

## **Worlds in Collision: Music and the Trauma of War**

Friday 28 June 2013, The Mansion House

### TRANSCRIPT

#### **Music Therapy in theatres of conflict: from Northern Ireland to Bosnia – Julie Sutton and Lord John Alderdice**

**JOHN ALDERDICE:** Thank you very much indeed Professor Cox, and thank you very much to the organisers for their very kind invitation to Julie and myself. I'm really here to set the scene and Julie will take it up and present some material and some thoughts about it. So what is the background? I'm a psychiatrist, I actually retired from clinical psychiatry two or three years ago. But I divided my time for many years between applying psychological and psychiatric understanding to deal with individual patients coming along with complaints of various kinds in the NHS and addressing those same kinds of ideas to dealing with the community I was living in which was simply disrupted, though with perhaps different symptoms. But symptoms of sufficient severity that they led to the deaths of many people and the injury of many others. There was a sense in which, for me, my community was on the psychiatric couch as well as my patients. My background was in medicine and psychiatry and psychoanalysis.

When I started off the work it wasn't possible to train in Northern Ireland, because there weren't enough resources there. So I came backwards and forwards to London every month. I got my supervision down the telephone on a Sunday night from Sheila Davies, a very long-suffering and very able psychoanalytic psychotherapist and psychiatrist. Eventually after a number of years we began to build up a small psychotherapy centre. As you can imagine at the start the focus was very much on individual psycho-dynamically informed psychotherapy, after that some cognitive work, some family work particularly with children and young people with eating disorders, which was a particular area of concern and interest. But it did seem to me very important in our context, in particular, though I think more generally it is true as well, to find ways of engaging people psychologically that did not necessarily involve them using words all the time to describe their problems. And there was one particular circumstance, which really shouted this out very loudly.

I was approached because of a rash of suicides of young men in north and west Belfast. North and west Belfast has probably seen more violent deaths and injuries than most places in western Europe. Because that's where the IRA and therefore the British Army and a lot of the loyalist paramilitaries operated, very freely over a long period of time. But still, even with all of that background, it was very noticeable that as the troubles came to a close, these young people, young men in the main were harming themselves, repeatedly and sometimes fatally. And I was approached from two directions, one was by a woman who was very concerned, she was working in the community, her husband had actually been one of the leaders of the IRA hunger strike. He had come to the conclusion that it really wasn't a very good way of promoting his own cause and vision. He left all of that behind. But she was working

with a lot of these young folk. She was finding it very difficult and discouraging and disappointing. She found it very difficult to engage the caring professions, because these young guys wouldn't come along to clinics. You could get them referred, all right, but they wouldn't pitch up. Or they would come the first time and not after that, or they would come and not talk. I was approached from that side. The other side of it – wearing my political hat, as it were – I was a member of an international commission whose responsibility was to monitor and publish the reports of the monitoring of paramilitary activity and security force activity. Who was doing what, to whom, how many beatings, how many shootings, how many knee-cappings and so on. We did this every six months or so. I was approached in that role as well, with the same problem. Here are these young guys and we don't know what to do with them.

So what do you do when such a thing happens? The sensible thing is you go along and find out. Go to west Belfast, sit down and have a chat with some of these guys and see what is going on. One of the things that became very apparent to me was that there was no point in trying to set up some sort of clinic or normal clinical service. First of all, as I said, they wouldn't come, and secondly, it was quite striking how difficult they found it to put things into words. Indeed, more than that, it seemed difficult for them to be even aware of feelings in their body, even physical pain. I remember the first day when I was there this guy came in he had his arm wrapped around with an old dirty bandage, he was about 17 or 18. I said what's wrong with your arm? He said there is nothing wrong with the arm. I said there must be something you have that bandage on it. Eventually I cajoled him to take it off. He had a huge open gash right down to the bone just lying open. And I said that's pretty bad looking, it might be a good idea to get that seen to. And he said, no, no, there is nothing to it at all. And it was only when I persuaded him that one of the things that he wanted to do, which was play a particular kind of sport was going to become impossible because he would end up losing the arm, then he said OK, OK, I will go and get it seen to then. But he didn't even feel the damage and the pain that was being done to himself. That was something that had happened the previous night.

