STATE OF PLAY: THE ROLE OF MUSIC THERAPY IN NORTHERN IRELAND

Conor Scullion

Master's Thesis

Music Therapy

Department of Music

9 June 2019

University of Jyväskylä

JYVÄSKYLÄN YLIOPISTO

Tiedekunta – Faculty Humanities	Laitos – Department Music Department
Tekijä – Author CONOR SCULLION	
Työn nimi – Title STATE OF PLAY: THE ROLE OF MUSIC THERAPY IN NORTHERN IRELAND	
Oppiaine – Subject Music Therapy	Työn laji – Level Master's Thesis
Aika – Month and year JUNE 2019	Sivumäärä – Number of pages 37
Tiivistelmä – Abstract In a population that experiences traumatic events, there will inevitably be resultant mental and physical health problems. This research paper investigates the current role of music therapy in addressing some of these types of health problems in Northern Ireland, a place where civil conflict officially ended in 1998. This research is based on a review of existing literature and research around trauma in Northern Ireland, supplemented by interviews with two music therapists currently practising in Northern Ireland. The purpose of these interviews is to highlight the therapists' own experiences of working in a post-conflict society and to discover if music therapy plays a role in their treatment of conflict-related health issues. Potential outcomes from this investigation include; getting a better understanding of individual music therapists' own awareness of conflict-related problems in their client groups, and understanding how therapists operate in a historically divided society. Identifying the main types of client population's music therapists in Northern Ireland work with is also of value. The larger implications of this study are that it can identify potentially successful strategies for dealing with conflict-related illness that could be adapted and employed by other voluntary sector healthcare services. It might also be useful for music therapists in other conflict areas around the world to gain insight into how therapists in Northern Ireland deal with trauma-related illnesses.	
Asiasanat – Keywords Music therapy, music therapists, trauma, Northern Ireland.	
Säilytyspaikka – Depository	
Muita tietoja – Additional information	

ACKNOWLEDGEMENTS

Firstly, a big thank you to Lorraine O’Brien Glenn and Josie Nugent, whose insights and experiences as music therapists in Northern Ireland were invaluable to this work.

Secondly, thanks to Tracy Dempsey for her never-ending support and understanding. Lastly, massive appreciation and thanks to my tutors, supervisors and classmates for their continued patience and support.

CONTENTS

INTRODUCTION

The following thesis attempts to examine the role of music therapy when it comes to tackling issues related to the conflict in Northern Ireland, and to discover the potential that clinical music therapists have in helping to deal with trauma-related health issues.

The primary section of the thesis explores definitions of music therapy both in a broader historical sense, and also how it is practised in a contemporary setting. The historical aspect of the origins of music therapy are very important to recognise, as it speaks to how our understanding of how music impacts society has changed over the centuries.

The following section then provides a brief insight into conflict and war, and specifically how treatment practices used by military forces made their way into civilian populations.

A review of the literature surrounding this topic follows this section. In this review three key concepts are explored. They are, trauma-related illness, the trans-generational nature of trauma, and the role of music therapy in addressing health issues faced by the population. The culmination of this review is that it highlights a number of questions that can be addressed.

The 'research question' section deals with these questions in detail, however, the over-arching question is 'what role can music therapy play in addressing health problems in Northern Ireland?'

To answer this, and other questions relating to this area, a research method is described in the subsequent section of this thesis.

Semi-structured interviews with two registered music therapists who are currently working in Northern Ireland are discussed with the hope that through these interviews a clearer picture of the work music therapists do, emerges.

The motivation behind this work comes from the researchers own personal experiences of

growing up in a conflicted civil society, becoming ever more aware of the impact the Northern Ireland conflict has had on himself and the wider community. Of greater importance is the possibility to understand, in more detail, the work that music therapists do on a daily basis with a population suffering from a wide array of trauma-related health problems, like PTSD, depression, alcohol and substance abuse and other mental health issues. There exists an opportunity to discuss these issues in a society that is fresh from conflict but at the same time is safe enough to operate within. It may therefore be possible to offer help to people in more dangerous places, and to think about music therapy as an appropriate and innovative tool to use in the treatment of their traumas.

1 WHAT IS MUSIC THERAPY?

To understand how music therapy can be used effectively at all, we first must uncover what music therapy actually is. This section will discuss some historical and modern definitions of music therapy, and the models and methods used in it's practice. We will also look at how music has played a part in societies of the past as an aid to healing, and how music therapy relates to those early experiments with music and health.

It must be considered if music therapy is a modern health-care practice that came after WW2, or a modern take on an ancient practice that goes back to the beginnings of human civilisation (Aigen:2014:4). Music as an aid to human health and well-being has a long and varied history. The use of music, in the context of health, varies widely depending on the century, location, culture, or belief system of the people using it. Modern music therapy has really only got a foothold in the medical or clinical realm since the middle of the 20th century so it is very difficult to map out a definite trajectory of music-use as therapy from previous centuries and eras.

