Music therapy in war-effected areas

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To date, no research has been conducted on the field of music therapy within international humanitarian aid. The aims of this study are to explore the situation in more detail and to include descriptions of organisations and projects that are involved in the psychosocial aid of trauma survivors in areas of post-conflict using music therapy. The article will give an outline of programmes, describe their work, and serve as an information source for other organisations involved in international mental health aid.

Keywords: music therapy, war-affected areas, international humanitarian aid, trauma healing, intercultural mental health aid

Currently, there is evidence of a growing number of projects undertaken by international humanitarian aid agencies that use music and music therapy in their psychosocial aid programmes. Music therapists are becoming increasingly involved in voluntary work in war-torn and developing countries. Until now very little research, documentation and analysis has been carried out on this branch of music therapy. There is minimal literature specifically about music therapy in post-war areas, although, moderate research has been done about music therapy and trauma in general (Sutton, 2000).

In this article[1], the following questions are discussed: 1. What are the aims and methods of music therapy? 2. Where and how is music therapy given? 3. Does it help? 4. What problems occur when implementing music therapy in war-affected areas? 5. What are the specific professional requirements for music therapists working in this particular field?

Research method

Data Sources. There were three sources of data for this research; media, literature and human subjects. The information was gained from Internet websites and literature reviews. Subject interviews were conducted with therapists and organisations that are involved in the use of music therapy in international humanitarian aid. The sample size of therapist working in war-effected areas was not large because there were fewer therapists than expected. (N=8). Approximately 89 organisations and individuals involved in international health were contacted; of which approx. 75% answered and contributed to the pool of information (N=62). The participating sample of therapists had mainly been located in the former Yugoslavia; one therapist had been working in Romania, and another in Sierra Leone. The organisations contacted

varied in location, patient population and treatment methods within their programmes. Initially, three local assistants were asked to participate who, due to personal reasons, did not continue the research. Further observations were also obtained during a field research period in Mostar, Bosnia and Herzegovina.

Research instruments. A questionnaire was designed based on field observations and literature collected. In conjunction with this semi-structured questionnaire, unstructured, indirect and external observation was used. The music therapy department visited during the field research period was equipped with an observation room and an observation mirror. After the sessions, a feedback time was scheduled, and the observations were discussed with the therapists themselves.[2]

Results

What are the aims and methods of music therapy in war-affected areas? The aims of music therapy projects are to heal trauma, but also to provide the possibility to explore and express emotion through the non-verbal method of music. Music therapy can be used in a variety of strategies. The results of this study demonstrate that music, initially, is often not specifically used as therapy, nor is it identified as 'music therapy'. Yet, many projects that use music in their programmes have therapeutic goals. The main goals of the programmes are: the improvement of the emotional situation through the expression of feelings, individual building capacity, self-esteem and self-respect. In most cases, social learning occurs in group settings. A further important aim is to provide the possibility to play in a safe environment. Music is also being used within projects on human rights, education and peace-building activities.

Music therapy does not require technical or talented musical ability. Music therapy generally utilizes simple improvisations with easy to use instruments. It does not have to sound harmonic nor pleasant to the ear. Musical improvisation allows emotional expression and offers the possibility to play free of judgement and norms, and does not impose performance pressure on clients. Music therapy maintains the attitude that anyone can freely make music and use it in his/her own way.

The above description of music therapy applies regardless if one is working with children or adults. The ability for participants to play freely applies more to children, but it can also be important for adults. Often, adults offered music therapy, were not allowed to simply play and "missed" their childhood because of the local, severe political situations (Heidenreich, 2004).

Therapists must have the ability to recognise different musical patterns and as well as have knowledge of a large number of possible musical interventions (e.g. accompaniment with a supportive/containing rhythm or melody; providing a more confronting or dialogic partner). This applies to all music therapy situations. Research indicates that no 'typical' method for music therapy in war-effected areas has been yet identified. The musical improvisations might sound different due to different instruments, melodic scales and harmonic understanding, but the techniques used, so far, are the same.

Where and how is music therapy given? In at least 15 countries (Afghanistan, Bosnia-Herzegovina, Cambodia, Chechnya, Congo, Eritrea, Georgia, Palestine, Romania, India, Kosovo, Rwanda, Sierra Leone and Tanzania) music therapy is offered in programmes of psychosocial aid. The projects

using music in their psychosocial aid differ widely in their methods and framework. Either, they provide individual therapy assisted by a translator, or they work within group settings, often without local assistance, where workshops are given with the staff of an institution. In that case, music therapy is a part of a more general de-traumatisation programme. Mainly children are treated in this way and most commonly within group settings. Few projects admit adults to the workshops.

