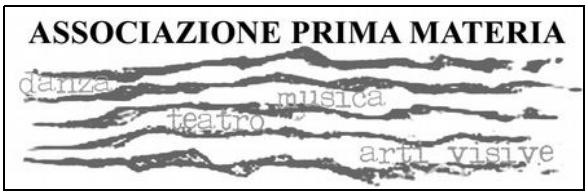

"Music Therapy and Social Care"

in the Refugee Camps of Lebanon 2012-13

2012-2013

a diary of discoveries

edited by
Deborah Parker

The cost of this volume is 2€.
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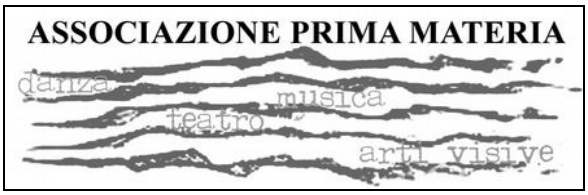
in collaboration with:
Region of Puglia, Associazione per la Pace, Mola di Bari, council of Mola di Bari, Province of Florence, council of Montespertoli, Ulaia ArteSud Onlus, Associazione Stratos, Cooperativa Camera a Sud, Associazione Comunicare il Sociale.



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This brief collection of observations, impressions, and thoughts is dedicated to the group of psychologists, therapists and social workers of “Biet Atfal Assumoud” with whom I shared much of this last year;
in particular, to Liliane, for her unlimited availability, dedication and professionality in coordinating the project in Lebanon, her enthusiasm and sensitivity in following the training and for her friendship;
to Mohamad, Nahia, Jessika, Manal, Dalal, Huda, Hiba, Arwa, Suzan e Hanan, students training in music therapy, people from whom I have learnt worlds.

Furthermore, it is dedicated to Mr Kassem Aina, general director of “Assumoud”, the administrative staff and all the workers, for the reliability, coherence, clarity and conviction with which they develop the institute's projects; in particular Dr Madalein Badaro Taha and the specialized medical teams of the Mental Health Centres, not only for their enthusiastic curiosity towards this new discipline, but also for the truly moving generosity in sharing their professional knowledge.

Lastly, it is dedicated to the Palestinian people exiled in Lebanon, as testimony of yet another small link in the chain of efforts to construct 'the Road of Return'.

Acknowledgements

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In addition to this support, "Music Therapy and Social Care" would not have been possible without the hard work of the many people who dedicated time, energy and care toward emphasizing the urgency of the project's aim; to make available a new therapeutic method for mental health care in the Palestinian refugee camps in Lebanon, through the Family Guidance Centres run by the National Institute for Social Care and Vocational Training "Beit Atfal Assumoud". To all these people, often active 'behind the scenes', we extend heartfelt thanks:
Isabella Colonna, Associazione per la Pace, Mola di Bari
Olga Ambrosanio, Ulaia Artesud Onlus, Rome
Stefano Fusi, Province of Florence
Gianluca Sciannameo, cooperativa Camera a Sud, Molfetta
Donatella Bellomo, associazione Stratos, Bari

'Last but not least', thanks to Henry, Rebecca, Dario, and the big family of Prima Materia, for having tolerated a wife/mother/president who, since her discovery of Lebanon and the friends of 'Assumoud', is constantly 'travelling', if not physically, nearly always in thought.

Structure

The diary alternates letters, narrating my very first impressions during the project's 'start-up' phase (Summer 2012), with clinical case examples written by the music therapy trainees one month ago, as a starting point for in-depth, clinical histories which are essential for a well-informed development of Assumoud's music therapy service. These texts are preceded by a short introduction which illustrates the project's social-political context.
The names of the children in the clinical cases have been changed, together with all details which could lead to identification, in order to protect their privacy.

Index

Context

The project "Music Therapy and Social Care" was designed in response to a specific request to introduce music therapy within the Mental Health Clinics of the Family Guidance Centres (FGC) of 'Beit Atfal Assumoud', an NGO founded in 1976 to ensure emergency aid to thousands of Palestinian refugee children left orphans during the fifteen years of civil war in Lebanon. The refugee camps and their inhabitants, under constant threat from conflicts between the military factions, were devastated by massacres, the violence and cruelty of which defies comprehension. The organization's name means “The House of the Resilient Children” and today it is one of the largest NGOs in Lebanon, present in all the camps with social, sanitary, educative, recreative and training services for refugees from Palestine and from other nations.
The concept of 'resilience' is central to Assumoud's work; in social and political terms, and in the face of events threatening the psychophysical balance of individuals and their community, the term indicates the capacity, not only to survive, but also to maintain a sense of identity and ethnocultural belonging, in order to support the development of progressive adaptive strategies. Unlike the concept of 'resistance', which evokes the retention of a rigid attitude and the rejection of any new condition, 'resilience' implies the development, on the one hand of an inner, 'conserving' strength and on the other of a tactical dialogue with the new environment, without losing touch with 'the original project'. In the specific case of Palestinian refugees, banished from their homeland with peremptory violence sixty-five years ago, deprived of their country by the invasion of another nation supported by many world powers, forced to find refuge wherever they could, and without any foreseeable prospect of the restoration of their lost rights, 'resilience' becomes an essential prerequisite for the survival of this people.