The effectiveness of music therapy today is determined using the scientific method. We can try to measure the impact that a therapeutic process has on an individual or a group of people and report the findings in scientific journals etc. In times when the scientific method was either disputed, or non-existent, there was no sound way to account for any outcomes a patient might have when given a certain treatment. So, music as a therapeutic intervention had to wait for centuries for the scientific method to have enough influence in society to be taken seriously as an effective way of treating physical or psychological issues a person might present. Although, no doubt, people have experienced music as being extremely beneficial for them, the understanding about why it has had benefits for them would have

been less clear in pre-scientific times.

In pre-historic times, when societies presumably had an even stronger belief in the supernatural than today, and no access to the modern science and medicine that we are privileged with today, shamanic healers, for example, may have used music to connect their subjects to this supernatural plain. Horden (2000) explains that,

> The most primitive musical instruments had the potential to be used for magical purposes, and specifically for the purposes of conjuring spirits from the other world.
>
> (p.51)

Subjects of these faith healers certainly would not have had an experience remotely similar to a modern clinical music therapy session, however, they may have benefited from the use of music as it related to their issues in the context of their understanding of the universe. If we travel forward to the Greco-Roman era, we start to find a more refined understanding of the potential uses of music. Theorists during this time began to explore the different effects that music had on the emotions of the listener from around the second half of the fifth century (Horden:2000:57) In this important book, *Music as Medicine*, Horden notes that throughout contemporary medical history, the potential effects of music have seldom been taken seriously.

Wigram, et al. (2002) agree, stating that,

> It can hardly be questioned that the healing power of music is a common theme in literature on philosophy and music theory since Plato, but Horden has demonstrated that the medical literature from its very early days (the time of Hippocrates) had a sceptical attitude towards the speculative and metaphysical doctrine on the nature of music, and that treatises taking music seriously are few and far between in the history of medicine.
>
> (p. 17)

There are, however, many different approaches to clinical music therapy, with each method having it's own history, development, and views on the best ways to treat various problems. We must look at how we can define music therapy in general, but also identify some of the special features and characteristics of some of these different approaches. Bruscia (2014) in his book, *Defining Music Therapy*, when thinking about the music itself within the context of a therapeutic setting says,

> When used in a therapeutic context, music is a means to an end, a medium in which various means and ends can be identified and pursued and an end in itself. Music contributes to therapy as a tool, a process, and an outcome.
>
> (p.33)

So here, music is seen more as a tool that can be used by the therapist and the musical content does not need to meet any particular standard or quality.

The quality of the therapeutic process and needs of the client is paramount instead. Bruscia (2014) also describes music therapy as the actual practice itself,

> Music therapy is a reflexive process wherein the therapist helps the client to optimize the client's health, using various facets of music experience and the relationships formed through them as the impetus for change. As defined here, music therapy is the professional practice component of the discipline, which informs and is informed by theory and research.
>
> (p.36)

By the late 1990s, the world congress of music therapy presented five models that they thought were known internationally. They were Guided Imagery and Music (GIM), Analytical Music Therapy, Creative Music Therapy, Benenzon Music Therapy and Behavioural Music Therapy (Wigram:2002:114). These models use various methods within a clinical setting and have their own unique viewpoints about what music therapy is and how it can be utilised. Improvisation can play a large part in many of these models. Wigram (2004) highlights the inclusive nature of music therapy, arguing that any person can use musical improvisation, therefore, it can be used by the music therapist to interact with nearly all clients,

> Exciting, stimulating, creative and aesthetically interesting, music can be improvised by anyone, on any instrument or perhaps even just on a chair, a table, glass, on one's own knee or on the door of the bank when you are waiting for it to open!
>
> (p.39)

If you had never experienced music therapy or therapy in general, what happens in a clinical session may be unclear. The following description is an example of a music therapy session that might take place with an individual client. The therapist may begin by recapping a previous session or may suggest playing some music together with the client. As Wigram (2004) explains above, the improvisational element of music therapy is a very important tool anyone can to use to express something, be it an emotion, a narrative, or a thought for example. If the session contains this type of activity, the therapist will be responding carefully to what the client is playing. Depending on the goals of the session, or the overall therapy process, the therapist can support, disrupt, mirror or accentuate, for example, the playing of the client. By doing this, the idea is to be able to discuss what happened during the improvisation, and perhaps use it as a way to connect to the core issues the client has. Of course, ever therapist and client relationship is unique, and indeed, each therapy process is different. However, using music as the main activity in a therapeutic setting, takes the focus off trying to verbally describe the client condition. Also, it can be quite potent to be able to "say" something using an instrument or by listening to a particular piece of music, without having the pressure of verbalising. This particular aspect of music therapy is why it is useful when dealing with trauma-related issues. The client is afforded some distant between their trauma and describing it. Also, solutions to dealing with the trauma can also be found within the music therapy process. For example, a person who displays anxiety in loud or busy social environments can gradually increase their tolerance to undesirable sounds within the therapy space, and transfer this new skill to their everyday lives.

