

Stabilization Music Therapy Model and Process: 512 China Sichuan Earthquake Crisis Interventions, Part 2 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, and include (1) "Community Orientation": mobilizing social resource 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. Part 2 covers the therapy process and treatment results. Relevant background information on earthquakes, the literature review, therapy models, and the rationale are included in Part 1, also published in this issue of the journal.

Keywords

music therapy, China, earthquake, stabilization

Program Overview

The music therapy program for the Sichuan 512 Earthquake Crisis Intervention in China was a 3-month-long project organized by the Central Conservatory of Music in China, lasting from June 1, 2009, through August 31, 2009. Volunteers are organized into 3 tiers, with a 1-month-long duration of treatment per tier.

Process of Stabilization-Oriented Music Therapy

Due to the distinct and volatile conditions attributed to the Sichuan Post-Earthquake Crisis Interventions, the process and approach of music therapy required adaptation. First, earthquake survivors traveled in and out of the resettlement dynamically at varying intervals. Additionally, the treatment duration offered by the volunteer therapist is relatively short, lasting only 1 month. The process, known as APIE, is composed of *assessment* (A), *plan* (P), *intervention* (I), and *evaluation* (E). For survivors traumatized within 1 month after the earthquake, the therapist takes stabilization-oriented music therapy that does not expose the trauma. This approach stabilizes the psychological state of the survivors to mobilize their positive inner resource as an ultimate goal.

Assessment

The data collection process used to assess earthquake survivors was adapted to the unique conditions of the post-earthquake

resettlement. The therapist takes the "Music Immediate" approach, without using a "self-assessment" tool, such as a survey/questionnaire to be answered by the survivors. Instead, the assessment is mainly based on the "visual observation" of the survivor by the music therapist, as shown in Table 1. "Music Immediate" data collection therefore allows the therapist to conduct a wide-scale assessment of survivors to systematically group them into different therapy groups, without forcing survivors to uncover their traumatic experience; a consequence which can arise from using self-assessment tool, such as a survey.

Due to volatile tendency for survivors to move in and out from the resettlement, data collection at times was very difficult to be complete and update. Despite the reality of incomplete data collection, the most important priority to the therapist is the survivors' needs. Therefore, in Sichuan, the therapist uses the "Music Immediate" approach, despite the great potential for incomplete survivor data to ensure the stability of the psychological state of survivors.

The "Music Immediate" assessment approach for the systematic music therapeutic grouping of survivors within the resettlement was carried out by the therapist, beginning June 7, 2008. The therapist conducts the assessment process by incorporating a 30-minute "Sing-Along" and "Guo-Zhuang

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Table 1. “Music Immediate” Assessment Data Collection List

Category	Type	Assessment
Music Capacity	Singing?	Is the survivor singing?
	Listening?	Is the survivor listening to music?
	Participating?	Is the survivor participating?
	Interval?	Can the survivor sing in musical interval?
	Rhythm?	Can the survivor sing in rhythm?
Physical	Respond to music?	Does the survivor respond to music?
	Physical mobility?	Is the survivor physically mobile?
	Physical coordination?	How is the physical coordination of the survivor?
	Sleeping?	Is the survivor sleeping tight?
	Nightmare?	Does the survivor have nightmare?
Cognition	Appetite?	How is the appetite of the survivor?
	Any medical history?	Does the survivor have any medical history?
	Earthquake?	Does the survivor have cognitive distortion about earthquake event?
	Helpers?	Does the survivor have cognitive distortion about helpers?
Communication	Loss?	Does the survivor have cognitive distortion about loss of relatives?
	Avoidance?	Does the survivor show avoidance?
	Proactive?	Is the survivor proactive?
Emotion	Communicative?	Is the survivor communicating to others?
	Express clearly?	Does the survivor express clearly?
	Stable?	Is the survivor stable psychologically?
	Down?	Is the survivor down in mood?
	Angry?	Is the survivor angry?
	Disturbed?	Is the survivor disturbed?
	Fearful?	Is the survivor fearful?

