

FACT SHEET Rhythmic Interventions for Working with Trauma

Trauma Informed Practice Guidelines

Around two thirds of individuals in the mental health system have a history of childhood sexual and/or physical abuse. Complex and ongoing developmental traumas produce psychological conditions that likewise are complex and ongoing. Yet throughout the history of psychiatry, individuals with such conditions have been unrecognised, misdiagnosed, and unaddressed (Middleton, 2007). In response to this ongoing crisis clinical guidelines were developed by ASCA in 2012 to inform practitioners of evidence based, best practice.

Key recommendations of these guidelines align with the discretionary use of rhythm base therapies to create a safe therapeutic context and to help assist with emotional management. The recommendations draw heavily from the neuroscience of how trauma impacts the brain. Recommendation 12 states: Recognise the extent to which the treatment requires adaptation of, and supplements to, 'traditional' psychotherapeutic approaches (ie insight-based and cognitive-behavioural). Research in the neurobiology of attachment establishes the limits, as well as benefits, of 'talk', and the need for active addressing of physical, sensorimotor, and experiential processes as well as cognitions and verbal expression of emotion ('bottom up' and 'top down') (ASCA, 2012).

Rhythmic music can engage clients, averse to traditional therapies, and develop both physical and emotional resilience. Music can also provide a pathway for uplifting social connection and experiences that contradict the helplessness of the past.

Rhythm and the Brain

With the advent of neuro-imaging technology in the 1980's the use of rhythmic music in health practice has received increasing support from the scientific establishment. Rhythmic music has been shown to impact areas of the brain closely connected to movement, emotional memory, and impulse control. Brain stem neurons have been shown to fire synchronously with tempo leading to theories that music may modulate a range of brain-stem mediated areas, such as our heart-beat rate & blood pressure levels; and in so doing, may be utilised to assist in the regulation of stress and arousal (Chanda & Levitin, 2013). With stress now at unprecedented levels, and music widely recognised as a common alleviator of the condition, this additional research is not before time. Leading trauma authorities have now incorporated rhythmic exercises, including music and movement into their recommendations for effective treatment in response to evidence linking rhythm to the realignment of homeostatic states disrupted through ongoing activation of the brain's stress response (Perry & Hambrick, 2008, Van Der Kolk, 2014). Musical rhythm and tempo, likely affect central neurotransmissions that maintains cardiovascular and respiratory control, motor function, and potentially even higher order cognitive functions (Chandra & Levitin, 2013). Impacting these primal areas of the brain allows rhythmic music to heal beyond the reach of words.

Additionally, rhythmic music has been shown to mediate the release of certain neuropeptides that are associated with increased trust and reduced anxiety. Coupled with the synchronisation of both motor and sensory neural networks rhythmic music can increase empathy, social bonding and communication, (Overy, 2012).

Catharsis

Drumming provides a relatively safe medium for the release of feelings associated with trauma. The drum can act as a safe container for these feeling and has been used across history and civilisations for the ease of collective suffering. Drumming exercises allow a client to work through the emotions of an experience, or share it with others, in all its dimensions avoiding the often subjective judgement and inadequacies of words — music is the sound of emotion.

Adult Surviving Child Abuse (ASCA). (2012). Practice guidelines for the treatment of complex trauma. Chanda L.C., and Levitin, D.J. (2013). The neurochemistry of music. Trends in Cognitive Sciences, 17, 4, 179-193. Middleton, W. (2007). Remembering the past, anticipating the future. Australasian Psychiatry, 13:3, 223-233. Ogden, P., Minton, K., Pain, C. (2006). Trauma and the Body - a sensorimotor approach to psychotherapy. New York: Norton Overy, K. 2012. Makin music in a group: synchronisation and shared experience. Annals of the New York Academy of Science:

Perry, B.D., & Hambrick, E. (2008). Introduction to the Neurosequential Model of Therapeutics. Reclaiming Youth, August, 2008

2008 Van Der Kolk, B. (2014). *The Body Keeps The Score*. New York: Allen Lane

Healing and the Body

Talking about the trauma does not necessarily assist its processing, and indeed can precipitate experiences of being overwhelmed and retraumatised (Van Der Kolk, 2014). Physical, body based exercises like drumming can help clients develop self-awareness and self-regulation, increasing both physical and emotional security. Effective trauma therapy, then, should incorporate movement and body-based awareness, (Ogden, Minton, & Pain, 2006). Rhythm based exercises combining movement and music can focus on grounding and other sensory aspects of the body.