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Group music therapy with uprooted teenagers: The Importance of structure

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ABSTRACT

Introduction: The uprooting from the Gush Katif settlements in the Gaza Strip as part of Israel's disengagement in 2005 was a traumatic experience for the people who had lived there and lost their homes. To date, very few clinical reports and research studies have been found to focus on group music therapy with uprooted adolescents. Therefore, the goal of this study is to broaden the clinical and theoretical understanding of this topic.

Method: The study used a mixed methods approach to examine the efficacy of a short-term group music therapy given to a group of six teenagers a year and a half after being uprooted from Gush-Katif.

Findings: Three themes were found. The first theme describes the effect of the disengagement on the teenagers regarding their faith in God, their relationship with their parents, and their attitude towards society and government. The second theme reflects how group music therapy enabled the participants to confront the pain of uprooting from within a safe place. This was facilitated through structured musical activities that were repeated during all sessions. The last theme describes the contribution of the therapy program to reconnecting to faith, boosting strength and hope, improving emotional state, and recognizing the importance of interpersonal relationships as a means for coping with trauma.

Discussion: The therapeutic value of rituals explains the importance of structured group music therapy in a short-term program for uprooted traumatized adolescents.

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KEYWORDS Uprooting; group music therapy; adolescents; trauma; mixed methods; therapeutic rituals

Introduction

Throughout modern history, masses of people were uprooted from their homes as a result of conflicts. Uprooting people from their natural habitat leaves psychological and social scars many years after the traumatic event (e.g., Beiser, 2009). Adolescence is a sensitive period of many stressors (e.g. Colten & Gore, 2017) and an additional experience of uprooting at this critical age may increase emotional stress and harm mental functioning (Berger, 2008; Bronstein & Montgomery, 2011). Although several clinical reports and a few research studies (e.g., Fairchild & McFerran, 2019) discuss

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group music therapy with uprooted children or adolescents (Hesser & Heinemann, 2010), there is not enough methodological research on this topic.

In August 2005, Israel implemented its disengagement plan in the Gaza Strip, in which 8,600 people from 21 Israeli settlements called Gush-Katif were uprooted. Some of those settlements were almost thirty years old, mostly populated by religious Jews who believed that withdrawal from parts of biblical Israel was against their Jewish faith (Newman, 2005). Several studies (Nuttman-Shwartz, Huss, & Altman, 2010; Shapira & Hen-Gal, 2009; Tuval-Mashiach, 2009) claim that the Gaza Strip uprooting has characteristic trauma components such as disrupting the continuity of life, and losing control over life. These studies also show that the uprooting threatened the existential, physical and mental wellbeing of the uprooted population, even if it did not endanger lives and was not unexpected (Shapira & Hen-Gal, 2009). The aim of this study is to examine the experience of six teenagers who were uprooted from Gush-Katif and participated in a group music therapy program. The study examines the therapeutic process, the difficulties expressed by the participants, how the therapy program contributed to coping with those difficulties, and how the therapy program improved the participants' wellbeing.

The effect of uprooting on teenagers

Adolescence involves many physiological and emotional changes that may be accompanied by high levels of stress as teenagers strive to develop and express a coherent and complete identity (Milburn & Lightfoot, 2013; Mishra & Vashit, 2014; Schraml, Perski, Grossi, & Simonsson-Sarnecki, 2011). The combination of adolescent development and an uprooting experience may increase emotional stress. Aside from coping with characteristic adolescent developmental changes, uprooted teenagers may have to cope with the trauma of changes and loss. This may increase the occurrence of anxiety disorders, depression, post-traumatic stress disorders (PTSD), attention disorders, and behavioral problems (Berger, 2008; Bronstein & Montgomery, 2011; Erol, Şimşek, Öner, & Munir, 2005; Fazel & Stein, 2002; Heptinstall, Sethna, & Taylor, 2004).

