

MUSIC THERAPY IN CRISES TIMES: A PROPOSAL OF INTERVENTION WITH REFUGEE'S CHILDREN



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Abstract

Since the start of the war between Russia and Ukraine on 22 February 2022, thousands of children have arrived in Spain and have been welcomed as refugees, not always accompanied by family members. The consequences of war are far-reaching, extending beyond the armed conflict itself. This often means having to move to a host country where they must face a new culture, language, etc.

This work will provide a music therapy tool to promote the social integration of refugee children. We have identified a clear need among Ukrainian children seeking asylum in Spain. We aim to provide a secure space for these children, aged between 3 and 6, to express themselves and develop their potential. We will also work to sensitise them to their situation and use creative approaches to treat trauma and improve their quality of life. We will do this through music therapy, which we will use in the social sphere.

To achieve this objective, we have developed an intervention proposal adapted to mental, emotional and behavioural health problems associated with exposure to highly traumatic content at an early age. We have also conducted a review of the benefits provided by the use of music therapy with migrant populations.

Keywords: music therapy, refugees' children, post-traumatic stress disorder, emotions, integration.

BACKGROUND

While there has been extensive research into the use of music therapy with people at risk or in vulnerable situations (Baker & Jones, 2006; Delgado-Medina & Fernández-Company, 2021; Heynen et al., 2022; Knight et al., 2021), there is a clear lack of proposals for intervention with refugee children.

Those who are victims of war seek refuge in safe places. This is the case of those who cross international borders and are welcomed in countries other than their own as refugees. The consequences of war are felt beyond the borders of the country in conflict. Those affected are forced to leave their homes, face the difficulties of migration (loss of loved ones, impossibility of mourning...) and finally integrate into a new culture. For children, these experiences of high traumatic content lead to mental health, emotional and behavioural problems.

In this situation, thousands of Ukrainian children have been involved as a result of the outbreak of war between Russia and Ukraine on 22 February 2022. The Spanish Commission for Refugee Aid (CEAR) considers this to be "the largest forced exodus of population in Europe since the Second World War" (CEAR, 2022, p. 9).

Migratory grief

It is clear that prolonged exposure to violent situations, such as those experienced in a war context, gives rise to a toxic stress response. This can affect children physically with developmental problems in major organs and generate social and emotional deterioration.

It is clear that stressors such as conflict, family separation, and uncertainty (Cre-spo et al., 2017; Hollander-Goldfein, Isserman, N. & Goldenberg, 2012) as well as the uncertainty of not knowing when arriving in the new country, despite the opportunities and security that it can offer (Dietrich-Hartwell & Koch, 2017) have a significant impact on the person. Such stressors can be conditioned by multiple aspects, including chronicity, stress intensity, and lack of control, as well as changes in landscape, language, and culture (Gamella-González, 2023; Achotegui, 2008).

It is clear that the experience of negative experiences at an early age is an abuse of the immaturity of minors and a trigger for maladaptive psycho-social and emotional skills such as poor stress management, unhealthy lifestyles, mental illnesses such as anxiety and depression, as well as negative effects on long-term brain development, affecting among others the areas that deal with learning and reasoning (Haddad et al., (Rojas, 2016) alters the normal flow of processing information and experiences, leading to more extreme physical and emotional behaviours than expected in a specific situation (Kien et al., 2019).

Refugees arrive traumatised and at risk of mental health problems due to the experiences they have had and the difficulties they have faced in reaching safe spaces. This causes reactions of anxiety, lightheadedness, alteration of attention and memories of the trauma. These characteristics of stress disorders are considered acute in the immediate term and lead to

post-traumatic stress disorder (PTSD) over the following six months (Pérez-Olmos et al., 2005).

The causes and symptoms of PTSD are clearly outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), with a specific section dedicated to children up to 6 years of age. It is made clear that this pathology can manifest as a result of experiencing an event first-hand, witnessing it in others or simply having knowledge of it. The manual also highlights the traumatic impact of this on the main caregivers. Among the symptoms described is the involuntary intrusion of memories in relation to the event and recurring dreams of it, which can be represented by the child through games, acts or feelings. They may experience psychological distress and physiological reactions due to elements that symbolise, resemble or generate memories of the event (American Psychiatric Association [APA], 2013). These symptoms have a negative impact on the person's social skills and memory, leading to learning difficulties, social distancing and isolation, which in turn reduces the quality of life, hinders integration, personal stability and the creation of new social relationships (Beck et al., 2018).

