



Psychiatry & Behavioral Science Section - 2016

125 The Sound of Music: Effects on Post-Traumatic Stress Disorder (PTSD)

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After attending this presentation, attendees will be familiar with PTSD with delayed expression and dissociative symptoms treated via pharmacotherapy, psychotherapy, and music therapy. Attendees will better understand the use of non-pharmacotherapy options such as music therapy with difficult-to-treat patients. The music being used will be explained in detail along with the therapeutic relief it provided. Attendees will understand how someone accused of pedophilia, behind bars and many miles away, can continue to induce such impairing PTSD-related symptoms in others.

This presentation will impact the forensic science community by increasing awareness of the continual power a pedophile behind bars can have over his/her victim. Additionally, this presentation will demonstrate how factors such as the specific location and security level of a prison in which the pedophile resides can directly influence a victim of PTSD.

Introduction: PTSD is an impairing condition that was first documented during the Civil War as “irritable heart.” The lifetime incidence is estimated to be 9% to 15% of the general population. These individuals have experienced, witnessed, or confronted a life-threatening event and become significantly impaired in their activities of daily living. Pharmacotherapy and psychotherapy remain the mainstay treatment for PTSD; however, short-term modalities are also being utilized on a case-by-case basis.

Case Report: Lady R is a 54-year-old Caucasian female who was seen as an initial evaluation in the outpatient psychiatry clinic. She was referred by her primary care physician and psychologist with the chief complaint of, “I want to improve the noise in my head.” During the evaluation, it was found that Lady R was leading a well-balanced life with her husband when suddenly things began changing after attending a court hearing 15 years prior in which her older brother was being accused of pedophilia. During this hearing, Lady R heard the testimony of the 4-year-old victim explaining what had happened along with hearing the things she was forced to say during the encounter. Throughout the next few years, Lady R began experiencing increased anxiety, irritation, frustration, nightmares, and variable moods but was unable to pinpoint the source. Dosages of clonazepam (1mg) and venlafaxine (37.5mg) were initiated by her primary physician and initially helped her anxiety and sustained depressive symptoms. Two years ago, Lady R went out for a glass of wine with a friend, who was a masseuse. It was an average night filled with conversation and laughter that culminated in Lady R receiving a cranial massage, then going home and to bed. Upon awakening, her husband approached her with caution asking if she remembered the previous night. He explained that when he tried to cuddle with her, she regressed into a fetal position and started crying out, “Please don’t hurt me, please don’t hurt me,” in a voice pattern similar to a young girl, followed by, “Let her sleep, let her sleep,” in a male voice when he attempted to wake her. Since this incident, Lady R experiences vivid flashbacks, avoids talking about her older brother, stopped working, is hypervigilant, and has non-stop “noise” in her head, as she explains it. Due to medical concerns, the accused brother has been transferred to a prison closer to her home, thus increasing her fear. Upon evaluation, treatment was started with supportive psychotherapy and her home medications (venlafaxine 150mg qday, bupropion 150mg BID, clonazepam 1mg qday, and quetiapine 25mg qhs) were continued. After several sessions, Lady R continued to be distressed by this “noise,” despite psychotherapy/medications. Listening to music had been mentioned during the sessions as an alleviating factor for Lady R, which was then encouraged. Music therapy continued to alleviate daytime symptoms and was then prescribed for Lady R as adjunctive treatment with her continued psychotherapy and medications. Since the addition of active/passive music therapy, her symptoms have decreased and Lady R continues to improve her functioning both socially and at home.

Discussion: Being a victim of pedophilia can lead to lifelong symptoms of anxiety, mood, and depressive symptoms. Dealing with those symptoms can be challenging enough, so what additional treatment challenges arise when factors such as proximity to the perpetrator, treatment-resistant anxiety, and delayed-onset (40 years) PTSD are involved? Music therapy is one such treatment modality that can be beneficial. Active and passive listening to unfamiliar music can show increased symptom relief secondary to not having any linked memory to the song. Music is universal and can be utilized in any specialty for an individual experiencing a perceived stress.

Conclusion: PTSD is an impairing disorder that has a variable presentation with each case and can be very difficult to treat. The initial trauma can ruminate in the victim’s mind and lead to symptoms of depression, anxiety, mania, and even psychosis. Pharmacotherapy along with continued psychotherapy is the treatment of choice, but new treatment strategies (i.e., music therapy) are also being utilized with added benefit. This patient found relief in music that was familiar and unfamiliar to her, which decreased the initial “noise” and led to improved functioning on a day-to-day basis despite the accused prisoner being closer to her in distance.

Treatment Resistant PTSD, Music Therapy, Dissociation

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