

From Major to Minor – The Therapeutic Role of Music in Northern Ireland’s Victim/Survivor Sector

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Introduction

People living in and from Northern Ireland continue to seek out ways to address the legacy of traumatic loss. Individually and collectively we grapple to find appropriate ways both to process and to reflect on the harrowing events and the individuals attached to them that have impacted on our lives. Writing about the legacy of violence related to apartheid, Pavlicevic¹ suggests that despite the passing of time, on-going trauma continues to be experienced in South Africa: ‘Violence is so pervasive, it is generally accepted that all South Africans are traumatised by it.’ This is also the case in much of the thinking about Northern Ireland where it is recognised that despite paramilitary ceasefires, a culture of violence remains a familiar feature and that no single treatment can deliver a solution for the healing processes that need to occur. To address this, different processes of remembering, commemorating, informing and educating are being sustained.

A growing body of academic and policy-related literature considers the experiences, needs and rights of those in Northern Ireland who self describe as being part of the victim/survivor and victim/perpetrator sector. Analysis of the gamut of material indicates the impact and legacy of political, military and paramilitary activities of the last 40 years on the daily lives lived in a contested space and incorporates topics as seemingly unconnected as planning, housing and education policies, sport and leisure practices, narrative testimonies and oral history projects. The role of material culture associated with death and

memory are the subject of some considerable academic debate², but surprisingly little material considers this from within a Northern Irish context³. In this paper, consideration is given to the role music might play as a process of grieving and memorialisation within the victim-survivor sector, as its symbolism, its properties and its social activity have the power to create a heightened state in players and in audiences. Looking at two music-related projects, 'Music and Memory' and 'Coda', both funded by the Community Relations Council⁴, it is proposed that music is currently a greatly under-used and under-resourced therapeutic tool that might be used more strategically and meaningfully to address the legacy of the conflict and to provide common ground for those seeking reconciliation with past events.

Music and Memory

Some four years ago, funded by a research grant from Community Relations Council, a programme entitled 'Music and Memory' was carried out in three counties. The project was devised to work with adult volunteers and users of victim/survivor centres in small, cross community group work and in total there were 24 participants. It created opportunities for participants to meet weekly over a period of weeks, some of whom were long-term users of the centres, others were new patrons. The aim of the sessions, each of which was designed around one participant's narrative, was to share different genres of music and the repertoire of different artists that reminded them of a period in their lives during which they had suffered some form of traumatic loss. In doing so, participants used music to bring an 'absent presence' to the group. In some instances this was the memory of another person who perhaps had been killed or injured as a result of the conflict. For others, the music was used to induce a part of themselves that they felt had been lost or silenced as a result of the conflict. The loss for some included a time in their lives that they had spent incarcerated, others articulated aspects of their lives when they had been previously silent, unwilling to communicate with others due to their work circumstances (a number of participants discussed their working as sub-contractors to the police or army which they felt had transgressed the norms of the community in which they lived making them targets for attack and compromising their family's safety).

Participants opened out their stories by introducing, playing and discussing their feelings about pieces of music and the events that they brought to mind.

By feigning an introduction to the group with music as the conduit, participants were enabled to articulate and shape their narratives in a novel way. In doing so they both broke through any silences that had been either self imposed or forced by others and began in some instances to forge and in others to cement relationships in the group⁵. Music became a mesh through which specific memories could be evoked and filtered.

Vignettes of Participants

Leo looks away from the group and into his hands as The Ink Spots sing 'Into each life some rain may fall' he remembers buying a copy of this record on his honeymoon and talks of being 'robbed of our courtship in later lives'. Musically he remembers his murdered wife by framing their 40 year love story chronologically and this session ends with a Brian Kennedy song that was his wife's favourite piece at the time of her death. The piece is one which Leo often teased her about. His mood changes and he laughs regaining eye contact, 'She'd turn it off when I came in'; then he adds 'I was only keeping her going about how much I hated it.'

