



A pendulum between trauma and life: Group music therapy with post-traumatized soldiers

Moshe Bensimon, PhD^{a,*}, Dorit Amir, DA^b, Yuval Wolf, PhD^c

^a Department of Criminology, Bar-Ilan University, Ramat-Gan, Israel

^b Music Department, Bar-Ilan University, Ramat-Gan, Israel

^c Western Galilee College, Akko, Israel

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ABSTRACT

This study suggests a model for group music therapy with post-traumatized soldiers. Six soldiers who had been diagnosed as suffering from combat or terror-related posttraumatic stress disorder participated in a series of 90-min weekly sessions of music therapy. Data were gathered by filming the sessions with digital cameras and by means of open-ended in-depth interviews. A mixed method analysis of musical and verbal contents revealed two waves of group engagement in trauma and non-trauma matters. As a whole, this process decreased reflections of traumatic emotions and increased expressions of non-traumatic feelings. The findings are discussed in light of Levine's (1997) "pendulation" therapy model. Practical implications for music therapy are suggested.

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Introduction

Combat stress reaction (CSR) is a common syndrome among soldiers, which can take the form of post-traumatic stress disorder (PTSD). This includes symptoms such as feelings of loneliness and isolation from society (Solomon & Mikulincer, 1990), intrusive traumatic memories, outbursts of anger (American Psychiatric Association, 2000), and feelings of helplessness (Herman, 1992).

Music has been found to be an effective means for reducing levels of stress and anxiety (Pelletier, 2004; Walworth, 2003). Brain research shows that music can cause positive biochemical changes in brain areas that are connected to stress and anxiety (Angelucci, Ricci, Padua, Sabino, & Tonali, 2007; Eldar, Ganor, Admon, Bleich, & Hender, 2007). Both music (Storr, 1992; Volkman, 1993) and traumatic events (Van der Kolk & Fisler, 1995) are sensory mediated. Therefore, music therapy might function as a sensorial approach to traumatic memories that detours linguistic and logical mediation (Johnson, 1987).

Over the past twenty years, clinicians have described different methods of group music therapy with PTSD patients (see e.g., Blake & Bishop, 1994; Orth, 2005). Nevertheless, it appears that only two empirical studies have been published in this field (Bensimon, Amir, & Wolf, 2008; Carr et al., 2011). Given this limited scope of research,

it seems that more studies are warranted. Based on a database that also served a previous research project (Bensimon et al., 2008), in the current study we analyzed therapeutic processes that occurred during group music therapy (GMT) with young men who were suffering from PTSD induced by combat or terror attacks. Specifically, the research examined tendencies and trends during the therapeutic process in order to obtain new perspectives.

Combat-induced PTSD

Posttraumatic stress disorder (PTSD) is a reactive psychopathological response to a traumatic event. According to the DSM-IV-TR (American Psychiatric Association [APA], 2000), PTSD is a complex array of symptoms that may appear in three forms, depending on the onset and duration of symptoms, as follows: (a) acute, when the symptoms last less than three months; (b) chronic, when the symptoms last three months or longer; and (c) delayed onset, when at least six months have lapsed between the traumatic event and the onset of the symptoms.

PTSD consists of 17 symptoms grouped into three clusters: (a) re-experiencing the event, characterized by distressing dreams, flashbacks, and intrusive, distressing thoughts; (b) avoidance and numbing characterized by avoidance of trauma reminders and numbing of emotions; and (c) hyperarousal, characterized by irritability and hypervigilance, as well as sleeping and concentration difficulties (APA, 2000). It is important to note that most individuals who are exposed to trauma do not develop PTSD. It occurs in approximately 7.8% of the people who suffer adversity in the US (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995), and lower

* Corresponding author at: Department of Criminology, Bar-Ilan University, 52900 Ramat-Gan, Israel. Tel.: +972 2 6727860; fax: +972 3 7384038.

E-mail addresses: bensimm@biu.ac.il, moshebensim@gmail.com, bensimm@mail.biu.ac.il (M. Bensimon), amir@mail.biu.ac.il (D. Amir), Yuval.Wolf@biu.ac.il (Y. Wolf).

rates have been reported in Europe (e.g., 1.4% in Germany; see Breslau, 2009 for a review).

Combat stress reaction (CSR) is a condition in which soldiers are unable to perform their duty because of extreme situational psychological disturbance (Solomon, Mikulincer, & Hobfoll, 1986). This condition is common among soldiers and can develop into PTSD (Solomon, 1989a, 1989b; Solomon & Oppenheimer, 1986; Solomon, Oppenheimer, Elizur, & Waysman, 1990). Between 27% and 29% of World War II veterans suffered PTSD (Rosen, Fields, Hand, Falsetti, & van Kammen, 1989; Speed, Engdahl, Schwartz, & Eberly, 1989), and the National Vietnam Veterans Readjustment Study (NVVRS) estimated the PTSD prevalence rate among Vietnam veterans to be 15.2% (Kulka et al., 1990). PTSD was found among 16% of the frontline Israeli soldiers one year after the 1982 Lebanon War (Solomon, Weisenberg, Schewarzwald, & Mikulincer, 1987).

