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From Denmark

The use of GIM with traumatized refugees

Bolette Daniels Beck, Music Therapist, GIM Therapist, Head of the Danish GIM Society, PhD. student.

As torture is a way to destroy the human soul, so the therapy of the fragmented soul is an active counteraction. (Freely remembered from Inge Genefke)

Thanks to many great GIM-therapists who have developed and described modifications of the GIM method, the possibility of helping traumatized refugees seeking recovery, resilience and healing through therapy, exists. I would like to present briefly some of my experiences and thoughts, not so much from a scientific point of view as from a practitioners view. I will include some case vignettes and descriptions of the music I have used.

My motivation for beginning to work with traumatized refugees was a combination of two things. Firstly, I became interested in how to better take care of traumatic events coming to the surface in “normal” GIM sessions. Levine's (1997) work with neuropsychology, a body and imagery theory of trauma healing was useful here, and I now integrate aspects of it with GIM. Secondly, I felt distressed regarding the ways refugees are treated in my society, and was motivated to try to make a difference if only for a small group. In my PhD. study I have tried to find ways to measure the effects of music therapy in this context, but this is very complex work that I will not tell about in this article.

Context

I have been working with traumatized refugees since 2004 in an outpatient psychiatry project funded by the Ministry of Health in Denmark, with the purpose of investigating and evaluating music and arts therapies as complementary therapeutic methods. In a pilot project I worked together with another music therapist with a group of four Afghan men. And now, working together with an art therapist, I am conducting individual therapies with both men and women from Middle-East countries and from Kosovo. We have conducted several workshops with groups of refugees, with the purpose of presenting the GIM method. I have also used various modifications of GIM in combination with active music therapy and arts therapy.

Trauma and treatment

Working with traumatised refugees require both flexibility, cultural empathy and curiosity to develop and modify the GIM approach to fit many different kinds of traumas, stages of recovery and personalities.

Refugees present with trauma stemming from their war experiences, (which include rape, torture and imprisonment), as well as from their flight and often years of waiting to receive asylum or family unification, and also from their acculturation process in exile. Diagnoses can vary from Post Traumatic Stress Disorder (PTSD) and Complex PTSD to depression and anxiety disorders. Often, somatization serves as a culture-specific and acceptable way of expressing trauma, and from my point of view serves also as the symbolic language of the body.

The clients are coming into therapy with the help of social workers or local counselors. They meet for weekly sessions of 1 to 1 ½ hours. More than half of the clients I work with need a translator, because, as a consequence of the PTSD condition, their ability to learn a new language is compromised. Working with a translator adds complexity to the therapeutic situation, but it also contributes very useful, two-way cultural translations.

Herman (1992) describes three phases in trauma work: establishment of safety, remembering and mourning, and re-establishing connection with the world. Control by and empowerment of the trauma victims in therapy are very important issues, because these people have experienced helplessness and lack of control to a point where they have often lost their trust in other human beings. Levine describes how healing imagery often alternates with the trauma imagery in a pendulum movement. Healing imageries can serve as resources that are necessary to renegotiate the trauma. Body cues, like stepping feet or body imagery are very important messengers from the inner situation of the clients. I have experienced how easily traumatized refugees are overwhelmed by their experiences, and regard it as an important task to help them to establish boundaries and actively contact resources (body sensations, good memories, nurturing relationships), and to clarify or support which methods they can best use to cope with the trauma symptoms.

The use of GIM in trauma therapy has been described thoroughly by Dag Körlin (2005). He presents a theory of evolving symbolization processes that involves the use of GIM to elicit trauma symbolization (repetition) and then develops this further into analogue and discursive (verbal) symbolization. Analogue symbolization can happen both as inner imagery and as externalization, such as mandala drawing. The process of getting from trauma symbols to analogue symbols is possible with the containment of the music, resulting in a reconfiguration of elements of the trauma in a way that enables the trauma victim to feel more empowered or distanced to the event. An example of a traumatic symbolisation of a rape event was the image of the teeth of the perpetrator. The analogue symbolization image of the perpetrator in a later GIM-session was a whirling wind mill with “teeth”; the victim standing beside the mill, now with the potential possibility of moving away (Körlin, 2002, p. 391).