The youngsters in the camps today are the third generation of refugees; only their grandparents retain memories of their homeland in Palestine where they lived in freedom. The second and third generations were born within the camp perimeters, which have remained unaltered with respect to the boundaries established in 1948, regardless of the fact that the population has more than tripled. Not only the camp areas, but also the basic vital facilities provided by the United Nations have failed to maintain adequate levels to support the demographic growth. One of the many consequences is the necessity for the UN schools to function in shifts, with chil-

dren alternating early-morning and afternoon/evening timetables on a monthly basis, in an attempt to balance the related difficulties for their families and the community. In terms of psychophysical integrity, the camp's population is at the highest possible risk; one of the most significant factors affecting today's younger generation is that their parents grew up during the years of the civil war, with its unspeakable horrors, including extensive loss of primary family carers for many of them. If we add to this the fact that the first generation had already been scarred by the 'nabka' ('catastrophe', referring to the Israeli invasion of 1948 which caused the first wave of refugees), a clear picture of 'basic fault' emerges. This concept was defined by the English psychoanalist Michael Balint (1979), to explain the intergenerational transmission of vulnerable psychophysical states, due to inadequate primary care from traumatized parents.

During the years of experimentation and research which Assumoud has devoted to the development of 'resilience' within the camp communities, the importance of music - one of the essential safeguards of cultural identity in the history of all diaspora – has emerged yet again. It is possible to deprive a community of many things, but its musical soul remains intact. The proof lies in the many 'dabke' dance groups in the camps; the traditional Palestinian dances, together with songs and instrumental music, which are passed on to the younger generation, become the cultural underpinning for dramatic representations of the 'nabka', the enforced exile, and the demand for the 'Right to Return'.

The opening of Assumoud's first Family Guidance Clinic, in Beirut in 1997, reflected the necessity to provide specialized care for members of the community at risk, particularly with regard to mental illness. For these people, the quest for 'resilience' penetrates to the core of their mind-body states, which are doubly threatened, not only by the traumatic conditions of life, but also by their specific pathologies. As a complement to the other therapeutic disciplines, the request for music therapy acknowledges the significance of the 'sound/music' medium, not only as a bearer of culture, but also, and prior to every other social function, as an essential vehicle underpinning all learning and adaptive processes.

The Refugee Camp from the top of a building

Khalid

Khalid is 5 years old and attends one of the Nursery Schools in the refugee camp where he lives. He was referred to our Mental Health Clinic and diagnosed with Attention Deficit Hyperactivity Disorder, creating concentration and comprehension problems which have a destabilizing effect on his family. He began psychotherapy and was also referred by this specialist for music therapy, after obtaining permission from his parents.

We began work in November 2012, with the objective of reducing Khalid's agitation. I introduced myself and explained the way we were going to work: “ We are going to meet once a week, you and I, and we will use musical instruments”. I introduced the musical instruments to him through songs and games, focusing on a repertoire familiar to him.

I was anxious at the thought that the child’s parents would not accept this method, but this was not the case; indeed, Khalid's mother even proposed to attend some sessions with her son, in order to follow up with him at home. One of the real dif-

ficulties, on the other hand, was the lack of musical instruments and of a video recording camera.
The main supervision on my work was done by the FGC specialists through their guidance and advice, but they were not able to attend the sessions, due to timetabling problems. However, the supervision visits of Ms Deborah Parker were very useful in managing and guiding me in my work with Khalid in a positive way.
I would say that the results we reached through the work with Khalid were good and an improvement was seen. The parents' feedback was also positive, especially in noticing that the child is happy after the session. The time allocated to the sessions was increased at the child's request. We believe that the sustainability of these positive results will be closely related to the continuity of the treatment in parallel with the specialists' intervention .
On a personal level I have learned a lot through this method, which is new in the FGC. I would propose more training in order to improve skills and therefore work in a more efficient way.

Huda Asaad, social worker

Tarek

Tarek is 4 and a half years old and lives with his family - father, mother, 2 sisters and 3 brothers - in a 'gathering', unofficial areas where refugees have made their homes, outside the recognised camps established by the UN. The family's economic situation is good, and depends on the father's income as a mechanic. The family lives in a house with 4 rooms, a kitchen and a bathroom, in close vicinity to the home of the grandparents, who intervene directly in family affairs, exerting a social pressure over the whole family in general and over Tarek's mother in particular.
The child was referred to our FGC in March 2011 and a first diagnosis detected speech delay and comprehension difficulties.
One month later, further testing identified communication problems due to autism and Tarek was referred for speech and psycho-motor therapies.
In July 2012, the child started to attend music therapy for many reasons: excessive attachment to his mother (as revealed during speech therapy sessions); lack of communication with people around him; inability to express himself and his emotions; inability of his mother to know how to address the child's problems and how to play with him. I also work with Tarek in speech therapy sessions, under the supervision of the speech-therapist, and his mother attends these sessions. When I

started music therapy sessions, I invited his mother to attend, in order to observe how I work with him. Tarek's mother is now more able to interact with him; she plays with him and implements and applies what she has learnt during the sessions, under my supervision.

