Being with friends and having fun!

Music therapy with refugee children in a Norwegian primary school context

Kaja Elise Åslid Enge

Thesis for the degree of Philosophiae Doctor (PhD)
University of Bergen, Norway
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Scientific environment

This PhD project was a collaboration between Volda University College and the University of Bergen.

The PhD project was financed by Volda University College, where I held the position of a PhD candidate at the faculty of Arts and Physical Education. I was enrolled as a PhD candidate at the University of Bergen, Faculty of Humanities, where I received my research training by attending the Grieg Research School in Interdisciplinary Music Studies.

Main supervisor: Brynjulf Stige, University of Bergen

Co-supervisor: Dag Øystein Nordanger, Oslo Metropolitan University/Haukeland University Hospital

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The wish to do this PhD project, and the questions that have informed it, arose from my experiences as a music therapist working with refugee children in a public primary school in Norway. During this work, I experienced that our knowledge of how to help refugee children as music therapists were limited and didn't reflect the complex reality these children were navigating. When I read literature about refugee children, it mainly described their challenges and traumas. While this is important to be aware of, the children I got to know were so much more. They were so full of enthusiasm and, despite their often harsh life conditions, in possession of a very special and infectious enthusiasm for life. They were happy, energetic, funny, creative, brave, and fast (musical) learners. I often admired their courage. They seemed to always strive towards something better. However, even though I experienced them mainly in positive ways, I also observed their challenges. For example, I would look out the window during their lunchbreak and see one of them stand outside a group of children, observing. In music therapy she wrote songs about friendship, and how she missed her best friend. Or I noticed their interest in my phone and other electronic devices that we used. I listened to their complaints on their own devices, never enough space, not quite working, could not afford more memory – quite typical worries for children, but these children never seemed to have devices that worked, and they were continuously hoping for something better. I listened to their struggles with sleeping, and challenges in the playground. I could see that they were tired. During my work at this school, I also got to know their teachers. These teachers did whatever they could to support and care for the children that came to their school, and I was very impressed by their commitment. My deepest gratitude goes to the children and teachers who so willingly shared their knowledge with me. Thank you so much. I will never forget you!

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at times doing all the boring housework. This PhD has coincided with many great challenges in our life, and it has required a lot from both of us to get through. Special thanks for putting so much beautiful music into my life! To my children, Paulo, Frida and Aurora, thank you so much for being such kind and wise persons, for asking questions that has challenged me, for disturbing me and for not disturbing me and singing the very truth about things when sitting in the back of the car. It is a privilege to be your mother and to watch you grow up. I hope we can do something fun together on Saturday mornings now, instead of me typing on the PC!

Abstract in English

Refugee children can be adversely affected by prolonged and stressful life circumstances, and their life conditions and wellbeing during resettlement significantly impact their health and development. The school is a vital developmental environment for refugee children, but research shows that schools need to update and improve their practices to better accommodate refugee children's needs. Although research and practice suggest that music therapy can be a relevant support for refugee children, the existing research in this field is still limited. Therefore, the aim of the present PhD project was to contribute to knowledge on refugee children's health and development, by exploring how music therapy might support their psychosocial wellbeing within a primary school context during resettlement.

The PhD project consists of three qualitative research studies, each exploring aspects of how music therapy could contribute to the psychosocial wellbeing of refugee children within a school environment. Existing research and practice suggest that music therapy has the potential to aid refugee children in navigating challenging life circumstances and providing them with social support during school hours. However, there is a gap in addressing the challenges faced by the school system and how music therapy can contribute to the schools' efforts in supporting refugee children. Additionally, there is a lack of exploration into how younger children experience music therapy.

Against this background, the main research question for the PhD project is: *How might music therapy in a primary school setting contribute to the psychosocial wellbeing of refugee children?* This overarching question has been investigated in three studies, exploring the following research questions:

- How do teachers in a Norwegian primary school describe their approach to addressing the psychosocial needs of refugee children?

- What are the perspectives of refugee children regarding their participation in music therapy as part of their school day in a public primary school in Norway?
- How can participation in music therapy in a primary school nurture refugee children's readiness to collaborate with peers?

Study 1 addressed the situation within the school, and informed the development of a contextual understanding of how music therapy could be relevant. Study 2 examined the experiences of the children and informed an understanding of music therapy based on refugee children's perspectives. Ultimately, the research question for study 3 was formulated based on findings from study 2 and provided insight into how music therapy can support participation in the peer community[1].

The theoretical framework draws on bioecological and sociocultural perspectives as well as trauma-informed perspectives. Bioecological perspectives on refugee children's health and development emphasize the significance of the interplay between the individual and social conditions and highlight the importance of ensuring their wellbeing in resettlement. Further on, ecological and sociocultural perspectives on music therapy delve into how access to various forms of musical engagement as a part of people's developmental ecology may be a resource for health. Within this framework, the theories of Lave and Wenger have been applied to discuss processes of situated, musical learning in a musical community. In addition, trauma-informed perspectives have been incorporated to enhance the comprehension of how adverse experiences and prolonged stress might influence the health and development of refugee children, as well as how music therapy might be helpful. These trauma-informed perspectives emphasize interpersonal and relational aspects of therapy, health and development, particularly focusing on affect regulation.

The PhD project was framed within a hermeneutic paradigm. Hermeneutic perspectives have guided the research process, both in relation to the collection of

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[1] In this PhD project, the peer community consisted of children with various cultural backgrounds, both children with a so-called "ethnic Norwegian" background and children with other or cross-cultural backgrounds.

empirical material and processes of analysis and interpretation. A source critical evaluation of the collection of and type of material, as well as the hermeneutic circles of pre-understanding – understanding and part-whole have all played a central role ensuring a reflexive execution of the research process.

The empirical material was collected at a primary school in Norway. The school hosted a music therapy project implemented as part of the school's efforts to support children with a refugee background. The empirical material included interviews with teachers and children, along with participatory observations of music therapy sessions. Interview transcripts were analysed using thematic analysis, while participant observations underwent analysis following a case study approach, progressively narrowing down on questions and issues in an abductive and iterative process.

The findings from the three studies suggest that the psychosocial support music therapy may contribute with relates to offering access to rewarding relational and emotional experiences. The findings are discussed in terms of three overarching themes: *Engaging with the peer community*, *Experiencing emotional wellbeing*, and *Finding regulating experiences*. The children's narratives placed a strong emphasis on appropriating music therapy sessions as a peer community, and using this community to cultivate musical resources which bolstered their ongoing interaction with peers. Fostering participation in the peer community stood out as an important element also in the teachers' accounts, and both the current research project and previous research suggest that fostering positive peer relations is a central component of promoting refugee children's psychosocial wellbeing within the school context. Furthermore, *Experiencing emotional wellbeing* is a significant aspect of the children's experiences in music therapy, with an emphasis on the concept *fun*. The children's emphasis on fun and wellbeing may align with the teachers' focus on providing emotional care and support. These insights, along with other research, suggest that offering opportunities for emotionally rewarding experiences is an important aspect of how music therapy may contribute to children's psychosocial wellbeing in the school setting. The third overarching theme, *Finding regulating*

experiences describes aspects of supporting the children in coping with emotional distress, a topic explored throughout the three studies. This aspect is also discussed in previous research on teachers' perspectives as well as in the music therapy literature. Findings from the PhD project thus further illuminate how music therapy may support emotional coping.

The practical implications of findings include facilitating opportunities for musical learning in collaboration with peers and focusing on activities that children find to be fun and rewarding. Furthermore, the research points to the relevance of integrating regulating experiences, considering structural, relational, and musical aspects, to promote emotional coping. Moreover, placing the music therapy practice in proximity to the peer community is essential, as this facilitates necessary interaction and shared development of musical knowledge with peers. As a part of this, it is recommended to be aware of the children's appropriation of music from the surrounding culture and the social functions of their preferred music.

Based in the outcomes of the PhD project, it is suggested to further study the relationship between music therapy practice and the establishment of social connections and friendships among children during school hours. Findings also suggest the need for further exploration of the development of various resources in music therapy, as well as their transfer and utilization in other social contexts. Moreover, there is a need for additional research on how music therapy can support children affected by trauma. In this regard, the development of a more comprehensive theoretical framework for understanding the role of fun and other emotionally and relationally rewarding experiences might be relevant. Lastly, future research is recommended to address the needs of newly arrived children, an area that has received limited attention within the field of music therapy.

Abstract in Norwegian

Flyktningbarn kan være utsett for svært belastande livsomstende, og helse og utvikling er i stor grad avhengig av trivsel og livskvalitet i landet dei reetablerer seg i. Skulen er ein viktig utviklingskontekst, men forsking viser at for å kunne ivareta flyktningbarn sine komplekse behov er det nødvendig å vidareutvikle arbeidsmåtar og system i skulen. Eksisterande forsking og praksiserfaring indikerer at musikkterapi kan være ei aktuell støtte for flyktningbarn, men det er framleis lite forsking på dette feltet. Målet for dette doktorgradsarbeidet var å bidra til kunnskap om flyktningbarn si helse og utvikling ved å utforske korleis musikkterapi kan være ein del av skulen sitt psykososiale arbeid med å ivareta barn med fluktbakgrunn.

Doktorgradsprosjektet består av tre, kvalitative studiar som utforskar ulike aspekt av korleis musikkterapi kan bidra til psykososial trivsel. Eksisterande forsking indikerer at musikkterapi kan støtte flyktningbarn i å handtere belastningar, samt være ein sosial ressurs på skulen. I forskingsfeltet er det lite fokus på samspelet mellom musikkterapi og skulesystem og korleis musikkterapi kan bidra til å løyse utfordringar skulen står i. Det er også lite forsking på yngre barn si oppleving og forståing av musikkterapi.

Dette dannar utgangspunkt for følgande, overordna forskingsspørsmål: *Korleis kan musikkterapi i barneskulekontekst bidra til flyktningbarn sin psykososiale trivsel?* Dette overordna forskingsspørsmålet har blitt undersøkt i tre studiar, med følgande forskingsspørsmål:

- Korleis beskriv lærarar på ein norsk barneskule sitt psykososiale arbeid med flyktningbarn?
- Kva er flyktningbarn sine perspektiv på å delta i musikkterapi på ein norsk barneskule?
- Korleis kan deltaking i musikkterapi være ei støtte for flyktningbarn si samhandling med andre barn på skulen?

Studie 1 adresserer situasjonen på skulen, og bidrar til innsikt i skulekvardagen og dannar ei kontekstuell forståing av korleis musikkterapi kan være relevant. Studie 2 undersøker barna sine opplevingar og forståingar og bidrar til kunnskap om musikkterapi basert på barn med fluktbakgrunn sine perspektiv. Forskingsspørsmål 3 tok utgangspunkt i funn frå studie 2, og gav innsikt i korleis musikkterapi kan støtte flyktningbarn si deltaking i vennefellesskapet.

Doktorgradsprosjektet tar utgangspunkt i eit hermeneutisk vitskapssyn. Ei kildekritisk evaluering av innsamling og behandling av empirisk materiale, samt dei hermeneutiske sirklane forforståing-forståing og del-heilheit har vært sentrale element i å sikre ei refleksiv gjennomføring av forskingsprosessen.

Det empiriske materialet vart samla inn på ein barneskule i Norge. Skulen var vertskap for eit utviklingsprosjekt der musikkterapi vart brukt som ein del av skulen sitt arbeid med å ta i mot flyktningbarn som kom til området. Empirisk materiale bestod av intervju med lærarar og barn, i tillegg til deltakande observasjon av musikkterapitimer. Transkripsjon av intervju vart tematisk analysert. I bearbeidinga av observasjonar frå musikkterapitimer vart tilnærmingar frå case studie tatt i bruk, og materialet analysert ved hjelp av ei sirkulær og abduktiv tilnærming, med gradvis utvikling og undersøking av tematisk fokus.

Det teoretiske rammeverket er informert frå bioøkologiske og sosiokulturelle perspektiv, i tillegg til traumeinformerte perspektiv. Bioøkologiske perspektiv på flyktningbarn si helse og utvikling fokuserer på samhandling mellom individ og kontekst, og korleis kontekstuelle faktorar i reetableringsfasen påverkar barna si helse og utvikling. Økologiske og sosiokulturelle perspektiv på musikkterapi beskriv korleis deltaking i ulike typar musikalsk aktivitet bidrar til å komme i kontakt med personlege og sosiale ressursar som støtter opp om helse og utvikling. Innanfor denne teoretiske konteksten er også sosiale perspektiv på læring nytta, spesifikt Lave og Wenger sine teoriar om deltaking og læring i praksisfellesskap. Traumeinformerte perspektiv har dessutan belyst korleis belastning kan påverke barn si utvikling, samt informert diskusjonen om korleis musikkterapi kan bidra. Dei traumeinformerte

perspektiva som er nytta fokuserer på relasjonelle aspekt av terapi, helse og utvikling, med spesifikt fokus på affektregulering.

Dei overordna funna i avhandlinga peiker på at den psykososiale støtta musikkterapi kan bidra med handlar om å gi tilgang til gode relasjonelle og emosjonelle opplevingar i ein musikalsk kontekst. Funn kan diskuterast i tre, overordna tema: *Deltaking i vennefellesskap*, *Oppleve emosjonelt velvære*, og *Reguleringsstøtte*. Barna sine narrativ beskriv å bruke musikkterapitimar som eit vennefellesskap, der dei i samhandling med andre barn utviklar musikalske ressursar som støtter deira vidare samhandling. I lærer-intervjua er samhandling med vennefellesskap også eit viktig tema, og både studie 1 og anna forsking belyser at å nære vennskap og deltaking i vennefellesskap er ein viktig del av å fremme flyktningbarn si helse og utvikling i reetableringsfasen. *Emosjonelt velvære* var også eit svært viktig aspekt av barna sine opplevingar i musikkterapi, med spesielt fokus på å ha det gøy og oppleve vitalitetsendring. Dette aspektet kan relaterast til intervjua med lærarane, som fokuserte mykje på ulike typar omsorg, retta mot å sikre barna sin trivsel på skulen. Opplevingar av emosjonelt velvære er dokumentert i mange studiar på musikkterapi, og trer fram som ein svært viktig komponent i forståinga av korleis musikkterapi kan bidra. *Reguleringsstøtte*, beskriv korleis musikkterapi kan bidra til å handtere uro, og er eit tema som kjem fram i alle dei tre studiane. Dette aspektet er også beskrive i eksisterande forsking på lærerperspektivet samt i litteratur om musikkterapi. Innsikt frå dette doktorgradsarbeidet bidrar til å ytterlegare belyse korleis musikkterapi kan gi tilgang til ulike typar reguleringsstøtte.

Dei praktiske implikasjonane av doktorgradsarbeidet peiker i retning av å gi flyktningbarn tilgang til musikalsk læring i fellesskap med andre barn, samt fokusere på aktivitetar som barna syns er gøy og trivst med. Forskinga peiker også på at ulike typar strukturell, musikalsk og relasjonell reguleringsstøtte kan være hensiktsmessig å integrere i praksisen. Å planlegge og plassere musikkterapipraksisen slik at ein tilrettelegg for samhandling med venner er essensielt, sidan dette mogleggjer den nødvendige samhandlinga og delte kunnskapsutviklinga mellom barna. Innsiktene frå forskinga peiker dessutan på at det kan være viktig å være bevisst på korleis barna

bruker musikk frå den omkringliggande musikalske kulturen, og kva for sosiale funksjoner dei musikalske preferansane deira har.

Funn frå dette doktorgradsprosjektet peiker på at det er behov for meir forsking på samanhengane mellom deltaking i musikkterapi og barna si utvikling av sosiale relasjonar og vennskap. Framtidig forsking bør prioritere å undersøke barna si utvikling av ulike typar ressursar i musikkterapi og korleis desse blir overført og brukt i andre sosiale kontekster. Det er også behov for meir forsking på korleis barn som er prega av belastande livsomstende kan ha nytte av musikkterapi. Her vil det være spesielt viktig å utvikle eit teoretisk rammeverk, som gjer oss betre i stand til å forstå kvifor det å ha det gøy og å ta del i positive emosjonelle og relasjonelle opplevingar kan være viktige element i musikkterapi. Til sist er det behov for meir forsking på korleis musikkterapi kan være ei støtte for heilt nykomne barn, då dette er eit område det generelt er fokusert lite på innanfor musikkterapifeltet.

List of Publications

Enge, K. E. A., & Stige, B. (2021). Musical pathways to the peer community: A collective case study of refugee children's use of music therapy. *Nordic Journal of Music Therapy*, 1-18. https://doi.org/10.1080/08098131.2021.1891130

Enge, K. E. A., Stige, B., Nordanger, D. Ø. (In review). Refugee children's perspectives on participating in music therapy: A qualitative study

Enge, K. E. A., Stige, B., Nordanger, D. Ø. (Submitted). The child and the community: A focus group study exploring teacher perspectives on their work with refugee children.

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1. Introduction

It is well documented that refugee children encounter mental and psychosocial challenges. The primary focus of the current PhD project is the potential contribution of music therapy in supporting the psychosocial wellbeing of refugee children within a primary school environment. This research topic holds significant relevance, particularly in light of the challenges that educational institutions encounter in accommodating the specific needs of refugee children. Furthermore, the PhD project delves into the perspectives of the children themselves, an aspect currently limited in existing scholarly literature on music therapy and refugee children.

By the end of 2022, 108,4 million people have been forcibly displaced worldwide, with nearly 35,3 million classified as refugees. About 40% of the world's displaced people are children under the age of 18 (UNHCR, 2022). According to the UN Refugee Convention, a refugee is defined as someone who is unable or unwilling to return to their country of origin due to a well-founded fear of persecution based on factors such as race, religion, nationality, membership of a particular social group, or political opinion (UNHCR, 1951). In the current PhD project, the focus is specifically on children who flee with their parents, as opposed to unaccompanied minor refugees. Furthermore, it is important to distinguish between asylum seekers, who are awaiting a decision on their residency application, and refugees who have been granted a residence permit. The children involved in this PhD project fall into both categories. In other words, they are children who have fled together with their families and are currently either awaiting a residence permit or in the process of resettling. For the sake of simplicity, the term "refugee children" is utilized in this thesis, unless otherwise indicated.

In Norway, individuals seeking refuge are primarily categorised into three application types: asylum seekers, resettlement-refugees (or quota refugees), or family reunification immigrants (Statistics Norway, 2023b). Asylum seekers initiate their own asylum application and reside in asylum centres while awaiting the processing of their applications. Resettlement-refugees (or quota refugees) are

recognized as refugees by UNHCR, and their asylum applications are submitted on their behalf. If granted residency, they are directly resettled in a municipality. Family immigration pertains to reuniting with a family member who has already been granted residency. The children serving as research participants in this PhD project represent all these categories. However, I will not differentiate between these categories in the thesis.