2 MUSIC THERAPY AND TRAUMA TREATMENT

Trauma can occur under many circumstances, however, we are interested in trauma that has resulted from a civil war, namely “The Troubles” in Northern Ireland. How do conflicts and wars happen in the first place? Well, Waltz (2001) posits that,

> Wars result from selfishness, from misdirected aggressive impulses, from stupidity. Other causes are secondary and have to be interpreted in the light of these factors.
>
> (p.16)

Division and polarisation in Northern Ireland and the resultant political violence can be traced through a history of discrimination, militarisation and colonisation since the seventeenth century (Hamilton et al., 2008:10). Songs from around the island of Ireland over the previous centuries have been generated that discuss all of these aspects of life. Van Creveld (2000) also explains that music has played a vital role during even the earliest conflicts in human history,

> We do in fact know that many tribal societies have warlike songs. Composed by anonymous bards and often modified to fit subsequent events as they unfold, their purpose is to record glorious deeds that took place in the past, encourage the warriors on one's own side and frighten the enemy.
>
> (p.14)

These songs record historical events, but they also contain thoughts, ideas and emotions of the songwriters of the time, and can help give context to the conflicts of those particular eras. Indeed, music is still politicised heavily in Northern Ireland with contentious, annual band parades where thousands of military-style bands play politically charged tunes in neighbourhoods of people from the "other side" of the religious and/or political divide. Also, there are many thousands of "rebel" songs that are used to highlight past injustices and often display vicious hatred and lack of sympathy to any other narrative of history. So, we can see here some examples of where music and conflict intersect but what of music therapy? Horden (2000), discussing the use of music as a form of therapy, at least within the medical world, states that,

> In the first half of the twentieth century, in both the USA and Great Britain, we can see the emergence of two distinct applications of music as therapy in medicine. These could be described as the 'recreational model' and the 'medical model'. Although following different paths, they were both acknowledging the power of music to bring about change, whether emotional or physical, and both were seen increasingly as contributing to the patient's return to health.
>
> (p.379)

However, like many technologies, methodologies, and practices that are first pioneered in military settings, music therapy also gained a more prominent role in healthcare when the US military used music to treat their soldiers.

After the second world war, there started to be more of an awareness of the psychological impacts of the war on the soldiers returning home. To try to address some of these mental

health problems efficiently, large groups of soldiers were treated using music therapy techniques. Soon after this psychotherapy groups became more accepted in civilian settings (Horden:2000:383).

The significance of this for the development of music therapy was that musicians working in psychiatric hospitals in the 1950s were becoming aware of current psychological approaches to treatment. They were making connections between these and their own work, which was experienced as psychological in impact because of the perceived connection between music and the psyche.

(p.383)

The following literature review looks at some more of the specific issues related to music therapy and the Northern Ireland conflict.

3 LITERATURE REVIEW

This literature review seeks to draw together sources relating to the therapeutic responses of dealing with trauma in Northern Ireland, the trans-generational and wider community issues relating to traumatic events and to discover what place music therapy has in the healing process of the those suffering from trauma-related problems.

3.1 Trauma, treatment and mistrust

Even with a formal end to civil unrest in Northern Ireland in 1998, a substantial portion of the population continue to deal with trauma-related illness (Ferry et al., 2013). Prolonged exposure to traumatic events can cause people to suffer from complex trauma-related health issues that cannot necessarily be defined by the current diagnostic criteria of "Post-traumatic Stress Disorder" alone (Herman, 1992).

This is not to say that PTSD is not a profound problem in Northern Ireland. In fact 8.5% of the entire population have, at some point in their lifetime, met the DSM-IV criteria consistent with PTSD (Ferry et al., 2008). MacGinty, Muldoon & Ferguson (2007) reported that, of a sample of the population of people living in Northern Ireland and the border counties of the Republic of Ireland, 50% of those surveyed had directly experienced the conflict in some way. The Northern Ireland Study of Health and Stress report identified 60% of the population having experienced a serious, traumatic event first-hand and 39% having experienced a conflict-related trauma (Ferry et al., 2013). Treatment of trauma and trauma-related health issues is not a straight forward task. There are no easy fixes, medically or psychologically.

There also exists a distinct lack of trust between the public, and statutory health providers in Northern Ireland. This, combined with a resistance of mainstream health providers to refer patients to voluntary services (who cannot provide an appropriate level of empirically-based

proof of effectiveness) (Dillenburger, Fargas & Akhonzada, 2008) means that there are many obstacles to effective treatment inherent in the system and compounded by public perception of healthcare. The portrayal of healthcare in the media also has a part to play in this public mistrust. Lloyd (2004), states that while the public recognise a degree of sensationalism attached to the reporting of medical scandals and while they feel they can't trust the health-care system, they can trust their own doctors (Lloyd:2004:28).

The locality of services and familiarity of provider on a more familial or personal level seems to be an important factor in the social work realm of Northern Ireland also. Professionals should somehow be separate from the society in which they work but because social services are centralised and bureaucratic, a community development response is discouraged (Manktelow, 2007). As “many victims and survivors do not trust statutory providers, and prefer to use services offered by voluntary sector self-help groups” (Dillenburger et al., 2008:1634) this means that a strange problem may occur for those affected people by trauma-related health problems. They might seek help from a local GP but may not referred to voluntary organisations adequately, due to a lack of empirical evidence provided by those services or, conversely, they may not seek out professional medical help due to mistrust of the existing statutory bodies.

