


Stabilization Music Therapy Model and Process: 512 China Sichuan Earthquake Crisis Interventions, Part 1 of 2

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Abstract

As a music therapist participating for the Sichuan 512 (May 12) earthquake crisis intervention program in China, the author worked during June 2009 at a transitional resettlement site at the earthquake zone in Sichuan, China; living at the site with the survivors and working for almost a month. The models and processes which were applied are considered pilot research descriptions and findings, which include: (1) "Community Orientation": mobilizing social resources for music-oriented locals, (2) "Hybrid Sub-community" orientation: the recovery of confidence for those showing withdrawal behavior, and (3) "Purely Small Groups": involving the therapist organizing survivors into 5 groups: children, teenagers, adults, seniors, and working staff. The report has been provisioned into 2 parts. In Part 1, background information on the disaster, the literature review, therapy models, and the rationale behind the therapy models and processes are covered. The therapy process and the treatment are included in Part 2. Both parts are published in the same issue of the journal.

Keywords

music therapy, China, earthquake, stabilization

There is a proverb in the Bible that suggests that a good-hearted Samaritan did his best to take care of the wounded with what he had on hand: oil and wine.¹ As we seek to define support and caregivers, in the broadest sense, we might define neighbors as those people who are in need, rather than the individuals selected to one's preference. When we ask "Who Is My Neighbor?" maybe, it would be useful to ponder deeply over the matter. This is a potentially useful point to consider when addressing trauma.

Background: 512 China Sichuan Earthquakes in 2008

The music therapy program for the Sichuan 512 earthquake crisis intervention in China was a 3-month project which commenced on June 1, 2009, and ran through August 31, 2009. The project was organized by the Central Conservatory of Music in China. Volunteers were organized in 3 tiers with 1-month duration per tier.

The 2008 Sichuan earthquake, which was measured at 8.0 Ms and 7.9 Mw, occurred at 14:28:01.42 CST (06:28:01.42 UTC) on May 12, 2008, in Sichuan province of China. Even months after the main quake, strong aftershocks continued hitting the area, causing new casualties and damages. At least 68,000 were killed in this earthquake.² The disaster is also known as the Wenchuan earthquake (Chinese: 汶川大地震; pinyin: Wènchuān dà dìzhèn), as it is named after the location of the earthquake's epicenter, Wenchuan County in Sichuan

province. Sina writes about the official figures (as of July 6, 2008, 12:00 CST): 69,197 people confirmed dead, 374,176 injured, and 18,379 listed missing.³

According to a study by the China Earthquake Administration (CEA), the earthquake activities concentrated on its mid-fracture, known as Yingxiu-Beichuan fracture. Most of the survivors at the resettlement I have worked at were living in Yingxiu and Beichuan areas before the earthquake. One report⁴ indicated that 2300 survivors from Yingxiu population of approximately 9000. A total of 3000 to 5000 people were killed in Beichuan County. In Sichuan province alone, 10,000 people were injured and 80% of the buildings were destroyed. Eight schools were toppled in Dujiangyan.⁵

Literature Review

Natural disasters are one of the major types of traumatic events for which survivors may potentially seek mental health services. Earthquakes are one of the more typical natural disasters associated with physical injury, fear of death, and property loss. Compared with other types of natural disasters, earthquakes appear to be the most traumatizing in terms of impact. The initial aid

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provided by mental health workers for disaster survivors include support, comfort, and psychological “first-aid” rather than trauma therapy.⁶ After the 9/11 New York terrorist attacks, reports suggested that emotional encouragement is one of the top services that survivors would most immediately appreciate.⁶ Music can touch deep inside the human existence without wording. Music can also connect people who are not able to communicate due to language barriers, as it is a universal language. During the process in supportive and activity-oriented music therapy, the role of a therapist is to guide, support, and proactively care for a client to help mobilize the client’s community and their own interpersonal resources. To help the client achieve social connection is an ultimate goal to a music therapist.⁷