Karen and her mother come to sessions together. 'Do you remember this Mam?' she asks as they play Eleanor McAvoy's 'A Woman's Heart', recalling how it was a key piece at her sister's funeral. In the main, she concentrates her thoughts on a three year period in the relationship to her sister prior to their marriages in the 1970s. The CDs she has brought are mainly adult-oriented rock, *The Eagles* and *Dr Hook*. The music was released at a time when the sisters had been particularly close, sharing adult experiences unfettered by the family responsibilities that later altered the nature of their contact. She connects the music not to the original artists, but with the covers of songs performed by their favourite Showband⁶, *The Indians*. She laughs, doubled up as she recalls the entire period as being 'wrapped up in the smell of Youth Dew', the fragrance that she and her sister used to neutralised the smell of the fish van they hitched lifts in each weekend to get to gigs.

Mary's session is entirely made up of the music of Celine Dion, an artist that her youngest son had particularly liked before his death. One of their last evenings together was spent at the cinema watching 'Titanic' and she recounts their walk home from the movie under a clear starry sky: 'It was a perfect night out, I couldn't imagine any better night together.' She finds Dion's voice 'uplifting' and actively seeks out new pieces by the musician when she wants to spend time with his memory. She feels that considering whether he would have enjoyed new music released since his death is one way to keep their relationship on-going and that being able to do this helps to eradicate her visual memory of the brutal chaos and the sight of the physical trauma to his body in the bomb which killed him.

Gerry has chosen sacred music, folk airs and ballads, pieces that he describes as 'peaceful and calming' to present a patchwork of memories from his time both in prison and outside. Stippled with incomplete anecdotes, his narrative unfolds inconsistently as he oscillates between traumatic incident after incident that he has been witness or connected to. His narrative is neither focussed nor coherent and does not evoke any single time, place or event. The music provides him and the group with a sense of welcome, gentle serenity in between his snapshots of restlessness and disorder.

Within the framework of the sessions, the vignettes above represent four key approaches which participants took in presenting their narratives and these can be classified as:

Diachronic – when a range of musical genres and artists are drawn on to help describe an extended chronological period within the life story being narrated;

Synchronic – when the spread of music chosen correlates with one or a number of events in the life story within a specific and limited time frame;

Connotative – when the repertoire of one or more performers or a style of music becomes representative of the principal actor within the narrative;

Mosaic – when participants used different pieces of music to piggy-back over a series of incidents presenting a patchwork of disconnected events.

It is anticipated that further theoretical exploration of the different modes would find parallels from within the cognitive psychology.

The evocativeness of the familiar music and the intensity of the narratives untapped in the 'Music and Memory' programme were key to exploring mutual respect between individuals who might previously have considered themselves to have no common ground. Inevitably, such a programme runs a risk of re-traumatising those who had been deeply affected. To that end the role that the three regional Wave Trauma Centres played in providing support to the participants and the facilitator is to be acknowledged as crucial to the success of the project.

Wojtas, writing on the programme, commented on the cultural and sectarian barriers able to be bridged through the use of music-making.⁷ This was the principal discussion at one of the outputs of the programme, a symposium hosted by the Department of Ethnomusicology at Queen's University, Belfast, where through experiential sessions an awareness of how music therapy might be used was raised with organisations from the victim/survivor sector. On that occasion, the Northern Ireland Music Therapy Trust (NIMTT)⁸ made a presentation, highlighting the fact that despite its clinical rigour and the training and professional status of its practitioners, Music Therapy at that time was a discipline that had not received any statutory support to provide services to the victim/survivor sector⁹. Two years later this deficit began to be addressed through the NIMTT's Coda project.

Coda Project

Coda is a musical term, which means to tie up all ideas before moving on to a new piece of music. It is, therefore, an appropriate title for a project developed to enable victims and survivors to reflect on their experiences relating to Northern Ireland's changing social and political conflicts, to confront issues continuing to affect them and to achieve some form of catharsis enabling them to look forward towards a more positive future. Coda was designed by the NIMTT to support the Government's first Victims and Survivors Strategy 'Reshape, Rebuild & Achieve'¹⁰ and explored the need for a sustained, clinically-based trauma-related service to families and in particular children and young people.

During the period April 2004-May 2005, 172 adults and 115 children and young people took part in the project – some in experiential sessions, others, after initial assessments, in prolonged individual or small group sessions. Coda was delivered as a sole mediation. Some users who participated in it were also benefitting from other forms of treatment including medical models such as pharmaceutical and surgical intervention and behavioural and cognitive approaches within psychology, in addition to other therapeutic methods.