3.2 Trans-generational trauma

A further issue is the trans-generational nature of trauma. Exposure to trauma in relation to conflict is possible beyond the generations of people who witnessed, first or second-hand, traumatic events. Multi-generational trauma is a phenomenon whereby people connected, directly or indirectly, to a traumatic event are afflicted themselves by trauma symptoms.

There is little research in the area of multi-generational trauma in Northern Ireland, although one study in 1972 suggested that high levels of PTSD were found in immediate family members as well as extended relatives like children, grandchildren and cousins (Downes, Harrison, Curran & Kavanagh, 2012). The implications are that individual events reach out far beyond one victim on into the wider community.

As Northern Ireland remains a largely divided society (Myers, Hewstone & Cairns, 2009) the efficacy of treatments or therapies that can address conflict-related issues can be impaired by factors such as paramilitaries diversifying from armed struggle to criminal activities involving drugs or racketeering, who continue to instil a sense of terror and lack of safety, which challenges therapeutic recovery from trauma (Reilly, 2002).

Studies that show the extent of exposure to traumatic events are very important for planning appropriate services and policies (Ferry et al., 2008) so if an unstable social environment is maintained it makes is harder still to have a plan in place to deal with such a fluid and evolving set of circumstances.

Many communities also feel disenfranchised by the 1998 Agreement, feeling little connection with a peace process installed and operated by national and international elites (MacGinty, Muldoon & Ferguson, 2007). They are not necessarily provided a sufficiently safe place

(geographically or emotionally) to engage in any therapeutic alliances. So there is a need to acknowledge the societal and political backdrop of fear that families affected by trauma live in and that trauma is not delivered necessarily in individual events but is an ongoing process (Stewart & Thomson, 2005). Murphy & Stewart (2006), in their article that discusses the "NOVA Trauma Group" treatment of traumatised school children in Northern Ireland, they recognised the inter-generational impact a traumatic event can have. A particular problem encountered was how parents often struggled with "the need to manage their own emotions sufficiently to be able to support their children" (Murphy & Stewart, 2006:74).

Indeed, it may be that parental psychopathology is the main factor that contributes to children being impacted by their parents' trauma (Downes et al., 2012). Maladaptive coping mechanisms have developed in many people in Northern Ireland as the conflict has become normalised in their lives. As well as psychological problems developing, substance abuse (with legal or illegal drugs) is prevalent (Murphy & Stewart, 2006) among multiple generations of the population.

3.3 The role of music therapy in conflict areas

The following section highlights times when music therapy has been used with traumatised clients. Sutton (2002), in her early work as a music therapist in Northern Ireland, noticed her lack of referral cases of anyone affected by the conflict and cited a possible lack of trust by the community. However, there is a compelling case for the use of music therapy in treating traumatised children in a clinical setting (Sutton, 2002).

In a randomised control trial in 2012, patients suffering from PTSD in a group music therapy setting initially expressed anxiety and fear in the sessions but were provided with explicit boundaries within which they could build habituation to sounds that at first were challenging. They also learned to tolerate certain instruments (often high pitched, resonant or loud in volume) which helped to limit avoidant behaviours and encouraged groups members to understand their own impact on the group music making process (Carr et al., 2012). In a study in the US in the aftermath of a devastating tornado, children, creating music with each other and their parents, were also assisted through music therapy sessions in transitioning back into normal life after experiencing a traumatic event (Davis, 2010).

> 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"
>
> (Heidenreich, 2005:129)

A short-term music therapy intervention with children forcefully evicted from their homes in the Gaza strip was reported by Felsenstein (2013). This report offered valuable insight into

how effective music therapy can be in dealing with trauma and also offered useful understanding regarding what music therapy techniques may or may not be appropriate in similar circumstances:

> It should be noted that not all forms of music interventions were successful. A case in point was the attempt to use guided imagery. This form of treatment with a suitable musical background is often used successfully for dealing with post-trauma cases as the patient retreats into the security of a safe place. However, in this instance the treatment had a reverse effect. The children's home could not serve as a safe place of retreat, as it no longer existed and the use of guided imagery simply served to re-evoke emotional distress. In this instance it was the therapist痴 guidance rather than the music that evoked the threatening feelings.
>
> (Felsenstein, 2013:83)

As Northern Ireland is a much safer and open society in which to conduct research, compared to other conflict-affected places (MacGinty, Muldoon & Ferguson, 2007), a unique insight into how music therapy practices might benefit those affect by conflict can help inform other voluntary work around the world. Understanding how ethnicity, acculturation, location, regionalisation, socio-economic status etc. affects trauma in young people, or 'cultural competence', is a major factor in treating them using any kind of creative intervention (Malchiodi, 2008) that must be considered when using music therapy in different parts of the world, hence, there are limitations to what we can learn about applying techniques and methods used by music therapists in Northern Ireland in other, culturally unique locations. Music therapy can provide the "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" (Heidenriech, 2005:133).