The most common method to provide mental health aid through music therapy is workshops. There are several reasons for this choice. The intimate relationship that arises within a psychotherapeutic or psychoanalytical setting is not used as a therapeutic method because the mental aid programs are often limited by time. Also, the individualistic, psychotherapeutic manner of treatment is not common to local practises for dealing with these problems. Also, a positive aspect of 'workshops' is that group-settings are more efficient for this particular therapy. Organisations such as War child and UNICEF have changed their method from psychotherapeutic treatment to trainings for social workers, local psychologists or traditional healers. This reinforces a strong cohesion with the local staff and gives the responsibility to the local resources groups from the beginning of the project.

Music and musical improvisation can provide an alternative form of communication. The relationship in a counselling situation can be experienced as less threatening than through direct verbal interaction. Participants in music therapy treatments can explore and 'try-out' behaviours, actions and reactions within a safe and protected environment created by the therapists. The methods used are mainly improvisational music therapy using simple instruments (e.g. percussion) and sometimes local, traditional instruments . Singing and dancing are also used extensively.

Does it help? Research done by Gupta (2000) about trauma treatment in Sierra Leone and Rwanda shows significant decrease in the symptoms of traumatisation using music therapy. The negative feelings experienced by children changed remarkably after a period of trauma healing with recreational and expressive activities such as music, arts, writing and story telling. Interviews and questionnaires were collected from more than 300 children aged 8-18 years of age before and after a 4-week psychosocial programme. More than half of the children reported they felt a sense of relief while drawing pictures, talking or playing, and expressing their bad memories from the war. Art therapy can be particularly useful as a tool to overcome both language and cultural barriers. Adolescents living in areas of conflict need, next to social and medical help, specifically oriented aid. Psychiatric, psychological or other specific approaches should be offered to this group (Lachal, 2003). This therapy could also be offered in the form of music therapy, or other arts therapies.

What problems occur implementing music therapy in war-affected areas? Children suffer as a result from exposure to war violence. Separation, death in the family, witnessing killing, injury of family or strangers, arrest, torture, forced displacement or involvement in the military, rape and sexual assault, are just a few possible experiences children may have survived. Extreme poverty or deprivation, such as shortage of food, water, shelter and clothes, often play a role in the challenging circumstances of children and their

families, and may result in traumatic stress. During research in Sierra Leone (Gupta, 2000), almost all the children stated they believed that they would die during the fighting, two-thirds were actually threatened by death, and 99% had to hide for up to 4 weeks.

In some projects, as in former Yugoslavia, many children were treated who did not directly experience war. However, even though they were born after the war, their parents and family continue to suffer from traumatic experience, thus the situation is still stressful and not a safe or protected place where they can grow up. Children suffering these symptoms will also have the problem of being restricted in their opportunities to play and socialize. Due to ongoing violence, parents frequently keep their children at home (Melville, 2001).

Music therapists working with traumatised children often have to deal with aggressive, withdrawn or isolating behaviours that can include: sadness, depression and problems in establishing relationships. A lack of impulse control (understanding and containing of own feelings), deficiency of social skills and especially concentration are common symptoms that can be treated in music therapy sessions. The musical behaviour can be described as primarily loud, incessant playing with nervous anxiety, and sometimes, embarrassment and avoidance. Children who have been treated with music therapy for a longer period tend to show very emotional and thoughtful playing, and effectively use the musical elements.

What are the specific professional requirements for music therapists working in this particular field?

Interestingly, the results do not focus on cultural awareness, cultural competence or comprehension. Most of the aspects included belonged to categories of self-treatment and behavioural approaches. In the category of social interpersonal styles, trust in people was highlighted. In the category expectations, personal motivation was highlighted, but aspects of social adaptability and cultural sensitivity were not discussed. Respect for other cultures and tolerance was mentioned in the category of worldview. Specific requirements for treatment methods or knowledge about different cultural values were also not discussed.

Some examples of projects

The projects that included music therapy all show different ways of applying music therapy within an aid programme: as either a psychosocial, recreational or psychotherapeutic intervention.