Laufer and Shechory (2008) showed that most of the uprooted teenagers from Gush-Katif experienced the uprooting as a traumatic event, and that stress level was relatively high compared to other Israeli teenagers. Another study found poorer sense of control, lesser social support and group cohesion and lower emotional well-being in this population (Hefetz, 2011). Lastly, findings indicate emotional stress among teenagers following the uprooting, including sense of disconnection, social and emotional detachment, loss of innocence, loss of childhood, violent outbursts, disruption of studies, and decreased self-confidence (Bensimon, Wiess, & Shapira, 2017).

Group music therapy with traumatized population

The rationale for using music with people who suffer from trauma rests on several reasons. First, talking therapies may be experienced as distressing and intrusive while music is perceived as a safe and enjoyable interaction and is universal to all cultures (Pavlicevic, 1997). Second, music therapy is a creative mode of expression and can thus function as a way for traumatized people to relate to their healthy self (Pavlicevic, 2002). Third, music therapy is a dynamic process, enabling clients to re-experience themselves as active participants rather than passive victims trapped in an

endless cycle (Sutton & De Backer, 2009). Fourth, music therapy can be used as alternative therapy for traumatized people who did not respond to cognitive-behavioral therapy (Carr et al., 2011). Lastly, music therapy can be used as a complementary treatment for clients with trauma history as it has very few adverse effects (Miller & Teramoto, 2015).

Several studies found that short-term group music therapy benefits trauma survivors. First, playing instruments in a group helps participants access traumatic memories in a non-intimidating and controlled way by enacting the trauma through sounds (Bensimon, Amir, & Wolf, 2012; Slotoroff, 1994). Second, group drumming was found to help a group of post-traumatized soldiers in reducing PTSD symptoms by *drumming out the rage*, dispelling loneliness, facilitating group cohesion, increasing feelings of mutual trust, and enhancing the therapeutic process (Bensimon, Amir, & Wolf, 2008). Third, the use of songs and songwriting and the combination between music and lyrics, was found to give group members a voice (Fairchild & McFerran, 2019; Felsenstein, 2013), help them share traumatic memories and thoughts and reinforce feelings of identification and belonging that the trauma had undermined (Amir, 1998). Finally, Bensimon et al. (2012) introduced the group music therapy pendulation model. Accordingly, group members go through a musical and verbal therapeutic process, moving back and forth between safety and comfort (the healing vortex) and painful, uncomfortable sensations (the trauma vortex).

It should be noted that while group music therapy was found to benefit trauma survivors, certain musical sounds may cause unpleasant sensations. For example, metal instruments were found to arouse unpleasant associations, memories, sensations and feelings connected to past trauma in a group music therapy program with post-traumatized soldiers (Bensimon et al., 2012). Therefore, using musical instruments should be done with caution while carefully evaluating the potential contribution of the activity to the therapeutic process.

Regarding uprooted populations, clinical reports describe group music therapy programs that focus on interpersonal communication, on coping with an identity crisis, and on processing trauma and loss (Orth, 2005). The methods that are used with these populations are singing and listening to songs (Baker & Jones, 2005; Bergman, 2002; Choi, 2010), songwriting (Orth, 2001, 2005), musical improvisation (Baker & Jones, 2005) and guided imagery and music (GIM; Beck et al., 2018).

However, little research has been done regarding the impact of group music therapy on uprooted populations. Beck et al. (2018) assessed feasibility and acceptability of combining a trauma-focused modification of GIM with a standard medical treatment of adult refugees with PTSD. The findings indicate that trauma-focused modified GIM was well accepted and may be an effective treatment for refugees with PTSD. Regarding uprooted children and adolescents, Felsenstein (2013) worked with groups of Israeli Uprooted preschool children from the Gaza Strip, using the structured musical model "From uprooting to Replanting". The music used in therapy helped build post-trauma resilience and reduced the preschoolers' vulnerability to traumatic events. Choi (2010) examined a music therapy program with refugee adolescents from North Korea. The findings show that the refugees learned to communicate with other people in a positive manner, felt a strong sense of belonging to the group and experienced reduced psychological symptoms and behavior problems.

