

SHORT COMMUNICATION

Mateneen [Together] – a music therapy project for and with young refugees and asylum seekers in Luxembourg

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ABSTRACT

Luxembourg's Music Therapy Association [Gesellschaft fir Musiktherapie zu Lëtzebuerg asbl] (GML) started working for and with young refugees and asylum seekers in Luxembourg in December 2016. Since then, music therapy sessions are available in a group setting as well as for individuals.

Musical parameters, such as rhythm, melody and harmony, are used by a certified music therapists to address acute stressors or past traumatic events. Quality of life and feelings of control – self-control or control of one's surroundings – are some of the therapeutic objectives while using a non-

verbal medium with often heavily traumatized young people. Improvisations, song writing, dancing and musical relaxation are some of the methods used to address the needs of the participants.

This short communication constitutes a report of a low barrier and small-scale intervention. It includes some reflections made by a music therapy intern after having assisted several group music therapy sessions, as well as a testimony from participant A., a beneficiary of these sessions. It concludes with a summary and recommendation for further research.

Keywords: MENTAL HEALTH, MUSIC THERAPY, REFUGEES, ASYLUM SEEKERS, LUXEMBOURG

INTRODUCTION

In 2015 and 2016 Luxembourg – as with many other European countries – welcomed several migrants seeking asylum, hoping for a chance of a better life.

Fleeing home, leaving behind family members and friends, and giving up a job, school and relationships – everything you were used to – constitute huge stress factors and would pose extraordinary life challenges for anyone. But in addition of a difficult journey with many uncertainties and unexpected setbacks, and arriving in an unknown country, not knowing where to go or who to turn to, may contribute to an even higher risk of developing psychological and/or psychiatric disorders, such as post-traumatic stress, emotional disorders, anxiety or general grief (1–3). Children and youth – unaccompanied or accompanied minors (UAM or AM) – are even more at risk. They are in a particularly vulnerable time of their lives and helping them to cope with what they had to endure, to be able to thrive and develop perspectives for their future, is of utmost importance (4).

Aware of the risks of mental health issues in refugee populations and knowing that music can be a strong and helpful medium in addressing problems – such as loss of control, restlessness, anxiety, depression, isolation or a lack of resources – faced by these people, Luxembourg's Music Therapy Association [Gesellschaft fir Musiktherapie zu Lëtzebuerg asbl] (GML) received project funding from the Foundation Oeuvre [Oeuvre Nationale de Secours Grande-Duchesse Charlotte]. The funding enabled the association to implement the music therapy project, Mateneen [Together], for minor refugees and asylum seekers living in the shelters run by the Luxembourg Red Cross. Since December 2016 weekly group sessions have been offered to young women and men from the refugee population.

Music, as a non-verbal medium, is the driving force behind the therapeutic relationship, helping to overcome language barriers and to open up constructive exchange as well as new channels of communication.

The GML defines music therapy as follows:

“Music therapy (MT) consists of using music to further, to develop and to re-establish people’s physical and mental balance.

It mobilizes resources and its aim is to optimize quality of life through dealing with problems on a different level or through supporting a healing process.

As a non-verbal means of expression and communication, music appeals to people’s emotions; it stimulates cognitive as well as social and creative abilities, which will in turn allow the person to deal with the conflicts and challenges in life.

Due to the different parameters of music, MT, whether active and/or receptive, generates intrapsychic and relational processes. According to the respective need, a qualified music therapist approaches these processes in verbal or non-verbal, in individual or group therapy sessions.

MT belongs to the group of art therapies. Based upon psychotherapeutic schools and on the music therapist’s own training, the methods used in music therapy include elements from psychodynamic, behavioural, systemic, holistic-humanistic and integrative concepts.” (5)

The Oxford Handbook for Music Therapy divides the application of music therapy into four contexts: medical, developmental/educational, mental health, and community. The population range benefitting from MT extends from infants and children to adults and elderly adults (6). A relevant Cochrane review has shown moderate-quality evidence that music therapy is beneficiary in reducing depression in people with dementia (7).