At the time of writing, after 8 months of music therapy, Tarek is showing considerable progress: improved communication with others, more social abilities; improved comprehension; more balanced relations with his mother; improved self-expression, which was clearly revealed when his grandfather passed away; ability to pronounce some words and sentences. This has been facilitated by Tarek's mother's acceptance of the guidance.

Tarek's father initially resisted collaboration, believing that his child was normal. However, the child's clear improvement, together with regular meetings with the mental health team have helped him to accept the treatment at our FGC.

Music therapy is a new and unique experience for me and the team at our FGC. In the beginning it was a challenge for me; I had some fears, such as that the children and parents would maybe not accept this kind of therapy; I also doubted my ability to implement the sessions.

After a period of time using these techniques in therapy with Tarek, and after the positive change and the improvement of his capacities, I would say that we need to train further, for more techniques in music therapy and to transfer this knowledge to other social workers and therapists.

We need to develop our experience by learning new musical techniques such as how to analyse the sessions and how to lead sessions with groups. We need to exchange our experience with others using music therapy, inside and outside Lebanon. We need new music facilities and instruments.

Suzan Mostafa, social worker

Beirut, 21st June 2012 – first impressions

As often happens when travelling, I had lost my sense of time; I don't really know where I am, for now I understand virtually nothing of the language I hear around me, and my days pass, working within the structure of the training course at the Family Guidance Centre and then losing myself in the streets of the city. But this morning Liliane, psychologist and coordinator of the Centre, asked me whether it is also the custom in Italy to celebrate the International Music Day, and I realized that it is 21st June, the Summer Solstice, a day of Light and Hope.

Here in Beirut, in the woking-class district of Tariq El Jedideh ('New Road'), which borders the refugee camps of Sabra and Chatila, in the midst of Lebanese and Palestinian communities, the solstice acquires additional qualities of mystery and wonder. How can it be possible that these people are so welcoming, polite, trusting and kind – one could say 'full of Light and Hope' – in these living conditions?

Throughout the city, even in the tourist and commercial areas, burnt-out buildings riddled with bullet holes continue to bear witness to the recent history of civil war, and it is normal, whilst strolling along the Corniche in the evening, to see an entire section of skyscrapers plunge into total darkness, only to be illuminated seconds later with a low, yellowish light, accompanied by the drone of generators.

In my apartment, kindly made available by our partner Assumoud, the power cuts function as a regular defreezing programme for the fridge, and I have difficulty estimating when I will be able to use the computer to review and edit the videos of the music therapy simulations the students are practising. However every house is connected to its own generator, which starts up automatically, at least to ensure illumination; life goes on.

Every morning I walk through this intensely overcrowded, dirty, chaotic district, saturated with city noise and the smells of rubbish and petrol which mingle with the scents of 'man'oushe zatar' (Arabic pizza with thyme and sesame) and countless other spices, to arrive at the training course, where I play, discuss and teach. In return, I learn from a group of Palestinian and Lebanese psychologists, speech and psychomotor therapists and social-workers, many of whom live in the refugee camps, and all of whom work in the Mental Health Clinics of the Family Guidance Centres. They are highly competent professionals, with excellent training, in many cases from the Lebanese university system, who have thrown themselves into music therapy training with enthusiasm and integrity. They are people who laugh frequently in a warm and supportive way – I think their laughing helps them to live.

One evening, on my way back to the flat, I stop to buy some spices. In the shop nobody speaks English, but a young passer-by is immediately called in to help. As I pay, he says: "Give me your mobile number and take mine. I live near here. If you need help, just call."

And I continue to wonder at this extraordinary inner beauty.

Deborah

Training of the therapists during the formation

Mohamad

Mohamad is 3 years 10 months old. He was born at term after a normal and problem-free pregnancy. He has a sister who is 1½ years old. During infancy, his development indicated a slight delay with respect to the normality curve: the sitting position was achieved at 8 months and deambulation at 18 months. His language delay is more pronounced, with the emergence of his first words at 3 years of age. At the time of writing, neither daily nor nocturnal sphincter control has been acquired.

Mohamad does not attend nursery school; he is however followed by a specialised educationalist on a weekly basis, at home. From the paramedical point of view, he attends our FGC twice weekly for psycho-motor and speech therapy, for his communication difficulties.