So the question for me was well what do I do? As a psychiatrist and psychotherapist and somebody interested and concerned with these young people? I thought well we have been trying for a little while to enable some of our patients to approach speaking about feelings through using art, we brought in one or two art therapists and got a masters course under way. Because we found that sometimes people could use clay or use paint or draw in such a way that after a little while it became more possible to speak about things. And even if they didn't speak about things the process of doing that sometimes was very helpful. We also discovered that it was possible to use drama, to act things out. And that was a piece of experience that had gone back to when I was working with alcohol and drug-dependent patients in Belfast some years before. But one of the things that was very difficult with these young lads was to do something that didn't seem girly. They wanted something that didn't make them not feel like men. And so Dr Julie Sutton had been working with me for some time trying to use music to engage people and find ways in which they could begin to express themselves in music, in sound, in rhythm, in pitch, with different kinds of instruments, some very sophisticated and some very simple, and to draw people out – and in way to draw them in – to some kind of therapeutic relationship.

At the same time there was a young man who had come as a junior psychiatrist, very interested in psychotherapy, he was quite a passable saxophonist. I said, will the two of you come into west Belfast with me to this old rundown building and see if we can get a bunch of these young guys together and see what happens. So that is what happened. Julie and Ian, together, started to find ways in which they could enable these guys to use rhythm, or sound, pitch, developing a little bit of music. But somehow or another things like drums – we are well known for drums in Northern Ireland – or an old guitar or something of that kind, or even making a sound, that seemed to be OK for these guys. And over the next couple of years, Ian and Julie were able to work with these very, very disturbed young men and get them to come. They didn't come on time all the time. They didn't even come sober some of the time. But whether they were sober or not, they were still able to engage in some fashion in a relationship through the medium of music and sound. Julie is going to say a lot more about that, about the experience of doing that work with these young folk, who were not amenable to doing something else, but who did engage with this. And also to say something about the ideas that have developed in this kind of work. By the way she has also done work previously in other places, for example in Bosnia, both directly and supervising and helping others who were doing that kind of work. It is a very great pleasure for me to be here with Julie, she's continuing to work on in the Centre for Psychotherapy in Belfast, and trying to make a different kind of harmony at Westminster. She's with me here and I'm very pleased and proud to be with her today, and she's going to present some material.

**JULIE SUTTON:** I'm also very proud to be here with you John, we have missed you from the centre, but you have been elevated to greater things, I think. I would also like to thank Ian Ritchie, who I first met, it related to a first trip to Bosnia and I understand it is your last Festival. So I think you are probably going to be missed. And also to Nigel Osborne, who, well we just keep running into each other don't we?

I wasn't going to talk about this group of young men, so I have just quickly improvised what I was going to talk about. What I think was most important about that group, we initially agreed to go for six weekly visits, and the six weeks turned into two months, turned into three months, six months. I think it was about two-and-a-half years we worked with them. Sometimes nobody came, sometimes, as John said, they were high or they were drunk or they were suicidal. But in the whole two-and-a-half years we didn't lose one of those young men. I think it says something to their courage, actually. I remember the first time we went to the place, it was called The Bullring, interestingly. We used just a little old room that the older members of the community had been playing bingo in the night before. So it was kind of set up for bingo whenever we went. And we went one particular time and none of the young men had turned up. So Ian and I stayed for the allotted time, and the next week we came back and a few young men turned up and they were absolutely amazed that we had stayed the week that they hadn't turned up and there was something about turning up for those young men that really was what the work was about, turning up and staying with them. That's kind of what I do, as a music therapist, I turn up and I stay.

Right, I'm going to shoot through some of these slides because I want to get on to the issue of time, because what I want to do is think about music from inside the music, by a slightly circuitous route. I have also put quite a few photographs, some of them are from my first trip over to Bosnia, some are from Belfast and I think one or two

holiday photos have made their way in as well! But just to rest your eyes from the writing.