The current study

A working model for teenagers who have lost their homes and are dealing with trauma is critical for music therapists. As literature points out, the combination of trauma and developmental changes in teenagers increases trauma symptoms (Berger, 2008; Erol et al., 2005). Although, as mentioned above, there are a few clinical reports on group music therapy with uprooted teenagers, there is little methodological research on this topic. This calls for more studies in order to broaden clinical and theoretical understanding (McFerran & Hunt, 2008). Using a mixed method approach, this study examines a structured short-term group music therapy process with a group of teenagers uprooted from Gush-Katif, including their experience during and after the therapy, the difficulties they expressed, how the therapy assisted in coping with those difficulties, and how the therapy program improved the teenagers' wellbeing.

Method

Research approach

This study implements a *concurrent nested design* (Creswell, Plano Clark, Gutmann, & Hanson, 2003; Hanson, Creswell, Clark, Petska, & Creswell, 2005), which is selected when a researcher uses two different methods to confirm, cross-validate, or corroborate findings within a single study. The data are collected concurrently during one phase, and priority is usually unequal and given to one of the two forms of data – in this case – to the qualitative data. In this study, constructivist grounded theory provided a conceptual model that emerged from the data and was “grounded” in the participants' words and experiences (Charmaz, 2000, 2014). The quantitative analysis provided important information regarding thematic trends in the therapeutic process. There is a growing use of the grounded theory approach in mixed methods research and several examples of mixed-method-grounded-theory studies can serve as models to guide this form of research (for more information, see Guetterman, Babchuk, Howell Smith, & Stevens, 2019).

Participants

The research group comprised of six teenagers, age 12–14, who had lived all their lives in a Gaza-Strip Israeli community. At the time of the study, they lived at a caravan site in southern Israel with their families and attended a local school. All the participants came from normative two-parent households affiliated with the national-religious sector in Israel. During their last five years in Gush-Katif, all the participants were exposed to terrorist incidents and they all experienced the trauma of the disengagement. None received therapeutic intervention until the date of the study.

Procedure

A year and a half after the disengagement from the Gaza Strip, the first author (CW) contacted the community coordinator and asked for help in locating teenagers aged 12–15. The coordinator provided a list of 10 potential candidates from a certain caravan site. The parents who agreed to cooperate were asked to prepare the candidates for a call from the therapist-researcher. A preliminary meeting was held with the

candidates to explain the purpose of the research and collect important clinical background. The group music therapy program was held at a caravan in the community and consisted of 12 weekly 90-minute sessions. The program started with eight participants, but two participants dropped out after two sessions because of difficulty to commit to the process. The group was guided by the first writer (CW), a certified music therapist with 29 years of experience, specializing in trauma resulting from wars, uprooting, terrorism and continuous stress situations. The current study adopted a structured setting based on studies that used a structured protocol in short-term group music therapy with uprooted teenagers (Baker & Jones, 2005; Choi, 2010) and on several clinical reports on the subject (e.g. Orth, 2001; Porat & Wiess, 2006). This included repeated use of musical activities during each session, consisting of an opening ritual, group improvisation on a given title, use of existing songs for self/group expression, and writing group songs. All parents and teenagers signed an informed consent form, and the participants' names were changed to guaranty anonymity. The study was approved by the Ethics Committee of Bar-Ilan University.

Data collection

Four sources were used to collect data: (a) Two digital cameras at two opposite corners of the room filmed the 12 sessions. Overlapping images enabled a panoramic view of all participants; (b) An open-ended, in-depth interview (Cunningham, Felland, Ginsburg, & Pham, 2011) of about 45 minutes was conducted with each participant before and after the therapy program, and was then transcribed and analyzed; (c) After each session, the therapists wrote notes in a diary regarding personal experiences, thoughts, associations and feelings; (d) The participants rated their emotional state on a scale of 1 (very bad) to 5 (very good) before and after each session.