Music therapy work began in November 2012, with the objective of stimulating self-expression and communication, both verbal and non-verbal. During each psycho-motor session, 15 minutes were dedicated to music therapy. Mohamad has re-

sponded well to this technique; he is active and motivated by the musical instruments. At first he continually changed instruments, but little by little he began to concentrate on a single instrument for a longer time. He is beginning to follow music played to him and is very attracted to sung words. We have noticed an improvement in his posture during the sessions, in terms of eye contact and body position. He has begun to memorize simple musical structures and to imitate the sounds of the songs.
This small boy Mohamad is in constant development and has benefited from the psycho-motor and music therapy sessions.

Jessika Al Hajj, psychomotor therapist

Fatmir

Fatmir is 10 years old, the youngest of her family, which lives in one of the largest refugee camps in Lebanon. She has a diagnosis of autism and epilepsy. Despite the good academic level of her family members, they face a lot of difficulties in communicating and interacting with her, in particular due to the fact that her severe symptoms affect her basic functioning, such as motor and cognitive development.
Until she was diagnosed and started her treatment, Fatmir was totally reliant on her mother in her daily life and had acquired no autonomy whatsoever. Because of her unstable and uncontrollable epilepsy, causing frequent seizures, Fatmir has to take regular medication to reduce these symptoms as much as possible.
Since the child had a very limited interest in things surrounding her and in playing and games, our mental health team decided to start the experience of music therapy with her. We based this decision on the fact that this kind of therapy has proven its efficiency with autistic children.
We started using music therapy with Fatmir in August 2012 , after proposing the idea to her parents and obtaining their approval. Our main objective was to help Fatmir to react better to her environment, for example with toys and objects, and to motivate her social interaction by improving her communication skills with other people.
One of the difficulties we have faced throughout Fatmir's treatment is her health status (the uncontrolled epilepsy crises). Other difficulties are caused by the restricted work-space and by the added complications of transforming a 'regular' psychotherapy session into a music therapy session; the need to prepare the instruments, the need for calmness, and the need to prepare the videocamera for periodic

documentation. In addition, it is worth mentioning our very limited musical knowledge and the lack of our experience in this method.
The FGC team provided help through discussions of the case, and continuous contact with the child's family also helped to evaluate the impact of this method on her improvement at home and at school. Of course my own notes were crucial and my coordination with the speech and psycho-motor therapists were continuous, in order to sustain and reinforce work towards the therapeutic objectives for the child. The follow-up with Deborah was also very meticulous, going into details, discussing recorded sessions, observing direct sessions with the child and her improvement, but also addressing the therapist's work.
Due to the particularity of Fatmir's case, progress was very slow. However she showed a good interest and reaction to music. She expressed this by moving her body, 'dancing' with the music's rhythm. Her behaviour with the instruments indicated a curiosity to get to know them better. She also started to produce some sounds with her voice, trying to 'sing' with the music she could hear. However this progress was not constant; there was not enough time, and Fatmir's health status was not helping.
Fatmir began to 'generalize' some of what she had learnt, by becoming more interactive with me during the sessions, and more positive towards the musical instruments and the persons around her, despite recurrent absences due to her health problems. She has become more able to express her emotions; she expresses happiness when hearing music or songs, and she is more capable of expressing refusal and annoyance.
I consider my experience in music therapy as very limited, very short, and still in its first stages, but I believe that this method affects positively the interaction process between therapist and patient, by increasing self confidence and initiative. I think that we need to deepen our knowledge of how to use musical instruments and of the theoretical aspects of this music therapy method, because it is very new for us.

Mohamad Orabi, clinical psychologist

A moment of the formation

Mahmoud

Mahmoud is 5 years old and is affected by autism. He has severe communication problems and extreme difficulties in learning social and cognitive skills. He was referred for music therapy in July 2012. His parents are extremely motivated and committed to helping their son. They are well informed about the Autistic Spectrum Disorder, with a high level of awareness. Mahmoud attends a special school and is followed regularly by our professional team at the FGC.

The methods used in music therapy were: improvisation using rhythmic and melodic instruments; other non-verbal communication (eye contact, body language, and so on); verbal communication; positive reinforcement and reward; songs and games; role playing.

The trainer and supervisor was Ms Deborah Parker, and supervision was also given by the psychiatrist at our centre.

Mahmoud has improved his communication abilities and his social and lifeskills. He is more able to control the rhythmic elements in the music, and expresses himself more appropriately with regard to the situation. Throughout his treatment,

there has been good cooperation from the team of professionals, the parents and the child.
The sustainability of these results depends on regular and continuous workshops for social workers to improve their work; regular and continuous follow-up of the child; regular and continuous communication and cooperation with the parents; the integration of other children into the music activities.
I would suggest more training for the social workers of the sponsorship project in this method, including training in the use of some musical instruments, and in methods of detection of psychological stress. There is also a need for more exchange of experience in this field.