The number of individuals seeking asylum in Norway varies based on global circumstances. During the refugee crisis in 2015, which coincided with the commencement of the PhD project, Norway received approximately 31,000 asylum applications, of which 29% consisted of unaccompanied children and young people or those belonging to families (The Norwegian Directorate of Immigration, 2015). In comparison, Norway received about 1,400 applications in 2020. However, due to the war in Ukraine, there has been an increase in asylum applications in 2022 and 2023. In 2022, nearly 5,000 people sought asylum, and by the end of July 2023, the number rose to almost about 19,000 (The Norwegian Directorate of Immigration, 2023). The majority of refugees arriving from Ukraine are families with children.

All municipalities in Norway are asked to receive and resettle[2] refugees, resulting in the distribution of asylum seekers and refugees across the country, including both rural and urban areas. In 2023, the Norwegian authorities are preparing to resettle about 38,000 refugees, a much higher number compared to the previous years, with the majority coming from Ukraine. In 2020, Norway resettled a total of approximately 2,800, and in 2021 the number increased to 4,500 (The Norwegian Government, 2023).

Currently, about 5.1 % of the Norwegian population has a refugee background, which amounts to roughly 280,000 individuals. The majority of these individuals

[2] Resettlement is by the UNCHR defined as: "…transfer of refugee from a State in which they have sought treaty protection to a third State that has agreed to admit them – as refugees – with permanent residence status". These refugees are referred to as resettlement-refugees or quota refugees. In the academic literature, however, the word resettlement is often used as referring to the process of settling down in a new country, without necessarily referring to earlier transfers between countries or the type of refugee. In this thesis, I use the term in accordance with the latter, thus referring to the processes of settling down in the new country of residence.

originate from Syria (34,649), Ukraine (29,331) and Somalia (26,568). There are also many coming from Eritrea (23,778), Iraq (21,276), Afghanistan (18,128) and Iran (15,322) (Statistics Norway, 2023a). There are currently approximately 45,000 children (under the age of 19) in Norway with a refugee background (Statistics Norway, 2023b). However, it is not specified whether these children are unaccompanied or living with their family.

The refugee-process is typically divided into three, and sometimes four, phases: pre-migration, the flight, (the asylum-seeking-phase), and resettlement. Refugee children face various challenges throughout these phases, which can pose risks to their mental, physical and developmental wellbeing (WHO, 2022; WHO Regional Office for Europe, 2018). Research consistently finds that refugee children encounter above-average difficulties in terms of mental and psychosocial difficulties (Dangmann et al., 2022; Graham et al., 2016; Müller et al., 2019). Their health and development are affected by exposure to adverse experiences, family conditions, and social support, across the phases of pre-migration, flight, asylum-seeking and resettlement (Fazel et al., 2012; WHO Regional Office for Europe, 2018). The quality of life experienced during resettlement plays a crucial role in their overall wellbeing and healthy development (Arakelyan & Ager, 2021; Fazel et al., 2012). However, the resettlement process can present numerous challenges, including socioeconomical strains and mental health issues in their families (Borchgrevink et al., 2019; Johansen & Varvin, 2019; Opaas, 2019) as well as social challenges, such as cultural conflicts, experiences of racism, bullying and exclusion (Graham et al., 2016; Mohamed & Thomas, 2017).

The school's mandate includes supporting students' social and emotional growth and creating a safe and supportive psychosocial environment that facilitates a healthy development (The Education Act, 1998). Schools are crucial for safeguarding and promoting the health of refugee children (WHO, 2022; WHO Regional Office for Europe, 2018). In Norway, refugee children have the same rights to education and wellbeing within the school context as other children (The Education Act, 1998). However, research indicates that schools face challenges in meeting the complex

psychosocial needs of refugee children, highlighting the urgency to enhance the school system (Due & Riggs, 2011, 2016; Due et al., 2016; Due et al., 2015; Graham et al., 2016; McIntyre & Hall, 2020; Pastoor, 2015, 2017; Samara et al., 2020). While existing educational research on refugees in Norway has focused mainly on adolescents (Dangmann et al., 2020; Pastoor, 2015, 2017), there is a lack of research on younger refugee children's situation in the primary school.

Currently, the national curriculum in Norway is undergoing changes, placing a growing emphasis on health and life coping skills within educational settings. These changes require schools to incorporate these topics into relevant subjects (Meld.St. 28 (2015-2016)). Music is among the subjects considered as relevant (NOU: 2015:8). In addition to the limited research and the need to further develop school practices, these developments within the educational system also legitimize the exploration of music therapy as a means to support refugee children's psychosocial wellbeing within a school setting.

Existing research and practice suggest that music therapy can make a valuable contribution to the health, development, and wellbeing of refugee children. The literature explores the use of music therapy in various contexts, including war-affected areas, asylum centres and resettlement contexts, as well as mental health services, schools, and community settings. Research suggests that music therapy can support refugee children in coping with adverse experiences (e.g. Bensimon, 2020; Wiess & Bensimon, 2020) and promote their wellbeing in school (e.g. Baker & Jones, 2006; Choi, 2010; Jin, 2016). Findings from studies focusing on participants' perspectives indicate that group music therapy can evoke rewarding emotional states and provide social support for adolescents (Roaldsnes, 2017). Additionally, research has suggested that structured activities facilitate personal expression and a sense of belonging in the music therapy group (Wiess & Bensimon, 2020). Research within music education and various music projects similarly demonstrates that musical participation offers emotional and social support for refugee and immigrant children (e.g. Marsh, 2012, 2017; McFerran & Crooke, 2014; Ruud, 2010). However, there is limited research exploring the potential of music therapy to address challenges within

the school context. There is also limited research exploring the participation of younger refugee children in music therapy and further investigation is needed to understand the benefits and the specific psychosocial support that music therapy might provide.

Psychosocial wellbeing is an important term in this thesis. I have employed the term to refer to the children's interaction with and wellbeing within their social environment, following the definition proposed by McFarlane et al. (2010). According to these scholars, refugee children's psychosocial wellbeing encompasses their psychological wellbeing, family wellbeing and connections to social groups and the community. In this research project, while the children's wellbeing within the family is an important aspect to understand their overall health and development, it is not the primary focus of the research itself. Thus, in my usage of the term psychosocial wellbeing, I will specifically focus on the interaction between the individual and the social context.

1.1 Practice and Research Context

The PhD project explores a music therapy practice implemented in a primary school in Norway. The school, which enrolled approximately 250 students, received all the refugee children who arrived in the municipality. The music therapy practice was a part of the school's Introductory Class for Foreign Students and was conducted over a period of six years.

The music therapy practice was developed in a participatory manner (Stige & Aarø, 2012), taking into account feedback and wishes from the children. Rather than using a pre-existing music therapy program, the aim was to develop a practice that was tailored to the school context and responsive to the children's needs and input. Chapter 5 will provide a more detailed description of this practice.

1.2 Scientific Tradition and Theoretical Framework

The PhD project is situated within the hermeneutic research tradition (Alvesson & Sköldberg, 2009) and designed as a qualitative research project. It incorporates the exploration of the perspectives of teachers and refugee children, participant observations and theory to inform the development of understanding. The analysis and interpretation unfolded as a hermeneutic process, involving cyclic interactions between different parts of the empirical material, the empirical material and theory, as well as my own pre-understanding and new understanding, ensuring reflexivity (Finlay & Gough, 2003; Stige et al., 2009) throughout the research process.

Furthermore, the theoretical framework draws from bioecological and sociocultural perspectives. The bioecological perspective (Bronfenbrenner, 1979; Bronfenbrenner et al., 2005) is a commonly used framework to comprehend the circumstances of refugee children and to gain insight into factors influencing their health and development (Arakelyan & Ager, 2021; Dangmann et al., 2022; Fazel et al., 2012; Graham et al., 2016; Scharpf et al., 2021; Sleijpen et al., 2016; Sleijpen et al., 2017). This perspective views human development as evolving through interaction with a social milieu where individuals, family, community, and society collectively contribute to the daily quality of life and the developmental potential of children's environments. To address the health and development of refugee children, it is essential to consider their developmental ecology and how the settings we provide can accommodate their needs.

Additionally, the PhD project is framed within ecological and sociocultural perspectives on music therapy, specifically drawing from the principles of Community music therapy (CoMT) (Pavlicevic & Ansdell, 2004; Stige et al., 2010; Stige & Aarø, 2012). CoMT embraces a broad understanding of health and the role of music, with the ecological perspective of development serving as an important foundation (Stige & Aarø, 2012). In CoMT, the focus is on promoting health and preventing illness, with an emphasis on nurturing personal and social resources.

Music is considered a health resource, implying a conceptualization of music that explores the personal, social, and cultural affordances inherent in various types of musical involvement. Moreover, CoMT often emphasizes daily life settings, and how people's health, development and wellbeing unfold through interactions with other people and social contexts. The efforts of music therapists often reach beyond the individual, towards also attending to conditions surrounding the individual and the interaction between the individual and the social context. Within this context, I have incorporated Lave and Wenger's theories (Lave & Wenger, 1991; Wenger, 1998) to discuss processes of situated, musical learning in interaction with the peer community.

Within the discourse on CoMT, there is room for further exploration of how adverse experiences can impact children's health and influence their participation in music therapy. While CoMT offers valuable insights, it may benefit from a broader consideration of social and psychological challenges often faced by refugee children, which can have a significant impact on their health and development. To gain more specific understanding of these challenges, I have integrated trauma-informed perspectives. These perspectives articulate how long-term stress and adverse experiences in childhood can influence and disturb children's development (Perry, 2009; Perry et al., 1995; van der Kolk, 2005, 2014), as further outlined in chapter 4.

1.3 Aim, Objectives and Research Questions

The overall aim of the PhD project was to contribute to knowledge about the health and development of refugee children in resettlement. Refugee children risk experiencing psychological and social strain over longer periods of time, and their wellbeing during resettlement is crucial for them to develop healthily. The school context is an important setting in this regard, but research has identified that schools need to update their practices and systems, to support refugee children adequately. The objectives of the PhD project thus relate to investigating refugee children's psychosocial wellbeing at school. Existing practice and research indicate that music therapy can be a relevant support in refugee children's life regarding both

psychological and social aspects. As we have seen, this topic is, however, sparsely explored in research. Specifically, further research is required to explore the potential of music therapy to address challenges within the school system and the engagement of younger children in music therapy.

Against this background, the main research question for the PhD project was: *How might music therapy in a primary school setting contribute to the psychosocial wellbeing of refugee children?* This overarching question has been investigated in three more specific research questions:

- How do teachers in a Norwegian primary school describe their approach to addressing the psychosocial needs of refugee children?
- What are the perspectives of refugee children regarding their participation in music therapy as part of their school day in a public primary school in Norway?
- How can participation in music therapy in a primary school nurture refugee children's readiness to collaborate with peers?

These research questions have been investigated in three respective studies. Study 1 explored the first research question, which focused on teacher perspectives. Considering the limited research on Norwegian primary schools in relation to refugee children, we utilized focus group interviews with teachers and explored their perspectives in addressing the needs of refugee children. Study 1 offered insight into everyday life at the school and provided a contextual understanding of how music therapy might support the school in catering to refugee children's needs.

The second research question was addressed in study 2, which focused on refugee children's perspectives on music therapy. Study 2 was a response to the limited attention that has been given to younger refugee children in previous research on music therapy. In study 2, we employed individual interviews as well as group interviews to explore refugee children's participation in music therapy. By clarifying and integrating the children's own experiences and opinions, findings from study 2

have informed the discussion of how music therapy might support refugee children within the school context from the perspective of children.

The third research question was informed by the findings from study 2, which highlighted the central role of the peer community. Based in this, as well as limited previous research on this topic, the children's collaboration in music therapy was chosen as a focus for study 3. By studying participatory observations of music therapy sessions, study 3 shed light on the collaboration between refugee children and their peers in music therapy and how music therapy might support their collaboration.

1.4 Structure of the Thesis

The thesis is structured into seven chapters. Chapter 2 provides a description of refugee children's health and life situation, with a particular focus on their psychosocial wellbeing at school. In chapter 3, a literature review on music therapy and refugee children is presented, encompassing practice descriptions, theoretical reflections, and research studies. Chapter 4 outlines the theoretical framework of the PhD project, including the bioecological and sociocultural perspectives as well as the trauma-informed perspectives. In Chapter 5, the hermeneutic tradition, research methods and reflexive processes employed throughout the research process are described. Chapter 6 offers a summary of the findings of the three studies. In chapter 7, main findings are discussed in terms of three overarching themes and in terms of their implications for practice. Additionally, limitations, suggestions for future research and concluding remarks are presented.

2. Being a Refugee Child

When children become refugees, their entire developmental ecology undergoes profound changes. Factors necessary for a healthy development are forcibly taken away, such as stable and predictable support from their closest family, their home and community, access to healthcare services, material resources, and a sense of safety. Refugee children are at risk of experiencing life-threatening danger and their living conditions may become uncertain and unpredictable for extended periods of time. Upon entering the asylum or resettlement country, families begin the long and often challenging process of settling down and rebuilding their life. During this process, many families encounter economic hardships, a lack of social and cultural resources, and conflicting values between their new and original culture. Thus, a wide range of conditions and experiences can impact the health and development of refugee children.

The refugee population is heterogenic, and while there is variation within this population, refugee children, as a group, tend to experience higher levels of mental health challenges and psychosocial distress compared to other child populations. They are at risk of experiencing emotional and social challenges (WHO, 2022), and run a higher risk of fulfilling the criteria for mental health disorders such as post-traumatic stress disorder (PTSD), depression and anxiety (Dangmann et al., 2022; Hodes, 2019; Kien et al., 2019). They also commonly experience somatic symptoms such as dizziness, headaches, and stomach aches as well as sleep disorders (Dangmann et al., 2022). Moreover, refugee children often report psychosocial distress, including exclusion, limited social access, racism and bullying (Graham et al., 2016; Mohamed & Thomas, 2017; Pastoor, 2017).

Recognizing the diverse and complex life situation of refugee children, the field of inquiry often adopts ecological frameworks (Dangmann et al., 2022). Ecological perspectives on refugee health highlight the interconnectedness of risk and protective factors across multiple levels, including the individual, family, local community, and broader societal conditions. These factors interact throughout the

stages of pre-migration, flight and resettlement (Dangmann et al., 2022; WHO, 2022). Extensive research consistently concludes that exposure to traumatic events, particularly cumulative traumas and violence, is associated with mental health challenges among refugee children (Fazel et al., 2012; Scharpf et al., 2021).

2.1 Pre-Migration and Flight

Refugees leave their home countries for different reasons. Some have been directly exposed to war, persecution, danger, and violence, while others are driven by the fear of such threats. The extent of their exposure varies, influenced by factors such as age, gender, ethnicity, and geographical region (Hodes, 2019). Müller et al. (2019) focused on accompanied refugee youth from 12 different countries and revealed that 96% of the respondents had experienced a dangerous journey, with 46% reporting direct exposure to war. About 66% had witnessed acts of violence perpetrated against others, and 50% had experienced physically assault by individuals outside their immediate family.

The duration of the flight can range from airplane travels of a few hours, to several months of arduous travel, accompanied by additional adversities, including family separation, privation and further violence along the journey (Hodes, 2019). Some refugees experience more adversities during the journey than before, such as torture, imprisonment, and abuse. Deprivation of food, water and other essential resources is a common experience. Families become separated, and individuals can witness the harm, drowning, or death of their loved ones. Children and adolescents sometimes have to manage without the help of adults, and may risk exploitation and sexual abuse (Lecoq, 2020; WHO, 2022). Bean et al. (2007) found that 16% of accompanied refugee children had been separated from parents and 54% had experienced the loss of someone dear to them.

The support and sense of safety experienced within the family play a crucial role in children's coping strategies and resilient adaption during the challenges associated with pre-migration and flight (Reed et al., 2012; Scharpf et al., 2021).

However, both the pre-migration phase and the flight itself present numerous threats to the continuity of care within the family. The presence of war and violence in the surrounding environment is associated with an increase in domestic violence within refugee families (Catani et al., 2008; Saile et al., 2014). Müller et al. (2019) found that 36% of a sample of accompanied refugee youth had encountered incidents of physical assault or abuse within the family. A qualitative study (Skårdalsmo Bjørgo & Jensen, 2015) revealed that unaccompanied refugee youth had experienced severe violence, both within the family and at school in their home-country.

2.2 Asylum and Resettlement

When families arrive in the asylum country it marks a temporal sanctuary from what they fled. However, it also signifies the beginning of a complicated process involving interaction with the immigration authorities and bureaucratic systems, as well as understanding the new culture and coping with psychological reactions to their past and present experiences. Mental distress among refugee children is often at its highest point shortly after arrival in the asylum country; however, for many refugee children, symptoms or distress levels decrease over time. The quality of life during resettlement plays a crucial role in their recovery and their ability to re-enter a healthy development (Dangmann et al., 2022; Montgomery, 2010). Nevertheless, even though they are no longer surrounded by immediate life-threatening danger many refugee children continue to experience stress within their families and the broader developmental ecology.

When refugees arrive in Norway, the family is initially placed in a transit centre before they are moved to an ordinary asylum centre where they live while their residence application is processed. The processing time for residence applications differs, ranging from a few months for some individuals to several years for others. Housing practices in asylum centres vary, with some families living together with other asylum seekers, while others have separate housing. The accommodations are usually small and of low standard, and often located in peripheral areas. Economic support is minimal, leading to families living below the poverty standard. Limited

space for play, activities, and access to other children and community life is common. Children and families living in asylum centres can witness distressing situations, such as the forcible removal of other asylum seekers by the police (Borchgrevink et al., 2019). This period is often described as a "limbo", marked with a lack of clarity regarding their future. Particularly, the uncertainty of their residence application affects the wellbeing of asylum-seekers and is a common source of distress (Berg & Tronstad, 2015; Dangmann et al., 2022).

This phase is often characterized by instability. Asylum centres can be closed with short notice, resulting in that families need to relocate (Borchgrevink et al., 2019). If granted a residence permit, families are relocated to a designated "reception-municipality". If they want to continue receiving government support, they have to accept the location they are offered. Moving to a different location of their choice requires self-reliance. Consequently, refugee children often experience multiple relocations, uprooting from their previous living situations and undergoing resettlement processes several times.

