4	2	1	1	5
Total	56	93	43	17	10	4	3	13
Percentage (%)			46.7	18.5	10.9	4.3	2.2	14.1

Table 2. The Recurrence of Symptoms.

No. interviewed	NR	LR	SR	CR
26	19	5	1	1
Percentage (%)	73	19.2	3.8	3.8

Abbreviations: NR, no recurrence; LR, light recurrence; SR, significant recurrence; CR, complete recurrence.

beginning of the treatment and took 2 sessions for this event. At the end of treatment, her SUD score fell to 0. In the telephone interview, she reported that she was not angry with her father anymore but still regretted a little when seeing the word *conservatory*. An SUD score of 1 or 2 could represent the feeling of pity.

Ms Shen, a 28-year-old woman, visited my office 49 months earlier. Her husband had been involved in an extramarital affair, and she felt angry and sadly lost her self-confidence. Her SUD score was 10, and she underwent 2 sessions to reduce the SUD to 0. In the telephone interview, she reported that she was divorced, but some sadness remained when she thought about her previous marriage. Nonetheless, she had regained her confidence and energy after her MER treatment and believed that there was no difficulty that she could not get through. She reported that the SUD score of 2 remained and also expressed her satisfaction with the treatment.

Ms Li, a 36-year-old woman, visited my office 63 months earlier. Her husband had unexpectedly died 23 days before the session, and she was deeply grieving. After 1 MER session, her SUD score dropped from 8 to 0. She reported in the telephone interview that several months after MER therapy, her sadness came back with 5 or 6 degrees of SUD. Recently, she still experienced 2 or 3 degrees of sadness. She still avoided returning to the area where she used to live and did not want to get remarried. I considered that her treatment was not effective because (1) the intervention of MER was too early (23 days after the traumatic event) and (2) she needed more stabilization work before MER intervention.

Ms Bai, a 28-year-old woman, visited my office 6 months earlier. She had failed her master's thesis defense and had low

self-esteem and felt strongly frustrated. She received 2 MER sessions, and her SUD score fell from 7 to 0. At the interview, she reported a relapse with an SUD score of 3.

Ms Ding, a 25-year-old woman, visited my office 23 months earlier. She was deeply hurt because her ex-boyfriend had left her about 1 year ago. She received 2 MER sessions, and her SUD score fell from 9 to 0. A slight recurrence of 1.5 was reported in her interview. Thus, this treatment could still be considered as successful.

Ms Wang, a 45-year-old woman, visited my office 17 months earlier. Her husband had been having an extramarital affair since 2002, and they were considering divorce. She received 1 MER session, and the SUD score fell from 5 to 0. In the telephone interview, Ms Wang reported that the marital problem was resolved and the family had reunited. However, she still feels angry when the thoughts of the event came to her mind. A recurrence of 3 was reported in the interview. This might be because the relationship between the couple was still not harmonious enough, and many small conflicts in their marriage could trigger feelings related to the previous events.

Ms Zhu, a 32-year-old woman, visited my office 6 months earlier. She had an affair outside of the marriage, then got divorced, and had wished to marry the man with whom she was having the affair. However, she then realized that she had been tricked: The lover was cheating on her. After getting a huge amount of money from her, the lover left her. She felt stupid, wished to kill the man, and had considered suicide. She received 2 MER sessions, and her SUD score fell from 10 to 2.5. She did not finish the treatment and reported a slight recurrence with an SUD score of 3. She also reported that her life had returned to normal, and her emotions were basically stable. However, sometimes she felt angry when thinking of the event. She expressed her satisfaction with MER treatment.

Mr Xia, a 27-year-old man, visited my office 16 months earlier. After he found out that his girlfriend was dating another man a few days ago, he had had a distressing fight with the girlfriend. He was angry and was experiencing insomnia. He received only 1 session, and the SUD score fell from 8 to 2. However, he did not return for the next session. In the telephone

interview, he reported a complete relapse and stated that the treatment had no effect on him whatsoever.

These information may reveal that MER is often an effective method to treat clients who experience traumas or negative life events. In my clinical work, there are only 2 (7.6%) of 56 cases, which could be considered unsuccessful. The following case example provides further details about MER treatment process and its potential effects.