Plan International, Sierra Leone, carried out a three month Rapid Education Plan that started with a four-week trauma healing programmes that included music therapy. Tests before and after these four weeks showed a strong decrease in problematic symptoms that made it possible to then start with the actual education project. (Gupta, 2000)

UNICEF, Gaza Palestine, carried out a program aimed at prevention, early detection and treatment of psychological problems. Next to dance, art and drama activities, UNICEF used music for expression and recreation. The aims were to create a space where problems could be expressed, where joy and pleasure could be experienced, and where new qualities such as cooperation, relaxation and self-confidence could be acquired (Melville, 2001).

The Music Therapy Department in Mostar, Bosnia-Herzegovina, provides a comprehensive clinical service and is working mainly with children and young adults in the urban area who are struggling with the effects of a post-war environment. In

addition, they provide an outreach music therapy service to residents outside of Mostar. The clinical work predominantly uses a client-centred improvisational approach. Local music therapy assistants are employed to also act as translators. Clients are seen in either individual or group settings (Heidenreich, 2004).

Projects using music recreationally and educationally are, for example, a multi-ethnic choir at a project in the province of Kosovo encouraging interethnic tolerance. The project of "Young woman social clubs" in Liberia provides an opportunity for young women to learn about health and gender issues, to have leadership workshops, and to express themselves artistically with art, music and drama. Another project is the music bus in Srebrenica, Bosnia-Herzegovina where children both from Bosnian and Serb backgrounds participate in drumming lessons and musical workshops.

In some projects students and young people are encouraged to help within their own communities. Setting up the possibilities for making music is one option. Next to musical activities, they also receive leadership training, learn about conflict resolution, team-building skills and attend management courses.

Discussion and conclusions

According to our respondents, there are few specific requirements for applying music therapy in war-effected areas. Interestingly, they do not often mention cultural awareness or cultural competence as essential ingredients. Most of the items mentioned belonged to the categories of self-care and behavioural approaches to difficult situations. Specific requirements in terms of treatment methods, or knowledge of varying cultural values, have not been discussed.

For further investigation, it would be of interest to explore whether this is due to Western ignorance, to the universal applicability of music therapy, or to the fact that the interviewed sample for this research included mainly therapists working in Eastern European countries, with few working in Africa. The results might also change significantly by adding subjects who have experience working in Asian countries, as these seem to be culturally more distinct (Hofstede, 1997).

The study demonstrates that providing an opportunity for war-affected children to express bad memories and painful feelings to a trained adult in a safe environment can reduce the prevalence of traumatic related complaints and symptoms, while restoring a sense of hope about the future.

Although more training in cultural awareness is necessary, it can be concluded that most of the organisations providing music therapy try to respond to the local mentality and culture where the project is being implemented and a serious effort made to fit music therapy into the social structure.

More research should be conducted to find out if music can be effectively used therapeutically across cultures, and if music as therapy can be universally applied.

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[1] This article is based on my B.A. thesis for Music Therapy entitled: *Music therapy in war-effected areas?* (2004). Hogeschool van Arnhem & Nijmegen, unpublished. I would like to thank Catie Robertson and Guus van der Veer for their suggestions.

[2] Analysis was conducted in two sections; the first section using text analysis. The data gained was structured into the following categories: organisation, country/region, patients, aims, staff and co-operation, methods and duration. In the second section, regarding specific work conditions, the data was analysed using qualitative content analysis. It focused on concurrences and correlations between the subjects and the factors mentioned most frequently were described. It was not necessary to use statistical methods or tests for this research. The field research, media and literature study were completed first, followed by the development and implementation of the questionnaire for individual music therapists. The individual subjects were given 3-5 weeks to fill in the questionnaires. Organisations were contacted without time instruction.

The information gained arises from a combination of data sources of media and subjects and therefore raises the validity and the reliability of the study. To guarantee the validity and the control of the research, decisions and steps undertaken were described and justified; a representative sample of the approached field was asked for participation, the data was analysed in good time, a reflective diary was used for self-control and the results of the inquiries and interviews were made anonymous.

During the research internship a close and trusting contact with the therapists was established. As a result, the reliability of the answers in the inquiries is higher. By member-check the questionnaires were controlled by other researchers.

The quantitative results of the research from contacting organisation were significantly high. From approximately 100 emails written, 60 were answered. More than two third of the contacted institutions gave a response, 51% were negative answers, stating that they did not offer music therapy in their program. Significantly, 76% of the 51% of negative responses were very interested and helpful in their answers, and gave additional information and advice.

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