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Background

According to the 2011 UNAIDS report, South Africa has more people living with HIV (an estimated 5.6 million) than any other country in the world. The underpinnings of poverty and the enormous scope of the HIV/AIDS epidemic in South Africa pose challenges for an already overburdened health care system. A national survey found that within the public and private health care system, 28% of patients seeking health care services were HIV positive. Almost half of the patients in public hospitals, and an alarming 15, 7% of the health care workers were HIV positive (Shisana, Hall, Maluleke et al., 2002).

For most HIV positive patients there is still limited access to care, support and treatment. Within the public health services, which are the only options for the majority of HIV infected persons, there is a shortage of qualified health workers—especially in the rural areas—wages are low, and the workloads are heavy (Benatar, 2004). To alleviate the burden faced by professional health workers, health services utilize the assistance of lay counselors and community care workers. This cadre of staff, formed mostly from previously unemployed, under-skilled volunteers, assist in the provision of Voluntary Counseling and Testing (VCT), a cornerstone of HIV related health services. Counseling includes provision of emotional support, information, education, guidance and the facilitation of support groups for people living with HIV/AIDS (Dageid, Sedumedi & Duckert, 2007). However, while the introduction of lay counselors and community care workers may lead to improved service for HIV positive individuals, HIV/AIDS treatment and support place considerable emotional demands particularly on these entry-level health care workers (Orner, 2006).

Health care workers have reported feelings of fear and helplessness in providing care for HIV positive patients (Smit, 2005). Emotional exhaustion and fatigue are common in health
workers who often work under great pressure with a stigmatized disease, meeting death and misery on a daily basis, without sufficient compensation or encouragement. Moreover, these health care workers are often thrown in the deep end without receiving adequate, ongoing training and supervision. They are often expected to deal with clients’ complex and difficult emotional problems (Richards & Pennymon, 2005 in Madu and Govender). In light of the increasing demands of HIV/AIDS care, counselors and community care workers are finding it challenging to successfully cope or find meaning and benefit in their work situation.

To address the need for debriefing, emotional support, and continual professional skills development, a psychosocial intervention was developed for health care workers. that’sit (a PEPFAR funded joint initiative of the Medical Research Council and the Foundation for Professional Development, supporting the Department of Health) employs nearly 100 counselors and community care workers that provide HIV and TB counseling, testing and treatment support. In the Eden District, Western Cape Province, that’sit serves as lead partner and focused support efforts on the team of community care workers supporting the District. Creative Therapeutic Strategies for Community Care Workers is a collaborative effort of that’sit and KEYS (run by HPCSA registered music therapists Carol Lotter and Andeline Dos Santos). This course was designed to empower counselors and community care workers to utilize the potent resource of music, as well as other dynamic creative media, in order to work more effectively, process their personal and emotional experiences, and build resilience to deal with critical life and death issues in their work and personal environments.

**Creative Therapeutic Strategies for Community Care Workers**

Creative Therapeutic Strategies for Community Care Workers (CTSCCW) was developed as an experiential training course tailored to the needs of HIV/AIDS and TB counselors and care workers. The intention of the course is two-fold, including both the imparting of skills as part of ongoing professional development as well as providing opportunities for care workers to have a personal, supportive and therapeutic experience.

The use of the creative arts within clinical therapeutic practice is well established. The Arts Therapies, including Music Therapy, Art Therapy, Dance/Movement Therapy and Dramatherapy, are recognized professions in South Africa. Qualified practitioners register with the Health Professions Council of South Africa and CTSCCW was developed through the guidance of two registered Music Therapists. The arts have also been used widely within communities, from cultural practices fostering group experiences and systemic health, to Community Music interventions as well as within the specialized field of Community Music Therapy. These approaches are typically highly context specific and address the needs of a particular community as well as drawing upon the strengths and creative vocabulary of that group.
Viewed through lenses of cultural psychology and social psychology, health can be understood as a relational phenomenon. Although threats to health can be conceptualized at the level of the individual body, this limited understanding neglects the crucial consideration of how health is also located within the quality of interaction and activity between human beings and how it is facilitated through mutual care and concern for each other’s potential for participation (Stige, 2004).