Data analysis

The verbal texts were analyzed immediately after the concluding interviews. The data were analyzed in the following chronological order: First, the six preliminary interviews were transcribed and analyzed, then the content of the 12 sessions, then the therapist's diary, and finally the concluding interviews with each participant. The data analysis followed Strauss (1987) proposed four stages of content analysis. In the *open coding* stage, data are sifted to categorize and detect repetitions, and data from the interviews are inserted into suitable categories. In the *axial coding* stage, analysis revolves around the "axis" categories constructed in the first stage. These categories are constantly corrected, refined and further divided into subcategories. In the *selective coding* stage, only categories that are significantly related to the studied phenomenon are selected. Trustworthiness increases when the data accumulates repetitively into existing categories, and no new categories are created (see next section for more information about trustworthiness). This stage ends when it reaches a point of saturation. In the final *core category* stage, concepts and theoretical links are made between different sets of categories, so that one category may be the cause or result of another.

The emotional state rating was analyzed by measuring percentages of changes in the emotional state index of each group member before and after each session. The number of songs associated with the pain of uprooting was analyzed through simple statistical measures including percentages. The songs were selected from a booklet

created with the participants, which included 87 Israeli songs in pop, rock and Hasidic styles. For each song, quantification of expressions of pain in comparison to expressions of hope, was done by percentage analysis on the number of lines expressing those feelings. For example, a line expressing pain may be as follows: “And how much it hurts inside” (Journey and Giving/Mosh Ben Ari). A line expressing hope may be as follows: “The drops symbolized our hopes” (Shouting about love/Synergy).

Trustworthiness

Several steps were taken to increase trustworthiness. First, transcriptions of two random interviews were sent for peer debriefing (Lincoln & Guba, 1985) to five independent readers, consisting of three experienced music therapists and two clinical psychologists. Their comments were taken into consideration when analyzing the data. Second, researchers must reflect on their involvement and preconceptions and evaluate their legitimacy and relevance in order to understand how they have interpreted the data (Stige, Malterud, & Midtgarden, 2009). Hence, the first author (CW), received supervision once a week and also watched the videoed sessions of each week with another researcher to examine her interpretation of the sessions.

Findings

The findings are based on qualitative and quantitative analyses. The qualitative analysis revealed three main themes that comprehensively outline the therapeutic process: (a) issues that preoccupied the participants when starting the program: A shattered world; (b) expressing pain through structured musical activities, and (c) the contribution of the program to reconnecting with faith, boosting strength and hope, improving emotional state and recognizing the importance of interpersonal relationships when coping with trauma. The quantitative findings present trends that were found during the therapeutic process. The process was divided into three consecutive stages of equal duration. Each stage included four sessions. Due to the paper’s limited scope, the findings are illustrated by a limited number of citations.

Issues that preoccupied the participants when starting the program: A shattered world

Decreased parental presence and distancing from parents

Decreased parental presence manifested itself in anger, whereby participants expressed lack of faith in adults in general and in their parents in particular. However, they did acknowledge that their parents were also experiencing a crisis. One of the participants described that the children had temporarily lived in a military resort village and slept apart from their parents. That situation created lack of supervision, which the children interpreted as parental weakness:

During the months in the army resort village, we lived far from our parents. Other than arriving in the morning to wake us up and in the evening to say goodnight, they weren’t around. We watched whatever we wanted on TV, listened to whatever music we wanted, and loitered around town. No one told us what to do. Our parents didn’t have the energy. I felt their difficulty. (Ami, preliminary interview).

Another participant said that the physical distance from her parents after the uprooting caused disconnection, as her parents were no longer a support resource. During difficult times, children turned to their friends instead:

In the army resort village, I didn't sleep near my parents. I wasn't with them or with my little brother for almost an entire year. My dad told me that I should be in closer contact with the family, [...] but when things were difficult for me, I'd go to my friends. (Ori, session 6).

I felt that I was drifting away from my parents. They didn't have the strength to help me so I didn't turn to them for help. (Na'ama, session 6).

Detached from society and country

Participants felt alienation from the country that had uprooted them and were bitterly disappointed and angry toward bodies and symbols representing the government. Several participants recounted that since the uprooting, they neither sang nor stood when the national anthem *HaTikva* was played at ceremonies because they felt betrayed by their country. Ori said: "When my parents sang *HaTikva*, I stood but didn't sing" (session 9) and Bar stated: "There's no reason for me to sing *HaTikva* when I'm angry at the country, at the soldiers, and the government" (session 9). Some participants felt social rejection. Ami described people's reactions when she told them she came from Gush-Katif: "When people ask me: where I am from, I say from Gush-Katif, and they laugh at me. Gush-Katif? Are you deluded? There's no more Gush-Katif, get over it, move on" (session 7).