(Music & Dancing)” into several on-going community activities already in place. Song selection by the therapist is based on the greater likelihood with which survivors will be familiar with the song. The pool of music includes: “Blessed Time (Qiang/Tibetan music),” “Za Xi (Qiang/Tibetan music),” “Gui Jun Bo A-Tuo (Tibetan song),” “We Are A Family,” “School Boy (Du-Shu-Lang),” “South-Soil-Bay (Nan-Ni-Wan),” “Jasmine Flower,” “Song of Paper Boy,” and “Friends.” During the activities, the therapist observes the survivors’ behaviors and listens to their singing. The therapist then pro-actively approaches those survivors who show interest in music, and invites them in joining other musical activities in the future. However, most survivors initially refuse the invitation, many of which who reply “No, I cannot sing” or just with a headshake. Nevertheless, after the therapist continues approaching survivors with encouragement, many of survivors still agree to give such sessions a “try-&-see” approach.

Plan

The therapist takes 2 types of therapeutic plans in parallel:

1. Community Orientation: The music therapy designed for “Community-Oriented” group is open-group. All survivors are welcome and encouraged to join at any time. At the resettlement, there are 2 large green trees, able to cast shadows large enough to create a cool and comfortable space for community activities to take place. Such an area is a grace to all during summer time in June, allowing the therapist to use this area as the venue of “Community-Oriented” events, such as: festival

concerts, weekly music concerts, and daily “Guo-Zhuang” dancing nights.

2. Small Group Orientation: Music therapy sessions designed for “Small Groups” are considered close-group. In other words, each activity is designed for a target group with a clear target objective setting, in which only members within each group can participate in the activities. The advantage of “Small Groups” is that they allow survivors to benefit from group interactions to create the effect of “Psychological Education,” which is not achievable in a one-to-one therapy session. With group activities, the survivors can learn and share from others who have had similar traumatic experiences.² Considering the unique situation of the resettlement, “Small Groups” are further organized into 2 different subtypes/subgroups:

2.1 Hybrid Sub-community: The therapist takes on the “Sub-community” approach as a unit. Survivors living at the resettlement tend to be relatives, neighbors, or roommates of each other, thereby members of a “Sub-community.” Even though the survivors in a “Sub-community” have some kind of relationship in place, they tend to be from different families. The survivors are composed of children, teenagers, adults, and seniors of varying ages between 5 and 80 years old.

The therapist thus applies “re-creative music therapy”³ to design the activities to enable survivors to be directly involved in all kinds of musical activities. With the concept of “re-creative music therapy, such activities often include singing, musical performance, and music skill development. However such musical performances involved in the activities do not

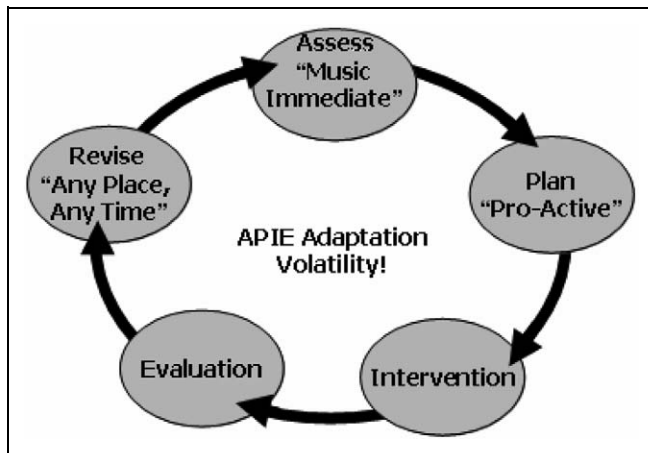


Figure 1. Therapy process with adaptation.

require survivors to be already skilled in a musical practice. On the contrary, re-creative music therapy is also designed for those lacking in music skills. The objective of the re-creative music therapy approach is to enable the survivors to experience the beauty of the music during the group sessions, so to further apply such experiences of success from the re-creative music therapy sessions to the daily lives of the survivors.³

2.2 Purely Small Group: The therapist designs 5 groups, after considering the age characteristics of the population at the resettlement. The therapist organizes the survivors into 4 age groups: children, teenagers, adults, and seniors. The fifth group is composed of the Working Staff (includes volunteers).

Both the “Hybrid Sub-community Small Group” and the “Purely Small Group” are featured with small grouping in common. The difference in between is on the type of the age mix. The “Hybrid Sub-community Small Group” is a mix across the age groups: children, teenagers, adults, and seniors. The “Purely Small Group” is composed of members only in the same age band.

Intervention

The volatile situation at the resettlement drives the therapist into a highly pro-active working approach toward the survivors, reliant upon flexibility and speedy response. Thus, the so-called “Long-term Goals” applied in normal conditions in music therapy need to be adjusted. For the survivors at the resettlement, the therapist defines the objective exclusively for each session of the activity. Even when the objectives for certain activities are unclear, the therapist will still pro-actively define a general objective, eg, enhance confidence. This is important to be kept in mind.