Our very earliest communicative relationship can be understood to take place through musical ingredients (Pavlicevic, 2000). Primary givers and infants get to know one another intimately and ‘tune into’ one another long before the child begins to develop a language-based vocabulary. When the interaction between a parent and baby are micro-analyzed, we see a fine-tuning taking place between the quality of the child and parent’s vocalizations, movements, facial expressions and energy as they interact with one another (Bernieri & Rosenthal, 1991). Each of these features can be understood as being comprised of musical features. The vocal sounds have a pitch, a duration, a dynamic level, a tone colour; the movements can be described through musical qualities of tension and relaxation, as fluid, flowing, legato gestures, or as sharp, staccato bursts. The parent ‘reads’ the quality of the baby’s energy as, perhaps, smooth and liltling, or restless and tight. His/her response to the child matches these qualities in his/her own voice, movement and expressions and, in this way, parent and baby have an intimate experience of knowing one another and being known by the other. This is referred to as intersubjectivity (Pavlicevic, 1997).

As we attempt to build relationships with people musically - with clients, with groups, with care workers, with communities - we are tapping into this natural relational and communicative potential to know one another through sound. Relating through music making affords a potential space for communicating, for sharing, and for journeying with one another. It is within this dynamic that we can further explore the possibilities that working musically can hold for contributing towards health.

Within a support group, for example, of individuals who are HIV-positive and the care worker who facilitates the weekly sessions, music making can be understood to offer value in a number of ways. Music making provides opportunities for the expression of self in a manner that can be validated by the group, music making creates group cohesion, a sense of a shared experience and of belonging. Musical experiences can be used to celebrate and nurture resilience, life, joy and hope as well as offering a safe space in which to express and share grief and suffering. Music expresses and
contains the full range of human emotional experience. The function of music in emotional regulation is not only related to evoking a calm or relaxed state. Music can express and contain rage, frustration, longing, pain and anguish. Musical elements such as pitch, tempo, choice of instruments, melody, phrasing, harmony and rhythm provide powerfully flexible ingredients with which to express and explore this range of affective qualities. Carefully structured musical activities allow for the experience of agency, independence and control within a creative environment. A group that makes music together can be an inviting space for members as the enjoyment, liveliness, sense of sharing and validation of all emotional experiences can be enticing and prompt improved attendance.

CTSCCW is structured as a two-day workshop.

*Day One*

The first day begins with a music listening activity, inviting participants to allow imagery to come to mind as the music plays. The morning proceeds with a discussion of how music, by its nature, can function as a valuable tool within counseling. The inherent musical nature of human beings is explored. Humans are understood as ‘musical’ through the fact that we possess a pulse, we breath, walk, chew, stretch in a particular tempo; we speak, sing and yawn at a certain pitch, with particular phrasing; we synchronize ourselves with others in what can be understood as a kind of dance. This contrasts the concept of a socially constructed ‘musicality’ that privileges the musical ‘abilities’ of some whilst excluding others. Music is discussed as a natural way of being oneself. This is conceptualized as being expressed through inherent musicality, constructing and expressing identity through music, using music within the management of emotions, energy levels and perceptions within daily life and through music’s capacity to concurrently influence body, mind, soul and spirit. Music is also explored as a natural way of being with others, from our earliest relationships to music’s role in our development as social beings and our experiences of belonging within certain groups. It is discussed how music can facilitate spiritual and transpersonal experiences. These facets are used to explain how music, therefore, functions as a natural partner within a counseling process. Further features of music that are applicable within a counseling context are also discussed, namely, music’s use as a creative tool, a non-verbal tool, a projective tool, a symbolic and
metaphoric tool, a containing tool, a relaxation tool and a reinforcing tool. The intention behind providing this introductory theoretical framework is in order to ensure that care workers who will be using the skills learned within the workshop will be doing so with a clear understanding of the intention behind the activity and sufficient understanding of the manner in which the music is functioning personally and relationally.