I think we know, all of us, what's therapeutic about music. And I think, as someone said earlier, there are so many answers to that question, as many answers as there are individuals in this room, and beyond. But what I want to note is in music therapy, we have a therapeutic process that's based on a developing relationship between the therapist and the patient, in my case.

Donald Winnicott wrote that: "we have two ways of living in the world. The first way is our need to adapt to our environment, so that we can manage the reality of the world. The second way of living is our need to perceive aspects of here and now in relation to the past. This is a creative process, within which we sense the world anew and we come to know what is personally meaningful for us."

Now, I want to pause briefly and just consider the effect of war and conflict on children. Some words from Peter Fonagy: "Some traumatised children grow up with an apparent hypersensitivity to mental states, needing to guess immediately what those around them feel and think in order to pre-empt further trauma". If we consider the impact of this statement, this also opens up for us adults some potentially deeply painful feelings such as guilt, the kinds of things that can accompany war, and a guilt that signposts our own responsibilities, the consequences of our action or inaction, and inevitably larger existential questions about war itself.

This is a photograph from some work I did in Mostar with an interpreter. This was at the time when the Pavarotti Centre was at its planning stage. It was a time of curfew and for me a tangible feeling of tension, unpredictability, and at times, palpable danger. I met people trying to adjust to a relative calm after some prolonged violence. Children, sometimes screamed into silences that appeared to me to repeat momentary lulls in shelling that had been continuous over days but when these children were engaged musically they were able to reconnect with something else, the more playful aspects of who they had been, and potentially still could be. As a therapist, both these aspects of responses to silence and sound were important to bear in mind.

This slide relates to some of the patients we work with at my work place. We work with a particular population of patients with severe complex psychosis usually but often with an underlying personality disorder, something that also has a relation with the traumatic environments they grew up in, and what was going on in society. And as Karen said, there is a generational aspect to that as well.

Psychosis is a term that I'm going to use to show how people who are already vulnerable can be further traumatised and how this runs through generations. One of the other things I want to say about psychosis in the sense that I'm using the word, it's a state that we all can move in and out of. What in my family is called "a mad five minutes", would be an example of a kind of manic psychotic kind of state, but that we can also have a psychotic society.

Now I've gone into the second strand of what I wanted to talk about which is to demonstrate how detailed and layered our thinking can be, if we take a musical stance, if we do a kind of musical thinking and I'm going to focus on one central

aspect of music that's repercussions for those traumatised and that's the experience of time. Music is an art of time. It makes use of repetition in ways that there can be endless subtle variety, musical structures enable us to experience time as it moves forward. To move forward in time is to experience something creative, that places us in the kind of flux between what has passed and what is yet to come. Traumatized people are caught in an endless timeless place, where there is only repetition, but no movement forward. At our most disturbed, time no longer exists for us. We are outside time. We have no sense of ourselves going on being. In time, nor of others.

Traumatized patients play a particular kind of music where you can hear this timelessness being played out. It is difficult music to hear. It is music that is endless, with no meaning, other than a repetitiveness that we can understand only as the traumatic experience itself. This is where music is so appropriate because it is at the very same level that trauma is experienced in the body. But this is an experience not only of the body itself, but the body as it is experienced in or outside time.

I'm going to play you part of an improvisation played by a patient who is experiencing quite a severe depression, that we later discovered resulted from very early childhood trauma. You will hear the timeless endless quality of the playing. It is impossible to understand this music because it is formless, with repetitive content, and while there is affect, you will get a sense of mood at least from it, it is a diffuse sense of something that you may or may not be able to put words on to, so I want you to note, as you listen, what you may be experiencing inside you; is it easy to listen to, difficult, what happens to you when you listen to this?

[Music plays.]

Has anybody got any words in their head of what that was like, listening to that?

**FLOOR:** Trapped. Dread. Hopeless. Given up really. No resolution.

**FLOOR:** I quite liked it.

**FLOOR:** I quite like it as a base for something else coming above it.

**JULIE SUTTON:** That something else should be happening?

**FLOOR:** To begin with it seemed intriguing, but it then became gradually more depressing, then there was a moment when it took in more air but actually all that happened was there was a gap in the nightmare. After that it simply began to repeat, and the nightmare became mad.