Case Example

Ms Su, a 25-year-old woman, was a graduate student of music therapy. She had a very difficult relationship with and felt a strong hatred toward her mother because she had been badly, physically abused since she was young. She said that her mother was a forceful woman with a bad temper and that she would be frequently punished for a minor wrongdoing. For many years, since she started going to a college in another city, Ms Su refused to contact her mother. However, an ambivalent feeling bothered her because she regarded herself as being an unfilial daughter. In the Chinese culture, the filial piety is an important moral in society. The researcher decided to use MER method to help Ms Su work through her traumatic experiences of abuse by her mother.

Step 1: The therapist asked Ms Su to choose a typical event that could represent what had happened between her and her mother. Ms Su told a story from her third year at the senior high school. She was dating a boy and kept this a secret from her mother, because having a boyfriend was strictly forbidden. Her mother believed that a good girl should concentrate on school work and work very hard to prepare for the college-entrance examinations. Her mother believed that having a boyfriend at such a young age was a sign of her being a “bad girl.” One day, by accident, her mother saw her with her boyfriend in a park. Her mother was very angry with her and punished her very badly.

Step 2: The client was asked to imagine a safe and beautiful place (*safe place*). Ms Su was able to imagine a beautiful and safe place in a meadow. The therapist considered the imagination of safe place as a sign that Ms Su was stable enough to move forward to work on her traumatic experiences.

Step 3: The researcher and the client discussed this traumatic event in detail and then identified the worst picture.

Worst picture: The mother locked the door, and ordered her to lie on the bed; the mother picked up a whip and started lashing on her back.

Negative cognition (NC): I am not able to protect myself.

Positive cognition (PC): I am able to protect myself.

The validity of cognition (VOC): 2

SUD: 9

Step 4: As I described in the first part of this article, in step 4, when the client’s images had changed from the negative to the natural or even the positive state, and the music

changed from painful, horrific, or angry to quiet and peaceful, the music is stopped. The therapist asks the client to open his or her eyes and to take a deep breath, then asks the client to give an SUD scale. I call this process as one “round.”

Six rounds of music were given to desensitize and reprocess the memory of this event.

Round 1: I helped the client to concentrate on the negative feeling in her body for a while, and guided her into the altered state of consciousness.¹ I then presented a piece of music: Bach’s Toccata and Fugue in D minor.² This piece of music expresses a strong, painful emotion rather than restlessness.¹ I guided Ms Su to recall the event. Ms Su described her story of being beaten by her mother:

(translated from Chinese) . . . She locks the door and picks up a whip. [Author (AU): what does your mother looks like now?] She looks very angry, and her face turns to red. [AU: How do you feel at this moment?] I am scared, and know that I have no chance to escape . . . She starts to beat me cruelly. The whip is on my back, and it is so painful. I try not to cry, but can’t help it. I start crying loudly, and beseech her to stop beating me, but she just keeps beating me madly until she gets tired.

The music changed to Bach’s Adagio in C,² a piece of slow music. Her imagery changed with the music:

She stops beating me and says that “I have to give you a big punishment; otherwise you will become a bad girl. I am doing this to save you.” Then she leaves the room. I feel the pain on my entire body and cannot move a bit at all. I think that she must not be my real mother, and I wish I could leave her one day and never come back.

When the music was over, Ms Su was again asked to evaluate the degree of uncomfortable feeling, and the SUD score was 7 after this round.

Round 2: The researcher presented a piece of music, Vivaldi’s Violin Concerto in A Minor (Largo),³ which features a slow melody on a violin and evokes some feelings of grief and sadness. She began her imagery from the same picture, but now the duration of the beating was reduced. Her pain on the body was reduced as well, and the mother’s face was debilitated with sadness.

After the beating, my mother asks me: “Is it painful?” I say “yes.” My mother starts crying and gives some medicine which makes me feel less pain. I comfort her by saying “don’t worry. I am OK,” and my mother says, “I’m sorry, I didn’t mean to hurt you. However, you really have to concentrate on your school work, with no more dating. Otherwise, you will not be able to pass the college-entrance exam. You could ruin your future. Do you know it?”

I feel ambivalence toward my mother. I hate the way she treats me, but I can feel her love at the same time. After all, she is my mother.