Not many people possess knowledge or experience in post-trauma crisis intervention, and this is also the case in China. There are few resources available in China with regard to treating Post-Trauma Stress Disorder (PTSD) and Acute Stress Disorder (ASD). The diagnosis of ASD is relatively new to the DSM-IV, with symptoms occurring within 4 weeks after the traumatic event.⁶ So far, there are few well-validated treatment strategies. However, no matter whether survivors will develop PTSD or not, the symptoms experienced by ASD patients can be very painful. In fact, most interventions for ASD are modifications of treatments for PTSD. However, considering that most people respond differently with regard to ASD versus in PTSD, the strategy and treatment applied to ASD clients should be developed and designed accordingly.⁶

In traditional psychological therapy, a therapist is guided to establish a neutrally therapeutic relationship with a client, as a norm, with more reactive and nonguiding approaches in attitude. But, with ASD clients, the therapist is more proactive and direct in attitude throughout the entire process. In their book, Briere and Scott writes that “active relatedness is typically a shorter-term response to the disorganizing and destabilizing effects of acute trauma exposure.”⁶ The therapist’s directive guidance in “active relatedness” will decrease, as a client gains more access to resources.

Thus, the therapist can be there temporarily available to the client, but with greater accessibility to the survivor than usual. In traditional psychological therapy, the client tends to initially limit contact with the therapist. In acute traumatic cases, however, the client may experience crises and/or intermittent episodes of overwhelming distress or grief, so he/she would need more frequent contact with the therapist. Therefore, to the acute trauma survivor, a therapist should be available to provide thereby whenever needed in the days, weeks, and early months following the trauma.⁶

People may respond differently and unpredictably to acute trauma, sometimes presenting without a typical response. Clients who are expressionless and absent of symptomatic responses can be deceiving in their symptoms. In this regard, a therapist is alerted not to make the common mistake in assuming that those who appear to be “in control” are coping well. A therapist should prevent acute traumatic clients from recalling any traumatic memories as such exposure may potentially re-traumatize the client. To elicit necessary information

about the client, a therapist must find a balance between gentle support and data collection.⁶

Enhancing social support and mobilizing community resources may be more immediately beneficial to the acute trauma survivor than classic psychological intervention.⁶ It has been noted that group therapy can be instrumental in helping people who have suffered from traumatic stress.⁸ Music therapists meet as a core group every week to play music and offer each other support, all of which might be useful in forming stronger connections with therapist colleagues. To be heard through music-playing and to be cared for by the core group could help mobilize a music therapist’s own strength.⁹ As a volunteer, joining a crisis intervention team and training in trauma music therapy activities (including practice/rehearsals and group performances), I became more enabled and empowered to socially connect to the team with my own proven-capabilities which were fostered by my university training and professional experiences.

Music activity creates a safe environment for people to get to know each other and develop friendship. Such activities offer clients the opportunity for self-expression and a sense of success and accomplishment, which enhances one’s self-assessment of their own confidence and capabilities.⁷ The key intent in supportive and activity-oriented music therapy is not rooted in music itself, but more in the inherent process. When a client participates in a group to play or sing a piece of music or dance, he/she will behave and react in group orientation. When performing in a group, a client needs to control his/her anti-social behavior. Therefore, the client learns how to adapt to the group activity with his/her activity roles/responsibilities and personal efforts.⁷

Resource-oriented music therapy is helpful to nurture and develop the client’s strengths, internal resources, and potentials. Such resources may include his/her skills, ways of coping, achievements, personality, competencies, social relationships, etc. It is important to keep in mind that focusing too much on the client’s resources and strengths may lead to confrontation. The therapist must continuously show his/her faith in the client’s competence during the therapeutic process. The therapist should also develop a collaborative relationship with the client, while avoiding taking on the expert’s role. However, a therapist should still keep in mind that a client does not usually know what music therapy is, so the therapist should maintain authority in terms of goal-setting and methods of approach.¹⁰ As in 9/11 terrorist attacks on New York residents which caused people to regard a once-safe-place as no longer safe, the concept is also applied to the earthquake survivors. The earthquake caused destruction and forced the once-settled residents of Sichuan, China, away from home, leading to a loss in a sense of safety or stability. These survivors are resettled in a “community” comprised of emotionally wounded people. Music is powerful in connecting people who differ in cultures and nationality and also in bringing people together into unity, regardless of whether they like each other or not. Music can stimulate caring for one another, as music does not rely on verbal communication for interaction between one another. Such interactions are urgently needed for survivors of an earthquake disaster. A community can be built by listening and creating