4 AIMS OF THE STUDY

By talking to music therapists operating in Northern Ireland it may be possible to get a better idea of what it is like to work there. Other studies, outlined in the previous literature review, tend to focus on the efficacy of music therapy in treating specific conditions/client groups. This is extremely important because the medical model of health functions on the basis of proven, quantifiable, scientifically repeatable research. By interviewing music therapists this research project is not focusing on efficacy or effectiveness of music therapy, but uncovering personal stories and experiences in the field of music therapy. This is also important as it can shine a light on interesting or important aspects of the profession and potentially guide quantitative researchers to topics that are significantly interesting that can be measured empirically, which is often necessary to satisfy the medical model of therapy.

The questions that this research project hope to address are on a more personal, experiential level. As mentioned in the introduction, the main question posed here is “what role do music therapists' play in addressing health problems in Northern Ireland?” In attempting to answer this question there are a variety of aspects which one can use to approach the question.

As discussed in the literature review, there is mistrust of medical care in Northern Ireland. Mistrust of mainstream healthcare and also a reluctance for mainstream practitioners to refer patients to voluntary services (like music therapy). If mainstream medical professionals were being interviewed instead of music therapists, for example, a different perspective would be useful to better understand their processes and decisions in relation to the referral process. The limitation of the initial question is that it one-sided. Only music therapists are interviewed. Only their opinions and perspectives are taken into account, so it must be recognised that this project is music therapy-centric and the entire healthcare system is not

under scrutiny.

Secondary to this main question is a question that relates to trauma-related health. There are two considerations, firstly, does music therapy addresses trauma-related illness directly and, secondly, do music therapists treat secondary (co-morbid) health issues (e.g. drug abuse, depression)? It is important to address this question as trauma-related health problems are extremely costly both financially and health-wise.

A final area of interest is how music therapists seek to develop and improve their professional practice in the years to come. It may also be possible to get a sense of the areas that are yet to be served by music therapy and whether or not this may change in the future. These factors are important in order to get a broader picture of where music therapy practice fits in to the myriad voluntary services across the country and how the healthcare system as a whole addresses trauma-related health issues.

The next section details the methods carried out to try to answer these questions. A semi-structured interview process can address these questions directly and still allow for other relevant experiences to be shared and taken into account.

5 METHOD

Interviews with two music therapists currently working in Northern Ireland were conducted between the months of June and August 2016. Potential interviewees were contacted via email initially to gauge interest in a proposed interview. Interviewees who were available and are willing to take part in the research were then contacted via phone to establish firmer contact on a more personal level so that times, dates and locations for their interview could be arranged with more ease. Interviews were approximately 45 minutes to 1 hour in length and were documented primarily with an audio recording, with additional field notes. Audio recording the interviews provides a vital record of the dialogue, including vocal expression and emphasis, preserved for later transcription and analysis. These recordings do not account for non-verbal cues, however, additional field notes can go some way to preserving the interviewers memory of important non-verbal information. An additional drawback to audio recording could be that interviewees behave differently and not reveal information they might otherwise reveal (Given, 2008). Interviewees were asked to sign a consent form before the interview began so that data obtained during the process could be used for research purposes. The therapists discussed their own experiences of working as a music therapist and were happy to be identified by name in this final research thesis. Due to the potentially sensitive nature of the questioning, an appropriate venue was selected so there was somewhere private and secure with no chance of public disturbance or noise. Conducting semi-structured interviews with music therapists is the most appropriate and effective way to gather data for this research thesis as “at the root of in-depth interviewing is an interest in understanding the lived experience of other people and the meaning they make of that experience” (Seidman, 2006:9). Semi-structured interviews allow for a number of specific subject areas to be

discussed over the course of the interview with a built-in flexibility to follow lines of questioning that are outside these main subject areas but are nonetheless important. The therapists own experiences and story are of the utmost importance in this research. Again, semi-structured interviews enable music therapists to discuss broader themes in their work but also pinpoint and highlight specific pieces of information that directly relate to the more structured part of the interview. The interview strategy allows for the creation of a structure on which multiple artefacts (thoughts, ideas, documents) can be brought together to illustrate a more complete case study (Schostak, 2006).

A Straussian approach to grounded theory was implemented in this research project. This is because a literature review of the subject area had already been carried out to aid the creation of various themes of discovery, and the ultimate final aim was to gain a greater understanding of the phenomenon of music therapy work in Northern Ireland (Cronn-Mills & Croucher, 2015). After interviews were conducted they were transcribed into text so that words and sentences could be analysed in detail, i.e. coded. The coding process starts with 'axial coding' which involves searching for content based on a particular theme (Cronn-Mills & Croucher. 2015). 'Memos' are notes that document emergent concepts or themes in the interview transcripts which should be carefully sorted so any existing connections between the memos and the broader discipline can be noted (Cronn-Mills & Croucher, 2015). The final stage of the analysis process was to present the findings of this analysis clearly and directly, explaining any significant information that existed in the data.

6 MUSIC THERAPIST INTERVIEWS

6.1 Crisis intervention

The first interview conducted was with a music therapist who has been practising professionally since her graduation from Limerick University in 2009, Lorraine O'Brien Glenn. Her initial work experiences were in the Republic of Ireland, where she worked with private clients. Ireland, however, does not officially recognise music therapy as a professional healthcare role, so she relocated to County Derry in Northern Ireland (and part of the United Kingdom).