Evaluation

The therapist takes the approach of “Running” the evaluation. This means that the therapist will select 3 to 5 survivors by means of an evaluation based on observation. Evaluation is critical to the survivors and even more important to the

therapist in the music therapeutic process. The concept of evaluation is to re-assess improvements and changes after the activities/sessions, compared to the objectives set. Based on the evaluation, which tends to help reveal more about the survivors’ responses and needs, the therapist will adjust future activities. Given the unique situation at the resettlement, the therapist decides not to conduct the evaluation on a per-survivor basis, but takes the “Running” approach by selecting 3 to 5 survivors from the group for an evaluation.

Revise “Any Place, Any Time”

As the situation at the resettlement is extremely dynamic, the therapist has a great need to adjust the music therapy program at any given place and time, based on changes in the situation. Examples include: the volatile tendencies of survivors to move in and out of the resettlement, the diversity of tribal ethnicities and age groups, and changes in weather. The therapist needs to be flexible and adaptable to sudden and unexpected changes, even in the middle of on-going activities.

Results

Community Orientation: Mobilizing Social Resources for Music-Oriented Local Community

At the resettlement, a high percentage of survivors are members of ethnical tribal-minorities. Hence, driven by the survivor-centric principle, the therapist takes the approach of using re-creative supportive and activity-oriented music therapy with “Community Orientation.”

Objective. (1) To enhance self-confidence and promote personal contribution to the community. (2) To enhance interpersonal relationship among the survivors within the community.

Intervention. The approach of re-creative music therapy in “Community Orientation” is implemented as a trio: (1) special festival concerts, eg, Dragon-Boat Festival, (2) weekly theme-based music concerts, eg, “Heart-To-Heart” as theme, and (3) daily tribe-based “Guo-Zhuang” dancing nights. As the Chinese Dragon-Boat Festival is in early June and just around the corner during the time of the intervention program, the therapist works with the groups of survivors in the evenings at the resettlement hallway, and even at the therapist’s own room to practice and rehearse song-learning designed with hand gesture.

Thus in the previous case, to also accommodate the Chinese Dragon-Boat festival, the therapist makes “new song learning” and “concert performing” as the practiced activities for the therapeutic program, with the main objective being a successful musical performance by a team of survivors during the festival. The survivors are encouraged by their peers as wells as by the therapist to join small singing groups. The groups and music activities include: (1) “Loving Choir in Six” Group: A choir of 6 teenage girls with the youngest one acting as the conductor. The song “Hidden Wings” was selected. Objective: Motivate self-confidence and interpersonal social relationships.

(2) “Little Tigers” Group: A choir of 3 teenage boys. The song “Friends” was used. Objective: Enhance team-building and friendship. (3) “Duet” Group: A singing duet of 2 girls in their early teens. The song “Let The World Be Filled with Love” was practiced, with hands and body coordination. Objective: Build personal contributions to community.

The process of the music therapy is as important as the result of it. During the music therapeutic activities, it is important for the survivors (seniors, adults, teenagers, and children) to discharge their energy and connect to one another in music-playing (singing and dancing).^{4,5} The therapist, acting a dual-role as a guide and partner, organizes survivors to practice songs. During the music practice, with the support from the group, the psychological state of each group participant is then gradually stabilized and balanced by the other group members. Using the performing stage as a platform, the survivors’ confidence and sense of contribution to the community is strengthened during the process of their group practice/rehearsals, as well as during their performance on the stage at the festival concert.

Before traveling to Sichuan, volunteers from the Central Conservatory of Music in China produced a music repertoire of rich and vibrant songs with which Chinese people of different age groups are more familiar with. After moving into the resettlement, the therapist conducted a “music-immediate assessment” and discovered that there were a proportion of Qiang and Tibetan survivors who had inherited and grew up in a culture filled with music and dance. The style of music known as “song of a kin”⁶ was applied and used throughout the crisis-intervention period. Such music is considered traditional to many of the survivors. The therapist includes music that they consider cultural heritage. Thus, such music bears special meaning to the survivors. To the traumatized survivors, music can be helpful to bridge the distance between individuals. The people of the Qiang ethnic minority are talented in singing and dancing, and it is said that Qiang people cannot live without their music and dance. Guo-Zhuang is most popular dance for Qiang people.⁷ With the survivors’ assistance, the therapist sources Qiang and Tibetan dancing music and integrates it into the music therapeutic activities.