Beck et al. provide an overview of the available research on the effect of music therapy on people with post-traumatic stress disorder (PTSD), and more specifically, on refugees with PTSD. Research shows that music therapy can reduce core PTSD symptoms, depression, hyperactivity, aggressive behaviour, anxiety and somatization, and increase social function, hope, resilience, sleep quality and quality of life (8). Most of these studies describe group music therapy interventions and improvisational music therapy while the more specific sleep-based studies analyse the effect of receptive music therapy (8).

PROJECT OBJECTIVES

Group MT sessions aim to reduce stress and anxiety levels related to issues faced by young refugees and asylum seekers, such as the perilous conditions of their migration; loss of their linguistic, cultural and material references; and distance from their families.

Through MT, GML tries to contribute to an improvement in the quality of life of young refugees and asylum seekers, to make it easier for them to overcome their problems, through activating their personal resources, developing a form of resilience, and helping to integrate them into their new host environment.

IMPLEMENTATION

Since 2016 MT has been presented in distinct ways through the Mateneen [Together] project; through individual care following a request (prescription) from a psychiatrist, through MT discovery workshops that are available to the entire refugee population living in the shelters run by Luxembourg’s Red Cross, including UAM, families, and parents with their children; and through an initial project that ran from December 2016 until May 2017, where group MT sessions were available to minors in the Red Cross shelters. This collaboration between the Mateneen project and the Red Cross shelters aims to create a link between residents and the MT concept.

Between December 2016 and December 2019, 50 UAM attended music therapy sessions (over the same period, a total of 166 UAM sought asylum at Luxembourg’s Ministry for Foreign and European Affairs) (9, 10). Furthermore, between February 2017 and December 2019, 20 young adults participated in GML’s music therapy group sessions.

IMMEDIATE OUTCOMES AND IMPACTS

The observations made by music therapists during group MT sessions, the exchange with members of the Luxembourg Red Cross team accompanying the participants on a daily basis, and the assessments made by the beneficiaries themselves using the Self-Assessment Manikin (11) indicated an initial positive outlook, namely: 1) increased self-esteem, assertiveness and self-confidence; 2) feelings of belonging, while linking to the culture of origin through rhythm, singing, or dancing; 3) adaptation to and improved links with the new environment;

EXPERIENCE REPORT FROM INTERN, A.M.

A.M., a MT intern, reported that during her time working in the project, the structure of each therapy session was adapted to the number of participants, however, she quoted that:

Most sessions proceeded as follows: everyone first chose an instrument and we played some free improvisations. Each participant was given an opportunity to start one improvisation and the others were encouraged to listen and respond to the initiator. This was a very rich experience as I observed a lot of attention towards each other, curiosity and enjoyment.

Several possibilities exist for guided rhythm games, such as having one of the participants introduce a rhythm on a chosen instrument and other attendees then copying the rhythm, with the intern stating:

After everyone was aware of all the others' rhythms, we exchanged instruments and had to remember the rhythm introduced by that instrument. After we all managed, we increased the difficulty once more by turning our backs to each other. To me, as well as an improvement in concentration and presence in the moment, this exercise enhanced listening and sensitivity towards each other.

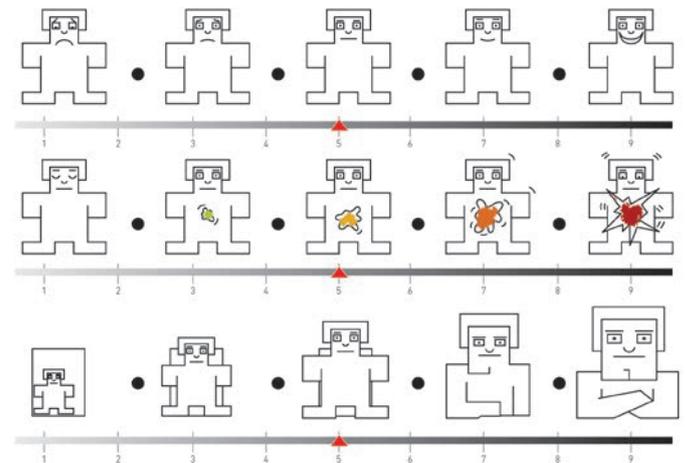
Phases of using noisier instruments to blow off steam are alternated with phases of using calming, soft sounds for relaxation. To increase verbal contributions and more interaction between participants, story cards are sometimes used. The intern reported that:

It was a beautiful experience. The cards showed pictures from middle-eastern places, mosques, towns and people. Each participant took a card in turn, chose one or more instruments and told a story about the card musically as well as verbally. For some participants, especially a young boy from Albania, aged about 13, this was difficult, while it seemed to be easy for a young man from Guinea who told a beautiful story in a way that even had a poetic touch.

and 4) a (re)discovery of creative resources, development and strengthening of personal resources.