Music therapy with refugees

Music is a universal language that can be used to bridge cultural gaps. It doesn't require verbal language, which makes it ideal for communicating with children from different cultures. It also eliminates the first barrier to communication, which is often a language barrier. It is also important to remember that children at an early age have limited verbal language. Therefore, their behaviour and emotional expressions constitute the main mode of communication with their environment. Music therapy, as a non-verbal and strengths-based approach, provides a number of advantages over other therapies such as medical psychotherapy, especially when verbal communication is difficult. It offers a more intuitive intervention adapted to the sociocultural context through the use of numerous instruments and music (Gamella-González, 2023; Abdulbaki & Berger, 2019).

When conducting music therapy with refugees, it is essential to consider a number of factors. These include understanding the refugees' cultural backgrounds and the impact this may

have on their responses to the therapeutic relationship, the environment, and the music itself (Hunt, 2005).

Refugees face significant challenges in reaching safe places, which often results in them arriving traumatised and at risk of mental health problems. These problems are related to a person's ability to build their own autonomy and generate relationships with others through meaningful learning (Onorio, 2012).

Koch and Weidinger-Von der Recke (2009) are clear that trauma must be treated from a physical level as well as a cognitive and emotional one. This is why working on it from a sensory-motor level, involving movement such as dance or playing an instrument, is so effective. It activates body resources that favour the emotional and cognitive processing of the trauma. Likewise, music therapy is an important complement to psychotherapy, especially when verbal communication is difficult. Its non-verbal and strengths-based approach makes it an invaluable tool. Play Therapy, Cognitive-Behavioural Therapy (CBT), and even Emotionally Focused Therapy (EFT) are the most effective when used in conjunction with music therapy.

Group music therapy is an invaluable tool for Ukrainian children, who have endured and continue to endure a common adverse situation. It provides a sense of belonging by facilitating the creation of bonds of solidarity, relating the individual to other people with similar problems (Satinosky, 2006), as well as their geographical origin and similarity in mental and chronological age (Poch, 2011).

PROPOSAL FOR INTERVENTION

Objective

The objective of this proposal is to promote the social integration of Ukrainian refugee children in Spain between the ages of 3 and 6 who participate in the implementation of this music therapy programme designed for this purpose. The programme will be based on the specific objectives detailed below:

1. We offer a means of expression through music.
2. We must encourage cultural exchange.
3. I will facilitate mental avoidance.

4. Create a safe and trusting environment for all members of the group.

Participants

This work is aimed at groups of a maximum of 10 children between the ages of 3 and 6 who are refugees in Spain. These children will be considered as direct beneficiaries of the therapy. The specified age range was chosen because it belongs to the period of early childhood. At this age, children are in the early stages of awakening to verbal expression. This makes communication through this medium difficult due to lack of vocabulary, pronunciation and conceptual relationships. Likewise, the understanding and expression of emotions in oneself and in others begins to develop, which is known as emotional intelligence (Goleman, 1996). It is therefore crucial to provide tools that facilitate communication, identification and expression of what they feel personally (personal skills), as well as what they see in others in order to understand themselves, free themselves, value themselves and from there, be able to empathise with others and promote integration (social competencies). Authors such as Lacárcel (1995) and Oslé (2011) are clear that music has the power to promote self-expression and foster beneficial personal relationships through group activities. These activities, which do not rely on linguistic codes that can become restrictive and complicated for children, encourage the expression of emotions and actions.

On the other hand, it is important to note that the implementation of music therapy programmes can generate a series of positive impacts on people other than the patient, also known as indirect beneficiaries. These are shown in table 1.

Resources

The necessary resources for the correct development of the sessions have been categorised according to their area of reference. The distribution is as follows:

- The human resources required are: A music therapist and a co-therapist must be present. Each group will have a maximum of 10 children. A translator will be provided if necessary.
- Musical resources: String instruments: keyboard (1), guitar (1). Percussion instruments: tambourine, Chinese

se box, maracas, triangle, musical bells, crotalos,

BENEFICIARIES	PROCEEDS
The centre where it is taught	Improves institutional reputation
	Development of new therapies (promotion of innovation and creativity)
	Attract a wider audience
Improvement of psychological care	Use of music therapy in a complementary way to psychotherapeutic treatments (greater effectiveness of treatments)
Relatives of patients	Greater emotional well-being by observing the patient's progress.
	Greater understanding of your family member's problems.
	Greater affective support for the child.
	Benefit at the social level (awareness of the importance of preventing and treating mental disorders, care for patients in these states and reduction of the burden of these diseases in society)
Music Industry Development	Music industry development.
	Music creation and production
	Higher economic income and job creation.

xylophones.