Dalal Shahrour, social worker

Beirut, 1st July 2012 – the cedar; symbol of Lebanon

After 2 weeks of continuous work, finally a day off to myself, to interrupt the intense rhythm of the clinical work which started a week ago, a day to think, silence. In the company of Gianluca (video reporter from Puglia who is filming a brief documentary on the project), I took a bus inland over Lebanon's central mountain range and into the vast Bekaa Valley, where the magnificent Roman site of Baalbek is to be found. Then the bus took us North over Mount Lebanon, to a height of 2500 metres from where we gazed at the unforgettable sight, on the one side of the valley stretching out eastwards, and on the other of the Quadisha Canyon leading back down to the sea in the West. Following the direction of the sea, the road passes through one of the cedar forests which supplied Lebanon with its symbol, first as a state under French dominion, and subsequently as an independent country.
I walked into the forest to sit down, far away from the Sunday trippers. The silence was broken only the occasional crow announcing its presence. As I looked up at the imposing trunks, stretching towards a sky temptingly blue and frustratingly distant, with their few branches, high up and bent, their growth compromised by overcrowding, my mind flooded with images and sensations of the previous days spent in the Palestinian camps and in the Family Guidance Centres for the start-up of our clinical work. The strength, the dignity, the necessity to use every human resource available to cope with the challenges of daily life; the fear provoked by the constant presence of guns, the possibility of an outbreak of violence at any moment, the awareness of being terribly vulnerable, with very little possibility of defence, the undercurrents of anger and the frustration, ever present due to the per-

manent negation of basic human rights; the super-human effort needed to dominate the sense of exasperation and remain 'reasonable', to continue to adopt a strategy of dialogue in the desperate search for an eventual solution. I could go on …

The cedars are diseased – they are ill. They are being attacked by a parasite which sucks their life-force from them little by little ('shwai, shwai', they say in Arabic), until they die. They are suffering from overcrowding, without enough air and sun. But at least they have their roots sunk deep into the soil of their homeland.

The cedars are a symbol of Lebanon – of the country and its many peoples.

Deborah

Rawad

Rawad is a 7 year old boy in first grade. He was referred to speech therapy in June 2012, on the grounds that he has difficulties in reading and writing, preventing him from succeeding at school.

The pregnancy leading to Rawad's birth was normal; his mother had a c-section during birth. His medical and developmental histories were reported to be largely typical. He walked at 9 months, and said his first words when he was 1 year old. However, we note that the acquisition of sphincter control was at the age of three years old. Rawad is an only child; his parents divorced when he was an infant. He lives with his mother and his grandparents and he rarely sees his father who has a second marriage. His mother reports that he is attached to her and he sleeps in her bed. According to her, he is impulsive and hyperactive.

I worked with him once a week to develop his reading and spelling abilities from July 2012 until January 2013. 15 minutes of each session were dedicated to music therapy, to help him develop his self-esteem and reduce his anxiety.

Rawad chose to play a variety of instruments (guitar, xylophone, mouth organ, and drum) in a loud and powerful way, possibly to express his frustration, or just as a way to be heard and seen. I tried at first to control this expression by attempting to make it less loud and less powerful, but it was not the right thing to do. Rawad never changed his way of playing, and I did not feel good. Later, I changed my reaction toward his way of playing. I worked on letting him explore being noisy and loud, we experimented with being noisy together. We shouted and played hard on the instruments. Then I felt better about his music, and learned that I should not

control the way he wanted to play. He was able to express his energy and feelings through the loud music, he was totally aware that he was playing loud and he was enjoying it. In addition, Rawad loves to express himself verbally, spontaneously putting words to his feelings with the music he is playing. In the last sessions, he was a little more able to modulate the intensity of the music and the emotions he was feeling. It is important to add that he felt and said that he is playing in a nice way and he created his own melodies, which helped to improve his self-esteem.
Unfortunately Rawad's mother has decided to stop bringing him to the center, so we could not continue the work to see where it could lead him and what effect it may have on his reading and writing abilities. However, she said that music therapy had a good influence on him, especially on his attention/ concentration abilities and his impulsiveness.

Nahia Sleiman, speech therapist

Osama

Osama was referred for music therapy by the Mental Health team after a detailed explanation of his case from the psychiatrist and guidance from the psycho-motor therapist on how to work with him.
Osama is 12 years old, with moderate mental retardation, language delay, and motor problems. He lives in a refugee camp with his mother, his sister and brother. His father was imprisoned abroad. His mother works in a shop selling clothes.
Thanks to the sponsorship program at our centre, Osama attends a special-needs school.
We started music therapy sessions in July 2012 under the supervision of the psycho-motor educator. Shortly afterwards, we noticed that Osama's thought processes were better organized, and that he was more able to adapt to his environment. He became more able to respect others' turns while playing, and more capable of memorizing short songs. He also started using his hands and feet more functionally. Beside these aspects, he also showed improvement in communication abilities and started therefore to gain more self-confidence .
This experience has permitted me to improve my knowledge and skills on how to treat children with special needs. It has increased my availability to listen, to wait, to be patient and to understand the anxieties of the child.