The SUD score decreased to 5 after the second round.

Round 3: The researcher presented a piece of music, Bach's "Sheep may safely graze" (from Cantata No. 208).² This piece of music expresses gentle, warm, and secure emotions. Ms Su began her imagery from the same picture but felt no pain. Suddenly, the images of her mother's body movement changed from beating to a funny dance. Ms Su chortles lightly. "She is funny, and looks like a naughty girl." The SUD score decreased to 2 after this round.

Round 4: The researcher presented a piece of music, the intermezzo from Bizet's *Carmen*,³ in which a flute plays a bright and beautiful melody. Then, a piece of convivial dance music, Delius's *La Calinda*,³ was presented. Ms Su recalled a variety of memories of how her mother took care of her. For example, her mother always got up very early in the morning to prepare her breakfast and then rode a bicycle to drop her at the school every day, no matter how bad the weather was. When she was sick at 8 years, her mother stayed up for 3 consecutive days and nights to look after her at a hospital. Tears swelled her eyes, and she said, "My mother's life was hard. It is not easy to raise me up as a single parent." The SUD score decreases to 0 after this round.

Step 5: Ms Su was asked to begin her imagery from the same picture but was asked to target from the PC at step 3: I am able to protect myself. I presented 2 pieces of music, "Humming Chorus" from *Madame Butterfly* by Puccini³ and Schumann's *Funf Stucke im Volkston op. 102*.³ Both pieces have "caressing" and genial-type phrasing. She reported:

My mother tries to scare me with a whip, but does not really beat me. I am not scared at all. She seems not to know what she is supposed to do. I suggest to her that we go out for a walk and have a chat. We are walking in a beautiful garden. I say: "Can we have an adult-to-adult-like talk? Do you have a better way to communicate with me instead of violence?" She talks softly: "My sweet heart, I am doing this for your good." I say: "I know, but you don't want me to hate you when I grow up, do you?" She suddenly becomes much older, like a 70 year old woman. She looks even smaller and humpbacked. I feel sad for her; as Mom is getting much older. I hold her like holding a baby, then tell her: "Mom, be nice to me. You are getting old now, and it is the time for me to take care of you." She is in my arms, like a baby.

At the end of this round, the researcher asked Ms Su to give a score on VOC. She rated a 7, which indicated that she completely agreed with the idea "I am able to protect myself" and adds a remark: "In fact, my mother loves me, and I love her too."

She decided to forgive what her mother had done to her, and she reformed the relationship with her mother. A few days later, she made a phone call to her mother and had a nice long conversation with her, and that was the first time this had happened in many years.

Discussion

Music entrainment and reprocessing has demonstrated an effective power in eliminating the influences of traumatic events on many clients. Many music therapists have affirmed the power of music healing negative life experience.^{4,5} "Music not only awakes the life of the soul within you, it actually is the vibrational essence of your soul and of all life."⁶ Lecourt concluded that the functions of music in healing were "relief art," "aestheticization," "lifting," "harmonizing," and "masking."⁷ Beyond those characteristics, I believe music in trauma healing has a strong capacity to help clients to "rewrite" their experiences through imagined visual pictures. In the situation of trauma psychotherapy, music can change the negative experiences aroused by the trauma memory. For example, in a music therapy session, a therapist can present slow music that may evoke the emotions of mourning and grieving while the client is recalling his or her traumatic experience. The music can magnify the feeling of sadness of the client and help the client to release his or her negative emotions and feelings. On the other hand, if the therapist presents what the client experiences as peaceful and beautiful music, while the client is recalling the same traumatic experience, the client's experience associated with a trauma can be changed completely from the negative to the positive side.

In the treatment of trauma, it was my primary belief that *no one can change what happened to you in past, but we can change the experience associated with what happened to you*. For example, when warm and peaceful music is combined with a terrified memory of an event, the memory of the event can be transformed to one that is not terrifying. That is the irresistible power of music.

