

MUSIC THERAPY HELPS REFUGEES

By **SARAH SCROOPE** and **ROSEMARY SIGNORELLI**. Music is used all over the world to express emotions, to join up with others and to celebrate family and community experiences. Music therapy, provided by a qualified music therapist, is the planned use of elements of music and creative music-making using specific therapeutic goals. There is growing interest in the application of music therapy to help refugees who are affected by war, violence, dispossession and loss.

• Unlike musical education or entertainment, music therapy is the combination of listening, playing, writing, recording, movement and dance designed to address a client's needs. Participants do not need to have any prior music training as the process of making music is more important than performance. Music therapists work with individuals or groups or jointly with other professionals, such as counsellors, other creative arts therapists and educational and/or allied health professionals.

At STARTTS there are two music therapy programs currently serving members of the Mandaean and Assyrian communities. One is a women's group run jointly by a counsellor and music therapist which brings together the three modalities of psychoeducation, music therapy and group psychotherapy. The other is an early childhood group for parents with babies, toddlers or pre-school children that uses music, movement and literacy activities to enhance the child's development.

The participants in the women's group all arrived in Australia from Iraq within the last 18 months. Despite their different backgrounds, ages and journeys, they share common experiences as refugees from a war-torn country. In addition to their individual counselling, the women came together for a 10-week period to share their experiences and to learn how to use music to gain additional coping skills.

At some of the sessions the women brought popular and traditional music from Iraq to sing along to. This exercise empowered them to use their individual voices, and deepened their sense of a shared cultural identity. Across cultures singing has physical, emotional and social benefits. Singing as part of a group allows people to overcome shyness and nervous reactions. The action of singing strengthens the lungs, improves posture and oxygen flow to the blood stream and brain. Energetic singing releases endorphins which can help reduce feelings of depression and

anxiety. Singing can also make people feel uplifted and at times euphoric. On the other hand, slow rhythmic singing can relax people, slow down breathing and heartbeat. Understanding the power of singing and music and its connection to our emotional well-being and relationships with others is one of the keys to successful music therapy.

At times the women took turns to lead the group in singing or improvising different styles of music and playing. Being the 'conductor' reinforced their capacity to lead and be in control as well as being able to participate in the group's creativity. Their combination of different rhythms, harmonies and instruments was an expression of mutual support based on respect for their differences as well as their common experiences.

For many of us the trauma that these women experienced in Iraq and during their journey to Australia is unimaginable. The women's harrowing experiences will undoubtedly stay with them for a long time as they learn to process their traumas and gain coping skills. In all forms of group therapy it is crucial to establish an environment where clients feel safe and supported. This can be achieved through music by encouraging group members to sing or play instruments of their choosing. The music therapist can also provide a calming and holding structure for the group by using the pentatonic scale along with steady rhythmic and melodic figures.

When a particular rhythm or piece of music triggers strong emotional memories the music therapist and counsellor are able to assist the women to process these memories within the safety of the group. The counsellor can also demonstrate the connection between the memories and stress responses. The women learn to recognize the physical symptoms of trauma such as irregular or fast heart beat, rapid or shallow breathing,

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sweating, tightness in the chest and tense muscles. They are then able to observe how their bodies react to stress and how to modify breathing, singing and playing techniques to reduce anxiety.

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The combined music-therapy, psychoeducational and group-therapy approach worked well for this particular group of refugees. Registered music therapists might explore other forms of music therapy to suit particular individuals or groups. Music therapists may also choose to work with other modalities such as psychodynamic, gestalt, narrative, person-centered or existentialist approaches to ensure that the client's goals and needs are adequately addressed.

In contrast to the women's group, the early childhood group for Mandaean parents and 0-4 year olds is based on attachment and child development theories and approaches². Within this group, parents and children are supported as they sing, move and dance together. As well as singing and listening to Iraqi children's songs and lullabies, the parents and children are learning Australian songs that the children will experience at pre-school and kindergarten. Listening to and singing Iraqi and Australian songs has created a bridge between the parent's traditional culture, their childhood and their new life in Australia.

For many of these women and other refugees, the experience of arriving in a new and unfamiliar environment causes much stress. While the women now live in relative safety they are confronted with an unfamiliar language, systems, lifestyle and culture. Using music to establish a bridge to 'typically Australian' children's songs reduces their social isolation and that of their child. Learning and singing Australian songs helps the parent and child engage with the wider community and provides familiarity and connection to other children.

The music therapist also uses illustrated song books to engage the parents and children in basic literary activities. The songs and activities enhance all areas of the child's development including gross motor, fine motor, language, cognitive, emotional, behavioral and social development skills. Equally as importantly, the music therapy sessions are an opportunity for the parent and child to have fun together, enjoy each others company, and meet other children and parents. All of the parents in the group are working through their traumas and losses and these sessions contribute to their healing journey by strengthening their bond with their child, their community and Australian culture.

Clearly there are many ways that music therapists can use musical elements to engage with clients. The strength of music therapy is its flexibility as it can be adapted and combined with other types of therapy to meet different objectives. The members of the Mandaean and Assyrian communities attending the sessions have come to value and understand how they can use musical elements to help themselves cope with their refugee experience. In this case music therapy has empowered and enhanced the skills of the individual, family and wider community. ●

LYRICS TO THE IRAQI WOMEN'S GROUP SONG (2009)

*When sadness takes a hold of me, I will dance
or sing a lullaby.*

*Lift me up in rhythms strong,
Or soothe my heart with peace and calm.*

*When I miss the ones I love, I live to see the
distance dissolve.*

*When I feel their warm embrace,
My heart will flow with joy and love and peace.*

*When fear touches painful memories, I tremble,
freeze or bury them within me.*

*If I face the source of fear,
I use my breath to send it far from here.*

*When anger strikes my mind and body, then I
fight or challenge my enemy,*

*Smoke or hide, or scream, or talk,
Or change my thoughts, or run or walk.*

*When my friends and companions join with me,
When we hold each other safely,*

*In the song I find my voice,
Hands held high with freedom and choice.*

²The early childhood group was run by Music Therapist Rosemary Signorelli, with input from Dance Educator Angela Hill and interpreting and community liaison by Yassmen Yahya.