Outcomes. Overall, based on the written and anecdotal feedback from the administrative management leader, the psychological state of survivors in the community became much more stable after receiving music therapy. Additionally it was noticed by the resettlement administration that the number of instances of interpersonal conflicts among the survivors at the resettlement has reduced.

Within 2 years since the earthquake disaster occurred, the therapist has continuously received the letters and messages of gratitude from survivors who participated in the music activities. The key messages from their letters are summarized below: (1) A couple of days before the Dragon-Boat Festival in May 2009 (1 year after the earthquake), a teenager sends a message to the therapist and saying, “Big sister, do you still remember me? I had so much joy from the activities I attended. The music and activities helped me walk out of the darkness of

the earthquake.” It would seem that the survivor was able to mobilize her inner positive resource with her self-healing capability with which music therapeutic process helped acquire. Note that everyone, in the range of 5–75 years old, at the resettlement called the therapist by “Big Sister” with a comfortable relationship. (2) In late 2009, another teenager sends a greeting message and shares the good news with me that she passed her competitive college entrance exam in June 2009 (a year after the earthquake). Effective September 2009, she became a freshman at a prestigious university in China.

It seems that the survivors are healed by their own efforts during the process of experiencing the beauty of music; a process so powerful to evoke the musical experience in mobilizing their “inner positive resource” and self-empowerment within days of implementing music therapy.

Hybrid Sub-community: The Recovery of Confidence

Given that community is the main stream of interpersonal relationships among the survivors living at the resettlement, the therapist uses the “Sub-community” approach to kick-off supportive and activity-oriented music therapy. The rationale behind this approach is that this would be most familiar and natural means of assigning individuals into groups from the survivors’ perspective. It is necessary to clarify here that “Sub-community” grouping is not purely a means of small-grouping, but also serves as a transition toward purely small grouping. Thus, it is also referred as “Hybrid Sub-community” group. As explained in Section 2 “Method”, the “Hybrid Sub-community Small Group” is composed of children, teenagers, adults, and seniors. Even though this group is not a “Purely Small Group” in the same age band, the survivors in such a hybrid group started moving toward working in a purely small group.

The majority of the “Sub-community 1” group includes women who are 30 years old. Among them, there is a woman showing symptoms of withdrawal behavior. Before the earthquake, her husband passed away. On top of such a painful loss, she suffered from the earthquake disaster again. Many other survivors who have experienced a trauma like this woman during the earthquake have also showed symptoms of behavior withdrawal, such as reluctance to join in any activity, an unwillingness to express emotion, and a refusal to socialize with others. In the worst cases, such as when a survivor has lost family members in the earthquake, such survivors are so sad and depressed that they believe that they would rather join their loved ones in death.

Objective. (1) Strengthen confidence. (2) Mobilize positive inner resource.

Intervention. The therapist uses the “Drum Circle” of improvisational music therapy as the activity for the group. The activity is designed in 7 steps, listed as follows, to meet the set objective: (1) Selecting his/her own instrument (to meet Objective 1). (2) Introduction: Each member is warmly introduced by another within the circle by playing the instrument in his/her hands (to meet Objective 1). (3) Everyone takes turn to create

possible patterns/rhythms of sound from his/her instrument (to meet Objective 1). (4) The group starts with the random-free-playing of their instruments, until a harmony in music playing is spontaneously reached (to meet Objective 2). (5) "Follow Me": The therapist invites an individual to play, and he/she leads the entire group to repeat and play his/her rhythm (to meet Objectives 1 and 2). (6) "It Is Our Turn": Without any verbal language, the therapist works by the gesture to organize the group into 3 sub-groups, and each sub-group in turn plays to show their instrument playing. Then, the entire group follows the sub-group (to meet Objectives 1 and 2). (7) "Sichuan, Go-Go (Jia-You in Chinese) Orbit": The activity is concluded with "Sichuan, Go-Go Orbit". With the signals of the therapist, 2 sub-groups alternate with "Sichuan" and "Go-Go". The entire group created the waves of sounds in dynamic volumes orchestrated by the therapist. The whole program is finally concluded when a peak music playing experience is reached (to meet Objectives 1 and 2).