A harsh dialog with God

All the participants came from religious families and communities who believed that settling in Gush-Katif was a decree of God. An essential part of Judaism is the daily anticipation for the Messiah's arrival. For the participants, the disengagement made the dialog with God more complex than before. Alongside expressions of strong faith, there were also harsh expressions of disappointment in God, who allowed the uprooting to occur. For example, during three consecutive sessions, the participants chose the song "Mashiach" [Messiah] to express yearning for the Messiah to arrive and bring them back to Gush-Katif, as Ami said: "My heart breaks every morning. Why has the Messiah not come yet? I wish he'd come. Maybe then we'll return to Gush-Katif, maybe he'll save us from everyone" (session 5) and Yarden stated: "I've had enough. He [the Messiah] must come today or tomorrow, I really need him" (session 5).

This harsh dialog with God had implications on the teenagers' degree of observance of Jewish law. Most participants talked about decline in religious observance following the uprooting. For example, Ori described being less stringent regarding modest dress code: "Religiously speaking, I used to wear only long skirts and now I don't at all. I used to be much more religious. It's partially due to being an adolescent, but also due to the evacuation" (session 4).

Another manifestation of being less committed to former religious norms is the reported change in music preferences. Participants reported that following the uprooting, they turned to contemporary, modern and less conservative music, going against rulings of rabbis in their communities, as stated by Ori: "Nowadays I like non-Hebrew songs and I am less religious than I was in Gush-Katif. There, I only listened to Hasidic [Jewish] music" (session 4).

Expressing pain through structured musical activities

Several structured activities served as a framework for participants to express pain. The activities included an opening ritual, group improvisation on a given title, selecting existing songs for self/group expression, and group songwriting. According to the participants, those activities acted as a safe place where they could express their pain.

Opening ritual

Each session started with an opening ritual in which a plastic ruler marked with emotions and feelings was passed around and the participants were asked to choose the emotion they were feeling “here and now”. Throughout this activity, the therapist accompanied the group by singing and playing on the guitar, improvising soothing music on two chords (C-G7). This setting enabled feelings of pain, fatigue, and listlessness associated with the uprooting to emerge:

I’m confused by all sorts of things, by life. I have no energy and I’m tired of life (Bar, session 2).
I don’t have the strength and energy for this life (Sharon, session 6).
I feel sadness and pain (Ami, session 10).

Group improvisation on a given title

A structured group improvisation on a given title also enabled participants to express the pain of the uprooting. Analysis of the therapist’s diary showed that the improvisations were characterized by organized and regular rhythm. The participants’ natural need to improvise with fixed rhythm contributed to their sense of control and security because the improvisation was rhythmically more predictable:

I noticed that in almost all the sessions, the improvisations are mostly rhythmic. Today the title was “I am looking for a place in life”. Ami usually leads the group. Ori usually plays the guitar, Ami plays the djembe, Sharon plays the harmonica or recorder, Bar plays a second guitar and Yarden plays the small drum. I feel that rhythm helps them organize their thoughts and feel safe. Afterwards, it enables them to express complex inner feelings and emotions (Therapist diary, session 5).

The improvisations were often used as a basis for group discussions about the pain of the uprooting. For example, in session three, the improvisation title was: “I miss the house that I have lost”. When Na’ama played on the harmonica and Ami played the djembe drum, a conversation developed about their deep sense of loss of home and social ties they had had in Gush-Katif:

Na’ama: I’m bored with life, I’m bored at school, I’m bored at home. I miss a lot of things – our house in Gush-Katif.
Ami: I miss our settlement, the playground, the sea, the atmosphere, the day-to-day life and lots of different friends (session 3).