In the afternoon of the first day, participants experience a drumming circle and are trained to facilitate this activity in a variety of ways with the members in their own groups. It is impossible for a group of people to talk together simultaneously and feel a sense of ‘we-ness’. When everyone talks together there is, rather, merely a sense of chaos. Talking requires individual expression, one at a time, for intelligibility. In music making, however, a sense of togetherness can be created as we all make music simultaneously due to the nature of rhythmic synchronization and pitch blending. In addition, a group member can simultaneously listen to the music of others and his / her own playing without even utilizing eye contact. Through music, feelings of harmonic unity can be felt by the group. Drumming is a particularly effective tool to use in group music making within counseling contexts as minimal skill is required of the counselor and the group members. Group drumming has been found to create feelings of openness, closeness, intimacy, connectedness and sharing. After this participants are introduced to the concept of using narrative with individuals with whom they work. Some theoretical background is provided and various techniques for incorporating the use of stories within their groups are explained and experienced. Participants create presentations of stories from their own lives incorporating elements of music, drama and poetry and perform this with the group’s participation.

Day Two

In the morning of the second day, participants are exposed to a wide range of creative techniques that they can use with their own groups, including elements of music-making, music-listening, drama, dance, movement and art. Participants receive a ‘toolkit’ complete with djembe drums, art materials, and a CD player in order for them to immediately implement what they have learned with their own groups.

The afternoon of the second day is dedicated to providing participants with a therapeutic space within which to explore their personal
experiences. Although this space is explicitly structured in this manner, each activity that is engaged in in the two-day period is presented in an experiential manner and participants are encouraged to enter each process authentically. The premise behind this is that individuals will only feel confident and comfortable to facilitate the technique themselves -- and be convinced of the value of the activity -- if they have personally experienced the meaning of the activity for themselves. As a result, most of the activities experienced in the two days hold value for participants both at the level of skill development and also at the level of personal support and growth. This is taken further in the last afternoon as a personal process is facilitated for the participants by the two music therapists running the course. This includes opportunities to reflect on their personal experiences of working within the contexts of HIV/AIDS and TB, personal dreams and aspirations, struggles and hardship, and experiences of burnout and stress. A contained space is provided for participants to voice concerns and difficulties as well as to celebrate, to inspire and to support one another. Opportunities are provided for debriefing and also for the strengthening of resilience and relationships.

**CTSCCW Outcomes**
During the first therapeutic training course for the counselors and care workers, they were guided through processes relating to their experiences in which they could personally reflect on the meaning of their work, their personal journeys, trials that they encounter, stress that they face and the impact of the weight of responsibility that they carry regarding the needs of the patients with whom they work. They were also afforded group experiences in which to share these experiences and emotions with one another.

Participants were asked to complete questionnaires prior to the training course as well after they had completed the two days. Feedback received in the post-training questionnaire included the following responses to the question “What were your experiences of the course?”

“I've learned so much about the way music speaks to each and everyone in a different way.”

“This course was very challenging for the work that I’m doing. Every counselor has a story to tell. Music is healing. This course has healed us.”

Participants responded to the question asking them what they found most helpful by saying:

“The different techniques you can use to get people talking or showing their feelings.”
“The instruments were very helpful. A person can tell you something without talk by just playing one of the instruments but you need to listen to how it is played.”

“The facilitators... gave us independence and support and I learned to go and give that to the clients in the clinic.”

“To be who you are and not someone else.”

“To express feelings through music. That was very good for me. And how I can use different techniques together.”

“That music can talk in a sense that it could be painful, joyful, laughter, peace, happiness and much more.”

Participants were also asked how they anticipated using the techniques they had learned and responses included:

“I am going to use what I learned because it’s difficult for them to talk about their feelings.”

“If I can’t get instruments I will ask from my clients ideas of instruments they can make and ask them to bring with and play as we wish.”

Experiences of the course were summarized in the following ways:

“The course helped me to understand myself and understand the importance of music in our lives.”

“I learned that there are many ways of doing counseling.”

“That music is an important thing that can heal emotions or spirit, bring confidence and support and that people can learn a lot from it.”