**JULIE SUTTON:** Yes, quite frustrating.

**FLOOR:** To me, that sounded like someone who is trapped, as in pacing. Pacing around and about. And there is a sense of fatalism.

**JULIE SUTTON:** Did you get the sense that time was sort of endless? You get the idea there might be something happening and then...

**FLOOR:** Going round and round.

**FLOOR:** And then you thought you were going to be able to get out of it any minute. Just terrible.

**JULIE SUTTON:** Well, the patient, she described this like being like a hamster on a wheel, desperate to get off, and for someone to open a cage for her. As she noted there is no shape to this music, we feel it could go on forever, and indeed it did. There is also no space for another's music and therefore no opportunity for relationship or dialogue. I think that was the feeling you had that there could be something else, that there is no space for that. It is impossible to play with that. Yet, I think it is essential that we find a way of listening to this music. Because it is the trauma that we are hearing in its bodily form, perhaps with no mind as yet able to process this further. If we can stay with this, something that may feel traumatic to us, we may be able to provide something different for the patient. I think in war situations, as has been noted already, this is not the work to do. People need time to settle themselves. We do have a great deal of health inside all of us and that needs a chance. And at such times I think the more general therapeutic effects of music can also be appropriate although one needs to take care that any musical interventions are not overwhelming for the traumatic person. Nigel spoke a little bit about this.

Working close to conflicts one cannot be unaffected. This includes everybody, and therefore outside support is essential. You will see these are the words of a therapist who worked in Mostar, around two years after the war, when things were still settling and there was, understandably, a great deal of tension and quite a lot of paranoia. She said:

"As time passed, it became apparent that the general depression in Mostar had started to affect me. I had difficulty concentrating, was often anxious and began to feel like every day there were huge challenges to face. They may have been as simple as trying to mail a letter or as difficult as arranging for a piece of equipment to be repaired in a different country. It was also stressful working with the local staff who had little motivation and were constantly struggling to cope with their own challenging lives. I remember feeling often that my clinical work was the easy part of my job. Fortunately I had outside support in the form of weekly telephone calls with my music therapy supervisor. And although she lived in the UK she had been to Mostar a number of times, was aware of the issues I faced on a daily basis and was able to give me good advice and support. As well, there was a mutual trust and respect within our music therapy team and we really supported one another through everything."

In the work with the young men that John spoke about, Ian and myself, when we came back from the area after each group, we'd go back to my consulting room and we'd improvise together, and record the improvisations together, and it helped us to process some of the very disturbed sessions we had with those young men.

One of the things trauma does is compact our experience into a kind of timeless mass, where there is no space for time and no space for thought or reflection. We struggle with the event itself, not with the memory of it. Introducing music into such a context is introducing a different kind of space in which people may find it possible to move

towards new experiences, something that is a problem for those traumatised. As Alfred Brendel noted, within music, we are also within the area of the traumatic. Art creates unity, order and harmony in a way that still includes chaos.

I want to alert you to a statement from Michael Parsons, relating to psychoanalytic work, he says “to tell a dream in the analytic situation is more than narration, it is to expose one's dreaming and this is to place one's self where time and timelessness collide.” I believe that music improvised in the consulting room also makes this happen. And when the patient plays the sounds from their bodies, they are, in a way, dreaming their music in the moment. In dreaming in this way the timeless musical space of the piano solo you heard moves closer to the kind of time in a different kind of music where the music is being composed in the moment it is being played.

This is a quote from the anthropologist John Blacking. “Music is not then an escape from reality or a reinforcement of other political experiences, it is in itself an adventure into the reality of the sensuous and social capabilities of the species and an experience of becoming in which individual consciousness is nurtured within the collective consciousness of the community.” So what I'm going to call ‘sounded dreams’, are therefore possible in improvisations where the therapist is open to whatever may occur, without worrying about its meaning or understanding but only what may unfold. From such a stance the patient is then free to be who they are and how they are. This includes the therapist's respect of the traumatic nature of the music of the patient.