Prior to delivery, the first stage of the project comprised a ‘needs’ assessment of the victim/survivor sector, carried out by Save the Children through which it was identified that of the 45 organisations surveyed, over half considered there to be a disparity between services available to adults and those available to children aged between five and eleven. CODA aimed to address the gap and the project was delivered between April 2004 and March 2005 in both schools and within victim/survivor organisations.

Overall the responses of participants who took part in all stages of the programme were overwhelmingly positive. Measures of success compare favourably with those indicators and outputs identified in Table 6 of the Save the Children Needs Assessment¹¹ and reflected in the project’s original application which can be broadly summarised as:

- improved social interaction and communication skills
- improved self esteem and confidence
- reduction in stress and a feeling of relaxation
- a sense of well being.

School principals and teachers commented on their preference for music therapy to be delivered as an early intervention rather than as a crisis management resource and were keen to lobby for further service input in particular in relation to developing inter-generational work. A number of the participating inner-city primary schools are in areas of high unemployment and where the principals interviewed acknowledge that many children come from homes with poorly developed parenting skills and low self confidence as the norm. Furthermore, pupils and teachers continue to be affected by intra-community tensions between protestant/unionist/loyalist and between

catholic/nationalist/republicans. One principal found that music therapy provides 'a unique and tangible opportunity to communicate concerns and intimacies that doesn't threaten or alarm the families'. The marker of this, he suggested, was that parents who were previously resistant to therapeutic work with their children now actively seeking out places on the Coda project.

It is a challenge to innumerate and gauge the impact of such programmes due to their subjectivity, it is also difficult to evidence the success of short-term experiential sessions. Yet the impact of such intervention work is undoubtedly meaningful for participants. Children in Crossfire, a Derry based international development organisation working with young people in and about conflict, drew on CODA sessions as a component for their International Day of Peace programme and children from diverse community backgrounds were supported to work together to develop hearing, listening and interpretation skills through their exposure to music-making in a therapeutic context. While organisers consider the value comes from 'allowing them to draw on their emotions to connect with unknown others', the interaction between two young girls who come from opposite sides of the city, from different political and religious traditions and who have both suffered traumatic loss as a result of the conflict is illuminating. Both spent a morning playing untuned percussion instruments together and it is a telling note and gauge of contemporary community relations contact that at the end of the day they swap mobile numbers and MSN details and one commented: 'Did you know we're the same, Miss? Everything we do we do exactly the same. We like the same things, same music, everything.'

Music therapy in the victim/survivor sector

Both Music and Memories and Coda were delivered at a time when the Survivor-Victim sector was developing its standards of good and best practice and were conducted in a context where many of the voluntary and community groups are stretched both financially and in terms of human resources. Coda identified that organisations are beset by a high turnover of workers, in part due to the gaps in the practical training and support services for staff and volunteers and sometimes inadequate supervision resources for those working with clients. The sector has poor staff-client/member ratios and for many, limited core funding impacts adversely on the administration practices

required to support the needs of clients and users and the demands made by external agencies. Furthermore, there are a number of specific service needs that organisations working with victims/survivors recognise as lacking, including a better detection of trauma and an appropriate onward referral system, a lack of specific services for people with mental health problems, for children and young people, and for the security services and their families.

As a therapy which does not rely on language for communication purposes, its appropriateness is irrefutable within a sector where contested narratives have been found to block some forms of group and therapeutic work. Furthermore, because engagement in music therapy sessions does not require any formal musical training on the client's behalf, the ability to respond to music is unimpaired by disability, illness, injury, age or gender, music therapy is an appropriate part of a care package in many situations.

Yet, few organisations in Northern Ireland are familiar with the discipline and many of those who have had limited experience of it are unaware that it is recognised as an Allied Health profession requiring state registration and a postgraduate qualification in music therapy (not currently available in Northern Ireland). So, given the lack of choice and limited resources in the victim/survivor sector generally, it is perhaps unsurprising that to date music therapy has not been a priority for organisations seeking to engage in victim/survivor work. Yet, its absence from the toolbox of service planners is a noteworthy lack particularly given the centrality of music in Irish and British societies, its prominence at public ceremonies, performances and commemorations in which contexts it plays both a functional and a symbolic role. There are no shortage of academic texts that consider how integral music is in situations that mark the life cycle of births, anniversaries, weddings and funerals with the remedial properties of music equally well documented diachronically and in cross cultural contexts¹². There is also a body of literature that lauds music as a therapeutic tool for tapping into particular emotions and which recognises music as central to the healing process¹³, and it is thought to be particularly pertinent when used by and with those who have suffered some form of traumatic loss¹⁴. Yet, to date, a crucial gap in this material is that nothing is being written about the role music might or does play in reconciliation work in Northern Ireland.