Selecting existing songs

Another recurring structured activity was choosing an existing song and playing it for the group. In each session, a different group member chose a song from an 87 songs booklet. The instruction was: “Please choose a song with which you want to say something to the group”. The song was then played while the group members sang and sometimes played and danced along. The participant who chose the song was asked to read a line from the song that was personally meaningful, and group discussions on

Table 1. Using existing songs as a tool to express the pain of the uprooting

Therapy Stages	Chosen songs that were associated with the pain of the uprooting
I	20%
II	37%
III	45%

various topics resulted. Several of the selected songs led to discussions about guilt feelings regarding the uprooting. The song *Ashem* [Guilty] (Gefen & Hoffman, 2006), for example, brought up guilt feelings about the inability to protect Gush-Katif: “We didn’t protect our home enough. If more people had come to demonstrate, maybe if the entire extended family had come, maybe we would have saved Gush-Katif. I feel guilty, I didn’t succeed” (Ori, session 5).

Existing songs were a very important channel to defuse emotional buildup, which led to a sense of liberation and tranquility:

I loved the songs most because they helped me express my feelings. They helped me emotionally. When you listen, you relax. You get your frustration out. [...] I really enjoyed singing, dancing, and going wild. It helped, it was liberating. (Ori, concluding interview).

The best part was choosing a line from the song because I felt the song was speaking on my behalf. It helped me. I became a more relaxed. Afterwards, the songs helped me talk about what was hurting (Ami, concluding interview).

Table 1 presents the percentage of songs associated with pain of the uprooting that were chosen in the different therapy stages. It shows that as the process progressed, the participants expressed more pain by using existing songs and listening to them together. Their growing ability to let go and trust the therapy may show that they perceived the sessions as a safe place to raise difficult issues and process them.

Writing a group song

During each session, the group wrote a song that served as an additional musical tool to express the pain of the uprooting. The following song describes the desire to escape from the harsh reality of the uprooting to the point of wishing for death:

“Pinat Habitui HaAtzmi” [The Self-Expression Corner]

Rabbi Nachman said there was no place for any despair,
And when the heart is broken it is actually already fixed,
Because sometimes during negotiations we are brought down low,
We are brought to die.

It is good to die in the middle of Tamuz [July], Naomi Shemer [a poet] said, and didn’t add.

Suddenly when it seems that dawn will never break again

An old memory is evoked.

Suddenly when it seems that dawn will never break again

A light shines and shows the way

Because there was never such a situation

To escape from reality, just to get out and fly.

(Session 2, song number 1).

Repeating activities throughout the sessions to create a safe place

All participants mentioned the importance of repetitious activities as a way to create a safe environment. For example, Yarden noted how the repeated activities of group improvisation and song selection helped her relax and get to know the group members:

We improvised **at every meeting**. I liked to play the recorder, the harmonica and the guitar. It calmed me down and made me feel good. Luckily, we improvised **at every meeting** because that's how I managed to get to know other girls in the group. **At every meeting**, in a song selection activity, I chose Hasidic songs, showing that I was more religious than most of the girls (Yarden, concluding interview).

Sharon and Na'ama noted that knowing the activity schedule in advance (group improvisation and singing) helped them create a safe place:

I knew that **every meeting** would include a group improvisation. It was reassuring to know that in advance. I loved drumming and playing the recorder and the harmonica (Sharon, concluding interview).

I knew that **at each meeting** we would work with songs and improvise. That made me feel safe. Being in a group and choosing and writing songs made me feel better (Na'ama, concluding interview).

Ami noted that the repetitive activities of meaningful sentence selection from existing songs and group songwriting helped her relax and feel that she was in a safe place:

I liked that at **each meeting** we found a meaningful sentence from a poem and wrote songs. **These activities were repeated at every meeting** and helped me feel at the end of the sessions that I was in a safe place (Ami, concluding interview).

Contribution of the therapy

Reconnecting to faith and boosting strength and hope

A trend of reconnecting to faith and developing strength and hope was revealed through the choices of existing songs such as the song "Ana BeKo'akh" [Please, with strength] (Nachonah & Hamama, 2006). The song is taken from Jewish liturgy and is meant to strengthen the spirit in times of crisis. The group connected to the following line of this song: "Our holiness receives and hears our cries, knowers of mysteries".