Contraindications to the use of music

As a music therapist, I have to be aware of any special sensitivity to music, as PTSD often involves hypersensitivity to loud sounds. Many torture victims struggle with tinnitus, and some have experienced torture with music or sound. When using music as a listening method, there is a risk of retraumatization, and instruction to the clients to take control of the situation is important (for example to open the eyes, or raise a hand to stop the music). It is often necessary to wait 5-6 sessions before introducing music, and with some clients, who are too easily lost in their trauma stories, it is not appropriate to use music.

GIM modification and music

In my work with refugees, I have used the group form of GIM even with individuals (sitting on a chair, short relaxation, simple or open focus, short music (2-5 minutes), no guiding). I would like to use more guiding, but I find it difficult when working through a translator. Instead I sometimes use two or three listening periods, and, during silences between the music pieces, have the client tell what has happened. The relaxation has shown itself to be a very important part of the therapy, where many of the refugees consequently experience relief and pain reduction.

Regarding examples of music pieces that have worked well, I can name both new age music, and ‘small containers’ from the GIM repertoire. Pachelbel's Canon was used for 5 successive sessions with the focus of creating a safe place with a group of Afghan men. The repetition of the ground bass made the music a safe place in itself, and some of the clients found it possible to relax and sleep a little while the music was playing. Others got into good childhood memories. Interestingly none of them created a safe place in fantasy. Beethoven's 5th Piano Concerto, 2nd movement, is another good choice. As Körlin says, it can be a tool to open up to traumatic material because the piano is introduced as a surprise on the background of a very quiet start. But the calm atmosphere of the piece also has soothing qualities. I have used the Bachianas Brasileiras 5/Aria (Villa Lobos) as a listening

piece to meet the deep existential sorrow felt after the sharing of one group member's experiences of torture.

In the group workshops with large groups of refugees I have used Bizet's Intermezzo from Carmen as a positive and structured piece of music with the clear flute solo as a supportive "voice". As another "secure" choice I have used "Song from a Secret Garden" from Secret Gardens Dreamcatcher (Norwegian/British folk/new age), with a romantic violin over a harmonic ground. Although I have given a focus like "see a tree" or "be in a garden", refugees from many different countries seem to seize the opportunity to externalize the inner pressure by drawing war and torture scenarios, often beside the tree serving as a resource image.

Case vignettes: Somatic Imagery

A 40 year old Afghan woman suffers from a frozen arm and a broken knee which never healed properly, because there were no doctors in the midst of war and flight. She came to Denmark with two children, divorced her husband and now has practically no family relations except her children. According to her cultural norms, she can't tell bad news to her family back home. She has managed to learn Danish without having ever been to school in her homeland, and she really wants to work, but her aching body prevents this. Her imagery reflects her body imbalance; listening to Bizet's Intermezzo she perceives her right side (the frozen side) to be big and inflated like a balloon. Her drawing "falls" to the right. With active music we sing and play to the frozen arm, it gets warm as she feels our comfort for her in the music. In a later session she does clay work to "Song of the Heart" (MusiCure 1, Danish new age music by Niels Eje); she makes a pot and a lid and explains that the lid in Afghan culture symbolizes parental protection. We support her in her role as a good mother taking care of her children alone. To Warlock's "Pieds en l'Air" she sees a couple dancing, and works with her broken marriage. To Elgar's "Enigma Variation 9" she again experiences the inflated right side. After having worked through sorrow over the deaths of her parents and family members, she opens up to the anger and strength that have formerly been difficult for her to express. She receives the image of her right side as heavy and buried in the earth. In the same session she paints a large painting, where she, after a discussion of her use of the black color, balances the picture so it doesn't turn to the right. Having the freedom to express her strength opens her to more balance. She says: "when we make carpets in Afghanistan the black is used to clarify the other colors."