Outcomes. Within the Drum Circle, each member is given an opportunity to play his/her instrument to express, to be heard, to be supported (cared for) by/in the entire group, and to experience the harmony under group coordination by means of the rhythm, speed, and volume dynamics of the instruments possessed by the group. The therapist observes the behavioral changes of the survivors, and a couple of the results are listed as follows: (1) At Step 5 "Follow Me", the therapist invites a woman showing behavior withdrawal symptom to play and then to lead. Under the encouragement by the music itself and the support of the group (including the therapist), she leads the group to follow her rhythm. The volume from her instrument surprises the therapist for her courage and presence of the power in music. (2) There is a 5-year-old girl who seems to have difficulty in keeping up with group activities, and the matter is fully respected and understood by the therapist. Before an activity, the therapist arranges for an assisting music therapist to support any survivor troubled by any unexpected situation. In this case, the assisting therapist gives special and warm-mannered attention to this girl by holding her in the circle throughout the entire activity. As time goes, the girl shows changes in her facial expression and gradually begins to express her interest in the sounds and rhythms created by the circle. Two weeks later, she starts smiling and playing with other children at the resettlement. (3) At the point of "Sichuan, Go-Go Orbit" as a conclusion, the circle reaches the peak of the musical experience.

Purely Small Group: Enhance Stability for Working Staff

In addition to the music therapist, there are also other working staff members at the resettlement to offer support and service to the survivors; they include: police, community news editors, administrative staff members, chefs, and other many more volunteers. The music therapist also applies the stabilization-oriented music therapeutic model to the working staff.

Objective. (1) Relieve pressure. (2) Enhance confidence. (3) Mobilize inner resource.

Intervention. The therapist designs activities for 3 groups as follows: (1) Working staff and volunteers: Music relaxation & positive imagery therapy (to meet Objectives 1 and 3). (2) Police and chefs: Music relaxation, positive imagery therapy, and solo at the weekly concert of the re-creative music therapy sessions (to meet Objectives 1, 2, and 3). (3) Music therapists: Music therapy drills, responsibilities of the assisting therapist, and music relaxation & positive imagery therapy (to meet objectives 1, 2, 3).

Outcomes. Observations by the therapist on the behavioral changes of the working staff are summarized as follows: (1) Ninety-five percent of working staff who complete the music relaxation & positive imagery therapy express that they are in a semi-sleep state, and feel relaxed and positive in spirit after the experience. (2) One week after arriving at the Sichuan earthquake disaster zone, the therapist and other music therapists experience anxiety, due to unpredictability and uncertainty of the work setting. The therapists take turns running music therapeutic activities for one another as drills. This helps the therapists relieve pressure, sharpen techniques, and, more importantly, to connect to other therapists. (3) Working at the resettlement, the working staff (including the therapists and volunteers) may also experience trauma, anxiety, fear, and/or pressure. The therapists take turns to act as assistants and/or participants in activities led by other music therapists. Thus, the therapist not only adjusting his/her mental state but also building the team spirit, group support, and connections to other colleagues. (4) For myself, after joining a crisis intervention team and receiving on-site training in trauma coping music therapy activities (such as practice/rehearsal and group performances), I have become more enabled and empowered to socially connect with members as in a team, thus providing capabilities as a music therapist, which has been fostered with the help of my university training and professional experiences.

Reflection

In terms of the survivors who suffered from Sichuan 512 earthquake, it is essential to comfort their mentality and stabilize their psychological wound that resulted from anxiety which occurred within 2 months after the earthquake. The advantages of stabilization-oriented music therapy are summarized as follows:

Stabilization. Providing early and timely music therapy to the survivors with stabilization is the main goal. What's essential to the survivors are neither to release their emotions nor to uncover their pain, but rather to strengthen and foster their perspective and experience of beauty from the musical activities.

Mobilization of Self-healing Resource. Along the music therapeutic process, the survivors are enabled to mobilize their inner-positive resource, to recover their self-confidence, and to build up interpersonal relationships, through experiencing beauty in music.

Therapist-Client Empowering-Relationship. The survivors' healing is not attributed solely to the skills of the

therapist, but to their own inner positive resource and self-healing capability, which are mobilized along with the therapist during the musical therapeutic process.

Caring for the Caregivers. Those people working at the resettlement to provide care to survivors may also be stressed and in fear, and sometimes they may even be vicariously traumatized. The music therapist also applies the stabilization-oriented music therapeutic model to the working staff, including other volunteers, police, and even chefs. Music therapists themselves also participate in musical therapeutic activities with participants and are trained together as music therapists through the experience. The power of music mobilizes the caregiver's inner-positive resource, strengthening his/her self-confidence, and connecting him/her to other caregivers.

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Bio

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