The case example showed, first, how the client's memories and imaginations were influenced and rewritten with the powerful influence of music during the treatment process. In this case, the angry and violent mother changed to a troubled and loving mother and then changed to an old lady who needed to be taken care of. All of those changes in images were entrained by the changes in music. Second, the client often initiated his or her healing process with music while creating the rewriting of their imagery associated with the traumatic experiences. This expresses the primary belief of humanism; that is, the individual has the ability to self-heal and resolve his or her own problem.⁴ Bonny believes that all healing is ultimately self-healing and that the responsibility for getting well belongs to the client.⁵ In this case, the client eliminated her hatred by recalling the good experiences with her mother and creating an image that her mother was getting old. Then, she decided to forgive her mother's wrongdoing and took care of her instead of leaving her alone. This solution may not be typical in the Western culture but sourced from the oriental culture of filial piety. All those resolutions were created or chosen by the clients themselves without any guiding or suggestion from the therapist. I believe that the solution that clients make in their imagery is the best solution to help them cope and adapt following traumatic experiences.

However, music is also a key dynamic to promote and help the clients to find his or her own resolutions. The principle that I use in implementing music to facilitate the clients moving from original negative state to a new positive state is quite simple: first, ISO and matching client's negative emotions, then using relatively more positive music to entrain and light up the clients to the positive state little by little, smoothly. Consequently, no matter what imagery the clients create, the tendency of the whole process is to go toward a positive feeling state.

Here a question may arise—it seems that the selected music is the therapist's personal choice that is based on assumptions of the feelings it may evoke in the therapist, and how can a therapist make such an assumption? Is such a decision based on the therapist's knowledge of music, clinical experience, or just his or her own feelings? These questions are also related to the issue of transference and countertransference. For example, when a therapist listening to the client's tragic story becomes empathic and feels sad for the client, he or she chooses a piece of music that he or she thinks is a sad music that could match the client's sad feeling. Then does the client feel sad in the same way that the therapist assumed? This question is also related to the issue of what is the nature of music, does it represent the human's feelings and emotions, or it is just an objective or target of projection of people's emotions?

These are all important questions related to both musical aesthetics and psychology, and I am not able to address them in this article. However, I have never addressed these questions when I use MER to work with clients having PTSD, and neither have other therapists who are trained in MER. Why do those basic and important questions seemed to not be causing problems in MER treatment when a therapist does not have a clear answer for them? As mentioned in the part 1 of this article, my understandings are that music is a universal language and humans react to it in a similar way in both emotion and psyche; even though there are different reactions within people, the ability of empathy can reduce such differences significantly; and the music can be broad and often flexible enough to adapt to the emotions that may have some differences unless the differences are big and obvious.

In China, the music styles in movies and TV dramas are mostly created in Western music methods. This phenomenon reflects the reality that most Chinese people are quite familiar with Western music styles even though some people would say

that they are not familiar with or lack understanding of Western music. I have tried using Chinese music but not successfully. The traditional Chinese music seems to not fit MER, just like jazz music may not be a good choice for guided imagery and music. Further discussion on the relevance of traditional Chinese music to these methods is beyond the purpose of this article.

Author's Note

My interpretation of what the music offers is provided to explain my rationale for the music selections.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

References

1. Ludwig AM. Altered states of consciousness. *Arch Gen Psychiatry*. 1966; 15(3):225-234.
2. *Stokowski's Symphonic Bach* [CD]. Essex, UK: Chandos Records Ltd; 1993.
3. *Music for Imagery* [CD]. Philadelphia, PA: Barcelona Publishers, licensed by Naxos of America; 1996.
4. Stucki J. Music therapist works to promote self-healing. *Denver Post*. June 8, 1979.
5. Bonny H. *Guided Imagery and Music Monographs I, II, III*. Baltimore, MD: Institute for Consciousness and Music Book; 1980.
6. Montello L. *Essential Musical Intelligence: Using Music as Your Path to Healing, Creativity, and Radiant Wholeness*. Wheaton, IL: Quest Books Theosophical Publishing House; 2002.
7. Lecourt E. The role of aesthetics in counter transference: a comparison of active versus receptive music therapy. In: Bruscia K, ed. *The Dynamics of Music Psychotherapy*. Gilsum, NH: Barcelona Publishers; 1998.

Author Biography

Tian Gao, MMT, received his master's degree in music therapy training and graduated from Temple University, Philadelphia, in 1994. He is a professor and the director of music therapy at the Central Conservatory of Music in Beijing, China.