Table I

Indirect benefits

Source: Own elaboration.

- Repertoire of Ukrainian folklore songs.
- Classical music repertoire.
- Repertoire of children's songs in Spanish.
- Scores and lyrics of children's songs in Ukrainian.
- Sheet music of the songs for the welcome and farewell activities.
- Voice.
- Material resources: The following resources are required:
 - Computer (1).
 - Blank stickers.
 - Colored pencils.

- Sheets of paper with drawings that are representative of or evocative of emotions.
- Blank pages.
- Painter's paper.
- Balloons.
- Mobile phone or video camera to record the sessions.
- Evaluation sheets.
- Fabrics to cover the eyes (optional).
- Spatial resources: The room must have sufficient space to facilitate the free movement of the participants, with good lighting and natural ventilation, and must be isolated from possible noise and distractions.
- Linguistic resources: You must be able to pronounce the basic Ukrainian words for greeting and farewell, emotional state (good/bad), gratitude, etc.

Music therapy sessions

The proposal is for 8 sessions, one per week, for 45 minutes each, over 2 months.

Behavioural music therapy will help refugee children learn new skills and behaviours to better manage emotions and overcome the trauma they have experienced. It will also improve communication and social skills, which will help them adapt to the new environment and improve their quality of life. Stimulation, structure, and reinforcement techniques (Brotons, 2000) are used to guide patients toward desired behaviours and help them achieve treatment goals. Music is used as a stimulus to influence the patient's mood, reducing anxiety and irritability through breathing and relaxation techniques, among others. This structure provides a consistent and safe framework for the therapeutic process. Reinforcement is an effective way to encourage desired behaviours and increase the likelihood of them being repeated in the future.

A comprehensive range of activities is therefore proposed, all of which are group and cooperative, some of which are active and others receptive. These activities will be supported by music, both live and recorded. There will be structured dynamics, with an objective of attention, memorisation and repetition, and semistructured dynamics, focused on creativity.

We use two music therapy models: creative improvisation and behaviourism. Creative improvisation allows children to express emotions and thoughts that they may find difficult to communicate in other ways. We must create a safe and supportive space for them to experiment freely.

The methodology to be used is as follows:

- Improvisation: Experiment with instruments (detailed in the musical resources) through touch, sound, and a variety of forms of execution.
- Recreation: repeat, sing and dance.
- Listen: relax and breathe with the music.
- Representation: express emotions through drawing and the evocative power of music.

The four methodological criteria and the sequencing of the session in seven phases, proposed by Mateos-Hernández (2004) and described below, have been taken as a basis for the elaboration and organisation of the activities.

- Intersperse externalisation dynamics with expressive activities and internalisation phases where the proposals to be made have a receptive motivation. This process will be carried out in all sessions.
- The activities will initially seek to enhance each child's identity through bodily and perceptual development. From there, they will seek to gain knowledge of the rest of the group through emotional, communicative and social development.
- It is essential that children are able to listen attentively to the sound-musical interactions present in the session. This will ensure that their attention is focused on the activities, which will in turn foster motivation and generate affection. This relationship must be maintained throughout each session, through the different types of activities proposed.
- The activities must be coherent so that they are unified and can be implemented as long as they achieve the set objectives. Similarly, we must have a variety of activities that allow us to switch between them if we notice that the children's motivation is waning.

Table 2 shows the sequencing of the seven phases indicated above.

The preparatory phases are as follows:	Warm-up – Expressive
	Motivation for the session – Receptive
	Conscious Body Activation – Expressive
	Perceptual Development – Receptive
	Relationship with the other – Expressive
	Representation and symbolisation – Receptive
	Farewell – Expressive

Tabla 2

Sequencing Phases Session

Source: Own elaboration.

In the warm-up phase, we will make a musical welcome of the children to the room, supported by recordings of children's songs in Ukrainian and Spanish. We will play and sing the welcome song later on, and it will be the same in all the sessions. This will help the children to recognise and internalise it. The songs for the sessions can be found here.