After receiving a residence permit, families commence the process of rebuilding their life in resettlement. While the residence permit creates safety in terms of being protected from what they escaped, many families encounter difficulties related to cultural differences, socioeconomic issues, and mental health.

Extensive research has documented the impact of parental health and family support on refugee children's health (Fazel et al., 2012; Scharpf et al., 2021). Post-traumatic reactions and other mental health difficulties are prevalent among the adult refugee population (Abebe et al., 2014), indicating that many children live with parents who face mental health challenges. The discrepancy between parental capacities and children's need can be stretched to its limits, making it difficult for parents to provide the care and attention they desire to give their children (Johansen & Varvin, 2019; Opaas, 2019). Moreover, research on refugee children's sources of resilience have suggested that some refugee children do not view their family and parents as potential sources of support due to parents' own problems and concerns

associated with war and resettlement stress (Sleijpen et al., 2016). Other studies, however, have found that refugee youth are satisfied with their family relationships (Dangmann et al., 2022).

Furthermore, factors such as acculturation, and experiences of belonging and support in the new country play crucial roles in the health and wellbeing of refugee children during resettlement (Arakelyan & Ager, 2021; Scharpf et al., 2021). Research has shown that a sense of belonging in school and support from peers can promote mental health and wellbeing (Scharpf et al., 2021). However, research conducted both in Norwegian and international contexts has found that refugee children and youth experience psychosocial challenges such as exposure to racism, discrimination, bullying, and limited access to peer communities (Graham et al., 2016; Mohamed & Thomas, 2017; Pastoor, 2017). In Norway, most refugee children report having friends, but getting access to participating in the Norwegian peer communities can be challenging (Berg & Tronstad, 2015; Pastoor, 2017). In addition, economic challenges are common, leading to social exclusion and limited resources for children's activities and necessary clothing (Bufdir, 2021; Opaas, 2019).

Refugee children themselves have emphasized the importance of resilience strategies linked to performing well at school, receiving support from peers and parents, as well as acculturation and participation in the new society (Pieloch et al., 2016; Sleijpen et al., 2016; Sleijpen et al., 2017). These findings align with a review that investigated psychosocial factors influencing the health of refugee children (Arakelyan & Ager, 2021). Drawing from Bronfenbrenner's bioecological model (Bronfenbrenner et al., 2005), the review concluded that health promoting interventions should focus on addressing synergies between ecological systems, fostering positive proximal processes (the interaction between the individual and the immediate environment), and facilitating the agency of the developing refugee child. The importance of nurturing positive interactions between the developing refugee child and significant individuals in their developmental environment, such as parents, peers, and other important figures was emphasized (Arakelyan & Ager, 2021).

2.3 Attending School in Resettlement

Schools play a critical role in protecting and promoting the health and development of refugee children (WHO Regional Office for Europe, 2018). It is the responsibility of schools to adapt and enhance their practices to meet the specific needs of refugee children. Article 29 (1a) of the UN Convention on the Rights of the Child declares that "…the education of the child shall be directed to the development of the child's personality, talents and mental and physical abilities to their fullest potential."

When refugee children come to Norway, and will stay in the country for more than three months, they have the right to receive education (The Education Act, 1998). Like all children, they are entitled to an education that is tailored to their needs. Children with a mother-tongue other than Norwegian have a special right for Norwegian language instruction until they reach a level where they can fully participate in regular classes. They also have the right to receive tuition in their mother tongue. This instruction should be provided by individuals with formal education in the respective areas (The Education Act, 1998).

Tuition in the Norwegian language for immigrant children is usually organized in four different ways. Some municipalities have dedicated schools for immigrant children, which they attend initially, while others offer an Introductory Class for Foreign Students within the school itself. Another solution is that immigrant children join regular classes directly but receive additional Norwegian language lessons. Some schools combine these different approaches by implementing an Introductory Class for Foreign Students where pupils spend part of their time in a specialized class and part in a regular class (NOU: 2010:7; Pastoor, 2012). A study conducted in Norway, found that Syrian youth expressed satisfaction with their education and school facilities in introductory classes at high-school level (Dangmann et al., 2020), indicating that introductory classes are a suitable approach to meet their educational needs.

Within the psychosocial domain, it is important to recognize that refugee children possess the same rights as all other students and do not have specific rights based on their refugee status. The Education Act (1998) states that all pupils have the right to an environment that they perceive as safe. Schools are obligated to take immediate action to prevent or address threats to wellbeing and safety of students (§9a).

There is limited research regarding the psychosocial wellbeing of refugee children in Norwegian primary schools. A report from 2015 found that three out of four asylum seeking children reported a positive experience at school in Norway. Although this may seem as a satisfactory result, it is lower than average in Norway, where approximately 95% reported wellbeing at school (Berg & Tronstad, 2015). Furthermore, some master's theses have explored the perspective of teachers (Hegvik, 2017; Kvalheim, 2017; Sjøen, 2017; Skogstad, 2014). Findings have described the complexity of refugee children's needs, both academically and socially. In some instances, teachers have expressed feeling more like "social workers" than educators (Skogstad, 2014). While research on refugee children's wellbeing in Norwegian primary schools are limited, there do exist some from the high school setting. This research also describes the complexities of refugee education, highlighting the need to include more diverse learning contexts and prioritize psychosocial wellbeing (Dangmann et al., 2020; Pastoor, 2015, 2017).

Research conducted in other countries has reached similar conclusions (Bailey, 2011; Due et al., 2015; Whiteman, 2005). For example, as study conducted in Australian primary schools found that refugee children struggled during play times, and experienced a reduced sense of ownership and less social power within the school (Due & Riggs, 2011). A review examining learning problems among refugee children concluded that students with a refugee background often faced high levels of racial abuse and discrimination from their peers within the school environment. The experience of "bullying victimization" was found to have negative impact on academic performance, more than other types of adverse experiences. This not only

affect their learning, but health, well-being, and acculturation more broadly (Graham et al., 2016).

In summary, research from both the Norwegian and the international contexts suggests a need to improve the school system to ensure the psychosocial wellbeing of refugee children (Due & Riggs, 2011, 2016; Due et al., 2016; Due et al., 2015; Graham et al., 2016; McIntyre & Hall, 2020; Pastoor, 2015, 2017; Samara et al., 2020). It is recommended that schools proactively address peer-based racial abuse and discrimination (Graham et al., 2016) and nurture interpersonal relations, social roles and resources (Due & Riggs, 2016; Due et al., 2016; Due et al., 2015). Given the limited research on refugee children's psychosocial wellbeing in the context of Norwegian primary school, this issue has been addressed in the PhD project, specifically in research question 1.

3. Music Therapy and Refugee Children

The literature on music therapy and refugee children is broad and covers both their coping with adverse experiences and hardships, as well as the promotion of their social wellbeing at school. Due to limited research available, this chapter includes both practice descriptions and theoretical reflections, as well as literature describing practices in war-affected areas, post-war areas, and resettlement countries. Furthermore, it dedicates a separate section to research on participant perspectives, as this is a key focus in the PhD project. Additionally, I will include some relevant literature from music education, discussing aspects of health and wellbeing.

3.1 Coping With Adverse Experiences

Music therapy is commonly employed as an approach to help refugee children cope with the consequences of adverse experiences and stressful circumstances. In some contexts, these consequences have been conceptualized as post-traumatic stress disorder (PTSD) (Felsenstein, 2013; Gulbay, 2021; Orth et al., 2004; Osborne, 2009). Johns (2017) discussed specifically dissociation in relation to children who have been exposed to trauma. Additionally, others have discussed how living in a violent and traumatizing context can disturb children's general development (Mumm, 2017; Pavlicevic, 2002; Tyler, 2002) [3]. Mallon and Antink (2021) have conceptualized their work as a "context sensitive and trauma-informed approach", emphasizing the importance of recognizing signs and symptoms of trauma, providing appropriate responses, and prevent re-traumatization.

Across the diversity of conceptualizations and perspectives on trauma and other hardship in this literature, one can find some shared approaches to practice. Several sources highlight the challenges of establishing contact and emphasize initiating empathic and attuned interaction to facilitate the child's engagement in communication and interaction with the music therapist. Authors have reported

[3] Pavlicevic does in this publication not describe refugee children, but the cases she describes are relatable to what refugee children can experience and is as such included.

improved contact and better interaction by the end of therapy (Dixon, 2002; Mumm, 2017; Oscarsson, 2017; Tyler, 2002).

Another important theme is the opportunity for self-expression. The literature highlights how self-expression enables individuals to revisit and transform painful events into a more manageable reality (Bensimon, 2020; Dixon, 2002; Johns, 2017; Lang & Mcinerney, 2002; Pavlicevic, 2002; Wiess & Bensimon, 2020). For example, Dixon (2002), described a case involving a traumatized girl who was initially mute but gradually found ways to express and interact through music, eventually starting to talk about her experiences.

Furthermore, scholars have emphasized the importance of nurturing playfulness, creativity and joy in the context of music therapy with refugee children (Bensimon, 2020; Dixon, 2002; Johns, 2017; Lang & Mcinerney, 2002; Tyler, 2002). Pavlicevic (2002) has discussed nurturing the child's own potential for healing by providing the opportunity to be heard as a whole, with a focus not only on trauma but also on playful creativity. Similarly, Oscarsson (2017) highlights the importance of nurturing joy and personal resources in his work with a boy suffering from severe reactions to traumatic exposure.

The potential of music to regulate emotional and bodily states has also been discussed in the literature on music therapy and refugee children. Osborne (2009, 2017)[4] argued that music, especially rhythm, may promote autonomic regulation among children traumatized by war. In a similar vein, Gulbay (2021) has described how the use of hip-hop can contribute to regulating the autonomic nervous system. Both Mumm (2017) and Johns (2017) adopt a broader approach, not limiting themselves to rhythm and autonomic regulation, but including a variety of musical and interactional processes to support children in regulating themselves.

[4] Osborne do not discuss music therapy practice specifically. I still find his publications to be relevant to this thesis, as he discusses the relations between music, trauma and children affected by war.

In summary, the literature on the use of music therapy to support refugee children in coping with adverse experiences, suggests that music therapy can promote contact and interpersonal interaction, foster self-expression, creativity, and support emotional regulation and wellbeing. A similar approach to practice was found in a study on how music therapists work with children living under continuous war threat (Bensimon, 2020). Based on the findings, Bensimon developed a theoretical framework called "Experiential reframing of trauma through songs". This framework consists of three themes: *Creating a playful and joyful space, Restoring a sense of control* and *Fostering resilience*. Music (primarily songs) was used to regain a sense of control in threatening situations and to provide an outlet for expressing the emotions associated with frightening experiences. The use of songs allowed for the reexperiencing of trauma within a playful, controlled, and resilient space.

The focus on trauma within the literature on music therapy with refugees has also faced criticism and calls for a broader approach. Comte (2016) has argued that the discourse often characterizes refugees as a homogenic group defined solely by a narrative of trauma. Comte emphasizes the need for a more comprehensive integration of the refugee perspective into the discourse, ensuring that their voices and cultural knowledge about the use of music in relation to their health are adequately represented. Furthermore, Roaldsnes (2017) has reflected on how to best support participants in coping with previous adverse experiences. In her PhD project, which will be presented further down, Roaldsnes explored the perspectives of unaccompanied refugee adolescents. One of the participants expressed their difficulty in talking about the painful experiences from their home country, preferring instead to discuss topics like Afghanistan and its music. The participants preferred to engage with music therapy as a means of taking a break from distressing thoughts and instead focus on positive feelings and hope. Similarly, Pavlicevic (2002) has proposed a broad perspective on children affected by trauma, warning against solely focusing on their trauma. "…by focusing our therapeutic work exclusively on children's trauma we risk fitting a multidimensional, complex child into a 'small' space – called 'the traumatised child'" (p. 112). Osborne (2009), while predominantly focusing on the brain and neural processes, suggests expanding the psychobiological perspective to a

biopsychosocial paradigm: “For traumatized children, it is perhaps even more significant that music may bring together our biological, psychological and social lives in simultaneity, synergy and harmony in moments which are both aesthetically beautiful and humanly transforming” (p. 351).

3.2 Social Support Within the School Context

Music therapy within school contexts often revolves around aspects of refugee children’s inclusion and interaction with the social environment. The literature addresses topics related to the links and interactions between children and the broader environment, as well as children’s own social resources.

In Jones and co-workers’ (2004) publication on music therapy with young Sudanese participants in an Australian school, the initial challenge was the cultural differences between the music therapist and the participants, hindering musical collaboration. By updating the music therapists’ musical approaches and bridging their cultural differences, they created a community that facilitated participation and a sense of belonging. Furthermore, a focus on creating musical communities is also addressed in a qualitative study by Jin (2016), exploring how music therapists/facilitators work with the refugee population.

Choi (2010) conducted a study on psychological themes in a music therapy program, CARING, involving refugee adolescents from North Korea who had resettled in South Korea (ages between 18-24[5]). The study identified five themes: Avoidance, distrust, loneliness, feelings of loss and fear. Choi emphasized the importance of nurturing interpersonal relations and social support, as these were typical challenges faced by many students. In a related vein, my own work (Enge, 2015) delved into the topic of music therapy and the social participation of refugee

[5] This is accepted as adolescence in the cultural context of Choi’s study. I have been unsure of if I should include Choi’s study because of the participants’ age. I decided to include it, as it is one of few research studies on this topic.

children in school, with a focus on the concepts of “performance of self and social systems” (Stige & Aarø, 2012).

Furthermore, the literature provides examples on how music therapy can nurture various social skills. In a pre-school-setting in Denmark, the music therapist and pedagogue Granum and Siem (2013) developed a guide describing games and musical activities aimed at supporting refugee children’s language acquisition and social skills. The involved professionals observed positive developments in areas such as expressing feelings and opinion, prolonged focus, better interactional skills in play activities, as well as increased enjoyment in linguistic training activities. Mumm (2017), whose work has been previously mentioned, similarly worked within the Danish pre-school setting, with a focus on school-readiness. Mumm described how music therapy work in a children’s group may nurture self-regulation and relational competences, and as such help them cope better with participating in the peer-group. In an Australian study, Baker and Jones (2006) reported that music therapy decreased externalizing behaviours among newly arrived refugee children and may have contributed to a better learning environment.

From the perspective of music education, the use of musical play and singing games have been discussed to support wellbeing and social inclusion among refugee children in Australian schools (Marsh, 2012, 2013, 2017; Marsh & Dieckmann, 2017). From the Norwegian school context, Rinde and Kenny (2021) have explored potential paths to participation and belonging based on an ethnographic study of music in the school life of newly arrived migrant children. They described socio-musical processes and the complex interplay between relational and cultural knowledge, which influenced the children’s musical participation.

In summary, the literature about music therapy with refugee children in a school context suggests that music therapy can contribute to refugee children’s social wellbeing by addressing cultural differences, fostering social connections and community, and nurturing individual resources that supports social participation and interaction. The use of music to support social participation and wellbeing is also

explored and discussed within music education research, reflecting some of the same topics as the music therapy literature.

The literature describing music therapy in school settings primarily focuses on the potential impact of music therapy on the children. However, there is limited discussion about the school as a context for music therapy and how this context interacts with and influences music therapy practice. It is crucial to recognize that music therapy practice is inherently interconnected with various contexts, which influence the development and practice of music therapy (Rolvsjord & Stige, 2015). To create sustainable and beneficial practices in school settings, contextual engagement is important (Crooke & McFerran, 2014; McFerran & Crooke, 2014). For instance, Crooke (2015) has urged music therapists to engage with the field of social policy, and Rickson and McFerran (2014) have emphasized the importance of understanding the schools' systems, cultures and needs. Given that this PhD project aims to explore how music therapy can contribute to the wellbeing of refugee children within a school setting, it becomes imperative to pay attention to the situation within the school.

3.3 Participant Perspectives on Music Therapy

The publications reviewed so far in this chapter has mainly described music therapy practice from the perspective of the music therapist. However, in the recent years, there have been some examples of research focusing on the participants' perspectives.

Roaldsnes (2017) have investigated the perspectives of unaccompanied refugee youth who participated in a music therapy group at the Royal Academy of Music, in Oslo. Three categories were identified: *The music group as an environment for emotional change*, *The music group as an environment for mastery*, and *The music group as a venue for experiencing belonging.* The importance of *intergroup relations* was a recurrent theme in all three categories. The categories are related, as mastery of music and experiences of belonging in the group nurtured positive

emotions, leading to a more optimistic and positive view of their situation, and greater faith in their personal abilities. Based on these findings Roaldsnes discussed the role of music in health promoting work amongst unaccompanied refugee youth.

In a mixed methods research study, Wiess and Bensimon (2020) examined a short term group music therapy program for uprooted teenagers in Israel. The study included both interviews with the participants and the therapists' observations. Three themes emerged*: Issues that preoccupied the participants when starting the program: A shattered world*, *Expressing pain through structured musical activities*, and *Contribution of the therapy*. The theme of the therapy's contribution described reconnecting to faith and boosting strength and hope, as well as improvement in emotional states which was connected to support from other teenagers in the group. The authors discussed the therapeutic value of rituals and how a structured music therapy program can benefit youth suffering from trauma.

Participants' perspectives have also been investigated in two music projects that, while not strictly defined as music therapy, share some similarities with music therapy practice and may offer relevant insights. In a study exploring a music project in a Palestinian refugee camp in Lebanon (further detailed in Storsve, Westby and Ruud (2009)), Ruud (2010) have focused on the potential health consequences of musical activities. The study identified four themes: *Vitality and self-experiences*, *Belonging*, *Mastery and recognition*, and *Meaning and hope*. Additionally, McFerran and Crooke (2014) reported on a study of a music project called Harmony in Strings, conducted in a suburban elementary school in Australia. The findings indicate that the program provided the participants with an opportunity to study music, which was not typically available for new migrants and refugees. Furthermore, participants reported a sense of pride, as well as feeling calm and having fun.

Collectively, these four studies highlight that the social community, interpersonal support, access to musical resources, and the experience of rewarding emotional states are important dimensions of how refugee youth experience the benefits of music therapy and musical activities. However, research on this topic is

still limited, with a focus on adolescent perspectives and only two studies explicitly exploring music therapy practice. To the best of my knowledge, the perspective of younger refugee children has not been explored. This underscores the need for further research, particularly in exploring the perspectives of younger refugee children.