I'm going to move to a different kind of time. This is time where it moves forward, where memory is possible, where creativity is possible. An example of this is captured in a moment in a duet with the same patient who played the piano solo, it is from a few months further into her treatment. She is requesting that we both play the same instrument and she has chosen the metallophone. We sit opposite each other with the instrument between us, she plays a single note after which I play and she plays and so on. The whole improvisation is alternate notes, she plays, I play, she plays, I play, all the way through.

[Music plays.]

**JULIE SUTTON:** Did you hear the change then? There is a moment where it sounds almost as if it is one person playing. Did you hear it?

**FLOOR:** Yes!

**JULIE SUTTON:** Phew! And I think that's a moment where you hear the move from a timeless music into a music where there is time and where the music is being composed in the moment. Not just by one person but in relationship by two people.

This is a little bit of theory. My Flemish colleague and I have described this kind of music, or this moment really, in the following way. "It is not only the embodiment but the sense of going on being in time as this unfolds in time. When listening to music we have available the possibility of experiencing ourselves as both familiar and changed. We lose a momentary sense of time, space and personal identity, while also retaining an overall sense of being and feeling. When we connect with a process of

receiving internally a music from outside ourselves, the past and present sit together in relationship, in and through time, as the music moves along with its and our past, newly experienced in the present, in motion towards a future that is being experienced as it is being shaped".

So this is creative time I'm talking about, where reputation has a relation to the past, and this really brings us to what we already know about music. But it also places it in a new context, that of a fundamental sense of who we are as we move from moment to moment in our lives with all the richness and variety of experience this brings. It is this sense of ourselves, in time, that makes it possible to move towards a healing process where the past can be acknowledged, mourned and let go in order for new experiences to develop and for life to move on. And as Brown said, "We could say that today is the future's gift to the past, "offering" one might say, the present moment as an opportunity to rework that past, perhaps also an opening for reparation and new beginnings". I think this is what trauma can leave us without and it is what music can give us back in those kinds of ways.

This is Alfred Brendel playing the slow movement from the Emperor Piano concerto. I want you to listen to the first piano entry. I think Alfred Brendel does this thing with time when he plays this, because it is actually impossible to tell where the phrase is going to end as he's playing it.

**JOHN ALDERDICE:** I wanted to just make one or two very brief comments about what you've heard from, in a sense, a theoretical point of view. We think about our capacity to experience time and space as givens. Let me set space to the side for the moment. The achievement of the capacity to understand what is past, experience what is in the present, and differentiate it from the future, that is an achievement, an achievement which can be lost. When it's lost, the person comes to you fearing something terrible will happen and you know it has happened, they can't differentiate between fearing for the future and remembering what happened in the past. And so when musically or in other psychological ways we are able to bear with that dilemma of not knowing what is past, present or future with the person, and enable them to come in step with us as we bring a degree of order in time, separating out the past, the present and the future, we enable them to become more healthy, to regain that capacity to differentiate, and this is true in a community.

In my community, all sorts of things are experienced from the past as though they were happening now and would forever happen. And you look at us and you say, "You're mad, draw a line under it, it's ages ago", sometimes we do it for fun at home, you know the Titanic was built in Belfast, they have T-shirts at home that say, "She sunk, get over it". The problem is when you're disturbed as an individual or community, you cannot make it into a memory. It is a current experience. It is the present, lived on and on. That's the problem. In a sense I differ slightly from Simon, when he says that's the memories that can't be put away. It is that they can't be made into memories, they are experienced as current experiences that will go on forever into the future. So the achievement of the capacity to separate out the past what is over, the future what may be, and the current experience, is a major achievement for an individual and for a whole community and our job is to find ways of coming in step with the chaos and bringing it into some order. The same is true by the way in

terms of internal and external psychological space, but for today, we stick with the time, which is almost up.

**IAN RITCHIE:** I am very encouraged by the connection between the individual and the community in dealing with past, present and future. Extending this into the application of music therapy and in general the treatment of trauma, is the idea that treating trauma in the individual will actually deal with the trauma in society at large, and is that a strategy?

