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MUSIC THERAPY AS A SUPPORTIVE MODALITY FOR MALADJUSTED NEW IMMIGRANT CHILDREN

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INTRODUCTION

The act of immigrating to Israel (referred to as *aliya*) is a welcomed transition for many families. Israel offers a life-style that allows the family to actualize the religious and cultural beliefs and practices. Israel offers the family a sense of belonging to a people, a nation, and a homeland which is predominantly geared toward living as a Jewish family and as such improves its collective perception, image and identity. *Aliya*, though, is a

dynamic process and forces the family, as a unit and as individuals, to adapt to ever changing circumstances. In most cases, the family's decision to up-root remains ego-syntonic. Though the road of absorption (referred to as *klita*) may be rough at times, it is generally accepted as par-for-the-course, and will surely dissipate with the passage of time. The problems of *klita* are neutralized as time goes by.

However, the reality of life in Israel is by no means the same for every family. The decision to make *aliya* can become ego-dystonic as a result of "bad luck." The pathway through *klita* may be jagged. The passage of time may not have a neutralizing effect, but in fact may add insult to injury, only highlighting the wounds of an unsuccessful replanting. Repercussions of this situation are felt within the dyadic husband-wife relationship as well as among familia bonds. Emotional, social, and financial insecurity may cause marital stress resulting in constant discord, separation, and even divorce. In some cases, one partner may return to the country of origin.

Yet is is certainly the children of new immigrant families that seem to be affected the most by the events of *aliya* and *klita*. Possibly this is because children are so impressionable, or because their personalities have not as yet been securely molded and therefore are more vulnerable. It seems that children react to the sequence of *aliya* and *klita* in much the same manner as they do to other traumatic events that can occur in their life. In this connection two classification systems used by mental health practitioners are referred to which highlight these facts.

MALADJUSTMENT

The Diagnostic and Statistical Manual, 3rd Edition (DSM III) of the American Psychiatric Association designates that a reaction to an identifiable psychosocial stressor indicated by impairment of social or occupational functioning, or symptoms that are in excess of a normal expected reaction to the stressor, which is assumed to remit after the stressor ceases or when a new level of adaption is achieved, is defined as an Adjustment Disorder (309). Clearly, to the immigrant child, losing the security of his "home" (not house) and finding himself in strange surroundings *is* an identifiable stressor. As the child is not at first able to speak the language effectively, nor versed in the social practices of his peers, he is socially unattuned and scholastically impaired. The resemblance between the criteria outlined of an Adjustment Disorder and the process of *aliya* and *klita* can further be seen regarding the points referring to remission. As the child achieves a new level of adaption, that is, masters the Hebrew language, makes friends, and has been placed in the most appropriate scholastic setting, then the previously seen set of problems becomes neutralized.

It is interesting to note that psychosocial stressors, similar to the stress of *aliya* and *klita*, are delineated in the DSM III as single, multiple, recurrent, or continuous. As in *aliya*, a psychosocial stressor may affect the whole family as a unit or as individuals within the family. The severity of the reaction (or disorder) as well as the intensity of the stressor correlates to various factors. These include duration and context—that is, how the event presents itself, and when this event takes place along the continuum of biopsychosocial developmental lines. An Adjustment Disorder can occur at any age, and onset may be between three days to three months after the presence of the stressor. The predominant symptoms may be with depressed, anxious, or mixed emotional features, with disturbances in conduct, mixed disturbances of emotions and conduct, with work or academic inhibition, or with withdrawal (APA, 1980).

Another diagnostic system, *The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)* remains today to be a most prominent model among many countries associated with the World Health Organization (with the exemption of the USA which promotes the use of the DSM III). This classification system utilizes the term Adjustment Reaction (309) and clearly resembles the DSM III model. However, in addition, the ICD-9-CM lists a sub-category of the Adjustment Reaction titled "Culture

Shock" (309.29) which refers to one stressor in particular—"migration." More specifically, Culture Shock is outlined as a form of stress reaction associated with immigration and assimilation into a new culture different from the one of origin (Ginath, 1980).