4. Theoretical Framework

As described in chapter 2, refugee children often face complex life situations, and their health and development are commonly discussed within ecological frameworks, taking into consideration the interaction between individual and environment. Consequently, it has been important to apply an understanding of music therapy that encompasses ecological and socio-cultural dimensions of health and of music, while also ensuring that the theoretical framework is adaptable to the school context. Based on these considerations, perspectives from Community music therapy (CoMT) have played a significant role in developing the theoretical framework. Ecological dimensions may be said to be "at the heart of CoMT" (Stige et al., 2010, p. 279), and its values and practices align with schools' prominent focus on inclusion and life coping skills (Meld.St. 28 (2015-2016); Rickson & McFerran, 2014). As refugee children risk experiencing traumas and long-term stress, I have also chosen to integrate trauma-informed perspectives, that I find compatible with the sociocultural and ecological perspectives advocated in CoMT.

4.1 Ecological and Sociocultural Perspectives on Music Therapy

In line with the ecological perspectives, CoMT expands the focus of music therapy beyond the individual's inner mind to encompass the relationships between individuals and groups and the broader social, cultural, and political contexts they inhabit. In this PhD project, I have drawn particularly on Bronfenbrenner's bioecological theory on human development for guidance (Bronfenbrenner, 1979; Bronfenbrenner et al., 2005). This theory explains human development as the interplay between individual characteristics and social conditions shaping development over time. Bronfenbrenner's theory consists of four, interrelated components known as the PPCT-model: Process-person-context-time (Bronfenbrenner et al., 2005). *Process* refers to the developmental process, which involves the dynamic relation between individuals and their environments. Process encompasses enduring forms of interactions between the person and the immediate

environment, called *proximal processes*. Proximal processes refer to "progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate external environment" (p. 6). Examples of proximal processes include activities such as playing with other children, learning new tasks, being comforted, etc. Proximal processes are considered the primary mechanisms that drive human development. The influence of these processes on development depends on the characteristics of the developing *person* and the immediate and more remote environmental *contexts*, as well as *time*. Person characteristics are considered as both indirect producer of development as well as a product of development. Bronfenbrenner describes three types of person characteristics, but for the purpose of this thesis I will not delve further into them. *Context* is conceptualized as nested levels: Microsystem, mesosystem, exosystem and macrosystem.

The *microsystem* pertains to settings such as home, school or peer group (2005, p. 147). A microsystem is a "pattern of activities, roles, and interpersonal relations experienced by the developing person in a given face-to-face setting with particular physical and material features and containing other persons with distinctive characteristics of temperament, personality, and systems of belief" (Bronfenbrenner et al., 2005, p. 148). Music therapy sessions can, for instance, be discussed as a microsystem that provides interpersonal and musical resources, thereby instigating various forms of proximal processes. Furthermore, the *mesosystem* "comprises the linkages and processes taking place between two or more settings containing the developing person (e.g., the relations between home and school, school and workplace). In other words, a mesosystem is a system of microsystems" (p. 148). Bronfenbrenner argues that children benefit from taking part in multiple settings as well as plural, supportive links between settings. This, he argues, affords a richer developmental environment and the transferring of skills and knowledge between settings (Bronfenbrenner, 1979, pp. 209-235). Furthermore, conditions in the broader *exo- and macrosystems*, such as economy, bureaucratic and political systems will also influence a person's development. When related to music therapy, the developmental

potential of music therapy can thus be discussed in terms of how well the practice is linked with other settings the child takes part in, as well as conditions in the broader environment. Lastly, *time*, or the chrono-system, reflects the understanding that development unfolds over time, including short and long time spans, and events occurring in the external environment (for instance war), or within the organism (such as puberty), which alters the relation between the person and the environment and instigate developmental change (Bronfenbrenner et al., 2005, pp. 119-120).

In recent years, substantial efforts have been made to develop an understanding of socially and culturally oriented music therapy practices. Stige's PhD thesis from 2003, *Towards a notion of Community Music Therapy* marked one of the initial steps in developing theoretical perspectives, together with Pavlicevic and Ansdell's edited book *Community Music Therapy*, from 2004. Since then, numerous publications have explored both practical applications and theoretical underpinnings of CoMT (Krüger, 2012; Stige et al., 2010; Stige & Aarø, 2012; Wood, 2016). In Norway, Even Ruud's work has played a crucial role in shaping the understanding of music therapy, and has also contributed to the general development of CoMT (Ansdell, 2002; Stige, 2002). His definition of music therapy from 1979, continues to be widely used in Norway: "Music therapy is the use of music to give people new possibilities for action." New possibilities for action are connected to individuals as organisms, as persons, and as a social beings, where both personal and social conditions can enable or limit personal development and agency (Ruud, 1979, 1998).

Within CoMT, one acknowledges health and music as social and relational concepts. Recognizing that health unfolds in interplay between the individual and their social environment, legitimizes a focus on addressing contextual issues, such as injustice and unequal access to health-related resources, in addition to individual care and support. The role of the music therapist thus often extends beyond the traditional therapist identity to include a focus on the surrounding community and social conditions. Practical music therapy work often takes place in everyday life contexts, with individuals experiencing hardship and limited access to resources. Furthermore, acknowledging music as a source of human connectedness and community is central.

Musicality is discussed as a core human capacity, related to our in-born capacities for communication and companionship (Trevarthen & Malloch, 2000), forming the basis for discussing musical engagement as an activity that may contribute to creating interpersonal relations (Pavlicevic & Ansdell, 2009). Also Small's (1998) concept of *musicking,* is an important influence, where musical engagement is explored as a social activity embedded in the surrounding social and cultural ecology.

Stige and Aarø (2012) have suggested some core qualities in CoMT, described through the acronym PREPARE: *Participatory, resource-orientated, ecological, performative, activist, reflective and ethics-driven*. These components interconnect and may collectively shape the values and directions of CoMT. *Participatory* refers to user-involvement in the development of musical practices, and *resource-orientated* highlights the mobilization of resources, on individual, social, cultural, and material levels. The *ecological* aspect recognizes health as being shaped in the interplay between individuals and their developmental ecology, and music as a social activity with plural connections to our social context. *Performative* focus on the promotion of health and prevention of illness, where musical actions are linked to the individual's possibilities to create a healthy life. *Activist* entails a commitment to social change and expands the role of the music therapist to address social conditions. *Reflective* encompasses dialogic and collaborative aspects of developing and understanding processes and outcomes. Lastly, *ethics-driven* processes aim to realize basic human rights. In this PhD project, several of these components are relevant. For example, the *participatory* and *reflective* elements are connected to the exploration and integration of participants perspectives. The emphasis on *resources* and *performative* aspects relates to the focus on nurturing resources that support engagement with the surrounding community and enhance health.

Additionally, the PhD project has placed a particular focus on participating in the peer community and engage in processes of musical learning in collaboration with peers. To analyse these dynamics, I have incorporated the perspective of situated learning in communities of practice, as proposed by Lave and Wenger (1991) and Wenger (1998). According to these perspectives, learning occurs through

participation in a community of practice, such as a musical peer community. By being exposed to and engaged in the community's activities, newcomers gradually acquire knowledge and skills, and qualify to move from a peripheral role to a more central role in the community. Lave and Wenger's theories has been previously associated with socially and participatory oriented music therapy practices (Ansdell, 2010; Krüger & Strandbu, 2015; Stige & Aarø, 2012) as well as music and health projects (Storsve et al., 2009), and align well with the ecological perspectives and the CoMT framework.

4.2 Trauma-Informed Perspectives

As discussed in chapters 2 and 3, refugee children can experience prolonged adverse life situations that can manifest in various forms of emotional distress. Emotional challenges were articulated by some of the participants in this PhD project, particularly related to interaction and social participation. This created the background for integrating perspectives on the developmental consequences of trauma as a part of the theoretical framework.

Trauma-related perspectives can provide an understanding of the developmental consequences of the psychological strains that some refugee children may be exposed to. However, they cannot be universally applied as a common understanding of all refugee children, given the considerable variation in their experiences and family conditions. In the context of this PhD, these trauma-related perspectives have informed my work in two areas. Firstly, in interpreting and understanding the emotional challenges described in the empirical material, and secondly, in informing my understanding of how music therapy can be beneficial for children with a history of adverse experiences.

In the last few decades, there has been a growing recognition of the impact of adverse experiences on children's development. This has given rise to an area of research and practice often referred to as trauma-informed perspectives and practices (Bath, 2015; Perry, 2009; van der Kolk, 2014). Trauma-informed perspectives

involve focusing on how children's development is affected and disturbed by harsh life conditions and focus especially on the areas of the brain and nervous system which is involved in the regulation of affect[6]. Social and interpersonal experiences are acknowledged as critical to re-establish a healthy development (Perry, 2009; Perry & Dobson, 2010; van der Kolk, 2014).

According to developmental psychology and attachment theory, the capacity for regulating affect is a fundamental developmental task. While this process continuous throughout the life span, early childhood is a particularly critical period. Self-regulation skills are gradually developed in interaction with caretakers through numerous experiences of other-regulation (Tronick, 1989). If the child does not receive the necessary care and regulating experiences, it can eventually influence and compromise the child's capacities for regulating affect (Schore & Schore, 2008; Tronick, 1989). In situations where a child experiences high arousal, such as being very scared, the child becomes especially dependent on the adult to regulate reactions and emotions. Young children do not yet have the capacity to cope with high arousal on their own and require support from an adult to return to a balanced emotional and bodily state. Without this support, they can easily become overwhelmed, and their nervous system may activate basic survival mechanisms (fight, flight, freeze or immobilisation reactions) (Perry, 2009; van der Kolk, 2014). Living with ongoing adverse experiences and not receiving sufficient support to regulate, may result in an underdeveloped regulation capacity combined with a sensitized stress-response system, where the brain acts as if the individual is under constant threat (Perry, 2009; van der Kolk, 2014).

The concept *window of tolerance* has become a common way to illustrate the problem of dysregulation (Siegel, 2015). Within the window of tolerance, the arousal level is tolerable, higher brain functions are accessible, and the child is in a state where it can take part in complex tasks, such as social interaction and learning

[6] Emotion regulation, regulation of feelings and affect regulation are all commonly used terms in this literature, and often used interchangeably. In this thesis I prefer to use the term affect regulation, understood as a broader term that encompasses both feelings and emotions, as well as the mechanisms that produces feelings and emotions (Urnes, 2018), or I will use the term employed in the literature I refer to.

activities. Above or below the window, functioning becomes impaired, and the individual may move toward chaos or rigidity. In this state, the body and mind are believed to be more in the control of lower brain areas hosting alarm and emotional responses.

Children with a history of multiple and complex adverse experiences often develop a narrow window of tolerance, experiencing hypervigilance and becoming easily dysregulated. Such challenges diminish their possibility to engage in activities, such as learning and playing with peers. In this perspective, a history of adverse experiences not only disrupts children's development but can also prohibit them from engaging in activities and relationships that may promote their health and development. To re-establish a healthy development, they are believed to benefit from extensive regulating experiences as a part of their everyday life, as described, for instance in trauma-informed practices (Bath, 2008, 2015) or in Perry's Neurosequential Model of Therapeutics (Perry, 2009; Perry & Gaskill, 2014).

These perspectives of trauma do, as I see it, align well with the ecological and sociocultural perspectives of music therapy. The emphasis on the social environment and the recognition of development as occurring in interplay between individuals and their context, provide a shared foundation for discussing a music therapy that is sensitive to both emotional and social concerns. While these trauma-informed perspectives are rooted in neurodevelopmental research, their primary focus is often on the developmental support that the social environment can offer. For example, Perry and Dobson (2010) discuss the role of healthy interpersonal relations in buffering the impact of childhood trauma. Similarly, while van der Kolk (2014) extensively explains how the brain responds to traumatic experiences, he is also concerned with the social and relational environment in which children grow up in: "I wish I could separate trauma from politics, but as long as we continue to live in denial and treat only trauma while ignoring its origins, we are bound to fail. In today's world your ZIP code, even more than your genetic code, determines whether you will lead a safe and healthy life" (p. 348). He continues with: "We are fundamentally social creatures – our brains are wired to foster working and playing

together. Trauma devastates the social-engagement system and interferes with cooperation, nurturing, and the ability to function as a productive member of the clan" (p. 349).

Furthermore, this area of research and practice places significant emphasis on daily life contexts. Research findings are translated into guidelines for providing care and education, as exemplified in Bath's trauma-informed care[7] (Bath, 2008, 2015). Similarly, Perry and colleagues have underscored the importance of care and educational environments, advocating for the repeated exposure to rewarding stimulation in children's daily life (Perry, 2006, 2009; Perry & Gaskill, 2014). In line with these perspectives, Van der Kolk emphasize the need for schools to incorporate activities involving movement, play and other forms of joyful engagement, that help children regulate emotions and manage relationships (van der Kolk, 2014).

The application of trauma perspectives within a CoMT context has previously been undertaken by scholars such as Krüger et al. (2018), Zharinova-Sanderson (2004), and Mallon and Antink (2021). These scholars have integrated a socio-cultural orientation with a focus on trauma, emphasizing the significance of activating resources within and around the individual. However, some critiques have been raised regarding the application of trauma perspectives within the literature on music therapy and trauma. These critiques align with those mentioned in chapter 3 and highlight particularly an overemphasis on the brain and musical stimulation (especially rhythm), which may oversimplify the process of healing from trauma. This oversimplification could lead to the neglect of broader relational, emotional, and social aspects of trauma recovery (McFerran et al., 2020; Scrine, 2021). In my application of neurodevelopmental perspectives, I have adopted the bioecological framework as the overarching framework. This approach allows for integrating of research and theory on neurodevelopmental perspectives on trauma while also considering the broader developmental ecology.

[7] Bath applies the term "trauma-wise care".

5. Methods

This PhD project aims at gaining insight into how music therapy can provide psychosocial support for refugee children within a primary school context. To achieve this, I have explored the school environment, as well as refugee children's perspectives and participation in music therapy sessions. The empirical material[8] has been collected and analysed using qualitative research methods and consists of interviews and participant observations.

In my work with this project, I have taken on various roles and positions, serving both as a music therapist and a researcher. I acknowledge that these roles, as well as the relationship and interaction between me and the research participants have influenced my attempts to understand and the development of knowledge. In dealing with this complexity of the research-situation, I have found principles from hermeneutic thinking, as presented by Alvesson and Sköldberg (2009), to be helpful.

5.1 Hermeneutics

Hermeneutics is the theory and methodology of interpretation. It has its roots in the Renaissance and has moved from concentrating on the interpretation of biblical and classic texts, towards including written texts in general as well as spoken words and acts (Alvesson & Sköldberg, 2009, p. 93). In their presentation of hermeneutics, Alvesson and Sköldberg have described two approaches that they have termed *objectivist* and *alethic* hermeneutics. These lines of thought often adopt opposite standpoints, but also have traits in common, and are different more than contradictory (p. 104). In line with the suggestions offered by Alvesson and Sköldberg, I have been inspired from both directions and will use these as a starting point for my reflections.

Objectivist hermeneutics was developed by neoidealists in Germany at the end of nineteenth century, as a reaction against the positivism of their time. In objectivist

[8] In this thesis, the term "empirical material" is used instead of "data", acknowledging the terminology proposed by Alvesson and Sköldberg (2009). This choice recognizes the perspective that data is not simply discovered but constructed through the research process.

hermeneutics the focus is on the object under investigation, and interpretation of meaning occurs in a cyclic interaction between part and whole. Observations and language are not comprehended as a reflection of the world, but as symbolic and contextually dependent understandings of meaning. According to the objectivist hermeneutics, this results in the *understanding of underlying meaning*, as a contrast to the focus on *explanation of causal connections* found in the natural sciences. Within the objectivist hermeneutics there is however still a sharp dividing line between a studying subject and a studied object and a correspondence between the conceptions of an interpreting researcher and the occurrence of something outside of the researcher.

It is this division between subject and object, as well as the understanding-explanation-dynamic, that is criticized within the *alethic* hermeneutics, developed by the philosophers Heidegger, Gadamer and Ricoeur as important contributors. The alethic hermeneuticians introduces the circle of pre-understanding – understanding, where the division between the researcher and object of study is dissolved. Further, understanding is not connected only to research-processes, but to a basic way of existing for every human being. Researchers are inherently part of a specific and constantly evolving lifeworld, shaped by historical and cultural contexts, and their practices are influenced by theories and the passage of time. *Alethic* is adopted from the Greek word *aletheia*, which means 'the revelation of something hidden' (Heidegger 1959, as cited in Alvesson & Sköldberg, 2009). Alethic hermeneutics is inspired from three sub-fields: Existential hermeneutics, poetic hermeneutics, and the hermeneutics of suspicion. All of these are preoccupied with the uncovering of something hidden. In this thesis I will not go into details about these sub-fields but focus on how understanding has developed in dialogue between past and present and the different perspectives within the sources.

5.2 Reflexivity

Reflexivity is an important aspect in ensuring the quality and trustworthiness in qualitative research. It can take many forms, such as personal reflexivity,

reflexivity within relationships and reflexivity through collaboration (Finlay & Gough, 2003). Throughout the PhD project, processes of reflexivity are integrated in the entire research process, starting from the collection of empirical material to the analysis and interpretation.

In my approach to reflexivity, I have drawn inspiration from Stige et al. (2009), who introduced the EPICURE-agenda. EPICURE stands for Engagement, Processing, Interpretation, Critique (self and social), Usefulness, Relevance and Ethics. In the current chapter I will discuss mainly the first part, EPIC, as a part of the section on hermeneutic interpretation. I will reflect on both the sources of information and the development of understanding. Additionally, ethical consideration will be discussed in the latter part of the current chapter.

5.3 Research Context

The music therapy practice explored in this PhD project was a part of a development project that focused on music, health, and refugees. The development project, initiated by the cultural administration of the (former) municipality of Sogn og Fjordane, took place from 2009-2015 and involved collaboration between the municipality-administration, a local public primary school, a learning centre for adults, the local asylum centre, and the cultural school. The development project received funding from the Ministry of Health, the Department of Culture, as well as the local bank and the municipality administration. Three music therapists, including myself, were involved in the project, with my responsibilities encompassing funding, coordination, and music therapy work.

This PhD project specifically focused on exploring the music therapy practice at the primary school. The school was located in a small town in Western Norway with approximately 15,000 inhabitants and had about 250 pupils between the ages of six and 12. The school provided education for all the immigrant children who arrived in the municipality, offering tuition in the Norwegian language through an Introductory Class for Foreign Students. The number of pupils within the programme

varied, often consisting of approximately 20 pupils of different ages. Music therapy was offered as a part of the Introductory Class for Foreign Students.