Soldiers who suffer combat-induced PTSD report feelings of loneliness and isolation from society (Macleod, 1994; Solomon & Mikulincer, 1990), helplessness, and deficit of strength and control (Herman, 1992; Stark & Flitcraft, 1988; Symonds, 1982). Clinicians have reported encountering acute feelings of loneliness among combat veterans in the midst of traumatic experiences (Dasberg, 1976; Herman, 1992). Shattering moments when the soldier is alone on the battlefield, abandoned, alienated, and without the support of his fellow soldiers are common (Herman, 1992). In this condition, the soldier is subjected to the control of unknown forces and reacts by trying to hide. The defenseless exposure to an uncontrollable threat of death renders everything else a meaningless background. The soldier feels that all the threads of connection to others and to the world have been severed (Dasberg, 1976).

Music therapy with PTSD clients

Music stimulates specific brain processes that are related to emotional behavior and sensory-emotional processing (Boso, Politi, Barale, & Enzo, 2006). Studies have shown that music can be used to reduce stress levels effectively (Hammer, 1996; Richards, Johnson, Sparks, & Emerson, 2007), and brain research has indicated that music directly affects the areas of the brain that are associated with posttraumatic expressions (Bremner et al., 1999; Stevenson & Gratton, 2003).

The rationale for using music therapy with PTSD victims is also based on the nature of traumatic memories, which are reflected in flashbacks and nightmares. Such memories are considered as primitive and visual internal occurrences; they emerge as a whole including every detail, as though photographed, when stimulated by similar sensory input. They are preserved in inflexible structures and are therefore not transformable as other memories are (Brett & Ostroff, 1985; Gardner, 1982; Van der Kolk, Blitz, Burr, Sherry, & Hartmann, 1984; Van der Kolk & Fisler, 1995; Volkman, 1993). This state is accompanied by an inability to translate sensory motor representations, which are processed in the right hemisphere, into meaningful symbolic and verbal representations, which are processed on the left side (Sifneos, 1973). This may result in an inability to translate emotions into words (Alexithymia; see also Yehuda et al., 1997; Zlotnick, Mattia, & Zimmerman, 2001).

Both music (Storr, 1992; Volkman, 1993) and traumatic events (Van der Kolk & Fisler, 1995) are sensory mediated. Therefore, music therapy may potentially function as a means to sensory approach to traumatic memories as a detour of linguistic and logical mediation (Johnson, 1987). This possibility has not been discussed in the literature. The current study attempts to demonstrate how music might serve as an unthreatening means to enable access to traumatic memories.

GMT with PTSD clients

The powerful effect of playing music in a group may derive from its unique characteristics. During group discussions it is impossible to speak simultaneously or gain a sense of “we-ness,” because speaking requires individuality in order to be intelligible. In comparison, it is possible to achieve a sense of “we-ness” in group music playing, since pitch intervals allow harmonious blending of sounds made together and temporal regularity facilitates motor synchronicity (Brown, 2000). Moreover, an individual can simultaneously listen to his or her own playing, pay attention to others’ music, and listen to the group product as a whole without the necessity of eye contact, thereby attaining a feeling of the group as a harmonic entity (Bensimon et al., 2008).

Clinical reports of GMT with PTSD clients stress the importance of developing a sense of belonging and interpersonal communication as principal therapeutic aims (Blake, 1994; Blake & Bishop, 1994; Burt, 1995; Dixon, 2002; Orth & Verburgt, 1998). Orth and associates described how a group of traumatized refugees from different surroundings created music together within minutes despite language limitations (Orth, 2001; Orth, Doorschodt, Verburgt, & Drozdek, 2004; Orth & Verburgt, 1998). Blake and Bishop (1994) described how the Bonny method of guided imagery and music (GIM) can be effective in addressing major experiences of disempowerment and disconnection. However, as noted, only two studies have been published on this topic. One of these used mixed methods analysis to examine the role of drumming in 16 weekly sessions of music therapy group work with soldiers suffering from PTSD. The results indicated some reduction in PTSD symptoms and increased sense of openness, togetherness, belonging, sharing, closeness, connectedness, and intimacy, as well as the achievement of unthreatening access to traumatic memories, facilitating an outlet for rage and regaining a sense of self-control (Bensimon et al., 2008). The other study assessed the effectiveness of GMT for clients who did not respond to cognitive-behavioral therapy, and examined whether it had an impact on PTSD symptoms. The results showed that for the clients in the therapy group, there was a reduction in PTSD symptoms after 10 weeks of therapy (Carr et al., 2011).

Thus, although there are several case studies related to GMT and post-trauma, an empirical analysis of the process of GMT with people who suffer from PTSD seems warranted. The purpose of the present study was to explore the therapeutic process of GMT with young soldiers who suffered from PTSD. Specifically, the study examined tendencies and trends during such a therapeutic process in order to obtain a better understanding of it.

Method

Participants

The participants were nine men, 20–23 years old, who had experienced traumatic events during military service in the Israeli army and had been diagnosed as chronically suffering from PTSD. In addition to GMT, each of them participated in individual psychotherapy. After four weekly GMT sessions, three participants dropped out of the research group. A brief depiction of the personal background of each of the remaining six participants is presented below. For ethical reasons, we have changed the participants’ names, as well as any other details that might reveal their identity. Guy was a 21-year-old soldier, severely wounded in his thigh during a battle in which he also witnessed the death of a friend. Jonathan, a 20-year-old soldier, was on a bus heading to his army camp with his father and three friends, all of whom were all killed in a suicide attack on the bus. He himself was thrown out of the bus, incurring

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