In light of these two above mentioned sources, it can be seen that the course and subsequent behavior of new immigrant children can be paralleled to the criteria of an Adjustment Disorder (DSM III) or that of an Adjustment Reaction (ICD-9-CM). However, in the context pertaining to *aliya* and *klita*, it is suggested that a more fitting term—"maladjustment"—be used. The term maladjustment designates a difference from Adjustment Disorder or Adjustment Reaction in that an unsuccessful *aliya* and *klita* is not a psychiatric illness. However, this condition or state of imbalance does need therapeutic intervention. The term maladjusted designates a lack of harmony between a person and his environment because of failure to adjust to the present conditions of life (Webster, 1981).

In reality, all new immigrant families do not become maladjusted, nor is there a maladjusted child in every family. Truly each family brings with it its own set of circumstance and *mazel*. However, some variables that may contribute to the child's maladjustment are the child's age at *aliya*, the child's pre-*aliya* emotional history, the degree and extent to which the child was honestly and directly prepared for *aliya*, the impact and meaning of separation from extended family, friends, and home, and the child's cognitive understanding and concept of *aliya* and *klita* (adapted from Becker, 1976).

INTERVENTION FOR MALADJUSTED NEW IMMIGRANT CHILDREN

Maladjusted new immigrant children are not a new phenomena in Israel, nor is it one which went unnoticed in the past. The beginning of a formal treatment procedure in Jerusalem resulted from the returning of 70% of all western immigrants to their country of origin during the 1969-1971 wave of immigration. At that time, the declared reason of return was because the educational system failed to absorb the adolescent immigrant children properly. The Unit for Psychoeducational Counselling under the auspices of the Jewish Agency was thus founded in Jerusalem. One of the proposed purposes of this unit was to act as a liaison between official government bodies such as the Ministry of Education and the Ministry of Absorption. Developing in accordance to the needs of new immigrant children, the unit utilized the Jerusalem municipal summer *ulpan*—a three month intensive Hebrew training seminar—as its therapeutic ground. According to the unit this period allows their team to become familiar with the children both on personal and academic levels which enables them to work more effectively. Also during this period, utilizing the same framework, the child is able to improve his orientation to the surroundings, language, society and culture. It is clear that the summer *ulpan* acts as a transitional environment, which attempts to compensate for the instability that has resulted through *aliya* and *klita*, until the child is placed in a more permanent scholastic setting. In addition, during this period the unit is able to spot children with special needs, those that are more predisposed to become maladjusted, such as children with organisity, learning disabilities, and emotional instability. After this period, a more structured assessment can be made and appropriate referral for further intervention suggested (Millgram, 1982).

The results of a study from 1980-1981 showed that only 33% of all western immigrant children had attended summer *ulpan*. Of these, 100% improved their Hebrew language abilities and were enrolled in suitable schools. All these children were screened at the *ulpan* and given appropriate guidance. The Unit for Psychoeducational Counselling reports that none of these new immigrant children who attended summer *ulpan* necessitated

continued intervention after 8th grade (1-2 years post-*aliya*). Of the other 67% who did not attend summer *ulpan* for various reasons, only 22% increased their command of the language through alternative methods, while 45% did not increase their language ability and thus could not be placed in the age-appropriate educational facilities. In addition, of this latter group, 32% developed impaired emotional and academic levels of function which contributed greatly to their maladjustment. In 2.2% of these cases, the family left Israel returning to their country of origin (Millgram, 1983).

It seems that though the Unit for Psychoeducational Counselling of the Jewish Agency is highly effective, the problem of maladjusted new immigrants remains prevalent even today. Only recently the bi-monthly newsletter of the Association for Americans and Canadians in Israel (AACI) devoted a full page to information regarding psychological referral services and support groups. It is interesting to note that of the six groups proposed, three advocate aid to maladjusted immigrants. These include groups that will deal with "separation from family and friends living abroad; culture shock for those that have been in Israel one year or less; and parents with teenagers who are unhappy in Israel" (AACI, 1986, pg. 7).