5.3.1 The Music Therapy Practice

The music therapy practice was informed from resource- and community oriented traditions (Pavlicevic & Ansdell, 2004; Rolvsjord, 2010; Stige & Aarø, 2012). In line with the general principles in resource- and community-oriented music therapy, our focus was on using music to nurture personal and social resources as well as interpersonal relationships. We did not use a pre-developed programme or approach in music therapy but developed practice based on collaboration and reflection with the participants and the school.

Music therapy sessions was organized both as groups and individual sessions. In some periods, the entire class was offered music therapy, and in other periods we created smaller groups and individual sessions for some of the pupils, based on what the children wanted and what we, as therapists, felt worked best. Similarly, decisions on who would participate in music therapy were made collectively between teachers, music therapists and children. For example, a teacher could request music therapy for their pupil, and if the child agreed and the parents approved, we would proceed. Sometimes children themselves asked if they could have music therapy.

We utilized the school's well-equipped music room, which was furnished with guitars, piano, rhythm-instruments, electrical guitars, keyboard, drum-set, microphone, and djembes. The children were provided with a variety of musical activities to choose from, such as song writing, learning and playing on instruments, band, improvisation, musical games, listening, playing-along, various turn-taking-activities, drawing, making recordings/videos and preparing for concerts. Many of them also used the opportunity to discuss the things that were going on in their lives, including everyday happenings such as birthdays and football games, as well as more serious matters, such as the status on the application of residence or challenging experiences in the schoolyard or at home.

In addition to having music therapy as part of the introductory class, the school arranged music cafés a few times during each semester, as well as a larger school concert at the end of the school year. While this PhD project primarily focused on the music therapy sessions, there were a dynamic interplay between music therapy sessions and the overall school environment. For instance, pupils sometimes used music therapy sessions to prepare for performances at school concerts, and they also invited peers from the overall school community to participate in music therapy. This dynamic interplay created connections between music therapy sessions and the overall school environment and the musical activities going on there.

5.3.2 Research Participants

The research participants included seven teachers and seven children purposively chosen based on their experience with and knowledge about the topic of the PhD project. The selection of teachers was based on their familiarity with the children attending music therapy as well as their general knowledge of teaching refugee children. The teachers had five to 20 years of experience in teaching immigrant children and refugee children, and some of them had education within multicultural pedagogy. They all had experience teaching in both the Introductory Class for Foreign Students and mainstream classes, and they were all Norwegian.

The seven children were between eight and 12 years of age and had been in Norway between six months up to three years, with varying proficiency in Norwegian. Some of the children had been a part in the music therapy project since its inception, while others had participated for at least six months at the time of the collection of empirical material. They came from Asian and African countries, and some had the status of asylum seekers while others had a residence permit. The school had limited information about their experiences before coming to Norway. The children lived in varying family-conditions, representing single-parent households, living with parents with mental illness, experiencing long separations from parents and family, as well as living with both parents and siblings. Many of them faced difficulties with learning and psychosocial challenges at school.

5.4 Collection of Empirical Material

The empirical material was collected by me at the school. The collection of the material was adjusted based on the availability and feasibility, and I made decisions based on what I considered would yield the best quality material at the time. The following scheme provides an overview of when the different sets of empirical material were collected.

<table>
<tr><th colspan="2">Collection of empirical material</th></tr>
<tr><td>Autumn 2013</td><td rowspan="2">Collecting participant observations while being the music therapist</td></tr>
<tr><td>Spring 2014</td></tr>
<tr><td>Autumn 2014</td><td>October-December: Conducting individual interviews with children.

December: Conducting group interviews with children.

The children participate in music therapy with a different music therapist.</td></tr>
<tr><td>Spring 2015</td><td>Conducting focus group interviews with teachers.</td></tr>
</table>

Collection of participant observations was made prior to the formal start of the PhD project, knowing that the research would begin during 2014. This approach was prompted by uncertainty regarding the continuation of the music therapy practice due to funding concerns, and I wanted to ensure the availability of observations. When analysing the material, I prioritized the children's interviews and analysed these first, followed by the participant observations, as I wanted the children's accounts to have

a more significant influence of the development of knowledge in the project. Finally, I analysed the teacher interviews.

In the following presentation of the collection of each set of material, I will follow the same sequence as in chapters 6 and 7: Teacher perspectives (study 1), children's perspectives (study 2), and participant observations (study 3). I present the three studies in this order because, when writing up this thesis, I found it useful to introduce the practice context (the school) first, before delving into the children's perspectives and the music therapy practice.

5.4.1 Focus Group Interviews With Teachers

I conducted two focus group interviews (Malterud, 2012) to explore the teachers' perspectives and experiences. The interviews were semi-structured, and I used a simple interview guide as a point of departure (appendices 8.5). Each interview consisted of two thematic parts. The first part focused on their experiences as teachers for refugee children, and the second part focused on their experiences with music therapy at the school.

In both groups, the topic concerning being a teacher for refugee children initiated a rich conversation. When the conversation seemed to start repeating itself, I shifted the focus to the topic of music therapy. This part of the interviews had a different character. The groups were less active, and the information provided was sparse and less consistent. There can be many reasons for this. It was most likely difficult for them to talk with me about the work that I had done, and it was also challenging for me to interview them about it. Secondly, their experiences with music therapy work were limited, and mainly related to planning and evaluation, as they did not participate in sessions themselves. They could offer observations about how their pupils behaved in relation to music therapy and how they talked about it during the school day. This was interesting information, but too sparse, and saturation could not be reached. In the end, I chose to only use the material from the first part of the interviews, focusing on their experiences as teachers for refugee children.

Transcriptions of the interviews were made immediately after the interviews. The transcriptions were done verbatim and included observations of body language.

5.4.2 Interviews With Children

The preparation of the interviews was guided by literature on interview-research in general (Kvale & Brinkmann, 2009), as well as various literature on conducting research with children (Aronsson & Hundeide, 2002; Ask & Kjeldsen, 2015; Christensen, 2004; Christensen & James, 2008; Docherty & Sandelowski, 1999; Irwin & Johnson, 2005; McFerran & Campbell, 2012). It is recommended to use open questions when interviewing children (Ask & Kjeldsen, 2015). However, I experienced that the children responded with short answers to open questions, which has also been described by other researchers (Docherty & Sandelowski, 1999; Irwin & Johnson, 2005; McFerran & Campbell, 2012). To attempt to "lead the respondent into discussion of actual happenings and practices" (Denora, 2010, p. 172) resulted in longer, more descriptive answers.

I conducted both individual interviews and interviews in groups. The reason for this was to capture a larger diversity of perspectives, as the presence of peers and the dynamics of a group can reveal different viewpoints than an individual interview (Kvale & Brinkmann, 2009). All interviews were semi-structured and based on a flexible interview-guide (see appendices 8.4). The interview guide for the individual interviews addressed their general relationship to and engagement with music as well as their experiences in music therapy. The interview guide for the group interviews were developed based on the individual interviews and attempted to clarify and further explain topics from the individual interviews. Most importantly, the group interviews offered the chance to gather other and contrasting perspectives on a given topic. An example of this emerged from the interviews with Maria. After the group interview, Maria approached me and asked if she could talk more in private. We found a space where we could talk undisturbed, and she expressed that she disagreed with some of the opinions that the group had collectively shared, providing me with additional insights into the topics discussed.

All the interviews were conducted in the music room, granting the participants the opportunity to play music as a part of the interview. I adopted this approach to foster a sense of closeness to their experiences in music therapy and to allow them to complement their verbal accounts with practical demonstrations. While the option to play music did, at times, divert attention and create a bit of chaos (e.g., one participant expressed a preference to leave the group interview to go somewhere else where he could play music undisturbed), it yielded valuable information that complemented the verbal accounts and contributed to the interpretations process. Examples and further discussion regarding this aspect will be provided in the section on interpretation below.

The children had varying Norwegian skills, ranging from beginners to fluent speakers. I made the decision not to use a translator, primarily due to that introducing an unknown person could have added further complexity to an already intricate research situation, but also due to economical and practical reasons. However, I acknowledge that this choice might have resulted in missing some insights, particularly from participants like Omar, who had not been in Norway for very long. Nonetheless, I aimed to compensate for this limitation through participant observations, musicking during the interviews and providing the possibility for the children to demonstrate their perspectives. Additionally, I made efforts to clarify terms and expressions they used in collaboration with them, during the interview.

The interviews were transcribed immediately after their completions. The transcriptions were done verbatim, and I also included observations of body language.

5.4.3 Participant Observations

The participant observations were documented using clinical logs and audio-recordings of music therapy sessions with the children participating in this PhD project, while I was in the role of the music therapist. This approach aligns with Stake’s (1995) emphasis on conducting discrete observations without disturbing the ordinary activities of the case. The participant observations consist of material from

four specific cases, Amir, Maria, Farah, and Omar, comprising a total of 98 sessions. The four cases were intentionally selected as they provided relevant and valuable information on the topic for study 3. The clinical logs were written after each session to support practice and document the music therapist's observations and reflections, as well as incidents such as a meeting with a teacher or observations from the school yard. Audio-recordings of each session provided documentation of the content in each session, such as conversations and musical engagement. Together, the logs and recordings provide both contextual insight and accurate descriptions of the sessions.

5.5 Analysis

All interviews were analysed using an open, thematic analysis approach, following the suggestions proposed by Braun and Clarke (2006), with the assistance of the computer program NVivo. The analysis began with a thorough reading of all the transcriptions to become familiar with the material and to develop a preliminary overview over possible themes and topics in the interviews. Following this, initial codes were developed by labelling sections of the interviews. After coding all the interviews, the analysis continued with the construction of themes. The process of developing themes involved moving back and forth between interviews transcripts, codes and potential themes multiple times. The development of themes was time consuming, and I considered several solutions for interpreting the material, including how themes related to each other, whether one theme could connect the others or if there was more of a circular relation between themes. Additionally, I considered how themes could relate to each interview. Attending to my own pre-understanding played a significant role in this process, as further described in the section of hermeneutic interpretation. Once I had gained an understanding of the interviews, theory was integrated and informed the final interpretation of the material. Theory was selected based on its ability to illuminate the topics discussed in the interviews and contribute to a deeper understanding. Therefore, the analysis of the interviews emerged through an iterative and abductive process, with continuous refinement of themes, considering

pre-understanding, new understanding and theoretical perspectives in a reflexive process (Braun & Clarke, 2019).

The analysis of participant observations followed a case study approach (Stake, 2005), characterized by an in-depth and lengthy concentration on each case. Analytical steps were conducted in a circular and abductive manner, progressively narrowing down on the research questions and issues, through three, overall steps: 1. Gaining overview, 2. Focused attention to issues, 3. Developing case narratives. The analytical work conducted in study 3 was challenging, due to its open approach. Analytical and interpretive choices required high levels of reflexivity and awareness of the analytical insights and choices made, as well as a transparent description of the analytical process, which is further detailed in the article as well as in the following section on interpretation.

5.6 Interpretation

As noted above, my approach to hermeneutic interpretation has been influenced by two lines of thought within the hermeneutic tradition: The objectivist and the alethic. Both perspectives reject rules for interpretation. Instead, I have drawn inspiration from Alvesson and Sköldberg (2009), who combine principles from both objectivist and alethic hermeneuticians. The reflections below will be based on this blended approach to hermeneutic interpretation.

5.6.1 Source Criticism

In the context of source criticism, researchers critically examine the object of research and the processes of interpretation by scrutinizing the sources, which in this case refer to the empirical material used in the research. Source criticism is closely linked to the canons of objectivist hermeneutics, known as Betti's hermeneutic canons (Alvesson & Sköldberg, 2009, pp. 105-107): The autonomy of the object, coherence of meaning, the actuality of understanding, and the correspondence of meaning, which will be referred to during this discussion.

Sources can be classified as remnants and narrating sources, both linked to Betti's canon 1, the hermeneutic autonomy of the object. Remnants are sources that have not been exposed to subjective distortion, providing a higher degree of closeness to the source, representing fewer risks of distortion, thus contributing to higher quality. In narrating sources, the information has passed through a subjective medium, making them more susceptible to potential distortions.

The empirical material includes both interviews and participant observations, encompassing both narratives and remnants. The combination of these two types of sources can, in this perspective, enhance the quality of the material. However, it is essential to acknowledge that participant observations are not entirely immune to distortions. Factors such as the time between observations and the writing of the report, as well as the researcher's biases, can introduce distortions. Therefore, source critical examination is necessary for both types of sources. In the current research project, participant observations consisted of clinical logs, as well as audio-recordings of sessions. The logs are written shortly after the sessions, and in study 3's analysis, both logs and recordings are used in combination to mitigate potential distortions. This approach was intended to ensure the trustworthiness of the empirical material.

Furthermore, *bias* must be controlled for. Alvesson and Sköldberg address this issue by employing Betti's second canon, the *coherence of meaning*, which delves into understanding the perspectives and motivations of individuals. By asking questions such as "who is speaking and with what purpose?" (p. 111) and considering the presence of interests and ideologies (contexts) that may influence words and actions, researchers can identify and mitigate potential biases in their work. I will provide a more in-depth discussion of bias than I have with the other aspects.

When conducting research with refugee children, both the cultural influences and the situation of being a refugee can impact their participation (Due et al., 2014). The children I collaborated with were familiar with multiple cultures, including their parents' culture, the Norwegian culture, and the culture of other countries where they had lived before arriving in Norway. While this cross-cultural knowledge most likely

influenced their participation in the interviews, it is challenging to know precisely how it influenced their responses. The findings from study 2 indicate that the children generally held positive attitudes towards music therapy. However, I must acknowledge the possibility that their favourable perspectives could have been influenced by cultural expectations and norms regarding interactions with adults. Child-rearing-styles in Norway are typically less authoritarian, and children are often encouraged to voice their opinions and thoughts, which might not be the case in their cultures of origin. Furthermore, the school setting, where children are typically in the role as “learners” and the adults in the role as “knowers”, may also have influenced the children’s responses. Thus, it is essential to recognize that potential bias arising from cultural norms and role expectancies may have influenced the children’s responses.

To deal with such challenges, Christensen (2004) suggests that researchers need to reflect upon different versions or representations of what an adult is in the everyday interactions in the particular setting of the research. In the interviews with the children, I tried to communicate that I was there to learn from them and that I was okay with all kinds of perspectives. I tried to put them in the position as “knowers”. However, changing roles and role-expectancies just by telling can be difficult to achieve. Christensen & James (2008a), for example, describe how the children they worked with frequently asked for confirmation if they had solved the task correctly, even after several affirmations that they could do the task exactly how they wanted to. While I do believe that my and the participants’ previous relationship in music therapy invited to openness, I also acknowledge that there could be dynamics in our relationship that inhibited talking about certain topics.

Furthermore, many of my reflections on bias relates to my role and relationship with the participants, and how these aspects interfered with how the interviews progressed. One example of this occurred in one of the group interviews, which revealed an unexpected insight into the children’s understanding of the situation:

Abdullah: Kaja, I don’t want you record.

Kaja: You don’t? (Insecure if he is joking or not)

Ahmed: (laughs)

Amir: You must. So that she can remember it.

Abdullah: No...

Kaja: Why don’t you want to?

Amir: You know, it IS her job to do this now. She was sent here to work.

Abdullah: But I don’t want to. I don’t want people to hear it.

Amir: What?? There aren’t any people!

Kaja: Nobody is going to hear the recording. Only me.

Amir: Those researchers have sent her here, for her to do this.

Abdullah: But you know…she will probably tell the researchers…

Kaja: No, no!

Ahmed: No, you…fool, are you thinking?

Kaja: I am the researcher now. I will not tell anyone else.

Amir: It’s her job.

Kaja: I will listen to it, write it down, and then I will delete it.

Amir: Yes, yes, yes, she will delete it!

Ahmed: Have you deleted mine? (referring to the recording of his individual interview)

Kaja: Yes.

Ahmed: Oh no...

Kaja: I have deleted what you said last time we talked.

Ahmed: Oh damn...

Kaja: Yes, it’s gone.

Abdullah: I ate biscuits then.

Kaja: Abdullah, is it okay that I record now, or isn’t it okay?

Abdullah: It’s okay (quiet)

Kaja: Yes. You must tell me if it feels bad.

Abdullah: Yes, you must delete that time when (….) happened.

Kaja: Yes, I will delete that.

During this conversation, it became clear that Abdullah was concerned about a specific episode that had occurred a little while earlier. He didn't want anyone to listen to this episode (it is deleted it from the transcription). Furthermore, despite my earlier attempt to explain, they imagined that there were other researchers involved, and that I would collaborate with these "imagined researchers". According to their perception, these other researchers had a lot of power – not only over them, but also over me. In retrospect, it is interesting to observe Amir's behaviour. He was very collaborative and responsible in both his interviews. In general, he was a mature and calm person, but it is possible that the understanding he had developed of the research situation made him even more collaborative.

Another example of the participant's awareness on me and my feelings came from David. He reflected on his reasons for accepting to come to music therapy and wondered if I would have gotten sad if he had rejected the offer:

> Kaja: ...How do you think it would have been to not do any music at all?
> David: Mmmm...I don't know....... because, if (his teacher) had asked me if I wanted to start music therapy, then it would have been…like, if I said no, how would that have been for you?
> Kaja: If you said no?
> David: Yes, if I said no ...would you have become sad, or something?
> Kaja: No, it would have been okay.
> David: Just that it had been better if I had started...than if I didn't start?
> Kaja: No... The important thing is that the children that want to start, get to start. Did you think about that?
> David: No, not very much, I remembered it now.
> Kaja: You remembered it now. But THEN, when the teacher asked you, did you think about it then?
> David: Eeeem...yes, because music is quite funny, so I said yes because I sing a lot at home, and watches Idol and those things…

Even though it is not directly related to the interview itself, and it is not entirely clear if he refers the moment his teacher asked him, the excerpt reveals that these reflections were present in his mind. It can be considered an example of a small negotiating process of our relationship, where he may have needed assurance that I would handle negative responses from him.

When dealing with bias, Alvesson and Sköldberg have suggested complementing biased sources with information representing the opposite bias or information from neutral sources. In this research situation, I did not have access to such sources, and this may be weakness in the PhD project. However, I actively searched for contrasting narratives within the available sources and asked the participants about difficult or negative experiences, in line with what Alvesson and Sköldberg discuss as an evaluation of different *perspectives* in a source. According to Alvesson and Sköldberg, there might be a wider circle of partial perspectives that the researcher must put together to reach a (more) complete picture, which can help balance bias (p. 112).