Now in the UK, she became a member of the British Association of Music Therapists (BAMT), and worked in schools, nursing homes and with other health organisations for seven or eight months. For two years, Lorraine worked for "Brain Injury Matters", a charity dedicated to helping people recover effectively from brain injuries. Then she obtained a locum position with the organisation, Contact NI. Contact NI was initially created by the Northern Ireland Association for Mental Health (NIAMH) in 1977 "in response to a growing recognition that people have complex and diverse emotional and mental health needs which were not being met" (taken from the www.contactni.com website). When a permanent position became available with Contact NI she transitioned to this full-time post (also her current post, 2016).

As she is delivering clinical music therapy services to people experiencing trauma in Northern Ireland, she has invaluable insights into this world. Her main client groups are children and adolescents who have experience some form of trauma. Physical abuse, neglect, domestic violence, sexual abuse, suicidal thoughts and self-harming are some of the types of cases that she deals with on a daily basis. Her organisation have a helpline for people to

contact them. From that initial contact, a client can avail of six sessions of counselling or creative arts therapy (including music therapy). The Big Lottery Fund initially gave financial support to Contact NI for provision of services for aggression-related trauma. This funding meant that people could potentially receive up to a year of music therapy treatment. But, with a recent restructuring, the focus of Contact NI has become crisis intervention, which means they can provide immediate and short-term support for people who are in need. Her organisation is now the main service for suicidal people in Northern Ireland and is funded by the Public Health Agency (PHA).

Lorraine stated that bullying in school was one of the most problematic societal issues that she sees in Northern Ireland. Schools, segregated along religious lines, could be a factor in this issue, although Lorraine ha encountered similar problems in integrated schools too (with students from Catholic, Protestant or other religious backgrounds).

In terms of how she sees her role as a music therapist in Northern Ireland developing, Lorraine discussed her recent training in Gestalt Therapy, with a specific focus on dealing with trans-generational trauma. She is also completing a post-grad in family therapy and systemic practice, whilst also working alongside other therapists, conducting family therapy sessions.

6.2 Community music therapy

The second interview was with music therapist, performer and community music leader, Josie Nugent. After completing a MA in music therapy in Cambridge in 2010, she relocated to Derry in Northern Ireland. There, she worked for three years delivering music therapy sessions in schools, with dementia patients, and with clients with brain injuries. Since 2013 she has been self-employed, working mostly with private clients.

With a background in community music and a strong folk and traditional Irish music heritage, Josie has experience operating in both clinical music therapy and community music-making environments. One of the biggest problems she highlighted in the interview was the difficulty that music therapists have in Northern Ireland, is a lack of access to funding of the profession. She stated that there is a great need for cultural sensitivity when conducting music therapy in Northern Ireland. As an Irish native (with a Southern accent) she is careful about where and how she operates. In her own words, “nothing is neutral in Northern Ireland, music-wise”. In her experience, song choices and instrument choices are extremely importing, especially in a group setting. She opted, for example, to use African drums instead of the traditional Irish drum (the bodhran), to avoid culturally-charged reactions from some groups of people. Interestingly, her extensive experience as a traditional musician has served her well in her music therapy and community music work. A traditional ‘session’, for example, is a musical gathering, usually in a pub, restaurant, club or other venue. Here, people play music, sing songs and often hear (or learn) new material. During these sessions, over many years, Josie honed her interpersonal skills and group dynamic awareness. These enhanced listening and communication skills, and the ability to be flexible both verbally and musically, have become skills that she can now utilise while working with these culturally sensitive groups.

She expressed a desire to look at ways that community music and community music therapy can be utilised to better serve clients in Northern Ireland in the years to come.

7 RESULTS

From the literature presented in this thesis, supported by the testimony from the two participating music therapists, the main message that arises is that, at the very least, music therapy is a useful tool to be used in addressing the often complex health needs of clients in Northern Ireland. In terms of the efficacy and effectiveness of music therapy, it is left to more in-depth and thorough studies to make the case for the potency of music therapy. This study is more concerned with the experiences that people have. The music therapist interviews certainly provide a brief insight into the possible applications for music therapy but cannot shed light on measured, clinical results, neither are they able to offer the most effective models or theories to consider when working in a post-conflict society.

Both of the interviews provide information about the main areas of work that these music therapists are engaged with, i.e. clinical music therapy with traumatised children and adolescents, and culturally-sensitive individual and group music therapy. Although these areas of work are not unique, the experiences offered provide a glimpse into some positive and negative factors that exist when working as a music therapist in Northern Ireland. One theme that arose with both therapists was the problem faced in terms of financing and funding of music therapy provision. The reality of this is made clear by Lorraine, who explained that when she started working for her current employer (Contact NI) there were six or seven music therapists employed by them. Now she is the only full time MT remaining.