Hiba Shreidi, social worker

Amal

Amal is 6 years old and lives in a camp with her family of 8 members and her paternal grandparents. The presence of these relations in the home is a source of stress for Amal's mother. Her parents are consanguineous and one of her older brothers is affected by severe autism. Cases of cerebral palsy and language delay are also present in the family. Her father is a teacher, but her mother is illiterate.
Amal is not yet toilet trained. She first came to our FGC 3 years ago with her father, due to problems with language, attention and hyperactivity. At this stage she was putting everything into her mouth. Amal was evaluated by the clinical psychologist at the centre and was diagnosed with severe autism. She began speech therapy the following year, and also benefited from home visits by social workers.
She was selected by the team to follow sessions in music therapy starting in August 2012. There were many reasons behind this choice: the neglect seen in the child, the lack, or virtual absence of communication with others, her good interaction to music and sounds noticed during psycho-motor and speech therapy sessions, compared to her habitual agitation which compromised the work.
The aims of music therapy were: to develop her communication skills, her imitation skills, and her ability to produce sounds, whilst also guiding the parents concerning how to interact with their daughter and how to take better care of her in terms of personal hygiene and home cleanliness.
At first it was not easy for the parents to commit to the treatment / appointments; Amal's father was too busy and her mother had no faith in any possibility of improvement, due to the severity of her daughter's condition. The parents also had difficulties attending the awareness sessions on autism organized at the centre. Our team worked hard to stimulate a change in the parents' attitude, encouraging more engagement in their child’s problem, and supporting their attendance at the awareness sessions their commitment to the therapist’s appointments .
Our work in music therapy was supervised by Ms Deborah Parker, and difficulties were also discussed with the clinical psychologist or the speech therapist at the centre. One of the difficulties faced was the lack of musical instruments.
Amal has reacted well to this method especially in terms of communication, imitation and production of sounds. She started after some time to recognize the room where the therapy takes place and go there by herself.
Using music in therapy is a new and very important experience which provided me with a tool not only for fun but also for useful treatment. It improved the com-

munication inside the team of professionals and therapists. I would recommend to learn to play an instrument and to provide the centre with additional instruments.

Hanan Al Jadaa, social worker

A moment of counselling and supervision

Beirut 8th July 2012 – more and more music!

Prima Materia's presence is becoming more and more noticeable in the various centres of Beit Atfal Assumoud here in Lebanon. With the arrival of Henry and Irene last Monday, the centre in the Elbus camp in Tyre resounds every morning with instruments in every key and voices in Arabic, Italian and English. Irene manages very well in Arabic; the Palestinians (and also we!) are delighted that at least one of us is able to hold a simple conversation in their language. Henry's appearance, (in particular his beard), attracts attention wherever we go; his kindness and patience are already legendary amongst the social workers who are following a musical training with him in the afternoons, after the workshops with the children.

I have managed to stop my incessant travelling up and down the country to the various Mental Health Clinics, and have remained 3 days in Tyre to initiate the clinical work here, completing the start-up in all the centres, with the exception of

Nahr El Bared (in the North), where the Lebanese army continues to deny entry to the camp.
Together with Assumoud's health teams, so far we have admitted 20 children, considered to be at serious risk for various pathologies and/or social conditions, to the music therapy clinical programme. In spite of an initial hesitation, fear or doubt regarding a totally new and unfamiliar therapeutic treatment, which we encountered in some of the cases, without exception all perplexities are laid aside after each first clinical session. The children leave the music therapy room smiling and confident; those who can speak proudly explain to their mothers or fathers what instruments they have played and how much fun it is. Many children do not want to finish the sessions and I have had to find time in the training to address the importance for the neo-music therapists to be in gentle but firm control of the therapuetic space. Virtually all the children arrive at their second appointment very early, in their eagerness to continue their musical journey.
The involvement and enthusiasm of the staff is as moving as that of the children; they are untiring in their work, patient and assiduous in their learning, and unbelievably generous in sharing their own specific clinical knowledge with joyful confidence. This provides me with a priceless opportunity to deepen my understanding of clinical work with experts of other disciplines, as in the session with Amal, a little girl affected by autism, in which her speech therapist 'conversed' with her using soap bubbles, a balloon and hand cream, whilst I supported the interaction with a glockenspiel, a drum and my voice.
Not much time to learn Arabic, but other things yes ...