MUSIC THERAPY AS A SUPPORTIVE MODALITY

Maladjusted children are in need of support and therapeutic intervention in order to strengthen their coping mechanisms and open additional channels of adaption. Various treatment methods exist, each offering a systematic aproach towards remission. One method, music therapy, offers maladjusted new immigrant children a modality in which therapeutic gains can be achieved in a relatively short time. Though music therapy has already been utilized by many clinicians as an agent of primary psychotherapy, as an intervention for maladjusted immigrant children it takes the form of an adjunctive therapy. This approach supports the child as a patient, encouraging further growth (adaption and change), as well as supporting the other battery of services that he/she might be involved with and thus strengthening the child's overall treatment plan.

Both the therapy process and the therapeutic elements of the therapy framework itself are therapeutic in nature. The opportunity to partake in a warm, accepting, stable environment is of utmost importance for the maladjusted new immigrant child. As an afternoon "leisure-time activity" music therapy can be arranged once or twice a week as part of the child's comprehensive schedule. At a time when the child does not engage in many social contacts, activities, and "clubs," the music therapist can serve the child as a "special friend." As school for the new immigrant child often seems to be a "Darwinian experience," – that is, survival of the fittest – music therapy can provide the child with a non-threatening, non-demanding experience. The singing of songs, performing on musical instruments, and even the listening to current hit tunes often has a certain fun appeal and thus motivates the child's level of participation.

The framework of music therapy is one that can advocate success-oriented experiences. Maladjusted new immigrant children are faced daily with their weaknesses in school, unsuccessful social endeavors, and poor adjustment. The feeling of failure is greatly magnified and takes its toll on self-esteem, self-confidence, and eventually even self-identity. By providing success-oriented experiences, music therapy can highlight the child's strengths and utilize these as a foundation for habilitative purposes. With the support of the therapist, the child can newly build upon these experiences to improve his poor self-image. The security and stability of the therapeutic relationship also enable the child to deal with his innermost anger and fears that as yet have not been voiced. Honest and direct expressions of emotions will only occur as the child begins to feel that he has value, that he deserves to belong, and that others really do take an interest in him.

However, more than the therapeutic value of the framework itself, music therapy can enable the new immigrant child to achieve a new level of adaptation and functioning,

and thus the child's former level of maladjustment is diminished. The effects and impact of the interpersonal relationship between the therapist and the child have already been implied, but certainly it is the development of music skills that is the prime offering of music therapy for this population.

In music therapy the child can learn to perform on an instrument such as the guitar. The application of age-appropriate concepts that have not been "watered-down" because of a language problem is important for the continual cognitive development of the child. The signs and symbols of music and musical notation are also cross-cultural, universal, and a common language between all peoples involved with music. These factors enable the child to "converse" and participate with other peers on an appropriate level. From an emotional point of view, the ability to master an instrument helps the child improve his self-esteem. From little or no knowledge and skill, the child can view for him/herself his/her positive progress through the material and list of songs. The repetition of these successful endeavors, which lead to mastery, build renewed self-confidence.

However, from this author's clinical experience, the most important contribution in rebuilding the child's self-image is the ability to perform at his/her peers' social gatherings and school functions. Instead of being the kid who is a hindrance as a result of needing endless translations, the unsuccessful classmate, or the social misfit, the child becomes the center of attraction. By sitting in the middle of the room or circle, surrounded by numerous singing peers, who accept the "tone and tempo" from the child, the child's self-worth is boosted greatly. As the child is repeatedly requested to play at these occasions, his public image and role take on a new form reflecting his strengths, contributions, and level of importance to society.