In the case of the current research project, the experiences described above have led me to reflect upon applying reflexive conversations as a part of the interview-situation to deal with bias. The episodes presented above illustrate the importance of gaining insight into children's emerging understanding of the situation and our relationship, fostering a kind of collaborative reflexivity (Finlay & Gough, 2003). In Finlay & Gough's book, collaborative reflexivity is related to collaboration in the research team, not with research participants, as is the case here. Based on my experiences, I suggest that engaging in collaborative reflexivity together with the participants as a part of the interview situation may be one approach to handle the relational reality and possible hidden preconceptions (similar to what Due et al. (2014) refer to as ongoing consent, which will be described more in the section on ethics). In the context of source criticism, such an approach can give increased awareness of bias and personal contexts and provide better insight into the research participants' coherence of meaning.

In their description of source criticism, Alvesson and Sköldberg (2009) also mention two other aspects: Distance and dependence. These are linked to the third canon, the actuality of understanding. *Distance* refers to the idea that the more remote the source is from the event in time and space, the less value it has. *Dependence* refers to the number of hands the information has passed through from the source in question. In my research, I conducted the interviews close in time to the music therapy sessions and made notes about the interviews immediately after they took place. I also transcribed the interviews as quickly as possible to preserve observations of body language and contextual circumstances. By doing so, I aimed to maintain a sense of closeness between source and material, and limit potential distortions.

The last aspect of source criticism is *empathy,* which is linked with the fourth canon, the correspondence of meaning. "Through empathy we fill and enrich with inner meaning the thin shells of outward behaviour which are the results of previous interpretation" (Alvesson & Sköldberg, 2009, p. 114). Empathy refers to the intuitive understanding from within of the object under investigation, whether this is a person or social formations. While the previous steps of checking for authenticity, bias, distance, and dependence create external facts, that evaluates how sources correspond with reality, the researcher's *empathy* provides filling these with meaning. It becomes central to search for the meaning for the acting subject. During this process, it is acknowledged that the researcher will always bring along pre-existing frames of reference, but that this must not absorb the autonomy of the object.

Alvesson and Sköldberg do not extensively discuss how researchers should empathize with their sources. In the context of my work on this project, my attempts to understand and empathize can be related to both the objectivistic and alethic approach. The processes of moving back and forth between part and whole, as well as between pre-understanding and understanding have been my most important tools in achieving empathy and developing new understanding.

5.6.2 Developing Understanding

My pre-understanding was influenced by my experiences as a music therapist and my role as an insider in this practice. According to Hammersley and Atkinson (2007), the insider role can present both advantages and disadvantages in the process of interpreting. Familiarity with culture and language decreases the possibilities of misunderstanding the participants (Hammersley & Atkinson, 2007, p. 87). For example, I was aware how these children typically expressed, and that they, for instance, would use terms such as fun and boring, and that the specific semantic meaning these terms had for the children needed to be clarified during the interviews to prevent possible misinterpretations. However, familiarity also has a downside, as the researcher needs to “fight familiarity” in order to suspend pre-conceptions (Hammersley & Atkinson, 2007, pp. 81-82). The analysis and interpretation of the interviews, especially the interviews with the children, did take a long time and required round after round with re-work. I found it challenging to reach an understanding I conceived as true to the material and each child’s perspective. Recognizing that this is a difficult process in itself, I also believe that these challenges were related to that I had to work through a rather large pre-understanding.

To address these challenges, I found it fruitful to present the analysis-in-progress to colleagues and discuss it with my research community. My research community challenged some interpretations, supported others, and contributed to my thinking and reflexivity by offering new perspectives, in line with “collaborative reflexivity” (Finlay & Gough, 2003). Furthermore, I used the thinking of part-whole and tried to see statements in relation to the entire interview and the other interviews. I developed several proposals for the analysis and interpretation, as described above. The interpretation of empirical material and my continuously developing understanding is dialogic, involving a circular and ongoing communication between me, the empirical material, theory, and research community, as well as between my pre-understanding and new understanding, and between part and whole.

An example of the dialogic dynamic between pre-understanding – understanding, as well as part-whole, can be illustrated in the development of the

focus on musical learning in study 2. As a music therapist educated in Denmark, which traditionally builds on a psychodynamic music therapy tradition, where musical learning is not discussed much, I initially searched for descriptions of what music therapy "felt" like during the analysis of the interviews. It took me a while before I understood that these children were not quite as interested in this topic as I was. It is a bit curious that, despite my knowledge of them, it took me a long time to understand the importance of learning[9]. Perhaps this demonstrates how powerful a pre-understanding can be. Example from my research-log:

> He (the informant) has practiced so much, that his thumb is soar. He really wants to learn, to master it. It has been here, right in front of me, and I haven't seen it. They want to learn and do things they master, as simple as that. It is confirmed over and over. I have not at all understood how important these statements about learning and mastery are until now. (Research log, 4th of November 2016, slightly shortened for space-reasons)

When this understanding occurred, it initiated the development of the sub-theme on musical learning in study 2. The children extensively discussed this topic in their interviews, and in the case above, the sour thumb could be seen of as a remnant demonstrating how much he had practiced. Furthermore, their musicking in the interviews also highlighted this theme. One example comes from the beginning of the interview with one of the groups. When the children entered the music room, they all sat down with the instruments, and the following short exchange occurred:

> (Omar is playing guitar and are chatting with some of the other kids)
> Maria: I can play Brother Jacob now!
> Kaja: You can?
> (Maria plays Brother Jacob on the piano, while Omar keeps playing the guitar and chatting. It is a lot of chatting and a bit difficult to hear what they are saying. Someone starts to play The Final Countdown on piano, I think it is

[9] Learning is addressed in the interview-guide, but at the time I related it to extra-musical things they might be learning.

Farah, she interrupts Maria's Father Jacob)

Omar: Yes, I know that song! (Referring to The Final Countdown)

Maria: And, I know how… (keeps playing Brother Jacob)

In the role of the "audience", I observed the participants playing songs they had learnt lately, while saying, "I know how…". This may serve as an example of how their musical actions in the interview aligned their verbal accounts, emphasizing the significance of learning.

These examples and reflections exemplify aspects of musical learning from different sources of the material. They demonstrate how the different parts could be connected to a larger understanding, the whole. The whole can be interpreted in various ways. It can represent the children's perspectives, where learning music is an important component. The whole can also be my own pre-understanding, as the parts about learning challenged my preconceived notions of music therapy. By studying the children's perspectives with empathy, seeking to understand the empirical material from their viewpoint, my own horizon was expanded, and my understanding changed.

This new whole (my new understanding of music therapy) can also be seen in relation to the findings from study 1 and the school context and be a part there. The teachers emphasized socio-cultural knowledge, highlighting the problems associated with not having it and the importance it holds for the children's social participation and daily wellbeing. In this perspective, the understanding of music therapy as a place for social and cultural learning can become a new part in a whole (the school context). As such, the whole as developed from the parts, becomes a part in a new whole, the school context, and the meaning and relevance of this interpretation may be discussed in relation to this context as well.

The processes of hermeneutic interpretation have resulted in an understanding that contains diversity. Consequently, I have incorporated theories and research from social and cultural traditions, as well as theories on the neurobiology of trauma, as discussed in chapter 4. This theoretical application can appear to be counter

indicative to the hermeneutic tradition, which was originally developed as a critique of natural sciences. However, Nerheim (1995), have suggested that a hermeneutic theory of science can embrace knowledge from both human and natural sciences. Combining knowledge from these fields of inquiry can result in new and important insight within the health sciences. Thus, knowledge from natural sciences can be used in conjunction with a hermeneutic sensitivity to enhance our understanding of social phenomena, such how music therapy may be helpful in the lives of refugee children. The life situation of refugee children is complex, and their appropriation and use of music therapy is similarly complex, as we will see in the forthcoming chapters. Therefore, I argue that this combination of theoretical perspectives supports a more complementary understanding of how music therapy can be beneficial, which is more trustworthy than a narrower theoretical focus would allow for.

5.7 Ethical Reflections

Ethics in research covers a broad range of topics, from laws that regulate the research community and its enterprise, to the execution of research where the negotiation of roles and power relations come to the forefront, and issues concerning dissemination of research results and academic freedom. Children's role in research has moved from being an object to researchers without rights or ethical protection, towards being considered a participant in research processes with strong ethical rights (Woodhead & Faulkner, 2008). Guidelines for research ethics states that children have the right to be heard in research, and their voices are important. The best interest of the child is a fundamental concern in all research, and their wellbeing and integrity override the interest of science and society (The Norwegian National Research Ethics Committees, 2022).

There are especially three topics that I have found to be of concern in my work with this PhD project. These are aspects of collecting voluntary, informed, and unambiguous consent to participate, aspects of the relational ethics in the research process, as well as questions regarding the beneficence of the research project.

5.7.1 Consent

When children are invited to participate in research, one must have consent from both children and their parents, as well as information about the research which is adapted to the age and the maturity of the child (The Norwegian National Research Ethics Committees, 2022). All research participants received information about the PhD project, both in written form and in a dialogue with me. They have also given written and oral consent to participate in this research, both from parents and from themselves. While these procedures of obtaining consent fulfil the formal requirements, there are certain ethical concerns associated with them that warrant a deeper discussion. These concerns primarily relate to the aspects of *voluntary*, *informed,* and *unambiguous* consent.

Voluntary consent in research means that participants provide their agreement freely, without any external pressure or restrictions on their freedom of choice. Researchers must ensure that no intentional or unintentional pressure is exerted on the participants (The Norwegian National Research Ethics Committees, 2022, p. 18). In this PhD project, the participants were not offered rewards or faced negative consequences for not participating, thus avoiding intentional pressure. However, unintentional pressure could have arisen from our relationship and my dual role as both practitioner and researcher. For example, Eric might have been aware of how I felt if he had declined to participate. While I believe participation was mainly experienced as positive, it is essential to acknowledge the possibility of unintentional pressure affecting their decision to agree to participate.

Informed consent refers to providing participants with sufficient and clear information about what participation entails. However, ethical guidelines for research ethics recognize that children may have impaired capacity to consent, and cultural differences can also influence their understanding and determinations of power (Due et al., 2014). In the case of the current research project, I believe that the rapport we had developed in music therapy contributed to their capacities for informed consent. I think their capacity to consent depended on the *collaboration* between me and children, not solely the formulation of the information they received or their personal

capacities to understand. The exchange with Abdullah and the rest of the group regarding the recording, taught me about the situated and temporal aspect of obtaining children's informed consent. It exemplifies how the children and researcher together can create a context where children develop an informed understanding of research participation, what Due et al. (2014) refer to as *on-going assent*. In addition to obtaining formal consent from children and parents, the researcher must also continuously collect children's assent to participate in various situations that arise during the research process.

Unambiguous consent implies that the participants actively and unmistakably communicate that they agree to participate in the research. The perceived power of the researcher role and the rapport we had already build in music therapy, could have been a potential disturbance to an unambiguous consent. However, I believe that our rapport also opened for them to talk rather freely, as some of the excerpts demonstrate, and thus allowed for them to ask questions and set their boundaries when needed.

5.7.2 Relational Ethics

Kaukko et al. (2017) argue that in research with refugee children, the procedural ethical frameworks must be expanded with *relational ethics*. Relational ethics refers to the relational dynamics unfolding between researcher and research participant. The authors underline the importance of empathy, care, and trust in the process of listening to children's voices. Kaukko et al. (2017) emphasize that ethical research with refugee children requires flexibility, and awareness of situated and contextual understanding unfolding between researcher and research participants throughout the research process. As demonstrated earlier, children might develop their unique interpretations of the researcher's role, as was the situation with the "imagined researchers". My experiences suggest that to allow for free, unstructured conversations, to tolerate a bit of chaos and give room for reflexive conversations about the situation, can give insight into the momentary perceptions and idiosyncratic understandings of children. This bears some resemblance to what Kaukko et al. (2017) have described, when they recommend to "get up from the coach" actively

getting involved in a fun and engaging way when conducting research with refugee children. In this way, one can foster a relationship and a situation that allows for children's perceptions and opinions to come forward, even those that might be hard to express or easily silenced. In the current research project, Maria's voice could easily be suppressed, as her opinions were a bit different from the rest, and she was the youngest participant. It is possible that the relationship between us made it possible for her to tell her opinion, and that a more superficial relationship would have made her perspectives harder to hear.

Furthermore, the move from the therapist role gave rise to ethical issues. While most of the participants handled the transition without any problems, some found it difficult and questioned why someone else couldn't take on the researcher role. Some of the participants were in a challenging life situation, where they needed on-going and predictable support, and to be prevented from losing yet another relationship. To support them during this time, we arranged for one of the other music therapists, whom they already knew, to take over my sessions. I also prepared for this transition well in advance, allowing us ample time to discuss it and become accustomed to the idea.

5.7.3 Beneficial Research

How do we ensure that refugee children benefit from research and that their interests and wellbeing remain central? Kaukko et al. (2017) emphasize the importance of spending time with the children, building meaningful relationships, be genuinely willing to learning from them – aspects that have been discussed above. However, some ethical issues arose during the analysis and interpretation of data, as well as in making theoretical choices.

One ethical issue I encountered during the analysis of the teacher's interviews was related to their descriptions of how refugee children, at times, caused negative ripple effects in the peer community, particularly when this was associated with behavioural challenges of individual children. I was concerned that including such descriptions might instigate negative perceptions of refugee children as a group.

Ultimately, I decided to include these descriptions because they shed light on aspects that had an impact on these children's wellbeing. Moreover, I related these issues to contextual conditions and drew attention to the surrounding systems and the importance of establishing a supportive environment around refugee children.

A related consideration involves the application of theories on trauma. While the language of vulnerability and trauma is well-intentioned and supported by research, it might unintentionally reproduce an image of refugee children as permanently damaged, inherently passive and helpless (Kaukko et al., 2017). On the other hand, not acknowledging the consequences of adversities refugee children face can be ethically problematic, as it may ignore their need for help. To address this concern, I believe it is essential to discuss trauma while also considering other aspects of their experiences. By engaging with different theoretical discourses in a flexible manner, as suggested by Kaukko et al. (2017), I hope to streak a balance and avoid undue focus on trauma.

6. Findings

6.1 Summary of Study 1

The article from the study 1 is titled "The child and the community: A focus group study exploring teachers' perspectives on their work with refugee children" and has been submitted to the journal *Nordic Studies in Education*. The research question focused on how teachers in a Norwegian primary school described their approach to addressing the psychosocial needs of refugee children. The study was designed as a focus group study, comprising two group interviews with a total of seven teachers. The interviews were transcribed and subsequently analysed using thematic analysis.

The analysis resulted in two main themes: *Attending to the individual child* and *Attending to the social environment.* The first theme encompassed the sub-themes of *Communicating*, *Caring for the refugee child* and *Dealing with distress*. Teachers described language barriers as a significant concern, which hindered them from providing support to refugee children and limited the children's engagement with peers. Furthermore, the teachers experienced that refugee children require significant care, both regarding emotional and practical matters. Ultimately, the teachers described how they supported refugee children in dealing with distress, with a focus on regulating affect.

The second main theme, *Attending to the social environment*, encompassed the sub-themes *Collaborating*, *Caring for other children* and *Dealing with barriers to participation*. Teachers discussed their efforts to create an inclusive environment and educate other children on welcoming refugee children. They also described the increased care needs among children from the broader school community when they were exposed to the harsh realities that sometimes accompany refugee children. Additionally, the teachers discussed systemic barriers that limited refugee children's social participation, specifically their involvement in leisure time activities.

We discussed findings by addressing the complexity of supporting refugee children's interaction with and wellbeing within the school community. We used Lave and Wenger's (1991) theory on situation learning and the concept of "the newcomer", as well as trauma-informed perspectives (Perry, 2009; van der Kolk, 2005, 2014). The findings suggest that supporting refugee children's engagement with their social environment includes attending to both interactional, emotional and systemic aspects. The study indicate that the school needs to expand its practices and systems, to include approaches and competences that afford alternatives to verbal communication while also creating systems that enhance refugee children's participation in the broader social environment. Furthermore, the school needs to focus on the developmental impact of adverse experiences, as well as the specific care this require within the school context.

6.2 Summary of Study 2

The article from study 2 is titled "Refugee children's perspectives on participating in music therapy: A qualitative study" and is in review in the journal *Voices*. The research question focused on understanding refugee children's perspectives on participating in music therapy as part of their school day in a public primary school in Norway. The study was designed as an interview study, where semi-structured interviews were conducted with a total of seven children, aged eight to 12 years, in individual and group settings. The interview material was transcribed and subsequently analysed using thematic analysis.

The analysis resulted in three main themes: *Accessing a musical development*, *Appropriating music therapy as a social resource*, and *Experiencing states of wellbeing*. The first theme described the participants' focus on entering a musical development, with a preference for engaging in music from their current social context. The second theme included descriptions of how music therapy served as a peer community, as well as how the participants used their acquired musical skills in interactions with peers, both within and outside music therapy sessions. The second theme also encompassed experiences of emotional challenges when engaging with

peers in music therapy and some children’s preferences for maintaining an undisturbed relationship with the music therapist. The last theme comprised the children’s descriptions of emotionally rewarding experiences in music therapy, particularly experiences of vitality changes and having fun.

We discussed findings in the context of situated learning theory (Lave & Wenger, 1991), and argued that music therapy provided these children with a musical community where they developed musical skills that could support their ongoing engagement with the peer community. Furthermore, we discussed emotional challenges by using trauma-informed perspectives, with a particular focus on how adverse experiences may impact children’s capacities for regulating affect (Bath, 2015; Siegel, 2015; van der Kolk, 2014). According to these perspectives, impairments in affect regulating capacities necessitate a focus on providing children with regulating experiences in the everyday life settings they participate in. Based on the children’s descriptions of becoming vitalized, we suggest that music therapy sessions may have provided these children with such regulating experiences. Furthermore, findings indicate that experiences of emotional wellbeing in terms of having fun and feeling happy were crucial aspects in these children’s experiences in music therapy. We discussed these aspects by aligning with perspectives emphasizing that rewarding activities and relationships are beneficial for children affected by adverse experiences and can contribute to their re-entering a healthy development (Perry & Gaskill, 2014; van der Kolk, 2005).

6.3 Summary of Study 3

The article from the third study is titled “Musical pathways to participation: A multiple case study of refugee children’s use of music therapy” and is published in *Nordic Journal of Music Therapy.* The research question focused on how participation in music therapy in a primary school can nurture refugee children’s readiness to collaborate with peers. The study was designed as a single site collective case study, and the empirical material consisted of logs and audio-recordings from music therapy sessions with four children. The analysis followed an iterative,

abductive process in three stages. The analysis resulted in case narratives that illuminate three aspects of the children's collaboration: *Regulating, Negotiating* and *Bridging*.