music together; within a community, listening to each other's music and learning to respect each other's music helps people to respect one another, which is an important aspect of communal music. In a large group of people who do not necessarily know each other, improvisational music can work well in bringing people together as a community or group, which can be very beneficial for a traumatized community.¹¹

The "song of a kin" may be useful in such instances. Music therapist Loewy writes about the song of a kin¹²:

A song of a kin is a well-known tune from the patient's tradition; from popular repertoire, or from their cultural/religious heritage. This song has special meaning for the patient. When a family member is unable to connect with the patient, the music can bridge the distance between them. The sound waves travel to a place where the words may not be permitted to reach. It is essential, especially at the beginning of the therapy, to discover the most relevant song or melody that will initiate the relationship. The music of a kin will be an orienting theme, which will accompany the patient through transformation.

In the 512 Sichuan earthquake zone in China, a large percentage of the community were of Qiang and Tibetan ethnicity.¹³ In Sichuan, many Qiang and Tibetan villages were located in the Wenchuan earthquake zone, where the earthquake hit the worst. Qiang people are talented in singing and dancing, and it is even said that the Qiang people could not live without music and dance. Guo-Zhuang is the most popular form of dance for the Qiang people.¹⁴ Qiang music and dance plays an implicit role not only to the Qiang people, but can also be influential to others who have lived nearby, because Qiang influences have had a historical, cultural, and meaningful influence on the beliefs and traditions of these non-Qiang residents and their ancestors. It is without a doubt that using Qiang and Tibetan music and dance in music therapy is significant to the Therapy Model applied to earthquake survivors. The Qiang and Tibetan people living in Sichuan Province have been forced by the earthquake to leave the mountains that they regard as home, as a result of the death and destruction that occurred.¹³

Music therapy offers a "Musical Space" which promotes a sense of creativity, self-decision-making, and acceptance. Music therapeutic activity is often structured with a beginning and an end as the "framework." Activities in music therapy are in general aimed at acceptance, support, and the maintenance of a sense of stability for the survivors. Such a framework also applies to daily life activities which are composed of a beginning and an end. The sense of creativity that results from improvisational music therapy is still considered "emotional" (which is self-controllable by a client). Music directly reflects the inner and interactive psychological power of a client. Additionally, to express that psychological power, a client is provided with a list of vocabulary to be used to develop his/her sense of music under their own coordination, so that he/she can become more psychologically independent.¹⁵

Virtually every culture on earth has some form of drumming. People all over the world use drums to celebrate life, explore one's own creativity, and unite as a group or

community in a rhythm of music.¹⁶ Before people can work as a community, they have to function as a unit. A group of people showing up in the same place at the same time is simply a crowd. However, in a Drum Circle, a music therapist sets the objective of the session so to enable each and every member in the Circle to feel "included" in the group. When the members of the group are participating and cooperating in the presence of one another, they are invested in the process and thus feel a greater sense of self-worth.¹⁶ Cooperation may be defined as "working together to reach a common goal." When everyone feels invested in the group process, they make greater efforts in creating a best possible outcome with others for the group. Therefore, the result or outcome is not the sole measure of success, but the willingness and ability of the participants to work together in cooperation is also crucial. Even if there are any problems that occur during the activity, the process still works if there is a continued willingness to work together.¹⁶

Due to the 512 Earthquake in Sichuan, children who survived the disaster were forced to move out of the areas they once called home. Obviously, they experienced broken-connections to themselves, their family and friends, their community, their surroundings, and their mind, body, and soul. Healing trauma is about restoring these broken connections. In natural disasters, children possess an innate resiliency that helps to enable them to rebound from "trauma" and injury. As Levine writes in his study, "when children restored their broken connection between the body, mind, and spirit, when the severed bonds between people and nature have been re-woven, we can begin, as a species, to feel at home on this beautiful planet Earth."¹⁷