Expressions of faith and hope were also found in texts of songs that group members wrote. In session 9, a group song called "Lenasot" [To Try] expresses hope despite current difficulties:

"Lenasot" [To Try]

To try – to fail.

To try – to fail – the biggest failure is – to stop trying!!!

Is there a chance of trying and succeeding?

So why cry all the time?

You can try if you wipe away the tears.

Time will suddenly stop, and you'll see the night has passed.

Middle of the street, everyone is asleep.

The wind and two stars were witnesses!

Table 2 presents the percentage of lines in group-written songs that express faith, strength and hope, and the percentage of chosen existing songs that include expressions of faith, strength and hope. The table shows that as the therapy progressed, expressions of faith, strength and hope increased. This trend may attest that faith, strength and hope were a significant component in coping with the uprooting crisis.

Table 2. Expressions of faith, strength and hope

Therapy Stages	Lines in written songs that express faith, strength and hope	Existing songs that include expressions of faith, strength and hope
I	35%	45%
II	52.5%	51%
III	67.5%	74%

Table 3. Changes in the emotional state index before and after each session

Therapy Stages	Sharon	Bar	Yarden	Na'ama	Ori	Ami
I	50%	50%	50%	50%	66%	25%
II	50%	33%	66%	66%	66%	66%
III	100%	0%	100%	100%	75%	66%

Improvement in emotional state

Table 3 presents percentages of changes in the emotional state index of each group member before and after each session at each of the three program stages. The table shows that the participants showed a general tendency of improvement in their emotional state as the stages progressed, except of Bar who showed a decrease in stage II, and no improvement in stage III. A possible reason is that in stages II and III, Bar gave high values before every meeting, thus not allowing for measurable improvements after each meeting.

Interpersonal relationships as a support resource

The participants noted the importance of using interpersonal relationships as a support resource. Bar, for example, stated that she realized the importance of being surrounded by friends:

In the group, I learned that I feel good when I am with friends. During therapy, I realized that I needed to spend more time with friends after each session and not go directly home (Bar, concluding interview).

Ori stated that she was able to draw much strength from the group, in contrast to her social situation outside the group:

Outside the group, I couldn't talk about the Gush. Only with one friend. It didn't feel right. [...] But after the sessions, I felt empowered. My mood improved. The sessions gave me strength. I felt liberated. I could say whatever I wanted during therapy (Ori, concluding interview).

Na'ama described how the group added joy to her life and faith in herself: "The friends in the group made me smile and believe in myself a bit. I came home happy after each session" (Na'ama, concluding interview).

Discussion

This study examined group music therapy experiences of uprooted teenagers, their difficulties and how the therapy program assisted in coping with the trauma. The first theme – *Issues that preoccupied the participants when starting the program: A shattered world* – indicates that upon starting the program, participants' familial, patriotic and religious safety nets were threatened following the uprooting. What emerges is a crisis

expressed by detachment from parents, society and country, as well as a complex discourse with God.

The second theme – *Expressing pain through structured musical activities* – indicates that the musical activities helped the participants confront the pain of uprooting from within a safe place. This was possible due to the repeated activities throughout the sessions. Every session began with an opening ritual, which was followed by group improvisation on a given title, moved on to using existing songs and ended with song writing. These creative activities, characterized by a structured routine, created a safe environment through which the group could express itself. The structured routine created containment of the traumatic contents, as the anticipated framework enabled the group to distance themselves from their former fragmented experience. Unpredictability and uncontrollability are core aspects of what makes stressful experiences traumatic (Allen, 2001). Seeking control but feeling helpless and believing that control is impossible is a contradictory dynamic (Horsman, 2004). Hence, the use of repeated structure in the current study is in line with studies that show that the effort to regain a sense of control in order to provide a safe place is a major therapeutic goal with victims of trauma (Boss, 2010).

The third theme – *Contribution of the therapy* – reflects the participants' view regarding the benefits of the therapy sessions. The participants stated that their open dialogue with God spiritually strengthened them; that by experiencing strength, hope and elevated mood, they improved mentally; and that by understanding that interpersonal relationships may be used as a support resource, they gained an effective tool for dealing with their crisis both within and outside the group.