The aspect *Regulating* described processes of supporting the children in regulating affect, which was a fundamental aspect necessary for the children to cope with participation and collaboration. *Negotiating* explored actions between the children aimed at adapting their musical interactions to each other. The cases demonstrated that music therapy sessions before the peers entered provided some relevant knowledge, but further negotiation with the peers was required to facilitate their collaboration. *Bridging to broader social configurations* related to the parts of the children's musical repertoire that reflected their use of music from their immediate socio-cultural context. The cases illustrated that the participants learned and used music (mainly songs) that were currently popular, and that this familiarity with a sharable repertoire played a significant role in their collaboration with their peers.

We discussed the three aspects by aligning them with perspectives on affect regulation (Hart, 2016, 2017b; Siegel, 2015) and theory on learning in a community of practice (Wenger, 1998). We suggested that the children's readiness to collaborate was linked not only to the support provided by the music therapist but also to their actual engagement with peers and the cultural context itself, underscoring the importance of facilitating interaction with this context. Moreover, we proposed that the social and emotional processes could be interconnected. Emotional coping is fundamental for engaging in learning and collaboration, and the established musical repertoire could serve as a regulating framework that supports emotional coping and further participation and learning.

7. Discussion and Concluding Remarks

The main research question for the PhD project was: *How might music therapy in a primary school setting contribute to the psychosocial wellbeing of refugee children?* This question was investigated in three studies, providing insights that are relevant within the school context and grounded in refugee children's perspectives.

Findings from study 1, which explored the teachers' perspectives, highlight that the teachers attended to several aspects of refugee children's developmental ecology, including communicative and collaborative challenges, extended care needs, emotional distress and systemic barriers to their social participation and wellbeing. These findings align with previous research that has described the complexity of refugee education and the need for a more comprehensive approach within schools (Due & Riggs, 2016; McIntyre & Hall, 2020; Pastoor, 2015, 2017), and that providing care and supporting refugee children's engagement with the peer community are crucial elements (Due & Riggs, 2011; Due et al., 2016; Graham et al., 2016). Overall, the findings from study 1 underscore that attending to refugee children's interaction with the peer community is an overall, important aspect of supporting their psychosocial wellbeing at school. This is a multifaceted task, necessitating attention to both interactional and social aspects. Study 1, along with other research, suggests that meeting the needs of refugee children may require the school to expand its competencies and practices. In the context of music therapy in school settings, study 1 illustrates the relevance of the communicative and social resources that may be found in shared musical activities. Furthermore, findings indicate the relevance of providing musical engagement that nurtures refugee children's social wellbeing, emphasizing particularly their communication and collaboration with peers, and their participation in the broader community. The findings also suggest that a focus on emotional support is essential, particularly in addressing distress and providing care during challenging life circumstances.

Findings from study 2, which explored refugee children's perspectives on music therapy, also revolved around engagement with the peer community, and

incorporated a focus on learning music as a vital component of this process. The study also delved into emotional aspects of participating in music therapy, highlighting the significance of coping with emotional distress as well as experiencing states of wellbeing. These findings align with previous research exploring the perspectives of refugee children and youth on music therapy, which also emphasizes the significance of the peer community (Roaldsnes, 2017; Ruud, 2010; Wiess & Bensimon, 2020). Similarly, prior research has also focused on the development of musical competences (McFerran & Crooke, 2014; Roaldsnes, 2017; Ruud, 2010), as well as the experience of emotional wellbeing (McFerran & Crooke, 2014; Roaldsnes, 2017; Ruud, 2010; Wiess & Bensimon, 2020). Furthermore, the findings from study 2 suggest that appropriating music therapy as a peer community could be emotionally challenging for some children. Although such challenges have not been extensively described in previous research on participant perspectives, they have been addressed by music therapists working with this population (Mumm, 2017; Osborne, 2009; Oscarsson, 2017). Overall, the findings of study 2 indicate that these children's perspectives of music therapy centred around developing musical skills that could be used as a social resource, nurturing interpersonal relations, and facilitating participation in the peer community. Given that participating in a community of peers can be emotionally challenging, a focus on the emotional aspects of social participation is also important. Additionally, experiencing states of wellbeing in music therapy is a significant finding in study 1, consistent with several other studies, highlighting it as a crucial aspect of music therapy.

Findings from study 3, which explored music therapy practice and focused on the children's interaction, suggest that supporting refugee children's collaboration with peers in music therapy can be discussed in terms of affect regulation, negotiation of musical repertoire, and connections to the broader socio-cultural context. While previous contributions to the literature have touched upon socio-musical processes such as bridging cultural divides or learning-processes within the group (Jones et al., 2004; Storsve et al., 2009), these previous studies do not specifically address the emotional aspects of collaboration. Other publications focus on regulation and

interaction (Mumm, 2017) but do not delve into broader socio-cultural dimensions. Therefore, study 3 contributes to the current understanding by shedding light on the complexity of nurturing collaboration among children and by illustrating the simultaneous and interconnected nature of emotional, social, and cultural processes. It indicates that peer interaction was a crucial part of nurturing the children's readiness for further collaboration, and, as studies 1 and 2, it emphasizes the pivotal role of the peer community and the importance of supporting the children's coping and wellbeing when participating in it.

7.1 Three Overarching Themes

As evident in the preceding sections, participating in the peer community, as well as the promotion of emotional wellbeing, are prominent themes across the three studies. The peer community was a central theme in both studies 1 and 2. Based on these findings, especially from study 2, the interaction with the peer community was chosen as a focus for study 3, which provided observations of how interactions between the children unfolded in practice. Furthermore, maintaining and promoting the children's emotional wellbeing was an important aspect across the three studies. In study 1, the teachers described a focus on providing care and supporting children during challenging circumstances and distress. In study 2, experiences of fun and wellbeing were essential parts of the children's narratives regarding their experiences in music therapy. Additionally, supporting the children in regulating their feelings was addressed by the teachers in study 1, and experiencing emotional challenges was also discussed by children in study 2. In study 2, the children described experiences of changes in vitality during music therapy sessions, and study 3 highlights how affect regulation was an aspect of supporting the children's collaboration in music therapy.

Seeing the three studies as a whole, I suggest that their findings can be discussed in terms of three overarching themes: *Engaging with the peer community*, *Experiencing emotional wellbeing* and *Finding regulating experiences*. These three overarching themes create an understanding of the support music therapy offered,

informed from both the teachers' perspectives of creating a school adapted to refugee children's needs, as well as from the perspectives of the participating children and participant observations of music therapy practice. I will argue that these three themes form an integrated understanding of the findings of the PhD project, providing insights that are both contextually relevant and grounded in refugee children's perspectives on music therapy.

7.1.1 Engaging With the Peer Community

Promoting engagement with the peer community, stands out as an important aspect of how music therapy can support refugee children's psychosocial wellbeing, across the three studies. To support refugee children's participation in the peer community is also highlighted in previous research on refugee education (Graham et al., 2016; Pastoor, 2015, 2017). Furthermore, it has been described in music therapy research focusing on the perspectives of refugee children and youth (Roaldsnes, 2017; Wiess & Bensimon, 2020), as well as in studies involving similar populations, such as children and youth in the child welfare context and those experiencing grief and natural disasters (Krüger, 2012; Krüger & Strandbu, 2015; McFerran, 2010; McFerran & Teggelove, 2011).

In this research project, participation in the peer community is closely intertwined with processes of musical learning. To explore these dynamics, I have applied the theoretical concepts developed by Lave and Wenger, which focus on situated learning within a community of practice (Lave & Wenger, 1991; Wenger, 1998). The findings shed light on how the participants appropriated music therapy as a peer community and utilized it as a setting to acquire and develop musical skills. With support from the music therapist, the children learned, negotiated, and validated their musical competences in interaction with their peers. Furthermore, their acquired musical skills were integrated as a resource in their on-going engagement with the peer community, both inside and outside of music therapy.

Notably, the peer community had a vital role in the learning process. Study 2 exemplifies that the participants not only emphasized learning as a significant aspect

of music therapy but also focused on the importance of recognition and validation of their musical skills by their peers, rather than solely by the music therapist. This aspect is also echoed in study 3, suggesting that the opportunity to negotiate and learn a shared repertoire together with peers, contributed to their ongoing collaboration in music therapy. The interaction with the peer community within the context of music therapy thus played a vital role in the development of musical competences that in turn supported their on-going collaboration with peers.

These findings indicate that music therapy can support the participants in developing musical skills that function as social assets in their interaction and participation in the peer community. These resources are relevant and useful, but there are also some challenges associated with them. As described in studies 2 and 3, the participants often preferred music that was well known in the peer community and predominantly represented the majority culture. In study 2, the participants expressed a preference for and enjoyment of presently popular music, which was also reflected in the sharable repertoire, discussed in study 3. Music from their culture of origin only appeared once in the empirical material, which was in the case of David, when a friend from the same country joined his sessions.

Refugee children are in a life situation where they need to negotiate between several cultures. Research suggests that acculturation is linked to a healthy development (Scharpf et al., 2021), indicating that the use of music to promote health would imply using music from a variety of cultures. Indeed, several publications on music therapy and refugee children describe the importance of engaging with music from refugee children’s culture of origins, to support their resettlement and wellbeing (Jones et al., 2004; Mallon & Antink, 2021; Roaldsnes, 2017).

The children in the current research project, however, did not appear to show a significant interest in music from their country of origin. This observation can be interpreted in several ways. Karlsen (2013), in her study of immigrant students’ use of “homeland music”, found that this type of music is often shared and enjoyed within the family or among individuals from the same country or with persons that

show an interest in this music. This suggests that the school context, including music therapy sessions, may not have been perceived as a suitable setting to focus on music from their country of origin, given the context of the dominant western culture[10].

Furthermore, the participating children expressed concerns about their sense of being different. In study 2, they associated the feeling of being different with vulnerability and heightened risk of experiencing bullying. Within this context, their musical preferences can be seen as a way of conveying that despite their differentness, they also shared commonalities with other children and the majority culture. Through their musical knowledge, they could perhaps establish a sense of belonging and membership within the community. Similar findings have been reported in research on pop music, which highlights its role in creating shared cultural capital among refugee youth and fostering social connections across cultures (Lenette et al., 2016; Marsh, 2013). Additionally, Karlsen (2013) found that openly identifying with their homeland music could make some pupils vulnerable to bullying or harassment, highlighting the potential social consequences associated with openly expressing their cultural identity.

The geographical context, a small community in western Norway, likely influenced the music choices of the participants as well. Unlike larger cities with greater cultural heterogeneity, this small municipality may not have afforded the same exposure to diverse musical influences in the children's daily lives. Consequently, their musical references and shared musical experiences with peers may have been relatively narrow, in terms of cultural origin.

These reflections regarding musical engagement with the peer community suggest that, when facilitating situated musical learning within a peer community, it is important to consider the broader musical environment and the accessibility of diverse musical inspirations for the children in the community. As Due et al. (2016) argue, promoting a sense of belonging among pupils with an immigrant background,

[10] The music therapists had various cultural backgrounds, but none of us were from the same regions as the children.

requires the school to reflect the children's identities and values. Given that the children in the current research project expressed concerns about their sense of being different, it is crucial for the school, rather than individual pupils, to take responsibility for creating a broad musical culture within the school.

In summary, this overarching theme highlights that music therapy afforded these children increased access to social and cultural resources by facilitating their involvement in a musical peer community. Situated, musical learning processes supported their on-going engagement with peers, enriching their developmental ecology with new opportunities for social participation. These interpersonal dynamics and musical learning processes may be aligned with Bronfenbrenner's description of the proximal processes unfolding in a microsystem. As described in chapter 4, proximal processes entail the interactions occurring between persons and their immediate environment and are posited as the primary engines of development (Bronfenbrenner et al., 2005, p. 6). This may align with the described interactions between the children and with music, resulting in increased musical and social resources. Furthermore, findings indicate that to achieve these potentials, a focus on the mesosystem – the interaction between music therapy and other settings the children took part in – was significant. Peers and music from their immediate social context were brought into music therapy sessions, and materials from music therapy sessions, such as self-composed songs or musical skills, were brought into the peer community and the school. This interaction was important in facilitating relevant musical learning within music therapy sessions and promoting the participants' use of acquired musical skills as social resources during school hours. Creating links to other settings the child participates in can thus be discussed as an important aspect of music therapy, when aiming at promoting refugee children's psychosocial wellbeing.

Additionally, findings indicate that the children in this research frequently selected music that represented the majority culture rather than their culture(s) of origin. This observation underscores the significance of recognizing the social functions of children's preferred music in psychosocial work with refugee children. It also emphasizes the potential need for fostering a more diverse musical culture within

the school environment. It highlights the relevance of music therapists being aware of and engaging with the broader systems and cultures surrounding them (the exo- and macrosystems).

7.1.2 Experiencing Emotional Wellbeing

All three studies in the PhD project focused on aspects of emotional wellbeing. The teachers (study 1) described their efforts to provide care to promote the children's coping and thriving. The children (study 2) shared their experiences of rewarding experiences, and emphasized having fun, during music therapy sessions. In study 3 we discussed the regulation of affect, that can be related to promoting emotional wellbeing. In the following, I will primarily concentrate on the findings from study 2, which delve into experiencing emotional wellbeing within the context of music therapy.

Fun was the most used description of music therapy in the children's accounts (used 212 times, being the most used adjective), and often their first response to questions regarding their experiences in music therapy. Fun and joy are increasingly recognized as crucial elements in music therapy with children, highlighted both in studies on the experiences of refugee children and youth (Roaldsnes, 2017), and research on other child populations (Bensimon, 2020; Klyve & Rolvsjord, 2022; McFerran, 2010; McFerran & Teggelove, 2011; Sutton, 2002).

The therapeutic potential of rewarding emotional experiences in music therapy can be discussed in various ways. Within resource-oriented music therapy (Rolvsjord, 2010) emotional wellbeing is considered an important aspect, aligned with positive psychology and the broaden and build theory (Fredrickson, 2000; Fredrickson & Joiner, 2002). According to this theory, positive emotional experiences contribute to the development of personal resources. Roaldsnes (2017) has discussed emotional wellbeing in the context of theory of self-efficacy, arguing that emotional wellbeing, specifically feelings of mastery, contributes to further learning and development. In music therapy work with children in the context of mental health care, Klyve and Rolvsjord (2022) explored the multidimensional meaning of children's experiences of

fun, and related it to various aspects, such as enjoyment in playing, relational connections, being a bridge between home and hospital, as a sense of capability, and expressions through music. They argue that moments of fun are of existential importance, aligned with children's natural potentials for development. A similar notion is made by Holck and Jacobsen (2017), who comment on the importance of fun in music therapy sessions, noting that when children have fun while collaborating with others, they engage in rhythmic and dynamic attunement, sharing dynamic sequences that provide important developmental stimulation.

When discussing fun in a music therapy context, it is often related to play (Bensimon, 2020; Klyve & Rolvsjord, 2022). Play is a fundamental part of children's development (Hart, 2017c; Johns et al., 2021; Panksepp & Biven, 2012; Trevarthen & Panksepp, 2017). Play can include many kinds of activities, behaviours, interactions and sensations, including physical play, playing with affects and narrative roleplay (Johns et al., 2021). Musical collaboration can share many similarities with children's play, such as playing with and sharing of affects and narrative content, and music is often intertwined with and a natural part of children's play (Trevarthen & Panksepp, 2017).

Playful and creative interactions are essential resources in therapeutic work with children (Hart, 2017a; Perry & Gaskill, 2014; Perry et al., 2000; Stänicke et al., 2021). Trevarthen and Panksepp (2017) for instance, suggest that musical play in concert with other people inspires neuroaffective development. According to Panksepp's theory on the motivational system PLAY[11], play behaviour motivates exploring other people and the social environment, affording experiences that promote social and emotional development (Panksepp, 2007; Panksepp & Biven, 2012). Relating this perspective to his work, the Norwegian psychologist Nils Eide-Midtsand has argued that when children find an activity or situation to be fun and joyful, it signals that they do something they *need* to do. The activities that bring children joy also bring them one step further in their development, as the experience

[11] Panksepp capitalizes the seven prototype emotional systems he has described.

of joy and fun signal that children are engaged in something that provides developmental stimulation (Eide-Midtsand, 2011, 2021). These perspectives of fun and play can align with the findings in the current project, where the children associate fun with nurturing basic, developmental needs, such as experiencing rewarding interaction with the peer community and building necessary social resources.

Fun and wellbeing are also emphasized within trauma-informed perspectives, where scholars have highlighted the importance of activities and relationships that provide children with a sense of pleasure and mastery. For instance, van der Kolk has emphasized the significance of safety, predictability, and “fun”, stating that these elements are essential for children to re-enter a healthy development (2005, p. 407). Perry and colleagues (Perry, 2006; Perry & Gaskill, 2014; Perry et al., 2000) have also suggested that practices and activities should have an element of reward, making them enjoyable for the child to participate in. They state that therapeutic and learning experiences are most successful when they provide pleasure or a sense of mastery. If an activity is not enjoyable, it becomes meaningless and difficult to motivate the child to engage, even in the context of play-based activities.

In summary, this overarching theme suggests that experiences of fun, enjoyment, and emotional wellbeing play crucial roles in music therapy, serving as significant resources for children navigating challenging life circumstances and re-establishing a healthy developmental trajectory. Within the context of Bronfenbrenner’s bioecological theory, these descriptions may shed light on how music therapy enrich refugee children’s ecology of development with rewarding emotional and relational experiences. Research on the mental health and psychosocial wellbeing of refugee children emphasize that approaches engaging positive proximal processes are found to have a particular impact on the mental health and psychosocial wellbeing of refugee children (Arakelyan & Ager, 2021), thus underscoring the health promoting potential that the emotionally rewarding experiences in music therapy may have for refugee children.

7.1.3 Finding Regulating Experiences

The three studies all emphasize the significance of addressing distress as a crucial aspect of promoting the psychosocial wellbeing of refugee children in the school context. Instances of distress were particularly observed in the children's interactions with their peers, as described by teachers who witnessed instances where children "lost control" and engaged in harmful behaviour, necessitating substantial support from the teachers. Study 2 further revealed the children's own expressions of emotional challenges during social interactions, especially highlighted in the experiences of one child, Maria, in relation to music therapy. These aspects are further explored in study 3, focusing on affect regulation in music therapy sessions. Similar topics are discussed in previous research on teacher perspectives (Due & Riggs, 2016; Due et al., 2015), and while they have not received much attention specifically in the research on refugee children's perspectives on music therapy, they are commonly discussed in the literature on music therapy and refugee children overall (Dixon, 2002; Mumm, 2017; Osborne, 2017; Oscarsson, 2017; Pavlicevic, 2002; Tyler, 2002).