The therapists who help others in crisis intervention might become stressed, and sometimes even traumatized.⁶ During the therapeutic process, there could even be an experience of fear for the music therapist when he/she encounters an environment full of anguish. In a communal manner, the therapist is able to rediscover that improvising is linked to a sense of trust in the unknown. Clive Robbins, who has written extensively on the clinical improvisation process, has emphasized the importance of entering into any therapy situation with a certain attitude, referred to as "Poised in the Creative Now." By placing faith in the power of music, the therapist engages intuitively with creative freedom in the here and now to reach clients.¹⁸ In each relationship, every one of us possesses 2 polar images of archetypes. For example, we have 2 archetypes of: Therapist-Client and Teacher-Student. At the earthquake zone, the music therapist might activate the other image of the archetypes, that is the nontherapist and client. When we are ill, we are not only relying on doctors to treat us, but also on mobilizing our inner "doctor" to heal us. Such internal healing power is sometimes referred as the "healing factor."¹⁵

Program Overview

The music therapeutic program for Sichuan 512 earthquake crisis intervention in China was a 3-month project from June 1, 2009, through August 31, 2009, organized by the Central

Conservatory of Music in China. Volunteers were organized in 3 tiers with 1-month duration per tier.

It was an honor to help the music therapeutic crisis intervention program as the first tier volunteer music therapist, tasked in providing relief to survivors who have been temporarily placed at a transitional resettlement site in Sichuan, China. There were approximately 600 survivors living at the resettlement site, all of whom were residents of Wenchuan County and the Duijiangyan Dam, locations where the earthquake hit severely on May 12, 2008. I lived on the site with survivors and working staff (including police, administration, chefs, etc.) for almost a month. In general, volunteers acting as music therapists differ from the majority of other volunteers who provide psychological and consultation services to the survivors. Instead, music therapist volunteers offer a “live-in” program to the survivors, so that these survivors may more readily access services provided by the music therapist, when needed.

There are many advantages from a “live-in” approach to music therapy.⁶ First, it enables the survivors to learn to accept the music therapist more quickly. Second, the music therapist is able to understand the characteristics and needs of the survivors in their temporary resettlement environment. Third, the survivors are able to obtain greater than usual access to a music therapist. Lastly, the presence of the music therapist living “on-premise” with the survivors is an additional stabilizing factor and a useful resource of survivors on a day to day basis.

In terms of the human resources available at the time of the earthquake disaster, not many individuals possessed practical knowledge and experience in PTSD and ASD. The music therapist realizes the importance of trauma stabilization within 1 month after a traumatic experience. Additionally, the therapist is also highly aware of the need to prevent any secondary damage caused by trauma (re-trauma), potentially arising from premature trauma intervention without stabilization.⁶

Method

Before discussing therapy implementation and relevant cases while in Sichuan, the therapist will first present 2 key factors: (1) the therapy models and processes of stabilization-oriented music therapy, and (2) the philosophies and beliefs instrumental in creating a desired therapeutic outcome.

When working with a survivor who has recently experienced disaster, the therapist must consider mobilization, support, and comfort as the initial actions.⁶ Within 3 months post-earthquake disaster, there was no standard pattern with symptoms of ASD. Some survivors may look deceptively calm and stable in their emotions, but are in fact traumatized. Providing early and timely music therapy to survivors with stabilization as the goal is therefore essential. What is essential to the survivors is neither to release their emotions nor to uncover the pain, but is to stabilize their emotions by means of experiencing the beauty from the musical activities. Thus, the music therapist is to strengthen and foster a survivor’s imagery and experiencing of beauty to the best of the therapist’s ability.²