Deborah

Mariam

Mariam is 12 years old and presents a nervous disorder, breathing deficiency and disprassia especially in her left hand .These health problems cause learning difficulties particularly in reading and writing, and memory difficulties. Mariam easily forgets things she has just learnt. At the Mental Health Centre, she was assessed and evaluated by our team of professionals and diagnosed with a moderate mental retardation.
Mariam attends a special needs school. She lives with her family, which consists of mother, father and their 6 children in a rented apartment inside a refugee camp . Her father works in a shop selling sweets.
I began music therapy with Mariam in June 2012, following the team decision to

increase the variety of tools and methods in her treatment and follow-up. Regular supervision with the psycho-motor educator who was also following Mariam, was of great help and guidance to me as I worked with her. Further evaluation and discussion took place in the specialist team meetings, often with video recordings of our musc therapy sessions.
Some of the results achieved through the use of this therapeutic practice were the increase in the child's self-confidence and the decrease of her shyness, improvement in her communication skills, increased breathing capacity, and a lessening of her fears.
These objectives were reached using a series of practical exercises to encourage the child to use her hands and to be confident in her skills.
I have learned a lot from this experience; not only how to deal specifically with children with special needs, but also how important it is to be patient, in order to realize satisfying results for the patient, the parents, the mental health team and myself.
I strongly recommend the continuation of this kind of intervention and the sustainability of its use by focusing on more workshops and trainings for us as therapists, particularly in the use of musical instruments. I also advocate the provision of our Mental Health Centres with more instruments, to avoid any possible boredom in the children.

Arwa Kalthoum, social worker

Imam

Imam was referred to our FGC in June 2012 with a main complaint from the mother about her speech and language delay. At that time she was exactly 4 years old and was able to say only few words. She was not yet toilet trained.
The psychiatrist referred her for speech therapy and psychomotor education. Sessions started in July 2012, but were broken off by the mother until March 2013. During this period, Imam was enrolled in a kindergarten, but after 2 months the teachers would not accept her any more on account of her inability to participate in any class activities, even simple tasks like drawing.
In March, Imam and her mother returned to the FGC for another consultation with the psychiatrist. Imam's mother wanted to enrol her in a kindergarten. She was advised to have Imam tested for IQ with the clinical psychologist.
During the first interview with Imam’s mother, we learnt that her parents came

from a refugee camp which had been the scene of fierce fighting between the Lebanese army and extremist Islamic groups, resulting in the couple's future home and all their belongings being totally destroyed, throwing them into severe financial difficulties and forcing them to move to another town and rent a small apartment. Imam's mother's pregnancy, which began shortly afterwards, was affected by extremely high levels of stress for these losses and traumas. Imam was born in June 2008, less then one year after their displacement. During this first interview, Imam's mother reported that her baby was recurrently sick during the first months after her birth, with continuous constipation.

Imam showed no delay in walking but has no equilibrium in her movement. At 1 year she started to say single words. Unfortunately her language skills did not develop as expected. She could never be toilet trained and still suffers from nocturnal enuresis.

Imam is described by her mother as a very calm child with almost no reactions. She has one younger sister; they fight a lot but like also to play together. Imam expresses jealousy when her parents pay attention to her sister. Imam's mother's education finished after elementary level; she works as a cleaner. Her father has polio and is wheelchair-bound; he used to have a shop for CDs but he lost it during the camp fights; currently he father works renting 'arghileh' (water pipes). It is significant that Imam's mother stutters. Relations between the parents are highly strained due to their financial problems. Imam is still not autonomous; she is very attached to her mother and has difficulty tolerating being far away from her. Imam's father does not communicate much with her , and according to her mother, Imam prefers to stay just with her.

Having collected this information, we planned to carry out the WPPSI III IQ evaluation test (for children from 2 years 6 months to 7 years 3 months of age). Given her language delay, we decided to evaluate her only in the 'performance' part of the scale. During the test, Imam was "disconnected" from me; just as her mother had described, she had almost no reaction, and looked at me with a "void" expression. All of my efforts to catch her attention were in vain. She had severe difficulties in understanding what I was asking her to do and the few responses that she gave were not appropriate. The first syllable of any words was always omitted, so that her speech was unclear and I had to guess at what she was saying.

After 30 minutes, I decided to stop the session, explaining to Imam's mother that she needed first to establish a good contact with me, before being able to react to the test situation. My suggestion to start sessions with Imam in order to stimulate not only her cognitive skills, but also affective and emotional aspects met with

positive approval from her mother. Imam's case was discussed at the next team meeting and this proposition was approved by the supervisor. I began to meet with Imam's mother, to gain a better understanding of the child and to provide some guidance on how to deal with her at home. Imam's mother was very committed to this work and never missed any of her appointments. I explained to her that we had decided to offer music therapy to Imam, and that some of the sessions would be recorded. She had no objection to this.

In the first music therapy session Imam was very “blocked”, hesitant and afraid to touch the instruments. She did not know how to hold the beaters. Gradually she started to have fun in what we were doing together. I sang her name and she began to ask me what my name was. As the sessions progressed, she began to use all the instruments with marked aggression. She did not know how to play the mouth-organ and was not able to blow into it. She persisted for a long time in learning this, and expressed great pleasure at succeeding. She found it very difficult to choose which instrument, moving unsurely from one to another, often hitting the xylophone very loudly. There was a strength inside her which was not visible from the outside.