The main limitations of this study is that only a small fraction of working music therapists in Northern Ireland were interviewed. A larger study would be possible, as there are not a great number of music therapists based in this particular geographic location. The usefulness of a

larger study based on interviews, however, is unclear. The initial aim of this study was to find out more about how music therapists encounter trauma-related or Northern Irish-centric issues in their work. While these issues were indeed present in the two conversations, a more in- depth analysis of the actual strategies that they employ in a clinical setting would perhaps be more beneficial in order to gain a clearer picture of the power of music therapy, and, to then be able to disseminate these ideas to a larger music therapy community.

An unintended outcome was the information presented about how these therapists began their careers and integrated themselves in a new community in the first place. How they navigated the perils of starting a new business, gained experience in new fields and, ultimately, began to shape the music therapy community in Northern Ireland, is a very useful source of inspiration for newly-qualified music therapists in all parts of the world.

8 DISCUSSION

Two recent studies add support to the use of music therapy in treatment of mental health issues, and substance abuse in Northern Ireland - two areas of healthcare that can be related to traumatic experiences. Music therapy as an integrative and complementary treatment for substance abuse withdrawal symptoms is explored by Silverman (2016). He states:

> Conclusion Music therapy is a complimentary [sic] and alternative treatment intervention commonly used in substance abuse treatment that can also positively impact substance abuse withdrawal symptoms. To date, three randomized controlled studies exist evaluating the effects of music therapy on substance abuse withdrawal symptoms. These studies tentatively support music therapy as a single-session intervention that can positively impact the substance abuse withdrawal symptoms of craving and withdrawal with inpatient adults on detoxification units. Thus, music therapy may function as a non-pharmacological complementary and integrative treatment intervention to target not only traditional addiction dependent measures including motivation and change readiness, but can also positively impact substance abuse withdrawal symptoms. Additional research incorporating various paradigms and data types is warranted to better serve this marginalized, poorly understood and disenfranchised clinical population.
>
> (Silverman, 2016:14)

Another single-blind study (Porter, et al. 2016) suggests that music therapy may improve self-reported communicative and interactive skills of adolescents, and improve levels of depression and self-esteem for both children and adolescents in the short term. However, the

authors do conclude that the study is on a small scale and is methodologically weak.

A major factor, when trying to highlight music therapy as a viable healthcare option, is a lack of understanding about what music therapy really is. Lorraine Glenn discussed that aspect of her work, trying to hold information sessions in a nursing home with a high turnover of staff, a seemingly never-ending process of awareness raising about music therapy.

The two music therapists interviewed have got different focuses for their work. As discussed earlier, Lorraine is developing her work in family therapy services. This area is a fundamental in tackling the trans-generational nature of trauma. Josie's focus on community building through music-making and music therapy also seeks to address wider social implications of trauma and societal issues by helping to embed the improvements of individuals' mental, physical and emotional health back into the community.

Investigating how music therapy and trauma intersect in a particular geographic location, i.e. Northern Ireland, is from the researchers' own personal experiences of growing up here. Music making, listening and recording activities are a way to retreat into a safe space, and can provide stress relief, an increased sense of self-worth, and an outlet for creative exploration. A larger creative response to living in a place that is politically, socially and culturally complex, can be seen in the many music and arts events that happen regularly across Northern Ireland. Indeed, the traditional music and language of the island of Ireland started a massive resurgence even before the conflict began. Punk and rock music was prevalent in the late 1970s in Northern Ireland as young musicians emulated the London and New York punk bands who used their alternative platform to voice their discontent with authority or living standards. Northern Ireland would later see many heavy metal gigs and house music nights. Places where people could lose themselves in thrashy, hard rhythms or connect with others through pulsating and hypnotic beats.

In the last ten years or so, the music scene has become much more diverse, especially in the capital of Northern Ireland, Belfast. Here, the best bands and artists perform nightly, and forge ahead with music-making regardless of a political insecure time, and the additional unknown effects that Brexit will have on this part of the UK.

Music therapy continues to grow within this wider backdrop of music-making and creativity and it will certainly be interesting to see how it develops in the years to come in Northern Ireland, hopefully playing a vital role in helping the population recover their the traumatic past.

REFERENCES

Aigen, K.S. (2014). The study of music therapy: current issues and concepts. Routledge.

Bracefield, H., Kirk-Smith, M., Slevin, E., Sutton, J. & Thompson, K. (2000). Music therapy in Northern Ireland: the provision for people with learning disabilities. Journal of Intellectual Disabilities, 4(1), 63-76.

Bruscia, K. (2014). Defining music therapy. Barcelona Publishers.

Bunt, L. (1994). Music therapy: an art beyond words. Brunner-Routledge.

Bunting, B., Ferry, F., Murphy, S., O'Neill, S., Bolton, D. (2013). Trauma associated with civil conflict and post-traumatic stress disorder: evidence from the Northern Ireland Study of Health and Stress. Journal of Traumatic Stress, 26(1), 134-141.

Carr, C., d'Ardenne, P., Sloboda, A., Scott, C., Wang, D. & Priebe, S. (2012). Group music therapy for patients with persistent post-traumatic stress disorder: an exploratory randomized controlled trial with mixed methods evaluation. Psychology and Psychotherapy: Theory, Research and Practice, 85(2), 179- 202.