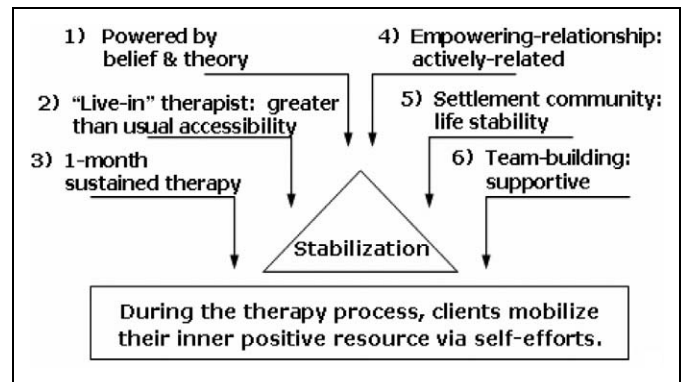


Figure 1. Therapy model: stabilization-oriented music therapy.

The scope of stability occurs in 2 aspects: stability in life and stability in emotion. Following signs that a survivor’s stability in life is ensured, it is very important to quickly stabilize this psychological and emotional state of the survivor.

Therapy Models of Stabilization-Oriented Music Therapy

Considering the unique situation of the resettlement and importance of “stabilizing” the survivors within 1 month after the earthquake, the therapist applies Stabilization-Oriented music therapy. This is based on supportive and activity-oriented music therapy. The goal of the therapy model is the “stabilization and mobilization of the inner positive resource” of the survivors. The therapy model is structured with 6 components (Figure 1).

Experience is the best means for the therapist to fully realize that effective therapy is often powered by a variety of intervention and theory models. With regard to the Sichuan Wenchuan post-earthquake crisis intervention program, the therapy model applied to the survivors is powered by supportive and activity-oriented music therapy,^{7,19} which has been modified and adapted to ASD Crisis Intervention Therapy.

The music therapist lives inside of the resettlement with the survivors and is able to provide greater than usual accessibility to the survivors, especially children and teenagers. The therapist provides the therapy at the same location for almost 1 month.

The relationship between therapist and survivor is equally linked to each other. The therapist is supportive, positive, and consultative to each survivor. In other words, the opinions and reality of each survivor is respected by the therapist, and the therapist encourages suggestions from the survivors. The “resettlement” serves as a critical therapeutic platform for all to enable “stabilization music therapy” to take place. The survivors are organized into small groups, so members in the group feel safe and will readily support each other in the music activities during a music therapy session. Through a music therapy process, the therapist facilitates the survivors to participate in the activity to mobilize their inner positive resource by their own efforts as a group/team.

During the process, the survivors are absorbing diverse and powerful resources from the self and others in the group, and such powerful resources generate a self-healing capability among the

survivors themselves. The survivor is not healed by the skills of the therapist, but he/she is healed by his/her own efforts during the process of experiencing the beauty from the musical activities. Beautiful music is powerful not only helping an individual evoke his/her experience of the beauty in music, but also in mobilizing his/her inner positive "resource," self-healing capability, and self-empowerment in life. Within 2 months at the resettlement, the therapist applies this therapy model with the concept of "stabilization" as the goal for the survivors.¹⁹

The concept of "stabilization" is built upon life and emotional stability. To a traumatized survivor, life stability translates immediately to a safe shelter with a source of food and other basic needs provided for them. In addition to physical stability, the survivors should have their psychological state in an emotionally stable state before any traditional trauma intervention or therapeutic approaches are initiated. If traumatized survivors lack such emotional stability, any trauma-related activation could overwhelm the existing emotional psychological state and produce new distress for survivors. As such, any newly activated symptoms may generate increased avoidance behaviors.⁷ It is significant to achieve life and emotional stability for the traumatized survivors so as to prevent the potential for any secondary damage due to trauma (re-trauma).

Given the sizable volume of detailed materials, the report has been provisioned into 2 parts. This article section is Part 1 of the report, which covers background information on the disaster, the literature review, therapy models, and the rationale behind the therapy model and process of Sichuan 5.12 earthquake crisis intervention in China. The therapy process and the treatment are written in another article, as Part 2 of 2, published in the same edition.

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Bio

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