**JOHN ALDERDICE:** Well, maybe if I might have a word about it, I don't think so, no. Of course if you got a lot of troubled people and you treat them as individuals, that is good, broadly speaking, for the society and the community. But communities function at a different systemic level. Let me put it in reverse. When I started looking at the question of the psychology of terrorists, and the psychology of terrorism, why do people get involved in this, there's an expectation by a lot of security agencies and others that you're going to be able to identify a specific disturbance in the individual person which leads them to be a terrorist. And in the overwhelming majority of cases, you can't. In some you can, but in most you can't, because what is disturbed is the community, and it's being part of that community that reacts in a disturbed fashion to what has happened for itself as a community, the community feels humiliated, disrespected, unfairly treated, and the symptom is the individual people who respond in this particular kind of way. So what you've got to do is take the same kinds of principles, and of course there is a moral imperative to deal with individual people, but to treat a community that is disturbed, you have to have community interventions. They could potentially be musical, or they might be otherwise, but there is a difference between treating the person as an individual person and a whole community of people, and what for me is the past is 10 or 20 or 50 years ago, but what is past for my community might be 1,000 years ago. So the principles are similar, but there's a difference.

**FLOOR:** Thank you for such interesting talks. What I was wondering was, could you say a little more of when you have the person playing in the depressive phase, how do you decide how long to let them go on, and when to try and move them forward? And how much do they need to sort of spend a long time playing the depressive music?

**JULIE SUTTON:** It's a difficult question to answer. I think for me it relates more to the way I'm hearing what's happening, and in this particular kind of way, where I'm not trying to understand, I'm not trying to move them anywhere in particular but trying to be, to turn up and be there in that kind of way. So for me, the answer to that is, in my work it's based in how I work to be able to sit there with what it is. And I think that's something that the patient senses, and that's the thing that makes the difference.

**JOHN COX:** There was a paper published, I think recently, in World Psychiatry or somewhere, interviewing people who had survived natural disasters, tsunami and earthquakes and collapsed buildings and so on and they were asked what were their coping strategies, what do they rely on, and actually I think it was about 90% referred to their faith, their beliefs, their religious beliefs. I think that's true more or less. So my sort of comment or reflection, in what must be an extraordinarily sensitive area, is religious beliefs, are they seen as a coping strategy at a personal level or is it a whole

area that's seen as part of the problem, or is there a sort of compromise that's sensible there?

**JOHN ALDERDICE:** I think again there's a connection but also a difference between this at an individual level and at a communal level. And there's no doubt that the sense individually and communally of meaning and of purpose is extremely important. One of the things that Simon said to me, when he was talking about PTSD, is that actually vulnerability to PTSD is probably as much as anything else about the meaning of the event, and so whenever you have an event which seems to be caused or brought about by someone, that you can point your anger towards, that's different from a situation where you can't make any kind of sense out of it at all.

When it comes to the question of religious faith, I think there's a very important issue here. It's not about the content at all, though that's the bit that gets argued about. It's the process, it's how the meaning is held, whether it is held in an open, creative, thoughtful, exploratory, reflective way, or whether it's held with a certitude that is impossible, in other words whether it becomes fundamentalist. And it doesn't matter what kind of religious faith you've got, if it's held in a fundamentalist way, it has all sorts of negative characteristics that are about closing the other out, holding to certitudes of things that you cannot be certain about, and a whole series of other characteristics which at an individual level we might well speak about as a psychosis. Do you remember the definition of a delusion? It's a fixed false belief out of kilter with your culture. I always thought that was curious. So what that means is if it's in kilter with your culture, you're not crazy. But your culture might be! So that's the point and I think this is the thing that's really important: is religious faith something that helps people engage with the reality of the world with all its difficulties and live out a life, or is it an approach to faith that has to turn away from realities with all their uncertainty into a fixed false certitude about things which leads to all sorts of trouble, so it's way that it's held, more than even the content, and I don't mean the content's not important.

**JOHN COX:** Thank you, John.