Cronn-Mills, D. & Croucher, S. (2015). Understanding communication research methods: a theoretical and practical approach. Routledge.

Davis, K. (2010). Music and the expressive arts with children experiencing trauma. Journal of Creativity in Mental Health, 5(2), 125-133.

Dillenburger, K., Fargas, M. & Akhonzada, R. (2008). Evidence-based practice: an exploration of the effectiveness of voluntary sector services for victims of community violence. British Journal of Social Work, 38(8), 1630-1647.

Downes, C., Harrison, E., Curran, D. & Kavanagh, M. (2012). The trauma still goes on “The multi-generational legacy of Northern Ireland conflict”. Clinical Child Psychology and Psychiatry, 18(4), 586-603.

Felsenstein, R. (2013). From uprooting to replanting: on post-trauma group music therapy for pre-school children, Nordic Journal of Music Therapy, 22(1), 69-85.

Ferry, F., Bolton, D., Bunting, B., Devine, B., McCann, S. & Murphy, S. (2008). Trauma, Health and Conflict in Northern Ireland: A Study of the Epidemiology of Trauma Related Disorders and Investigation of the Impact of Trauma on the Individual. Psychology Research Institute, University of Ulster.

Ferry, F., Bunting, B., Murphy, S., O'Neill, S., Stein, D. & Koenen, K. (2013). Traumatic events and their relative PTSD burden in Northern Ireland. Social Psychiatry and Psychiatric Epidemiology, 49(3), 435-446.

Given, L. M. (ed). (2008). The sage encyclopedia of qualitative research methods. Sage Publications.

Hamilton, J., Hansson, U., Bell, J. & Toucas, S. (2008). Segregated lives: social division, sectarianism and everyday life in Northern Ireland. Institute for Conflict Research.

Heidenreich, V. (2005). Music therapy in war-effected areas. Intervention, 3(2), 129-134.

Herman, J. (1992). Trauma and Recovery: From Domestic Abuse to Political Terror. London, Pandora.

Horden, P. (2000). Music as medicine: the history of music therapy since antiquity. Routledge.

Lloyd, K., Devine, P., Gray, A. M. & Heenan, D. (eds). (2004). Social attitudes in Northern Ireland. Pluto Press.

MacGinty, R., Muldoon, O. & Ferguson, N. (2007). No War, No Peace: Northern Ireland after the Agreement. Political Psychology, 28(1), 1-11.

Malchiodi, C. A. (2008) Creative interventions with traumatized children. Guilford Press.

Manktelow, R. (2007). The needs of victims of the Troubles in Northern Ireland. Journal of Social Work, 7(1), 31-50.

Martel, G. (ed). (2015). Twentieth-century war and conflict: a concise encyclopedia. Wiley Blackwell.

Mitchell, A. (2011). Lost in Transformation: violent peace and peaceful conflict in Northern Ireland. Palgrave Macmillan.

Murphy, M. & Stewart, D. (2006). Responding to communities in trauma in Northern Ireland: supporting the positive experience of childhood by partnership working. Support for Learning, 21(2), 70-76.

Myers, E., Hewstone, M. & Cairns, E. (2009). Impact of Conflict on Mental Health in Northern Ireland: The Mediating Role of Intergroup Forgiveness and Collective Guilt. Political Psychology, 30(2), 269-290.

Porter, S., McConnell, T., McLaughlin, K., Lynn, F., Cardwell, C., Braiden, H-J., Boylan, J. & Holmes, V. (2016). Music therapy for children and adolescents with behavioural and emotional problems: a randomised controlled trial. The Journal of Child Psychology and Psychiatry, 58(5), 586-594.

Reilly, I. (2002). Trauma and family therapy: reflections on September 11 from Northern Ireland. Journal of Systematic Therapies, 21(3), 71-81.

Seidman, I. (2006). Interviewing as qualitative research: a guide for researchers in education and the social sciences. Teachers College Press.

Schostak, J. (2006). Interviewing and representation in qualitative research. Open University Press.

Silverman, M.J. (2016). Drug Addiction. Avid Science.

Smith, R. (2007). The utility of force: the art of war in the modern world. Alfred A. Knopf.

Stewart, D. & Thomson, K. (2005) The FACE YOUR FEAR Club: Therapeutic Group Work with Young Children as a Response to Community Trauma in Northern Ireland. The British Journal of Social Work, Vol. 35, issue 1, pp.105-124.

Sutton, J. (ed). (2002). Music, music therapy and trauma: international perspectives. Jessica Kingsley Publishers.

Van Creveld, M. (2000). The art of war: war and military thought. Cassell.

Waltz, K.N. (2001). Man, the state and war: a theoretical analysis. Columbia University Press.

Wigram, T. (2004). Improvisation: methods and techniques for music therapy clincians, educators and students. Jessica Kingsley Publishers.

Wigram, T., Nygaard Pedersen, I. & Ole Bonde, L. (2002). A comprehensive guide to music therapy: theory, clinical practice, research and training. Jessica Kingsley Publishers.