“I was never able to play an instrument but this course helped me to know that everybody can make music even with your mouth, without any instrument.”
“I learned to deal with my own feelings. I also learned that music is one of the best things that you can deal with you or your client’s feelings and emotions.”

“the course took me back to where I come from and allowed me to take the inner person out, so I can know how to handle other people with care and respect.”

“I learned how to know my emotions.”

“Great, helpful...different ways to interact with patients...be more creative...make everything about counseling more exciting.”

Three months after the initial training course, the second phase of the project was implemented. This involved participants receiving a supportive, supervisory, on-site visit from one of the music therapists who facilitated the course. At these visits it was observed that care workers were particularly utilizing the drumming activities that they had learned in the course. Patients appeared to be receptive and participated with enthusiasm, often initiating their own musical ideas. The care workers who were observed demonstrated confidence in how they facilitated the group music making and creativity and initiative in how they further developed and built upon what they had learned through creating new songs and activities. They showed their ability to evoke participation in group members and to utilize and validate the contributions of group members within the activities. In one of the supervised sessions the drumming elicited a response from the clinic sister who came into the room and addressed the patients with warmth and appreciation. The sister then proceeded to sing and dance and suggested that, in future, the group use a bigger more public space. Throughout the session people opened the door to see where the music was coming from. The music therapy supervisor explored with the care worker after the session how the music was reframing the notion of isolation and stigma. Here, patients were creating community as they drummed, danced and sang and were clearly impacting the broader clinic community. The supervisor offered further suggestions relating to how the care workers might think about developing a song about ARV adherence that could be sung in sessions and that patients would remember between sessions as well. This was enthusiastically received. Through observing the care workers in context, on-site, provides valuable further training opportunities and insights for both care workers and training as to how this work could be further extended.
During the on-site supervision session, another care worker reported on a session that had been held for mothers of HIV+ children receiving ARV counseling at the clinic. The mothers were encouraged to express their feelings through the music and the session focused on strengthening the mothers with coping skills as well as providing them with basic information. The care worker also shared his concern and passion to involve the men in the community. He shared that HIV+ men are particularly reticent to attend support groups and information sessions concerning ARVs. An initiative directed at attracting men to ARV support sessions was discussed at length and the care worker was encouraged to find a way of starting a men’s group where drumming could play a role in drawing the men together and building community. Further suggestions were offered to other care workers including facilitating access to drums in sessions, explaining clearly to patients why the activities are being used, and monitoring the emotional dynamics within the group. These follow-up visits have proved to be immensely valuable with regards to supplementing the learning process, supporting the care workers and further refining the training course. The third phase of the project will involve running a refresher course for all the participants to attend together.

Conclusion

The counselors and care workers, who participated in this experiential course, reported experiencing love for their job, personal rewards and growth. However, accounts of negative emotional experiences emerged. The health care workers told of challenges related to a lack of resources, increased health provision demands, and a constant emotional overload. They felt emotionally exhausted, with limited possibilities of professional accomplishment and recognition. They felt that the interactions with patients were demanding and sometimes negative. The described experiences were compatible with symptoms of burnout. As such, “Creative Therapeutic Strategies for Community Care Workers” was developed to provide debriefing tools that did not rely solely on traditional verbal processing. These innovative techniques opened care workers to therapeutic, explorative and transformative possibilities. Using the creative arts as powerful therapeutic tools allowed the health care workers to address personal areas of struggle but also to tap into the resilience and growth of the persons they are serving whose lives have been impacted by HIV/AIDS and TB.

The CTSCCW course contributes to addressing poverty and inequality in South Africa in a number of ways. Three central features of the work relate to the enhancement of health—especially as understood according to the relational framework mentioned earlier--, opportunities for empowerment and the generation of social capital through the development and strengthening of networks characterized by trust, support, and information sharing. The arts are particularly effective tools within strategies that seek to intervene in areas of poverty and inequality through targeting these three areas in particular. Creative Therapeutic Strategies for Care Workers offers both care workers and the patients with whom they work greater opportunities for experiencing health, empowerment and increased social capital.
References