Some sessions were video recorded. In the last two sessions, I have seen a real change in the child, not only because she is able to say more and more words each time, telling me about her dress or her hat for example, but also because she has started to move around the room in a much more confident manner, a behaviour which had been very inhibited in the previous weeks. She has also started to take an instrument and go close to the door, so as to make her music audible to her mother. She raises her hand as if to open the door to go out, but she never opens it; she understands that the session is for “us” inside the room, and that she is not allowed to go out until we have finished. She has a tendency to try to control the session. Her lack of internal stability is evident in her constant moving and changing of the instruments she plays. But once more security has been acquired, her development can be expected to be good, despite the suspicion of mild mental retardation. I think that Imam, at 5 years old, is experiencing the opposition phase typical of a 3 years old.

In parallel to music therapy, in April 2013 she began sessions in psycho-motor education in our centre. Both sessions take place on a weekly basis.

Imam has indeed benefited a lot from music therapy, even in this short period. Our main objective was to encourage her to gain a sense of security, and hence to allow her to develop according to her own rhythm. Her mother has told us that she can see a difference in her daughter. Imam is about to be enrolled in a kindergarten for

the next school year through our sponsorship program. We will keep working with her at the centre simultaneously. The centre's psychiatrist supervises the work with Imam and the entire team has been very supportive. We propose that more instruments are made available at the centre, to create more exploration opportunities for our children, nearly all of whom come from deprived environments with insufficient stimuli.

Liliane Younes, clinical psychologist

The group of music-therapists

Montaione, 18th July 2012 – partial return

I returned from Lebanon last Sunday with Henry and Irene, at least physically; a substantial part of me continues to resist the return to 'normality' here, remaining in my imagination in the 'normality' adopted on the eastern shore of the Mediterranean.

Last Friday I concluded the preliminary phase of music therapy training with a morning of clinical supervision of the cases which the Palestinian and Lebanese staff of Assumoud have begun to treat by themselves. Without question, a considerable amount of further training is necessary, but the very positive audiovisual documentation, which we watched and discussed together, bears unequivocal witness to the effective début of 10 neo-music therapists who will continue to work in the 5 Family Guidance Centres.

In the FGC in Nahr El Bared – the refugee camp razed to the ground in 2007 by the Lebanese National Forces, supposedly to prevent terrorist action, an abominable atrocity which caused 40.000 exiles within the refugee community – the clinical work has begun despite the continued negation of entry into the camp for non-residents, which has made it impossible for me to have access to the Mental Health Clinic there. The camp's social worker has come frequently to the nearby camp of Beddawi, to follow my work at the clinic there, and has courageously begun clinical work by herself in Nahr El Bared.

At the beginning of this week, the Palestinian refugees of northern Lebanon received the long-awaited news; at last the ban on permits to enter Nahr El Bared for Palestinian non-residents has been lifted, but not without the payment of a very high price; the exasperating years of petitions, demonstrations, negotiations and many other strategies to free the besieged camp have seen countless arrests, acts of oppression and deaths. It is an obligation to remember these martyrs for the Palestinian cause, but there is also a sense of relief for the re-opening of the camp – 80% of the buildings destroyed in 2007 still need to be rebuilt, in order to permit the 30.000 residents still 'camped' in Beddawi and in the surrounding areas to return to their 'camp', taking with them their status as refugees without rights.

In a context such as this, no Palestinian, young or old, escapes the disorders of traumatic or post-traumatic stress – this condition is a given fact. The fourth generation of refugees is beginning to be born, whilst slowly, one by one, the elderly are dying, the only first-hand witnesses to the memories of their land and the terrible journey into exile enforced on them in 1947 and then again in 1967. For the

new generations, it is essential to plan for the protection of mental integrity, to provide opportunities to try out and learn social models of good management, respect and dialogue; it will be up to them to continue the quest for basic rights in their host country, without ever losing sight of realizing the dream to return to their homeland.
Beit Atfal Assomoud has confirmed to us its conviction that music education and music therapy programmes are of vital importance for psycho-social well-being within the camp communities.
We will try to continue ...

Last Saturday, our last evening in Beirut, Henry, Irene and I indulged in one last stroll along the Corniche, stopping in one of the bars for a chilled lemonade with fresh mint to counteract the evening humidity rate (around 75%) and a 'hubble-bubble' (exactly the noise made by the arghileh!), whilst watching the sunset over the sea, in the direction of Italy ...
Now that we have arrived on the opposite shore of the Mediterranean, our memories, impressions, thoughts and feelings continue to reach towards the East ... it will take some time to return completely.

Deborah

For further information:

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NISCVT "Beit Atfal Assumoud"	www.socialcare.org
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“We shouted and played hard on the instruments. Then I felt better about his music, and learned that I should not control the way he wanted to play. He was able to express his energy and feelings through the loud music”

“The children leave the music therapy room smiling and confident; those who can speak proudly explain to their mothers or fathers what instruments they have played and how much fun it is. Many children do not want to finish the sessions and I have had to find time in the training to address the importance for the neo-music therapists to be in gentle but firm control of the therapeutic space. Virtually all the children arrive at their second appointment very early, in their eagerness to continue their musical journey.”