The repeated activities used in the present study appear to have served as the central mechanism for therapeutic change. This pattern, characterized by a structured sequence of activities in each session, resembles a ritual. A ritual is “a sequence of activities involving gestures, words, and objects, performed in a sequestered place, and performed according to set sequence” (Merriam-Webster Dictionary). Therapeutic rituals were found to help individuals manage their distressing emotions and were found highly efficient for accessing and containing intense emotions evoked by trauma (Johnson, Feldman, Lubin, & Southwick, 1995). Therapeutic rituals were found as a healing vehicle for several types of trauma patients such as Vietnam veterans (Johnson et al., 1995; Obenchain & Silver, 1992), genocide victims (Beristain, Paez, & González, 2000; Rimé, Kanyangara, Paez, & Yzerbyt, 2012), child soldiers (Tursunova, 2008), torture and atrocity victims (Woodcock, 1995) and trauma victims in acute psychiatric episodes (Hinton & Kirmayer, 2013). These cases demonstrate how the presence of peers and community members is essential to therapy, as they provide support, validation and deep understanding. The structured process of the ritual enables predictability, thus providing a safe place where the individual may feel a strong sense of belonging to the community, eventually leading to personal spontaneous expression.

The theoretical basis for therapeutic rituals with traumatized patients is Scheff's (1979) concept of *aesthetic distance*, meaning that the ritual provides an intermediate level of arousal that is optimal for adaptation, catharsis and integration within a safely contained structure. The aesthetic distance is made possible due to its symbolic enactments that can become metaphors for transformation, enabling traumatic memories and feelings be distanced from reality. The current findings may indicate that the structured and repeated activities throughout the sessions may have served as a kind of

ritual, while the music provided a symbolic vehicle for creating aesthetic distance. The repeated flow of activities in each session – from the opening ritual to the group improvisation on a given title, continuing with selecting existing songs and ending with writing group songs – resembled a ceremony and provided a safe and symbolic space where the group could confront the pain of the traumatic uprooting without the need to verbalize feelings. In this context, Harris (2009) stresses the crucial healing importance of the nonverbal dimension of creative arts in ethnic cultural rituals in the wake of massive violence, and encourages art therapists to put more emphasis on creative arts in their work with traumatized patients.

In sum, it seems that the uprooted teenagers in the current study benefited due to the combination of two central components – the ritualistic aspect and the nonverbal communication aspect of the therapy program. The repeated ritual activities provided a safe aesthetic space due to their predictability and symbolism. In addition, the music therapy techniques served as nonverbal communication tools that facilitated the expression and release of pent-up traumatic feelings and memories.

The present study has several limitations. First, the first author (CW) was also the group music therapist. Although *the researcher as a key instrument* is perceived as an advantage in qualitative research (Denzin & Lincoln, 2011), this double role may have had an undetectable interfering effect, where research considerations may have mixed with therapeutic considerations. The researcher was aware of this danger throughout the process, and the issue was discussed in professional music therapy supervision sessions. To further avoid such bias, the analysis began only after the therapy had ended. Second, the choice of a structured model was based on previous studies with similar populations. Choosing a more flexible structure or unstructured model may yield different findings. Third, since short-term psychotherapy may have disadvantages with clients with histories of trauma and early object loss (Messer & Warren, 1995), our understanding of the current short-term therapy program study may be limited. Future studies should investigate the effect of long-term group music therapy programs with uprooted teenagers. Finally, the study was conducted within the participants' community near their homes. On the one hand, the context and the interactions with natural surroundings are crucial in qualitative research because they shape the entity being studied (Lincoln & Guba, 1985), but on the other hand, it is possible that interactions with family and friends outside the therapy room, such as siblings calling from outside or when participants went home during the sessions to bring something they had forgotten, interfered with the therapeutic process.

This research is a pilot study that may serve as a foundation for additional qualitative and quantitative studies. The effect of structured and unstructured group music therapies should be examined with different kinds of trauma survivors, men and women, over longer periods of time, and compared with other types of group art therapies to determine the unique contribution of music therapy.

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Disclosure statement

No potential conflict of interest was reported by the authors.

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