In the motivation phase for the session, we will present the instruments that are going to be used that day. The children will be able to approach and experiment with them.

The conscious body activation phase involves activities that require movement, such as dance, displacement, or movements with specific body parts.

In the perceptual development phase, we will discriminate sounds (instruments, classroom elements, etc.) and their location in the classroom.

The phase of relationship with the other is the most related to the social bond and involves activities of imitation of the gestures or rhythms proposed by another person. There are also activities that involve trust in another partner, such as walking with your eyes closed and the partner guided, or performing body percussion on the partner's back.

In the representation and symbolisation phase, relaxation activities are included. These guide the children's breaths based on calm music and represent emotions or how they feel at

that moment through drawing. Please click here to access the drawing templates.

PHASES	PROCEDURE
Warm-up	Musical reception (live and recorded music). Welcome song
Motivation	Presentation and experimentation with the proposed instruments.
Conscious body activation	Activities with movement, dance and displacement.
Perceptual development	Discrimination and localization of sounds.
Relationship with the other	Social bond: imitation, guidance and physical contact with peers.
Representation and symbolization	Guided relaxations with music and emotional representation through drawing.
Farewell	Respectful (recognizable) closing, farewell song

Table 3

Phases and dynamics

Source: Own elaboration.

The final phase is the farewell phase. Here, the same song will always be sung and played, so that the children can easily identify the end of each meeting.

To ensure the proposal is applied as intended, tables are provided with a complete and detailed description of each activity. This includes the title, duration, necessary resources and how to carry out each activity. You can find them all here. Table 3 presents a summary of the details of the phases.

Data collection and analysis

The information we collect through the evaluation tools will be useful to update the information in the decision-making process in order to facilitate the achievement of the objectives. It must be reviewed continuously to speed up the decision-making process and verify that the objectives established are achievable.

This paper proposes a mixed evaluation. The forms described below have been provided for the work.

The intervention proposal will be evaluated at the end of the therapy by the music therapist and co-therapist. This will assess the suitability of the set of activities and sessions, as well as their duration, resources and proposed objectives. This will be done using a Likert-type scale meter.

The child's support person (psychologist, social worker, etc.) will evaluate the therapy before it begins, after the fourth session and at the end of it (after the eighth session).

Each session will be evaluated after viewing the recording by the music therapist and co-therapist. The Likert scale will be used to measure individual and group objectives. There is a space for observations, so please make any annotations you feel are appropriate. The evaluation forms can be found at the following link.

CONCLUSIONS

The proposal has been developed with the intention of making a valuable contribution to music therapy in the social field, which, in the search for literature on the subject, shows a lower amount compared to other music therapy contexts. Furthermore, the specific circumstances of the selected population and the distinctive attributes of its environment, particularly in the case of children compelled to migrate due to an extreme situation, which is a catalyst for an exodus distinct from migration for other reasons, must be taken into account.

At the social level, we must develop greater sensitivity to the situation experienced by migrants from their countries of origin, during flight and on arrival in countries of refuge. PTSD is a serious condition that can have long-term effects on mental health. It is therefore crucial to address it as a social and ethical issue.

It is clear that traditional therapies such as psychology should be supported by other approaches based on creativity and self-expression within a holistic framework. These include artistic-creative therapies, such as music therapy, which should be given greater support. It is crucial to develop and implement music therapy programmes for refugee children in the social sphere. This will ensure the provision of a therapy with multiple benefits in the different spheres that constitute the human being. It will also provide a means to make visible and

relevant such therapy based on the person and his/her process of change.

All the activities have been designed to be carried out from a musical slogan, so it is essential to have a co-therapist so that the members of the group can understand the dynamics with the least possible use of words. The use of Ukrainian songs and Spanish facilitates the coexistence of the two cultures. Furthermore, a small dictionary is provided so that we can address the members in Ukrainian for greeting messages, farewells and to find out if they are happy, sad... Young children learn and develop through play, so all activities are designed to be engaging and enjoyable.

From the reception with songs from the children's culture to the closing of the sessions that provide a gradual and friendly farewell to the shared experience, we offer a space of freedom and understanding in which all contributions are positive and accepted with respect.

All members of the session participate in common activities, with the aim of developing confidence in oneself and in others.

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