The wounded hero

A highly educated man from Kosovo, who has lived for very long periods as a homeless and hunted person (his wife and children fled without him, and family unification processes lasted 6 years), seems to live most of the time in the reality of the collective trauma memories, including the struggle not to take his own life. The motivation to survive has been his children, and they still represents a resource in his life. He appears numb and dissociated, and very bitter. He often talks about the collective traumas of Kosova and only briefly tells of personal experiences. One of these is a situation where a Serbian police officer held a gun to his head, and said: "I do not want to shoot you, because I can't be bothered cleaning my gun afterwards". When asked to close his eyes and listen to music (Pachelbel's Canon to provide structure and holding), he immediately became scared of being shot, which he only relates at the end of the session. During the music, with open eyes, he sees a Kosova hero being executed alternating with himself being this man. He feels sorrow as he experiences the music supporting a funeral ceremony. This can be seen as both an analogue symbolization of his personal trauma, and as a mourning of the death of an important pacifistic leader ("the voice of his people"). The second time we did GIM with him, he had his eyes open while listening to another piece with a slow pace, and again he thought of a funeral ceremony, "like the ending of a film, where the hero dies" (The music was a new age piece by Daniel Kobialka, title unknown). It seems as if he uses the music for mourning and as a way to work with his feelings of depression and desire to die. In the following session, he ends up saying that he would like us to make social gatherings for refugees

so that he could get out and meet other people. I see that as a sign of new hope and future planning. To meet this client musically, we are faced with the challenge of both giving him opportunities to work through his trauma, and also to give him the possibility of connecting to positive experiences with music that obviously has to be more upbeat than most GIM pieces.

GIM pieces from Middle-Eastern music traditions

Using music from the original country of the refugee can, according to Amir (2004) be very comforting when the client is in the process of mourning the loss of homeland, or it can support the identity of the client when he/she acts as an expert in his/her own music. Playing music from a music tradition unknown to the therapist necessitates awareness of the risk of using music that signals certain symbols or meanings, and possibly triggers traumatic events and memories in an unproductive way. I normally check the music with the translator before using it, so as to know the context of the music and the meanings of lyrics etc.

I have some experiences with Afghan and Arabic music used both as music listening and as GIM music. I have found it very inspiring to explore Middle Eastern music traditions, especially the Iranian classical tradition, but I have found it difficult to find music pieces fit for GIM. Either the music is very active and intense with many shifts both in rhythm and dynamics between singer and instruments, or it has too simple a structure to provide enough holding. Classical Iranian music provides a big repertoire of listening music that could possibly be used with a little more knowledge of the moods and scales used. I will mention three pieces that I have found useful: the serene and beautiful “The Rain” from “In the Mirror of the Sky” by Kalhur Kayhan from Iran, a trumpet solo from an Egyptian CD for belly dancing (Hossam Ramzy: Eshta, #1 “Elmalek-Farouq”), and a piece from Afghanistan with the singer Lila Feroher (“Radio Kabul, Mahwash: homage to composers, #1”). The translator commented that the lyrics of the last song say: “listen to the “nai” (a reed instrument); the music opens up to the evil things that happened to you, but the music also can take them away”.

A man from Iraq, having survived being imprisoned and tortured four times, listened to this piece with open eyes. His first reaction was: “beautiful!” He saw himself in a boat, sailing on the waters in southern Iraq, where the antagonists of Saddam Hussein had hidden themselves, suffering from hunger, swarms of mosquitoes and fear of military helicopters. To him, nonetheless, the memory was positive and uplifting because “we had a positive goal and we fought together”.

Closing case vignette: The continuation of the GIM process

A man from the Afghan group, a former military leader, had been tortured badly and still suffered from anxiety attacks and nightmares. After listening to Pachelbel he drew a black and dry tree. In a later drawing there is a river beside the tree; resources are building up but are still not integrated with the traumatic self-image. When therapy ended after half a year, he said that he thought he had received much help. It was possible to meet this client two years later, in a group session. In his mandala he now painted a tree with two or three green leaves. In the meantime he had learned Danish, and appeared much stronger. I think this also shows that the healing processes that are initiated in GIM continue within, and create integration over time.

I hope that this brief presentation of examples and considerations when working with such fragile and simultaneously powerful people can be of inspiration for other GIM therapists. If anybody would like to contact me for further sharing of experience my email is bdb@lydcirklen.dk.

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