Another significant aspect of music therapy for maladjusted new immigrant children involves the learning of song repertoire. Of prime importance to the new immigrant is the improvement of basic language skills. Song activity enables the child to widen his vocabulary and improve his facilities of speech, that is, his command of the language. Through song activity, the therapist can focus attention on diction and accentuation specific to Hebrew. The familiarity of song repertoire can make the child feel more comfortable during cultural, religious, and national events which occur frequently in Israel. All of these occasions utilize song repertoire and social singing. If maladjustment, as described by Webster, is a "lack of harmony" between a person and his environment, then surely one method of intervention is to put the child "in tune with society."

Becoming a new immigrant as a child can be most stressful; however, as a teenager the adjustment problems encountered are even more complicated. As the main mode of expression, as well as the foundation of trends and fashions of this subculture, is the pop-scene, the new immigrant teenager falls between two stools. On the one hand, he/she is versed with the tunes of the west. This is the vogue which most Israeli youngsters attempt to model themselves after. On the other hand, it seems that the level to which the youngster is able to release his/her hold on this previous life-style and be exposed to Israeli pop tunes and fashions directly correlates to his/her ability to assimilate into society and achieve adjustment. Music therapy that advocates listening activities utilizing hit tunes has a great impact on maladjusted immigrant teenagers. Through this seemingly valueless activity, the youngster is able to allow his/her attitudes to shift. Developing an appreciation of local talent, pop groups and fashions, while not belittling celebrities and styles from the west, can initiate the process of finally accepting and adjusting to the present conditions of life. It has been seen that as new immigrant teenagers become versed with Israeli pop tunes to the same extent as with their English language counterparts, the youngster's understanding of these English lyrics, his access to records and tapes from the west (U.S.A., Canada and Great Britain), and his/her personal wardrobe become an asset. However, in reality, there are those maladjusted adolescent immigrants that persist in socially putting down Israeli pop music and trends. Moreover, they join forces with other maladjusted teens, as allies, and practice this laughter at the society they live in

collectively. They seem to create a sub-subculture living in one society according to a life style that originated in another time and place. Through the group music therapy format, attempts to expose these youngsters to alternatives that may have been blocked by other interventions can be successful. Pop music, the medium that has energized their isolation, must be "rearranged" in order to facilitate the process of acceptance and assimilation into the society that they now live in. Group discussions of lyric content and the related feelings that arise in youth provide maladjusted new immigrant teenagers a useful format of peer support, intervention, and productive social activity.

SUMMARY

Aliya can be a most traumatic experience for any family, and even more so for the children. This experience is similar in character to those psychosocial stressors identified and delineated by the DSM III and the ICD-9-CM associated with an Adjustment Disorder and Adjustment Reaction. Yet in view of the fact that this state or condition of imbalance – sometimes referred to as "culture shock" – is not a psychiatric illness but rather a shift in psychosocial-occupational functioning, the term "maladjustment" seems more appropriate. As a result of unstable environment, poor communication skills, impaired social and interpersonal contacts, low academic functioning and a general feeling of insecurity, the child's confidence in him/herself as well as self-image can become distorted. Clinical experience has shown that music therapy offers options to aid the maladjusted new immigrant child and adolescent by alleviating some stress through direct expression and "working through" these insecurities. Music therapy offers support toward gaining a new level of adaptation and adjustment. Music therapy is not viewed as a primary-principal therapy. In the context of *aliya* and *klita*, music therapy is partner to the success of the coordinated efforts of the whole treatment team which may include the child's parents, teachers, psychologist, psychiatrist, family therapist, social service worker, guidance counselor, and even Rabbi. Music therapy is effective in both individual and group settings and can utilize various musical activities such as singing, performing, and listening. Focus of attention can be to highlight and strengthen one specific area such as vocabulary acquisition; or it can be multi-faceted in approach – to improve the child's level of interpersonal relatedness through group music improvisation and discussions of song lyrics.

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