The Northern Ireland Music Therapy Trust is a charity established in 1990 by the neurologist Dr Michael Swallow to provide a clinical service and research work for children, young people and adults in Northern Ireland in health, education and community settings. In common with other clinical professions, therapists work by accepting referrals and undertake individual assessment sessions to determine the most appropriate intervention for the clients. Much of the work has been service delivery to those with profound communication disorders and difficulties. Yet to date, other than the CODA investment, there is no sustained support for the Trust to continue its work with victims and survivors who benefit by music therapy and there is no sustained commitment to ensuring that such work is integral to the healing process within the victim/survivor sector.

Conclusion

Music Therapy is a valuable resource for a sector with a highly susceptible and vulnerable client base dependent on short term and project funding. Many of the arts and crafts based projects delivered in the sector as part of wider therapeutic works have been delivered on limited time scales, but unlike other art-forms, short-termism in music therapy delivery is not as helpful to clients as a more sustained programme.

The intervention provides a clinically supported space for individuals to be heard in a manner that they have determined for themselves, on occasions enabling them to engage with one another at a poignant and collective level. Associations and connotations negotiated by the music can be forged out of the human stories that are narrated. As a tool to support reconciliation, music therapy provides an opportunity whereby transformations in behaviour and perception can take place. This is often most evident between individuals who previously held perceptions they considered to be antithetical to others from a different ethno-political identity. Here music mediates an insight into another's experiences and values. The strength of music therapy in a process of reconciliation allows for highly personalised tributes to be accorded at an individual level and for a mode of commemoration and reflection to take place humanely and charitably at a collective level. Through the construction of an alternative musical narrative, conflict related death and traumatic loss is stripped of the rhetoric of triumphal accolades, homages and tributes that glorify and commemorate and the process of reflection is enabled to become

an intensely human and humane act with the potential to connect those previously disconnected from one another.

Notes

- 1 Pavlicevic, 1994
- 2 Forty and Kuckhler, 1999; Hallam and Hockey, 2001
- 3 See Officer, 2001
- 4 Coda's principal funder was the Strategy Implementation Fund of the Victim's Unit within the Northern Ireland Office which provided support to establish a music therapy service to their client-group.
- 5 cf Riches and Dawson, 1996, p.153; Hallam and Hockey, 2001, p.90.
- 6 The Showbands experience was a dominant feature of the Northern Irish musical landscape between the 1950s and the mid 1970s when approximately 350 Showbands are estimated to have been playing music, usually cover versions for dancers in ballrooms, marquees and other cross community venues. Though changes in personnel were quite common many of the bands built up enthusiastic followings who would travel long distances to see their favourites. The phenomenon was important for young people in particular in rural Ireland with Showbands replicating and making accessible an aura of celebrity and international success within a local context. The demise of the phenomenon was in part due to the murders known as the Miami Showband massacres of 31st July 1975.
- 7 Wojtas, Times Higher Educational Supplement, 6 June 2003.
- 8 NIMTT has been engaged in delivering clinical music therapy through a varied programme of works with a wide range of individuals and organisations since its inception in 1990.
- 9 Bunt, 1994, pp 5-8, provides helpful definitions of music therapy.
- 10 In response to page 6 of the strategy, Point 2.4, bullet 5 '*By January 2003 pursue with relevant NDPBs how the use of the arts and sport in particular might be used as **therapeutic tools** and how, for example, poetry, art and **music** might be used as methods of expressing the experiences of victims.*'
- 11 Save The Children, 2004, p.29.
- 12 Schullian and Scholen, 1984; Roseman, 1991; Janzen, 1992; Friedson, 1996; Horden, 2000; Gouk, 2000.
- 13 Davis et alia, 1992; Heal and Wigram, 1993; Bunt, 1994; Aldridge, 1996.
- 14 Pavlicevic, 1997; Sutton, 2002.

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