In the following figures, we present the results of the evaluation made using the Self-Assessment Manikin by a pilot group of 14 UAM (4 female and 10 male participants) attending music therapy group sessions between December 2016 and May 2017. These young people had to flee different continents and countries, spoke different languages and had diverse musical backgrounds. The Self-Assessment Manikin (Fig. 1) is a non-verbal pictorial assessment technique that measures the pleasure, arousal and dominance (which can be interpreted as feelings of happiness, self-esteem and control respectively) associated with a person's affective reaction to a wide variety of stimuli and it was used to evaluate the benefits of participation in MT. It is used to rate the affective dimensions of pleasure

FIG. 1. SELF-ASSESSMENT MANIKINS BY BRADLEY AND LANG



Source: Bradley M, Lang P. Measuring emotion: the self-assessment manikin and the semantic differential (11).

(top panel), arousal (middle panel) and dominance (bottom panel) (11). Before and after each MT session participants were asked to assess themselves on each of the three scales. Data were combined for the participants (between two and five) of each session, and an average was then taken across each of the 22 sessions (Fig. 2). This data is therefore purely illustrative and future work will aim to expand in this area.

Fig. 2 (A) shows the increase in self-reported pleasure following a MT session ($M=4.7$ before a session vs $M=7.1$ after), with participants indicating feeling more “happy, pleased, satisfied, contented, hopeful, relaxed” after the sessions than they had felt before starting the sessions. Likewise, there was an increase in arousal (Fig. 2 (B)), with average scores increasing from 2.8 to 4.6 on the arousal scale following a session. Participants generally assessed themselves as more “relaxed and sleepy” before a session, and more “excited and wide-eyed” afterwards. Finally, participants felt more in control of their situation (Fig. 2 (C)) following their MT group sessions, with their dominance scores increasing from 4.6 to 7.6.

As such, it appears that MT motivates the participants and increases happiness, self-esteem, feelings of control and overall well-being, immediately after the session.

In addition to the participant data collected from the Self-Assessment Manikins, the music therapist also stated that the benefits of the sessions for participants were clearly visible and audible. However, the long-term effects of MT on refugees, such as improvements in their quality of life and social inclusion in their new country, needs further research and more longitudinal documentation.

Participant A. is a young man from West Africa. He followed 14 music therapy group sessions and benefited from an individual session during a crisis situation. The following paragraphs describe his experiences and emotions during the music therapy group sessions.

TESTIMONY FROM MT BENEFICIARY, A.

I'm a migrant, a refugee, a dago, a 'human being'. It is in this context that I am kept in a permanent feeling of distress and victimization.

The discovery of MT was welcome in these troubled times. It consists of using a mix of different kinds of musical instruments to get out of the routine that draws so much energy from us.

Indeed, the MT sessions were based on several different themes that I will hereby mention.

1. Bambam

Actually, that's not its name at all, but I used to call it that way. Because it consisted in using a plastic tube about 70cm long to make as much noise as possible by banging on the chairs 'Bam Bam'... way to let off steam. Forget for a short minute the situation we were living in and towards the end give a very loud scream: to free oneself on the one hand from various evils and on the other hand a call, a call of hope.

2. Communication

In this session, all participants were asked to choose a musical instrument. And participants had to take turns setting the rhythm. And one after the other, we had to accompany each other on our journey with the help of our different musical instruments.

We didn't need to talk. The musical notes did it for us. Because you could see it in the eyes, in the body language, that we were communicating through the melody that each of us was playing. And we were united. The different notes of music were flowing 'without any bad weather'.

3. Meditation

Unlike the psychologist, music therapy does not seek to awaken traumas, but rather to get through them.

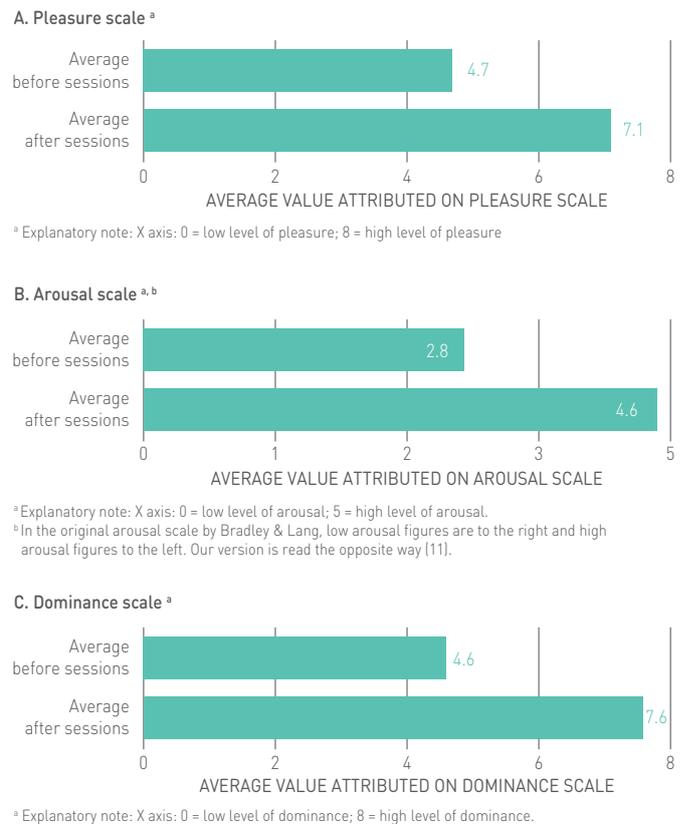
During the meditation sessions a circle was formed sitting on a mat. And with the help of a copper bowl and a stick [...]. I don't remember the name, it came from Tibet, I think, [he laughs] A half-metal, half-velvet sound that he emits carries you away with your eyes closed and empties your head.

I know this because every time I followed this sound to the end and my eyes opened, it was always with a smile of happiness, of affection. Because I saw the same feeling in the eyes of the other participants.

At the end of the therapy I felt very good in my skin, feelings of joy, happiness and my batteries were recharged again. I was happy and I tell you: living happily is the way of life that everyone deserves. Without music there is no meaning in life.

Participant A.'s testimony illustrates that MT may present several therapeutic goals when working with young refugees. It may be activating and calming on one hand and soothing on the other hand. It helps refugees to communicate, and to feel togetherness and resourcefulness. A. was able to reflect on what is happening during MT group sessions and to link the musical actions to his own emotions. Being in MT gives him hope, even though his life seems quite hopeless at the moment to him.

FIG. 2. AVERAGE SESSION VALUES ON THE SELF-ASSESSMENT MANIKIN BEFORE AND AFTER A MUSIC THERAPY SESSION (N = 22)



CONCLUSIONS

MT group sessions for young refugees and asylum seekers may be one way to address complex and often painful themes linked to having left their homes and living in a foreign country with, at times, unclear perspectives. Sessions tune into these young people's cultures, (re)assure them in their competences and resources and strengthen their self-esteem. They are shown that even if they are living with many uncertainties in their lives at the moment, music can be a constant factor and the long-lasting offer of MT to them may contribute to an improved quality of life and thus a decrease in symptoms concerning psychological

and/or psychiatric diagnoses (12). However, no research has been yet undertaken to present the benefits of group MT for young refugees and asylum seekers in Luxembourg, with the present paper merely providing an overview of the project. The authors recommend that research is undertaken in the future to be able to provide more evidence-based outcomes of the project. A more systematic approach should be taken to collect, assess and analyse data. A randomized controlled trial would possibly be a valuable study design for further research. MT, as a non-verbal therapeutic offer, helps to overcome language barriers and, in the words of Victor Hugo, may as such help to “express that which cannot be said and on which it is impossible to be silent” .

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Conflicts of interest:

None declared.

Disclaimer:

The authors alone are responsible for the views expressed in this publication and they do not necessarily represent the decisions or policies of the World Health Organization.

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¹ All online references were accessed on 5 March 2020.