According to trauma-informed perspectives, adverse experiences in childhood can lead to impairments in affect regulating capacities, highlighting the importance of providing various kinds of regulating experiences, such as other-regulation and somatosensory regulating experiences (Bath, 2015; Perry, 2009; van der Kolk, 2014). Regulating experiences are described and discussed from different angles in the current PhD project. The teachers' described approaches make sense in terms of literature emphasizing the importance of other-regulation (Schore & Schore, 2008; Tronick, 1989) as they focused on facial expression, body language, and prosody when supporting children experiencing emotional distress. In study 2, we suggest that music therapy provided the children with regulating experiences, as they described feeling less tired, returning to a sense of normalcy, and experiencing improved cognitive functioning. We discuss this further in study 3, where we reflect on how to support children to cope by maintaining a macro regulating structure, to allow for the unfolding of microregulating interactions (Hart, 2016, 2017b) in the interplay.

The use and effect of music to support the regulation of emotional and bodily states are often discussed in the music therapy discourse on trauma. Overall, it is well established that music has profound regulating effects on our feelings, emotions, and bodies (Beckmann, 2014; DeNora, 2000; Juslin & Sloboda, 2010; Landis-Shack et al., 2017; Moore, 2013). In the research literature on music therapy and trauma, there are examples of somatosensory regulation in music, with rhythm playing a particularly important role in promoting stabilization and entrainment (McFerran et al., 2020). Furthermore, the emotionally regulating potentials of music is a key component in trauma-informed music therapy (Heiderscheit & Murphy, 2021), and aspects of regulation are frequently discussed within the literature on refugee children and music therapy (Gulbay, 2021; Johns, 2017; Mumm, 2017; Osborne, 2009, 2012, 2017).

When discussing the regulating potential of music therapy in the context of the current research project, it is crucial to remain aware of the children's overall focus on social interaction and community. While the children did attribute some of their vitality changes to music, such as when Amir emphasized how his brain worked better when he could do music, their interactions and evolving relationships with other people are at the same time at the centre of their narratives. Regulating experiences can thus not only be interpretated as related to musical stimulation, such as a calm rhythm or listening to a specific song, but to the entire situation where both interpersonal interaction and structural elements were likely to influence their experiences. In study 3, we for instance discussed how regulating elements, such as a repeating and predictable content and the relation and interactions with the music therapist, were important for the participant's coping. In the context of this project, it is thus important to emphasize an integrated approach to the regulating experiences that music therapy sessions can provide, including musical elements, the structure and content of the sessions, as well as the interpersonal dynamics.

In summary, this overarching theme suggests that affording opportunities for situated musical learning alone was insufficient to support these children's collaboration and interaction with peers in music therapy. Various types of regulating

experiences were also found to be essential in their endeavours to appropriate music therapy as a peer community, engage in musical learning and enjoy their participation. Furthermore, the affect regulating experiences that music therapy could provide are discussed in terms of an integrated approach, and not solely as the discrete use of musical stimulation. Overall, these insights indicate that the regulating potential of the music therapy setting can be a particularly important aspect to focus on, to ensure that participation and interpersonal interaction are experienced as positive and rewarding.

7.2 Implications for Practice

As described above, supporting refugee children and promoting their psychosocial wellbeing require professionals to embrace complexity. The previous discussion has highlighted how music therapy practice is related to engagement with the social and cultural context, as well as associated with aspects related to enhancing emotional wellbeing and coping.

Engagement and collaboration with the peer community are overarching themes in the findings of this project, which have several implications for practice. To begin, fostering engagement with the peer community, music therapy practices should be organized to allow for interaction with peers. In this PhD project, the school adjusted its practice to enable students from outside the introductory class to participate in music therapy sessions. Additionally, the school implemented initiatives like school cafés and concerts, providing platforms for children to showcase their identity and abilities to a wider peer audience. This contributed to the children's interaction and collaboration with their broader peer group. These observations underscore the relevance of considering the mesosystem (Bronfenbrenner, 1979; Bronfenbrenner et al., 2005) and emphasize the importance of creating structures that facilitate interactions across various settings, such as between music therapy sessions, the school environment, and the peer community. A relatable approach to practice is described by Elefant (2010) who discussed her experiences working in a school with a music therapy group that focused on the

integration between pupils with various needs. While Elefant's work centred on a different population, many of Elefant's observations and reflections regarding group dynamics and engagement with the meso- and exosystems can be related to the current project. Mandal and Bergset (2016) also reflected on the mesosystem in a publication focusing on creating connections between settings within the network of children in the child welfare context, with particular attention to the role of the music therapist as a link between settings.

Prioritizing opportunities for children to engage in musical learning stands out as a key element in music therapy sessions, a topic also described within resource oriented music therapy (Rolvsjord, 2010). Specifically, the findings suggest allowing children to explore their musical engagement collaboratively with peers and to engage in shared negotiation of musical skills. As pointed to in the previous discussion, opportunities for collaboration and shared exploration of musical engagement must be provided, as this collaboration itself might enable children to develop musical competences that support their on-going musical collaboration. The topic of learning in a musical community of practice is previously described within CoMT, for instance related to musical workshops in a child welfare context (Krüger, 2012) and in a reflection on belonging through musicing (Ansdell, 2010). Storsve et al. (2009) have also described how participants in a music group for Palestinian children in a refugee camp, learn from both each other and the teachers and are qualified to take on different roles and positions in the community.

Considering the close interaction between musical learning and social participation and given that the children in this research drew musical inspirations from their immediate environment, understanding the social functions of their preferred music becomes crucial. Initiating dialogues with children on their musical preferences and the meaning inherent in their musical choices could be useful. Such conversations could provide insight into how refugee children experience their social role as well as their perceptions of how their culture of origin is perceived. Furthermore, music therapists could consider directing their efforts toward nurturing a diverse musical culture within the school. This might contribute to that children are

immersed in a musical environment that aligns with their sense of identity. Ultimately this could contribute to fostering a school culture that promotes a sense of belonging for all students, as highlighted by Due et al. (2016) in their study on school belonging for pupils with refugee background. A focus on creating a healthy musical context can also be aligned with the practices and perspectives described by Rickson and McFerran (2014) in their book on creating musical cultures within the school, which focuses on promoting a healthy psychosocial environment through musical means.

Additionally, exploring and seeking out activities and content that the participating children find to be fun and rewarding is a simple, but vital guideline for practice. While fun and playing continue to be an undervalued resource in therapeutic work with children (Hart, 2017c; Trevarthen & Panksepp, 2017), it is well documented that children themselves emphasize this aspect of music therapy. It is also widely agreed upon that engaging in rewarding activities and relationships are vital for children who may have experienced developmentally disrupting life conditions. Thus, prioritizing fun, play and wellbeing within a community of peers stands out as a well-founded direction for music therapy practice, supported by this PhD project and several other research publications (Bensimon, 2020; Klyve & Rolvsjord, 2022; Roaldsnes, 2016, 2017).

Ultimately, the findings illustrate the importance of supporting some children's emotional coping when participating in a peer community. Trauma-informed perspectives emphasize the need to adapt settings to children's developmental needs (Perry, 2009), enabling them to engage and access the developmental opportunities provided. Therapy, care and education are recommended to prioritize helping children regulate, to cope with participating in activities and engaging in supportive relationships (Bath, 2015; van der Kolk, 2014). In this project, I have suggested an integrated approach to the regulating support music therapy may provide, considering structural, interactional, and musical aspects. In practice, this can include establishing repeating and predictable activities in music therapy sessions, being aware of other-regulation, and utilizing the regulating potentials of music itself, such as pulse, timbre, the use of repetitions and surprises, and familiar or unfamiliar music.

7.3 Limitations and Future Research

In chapter 5, I reviewed several aspects that could have affected the research process, such as circumstances and bias that might have impacted the empirical material, as well as preconceptions and roles that could have influenced the analysis and interpretations.

It is also important to acknowledge the limitations related to exploring only one music therapy practice within a single school and a specific geographical area. While this research situation allowed for an in-depth study of this particular practice, it also restricted the range of experiences examined. For instance, not having access to contrasting sources, as discussed in the section on hermeneutic interpretation, limited the opportunity to include experiences that could have contributed to strengthening the trustworthiness of findings and providing a broader understanding of the school context and the potential of music therapy. It is also important to note that the current project does not specifically explore the children's own perspectives of their school day. While study 2 provides some insight into this aspect, conducting a more explicit exploration of the children's perspectives could have contributed to a fuller understanding of refugee children's situation in the primary school. Additionally, incorporating the perspectives of parents with a refugee background as well as children without a refugee background could have provided a broader and deeper understanding of the school environment and the role of music therapy.

Furthermore, future research should explore how resources acquired in music therapy session are utilized in other social contexts. This PhD project does not include observations outside of music therapy sessions but relies on the children's accounts of this. Therefore, insights regarding this topic are limited to their narratives. Investigating the dynamics between music therapy sessions and the application of resources developed within these sessions in other social settings is essential for building a stronger argument regarding how music therapy supports social wellbeing. For example, exploring topics such as the cultivation of friendships could be valuable areas for further study. Additionally, it is worth investigating how

music therapy can contribute to various forms of learning within the school context, such as language acquisition. While this project did not explore the connections between music and language acquisition due to its absence in the empirical material, this remains a significant area for future practice and research. In light of these considerations there is potential value in exploring the collaboration between music therapists and music educators, as well as teachers from other disciplines, to gain a better understanding of how the shared efforts between these professions can support the school in fostering a healthy school environment. In the Norwegian context, this can also be related to the new curriculum, which emphasizes music as a subject well suited for integrating a focus on life coping skills and socio-emotional development (Meld.St. 28 (2015-2016); NOU: 2015:8).

As we have seen, much research on children's perspectives on music therapy emphasizes the importance of fun and other emotionally rewarding experiences. The theoretical understanding of this area needs to be further developed. Enhancing the theoretical understanding of the playful and emotionally rewarding experiences in music therapy with children is crucial for comprehending its contributions to children's health and development. Additionally, this understanding could help clarify music therapy's distinctive role alongside other therapeutic efforts. For example, there is a significant need for more focus on music therapy with children affected by adverse life circumstances to better understand of how music therapy contributes to their recovery.

Ultimately, there is a need for more research on the potential of music therapy for recently arrived refugee children. Newly arrived children might have different needs than the children participating in this project, for instance by facing even greater linguistic challenges, cultural adjustments, grief, and longing, which can impact their readiness to connect with the new culture and people around them. As such, further research is needed to understand and address the specific needs and experiences of this group to ensure appropriate support in their psychosocial wellbeing.

7.4 Concluding Remarks

This PhD project has contributed to the knowledge on how music therapy can support refugee children's psychosocial wellbeing in a primary school context, by suggesting the significance of nurturing their interpersonal relations and emotional wellbeing during school hours. Findings resonate with existing research on music therapy when it comes to the focus on taking part in a peer community, having opportunities for musical learning and emotional wellbeing. Additionally, the findings supplement existing research by describing further the close links between musical learning and the peer community, suggesting that musical knowledge supporting interaction with the peer community is emergent and negotiated through interaction with peers. Furthermore, the findings add to existing research on children's perspectives by describing emotionally challenging aspects associated with participating in the peer community and by indicating ways of dealing with this.

Findings can be discussed in terms of three overarching themes: *Engaging with the peer community, Experiencing emotional wellbeing*, and *Finding regulating experiences*. Together, these themes describe the possibility of using music therapy to facilitate rewarding engagement with the peer community as well as emotional support and wellbeing during school hours. These contributions are relevant within the school context and can support the school's efforts to ensure the psychosocial wellbeing of refugee children.

Considering the life situation of refugee children, who experience that their developmental environment undergoes profound changes and who often risk losing their most significant social support, the focus on nurturing rewarding peer relationships becomes a vital contribution of music therapy. Being alone in challenging and unpredictable life circumstances is one of the worst things a child can experience. Thus, a major contribution of music therapy can be described as helping children feel less alone and fostering a sense of belonging. One of the participants expressed it this way: "I want to be in music therapy because I sort of feel at home here." This underscores music therapy's role in providing support for

these children as they establish new roots, connect with their environment, and make new friends to have fun with.

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8. Appendix

8.1 Approval by Norwegian Social Science Data Services

Norsk samfunnsvitenskapelig datatjeneste AS
NORWEGIAN SOCIAL SCIENCE DATA SERVICES

Harald Hårfagres gate 29
N-5007 Bergen
Norway
Tel: +47-55 58 21 17
Fax: +47-55 58 96 50
nsd@nsd.uib.no
www.nsd.uib.no
Org.nr. 985 321 884

Kaja Elise Åslid Enge
Avdeling for kulturfag Høgskulen i Volda
Postboks 500
6101 VOLDA

Vår dato: 19.09.2014 Vår ref: 39841 / 3 / LT Deres dato: Deres ref:

TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 16.09.2014. Meldingen gjelder prosjektet:

39841	*Musikkterapi i skulekvardagen for asyl-og flyktningbarn*
Behandlingsansvarlig	*Høgskulen i Volda, ved institusjonens øverste leder*
Daglig ansvarlig	*Kaja Elise Åslid Enge*

Personvernombudet har vurdert prosjektet og finner at behandlingen av personopplysninger er meldepliktig i henhold til personopplysningsloven § 31. Behandlingen tilfredsstiller kravene i personopplysningsloven.

Personvernombudets vurdering forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, ombudets kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, http://www.nsd.uib.no/personvern/meldeplikt/skjema.html. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, http://pvo.nsd.no/prosjekt.

Personvernombudet vil ved prosjektets avslutning, 31.07.2017, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

Katrine Utaaker Segadal

Lis Tenold

Kontaktperson: Lis Tenold tlf: 55 58 33 77
Vedlegg: Prosjektvurdering

Dokumentet er elektronisk produsert og godkjent ved NSDs rutiner for elektronisk godkjenning.

Avdelingskontorer / *District Offices*:
OSLO: NSD. Universitetet i Oslo, Postboks 1055 Blindern, 0316 Oslo. Tel: +47-22 85 52 11. nsd@uio.no
TRONDHEIM: NSD. Norges teknisk-naturvitenskapelige universitet, 7491 Trondheim. Tel: +47-73 59 19 07. kyrre.svarva@svt.ntnu.no
TROMSØ: NSD. SVF, Universitetet i Tromsø, 9037 Tromsø. Tel: +47-77 64 43 36. nsdmaa@sv.uit.no

Personvernombudet for forskning

Prosjektvurdering - Kommentar

Prosjektnr: 39841

Utvalget informeres skriftlig og muntlig om prosjektet og samtykker til deltakelse. Informasjonsskrivet er godt utformet.

Personvernombudet legger til grunn at forsker etterfølger Høgskulen i Volda sine interne rutiner for datasikkerhet. Dersom personopplysninger skal lagres på mobile enheter, bør opplysningene krypteres tilstrekkelig.

Forventet prosjektslutt er 31.07.2017. Ifølge prosjektmeldingen skal innsamlede opplysninger da anonymiseres. Anonymisering innebærer å bearbeide datamaterialet slik at ingen enkeltpersoner kan gjenkjennes. Det gjøres ved å:
- slette direkte personopplysninger (som navn/koblingsnøkkel)
- slette/omskrive indirekte personopplysninger (identifiserende sammenstilling av bakgrunnsopplysninger som f.eks. bosted/arbeidssted, alder og kjønn)
- slette lyd- og videoopptak

8.2 Consent Form: Children

Forespørsel om deltakelse i forskingsprosjektet

«Musikkterapi i skoledagen til asyl- og flyktningbarn»

Request to participate in the research-project

«Music Therapy for Asylum- and Refugee Children in a Primary School"

Bakgrunn og formål (*Background and purpose*)
Siden 2010 har [redacted]arneskule hatt et musikkterapitilbud for elever med asyl- og fluktbakgrunn. Det fins lite forskning om musikkterapi for asyl- og flyktningbarn og det er behov for mer forsking på feltet, ikke minst for å få et bedre bilde av hvordan elevene selv opplever tilbudet. Dette forskningsprosjektet er et doktorgradsstudium, der Høgskulen i Volda samarbeider me[redacted]rneskule og Sogn og Fjordane fylkeskommune. Faglig er doktorgradsprosjektet knyttet til Griegakademiet, Universitetet i Bergen. Forskeren er Kaja Elise Enge, som tidligere var musikkterapeut på skolen.

Ditt barn blir spurt om å delta, fordi han/hun går i musikkterapi.

Since 2010[redacted]arneskule has had music therapy classes for students with asylum- and refugee background. We have little research about this, and there is a need for more knowledge about how the children experience participation in music therapy. This research project is a doctoral dissertation, wher[redacted]Barneskule collaborates with Høgskulen i Volda, Sogn, Fjordane fylkeskommune and the University in Bergen. The researcher is Kaja Elise Enge, which was earlier a music therapist at Førde Barneskule.

Your child is asked to participate, because he/she is receiving music therapy classes.

Hva innebærer deltakelse? (*What does participation mean?*)
Deltakelse i forskingsprosjektet innebærer at eleven er med på en samtale sammen med Kaja Elise Enge. Tema i samtalen vil være hvordan eleven opplever å gå på musikkterapi. Samtalen vil bli tatt opp på en lydopptaker, og skrevet ned. Det er lagt stor vekt på at forskningssamtalen skal være en god opplevelse for eleven. Om dere ønsker, kan dere få se spørsmålene på forhånd.

Deltakelse innebærer også å bruke videoopptak og lydopptak fra musikkterapitimene. Videoopptak og lydopptak vil ikke bli vist til andre enn forskeren. Opptakene vil bli brukt for å sikre korrekt beskrivelse av aktiviteter, utvikling og musikk fra timene.

Participation in the research project involves a conversation between the student and the researcher, where they talk about how the student experiences to participate in music therapy classes. The conversation will be recorded and written down. It is emphasized that the conversations will be a good experience for the student. If you wish, you may see the questions in advance.

Participation also means to use video recordings and audio recordings from the music therapy classes. These recordings will not be shown to anyone else then the researcher. The recordings will be used to ensure a correct description of activities, development and music from the classes.

Hva skjer med informasjonen? (*What happens with the information?*)
Det er bare forskeren (Kaja Elise Enge) som vil ha tilgang til intervju, lydopptak og videoopptak. Alle personopplysninger vil bli anonymiserte. Det vil si at navn, personnummer, nasjonalitet, adresse og skole ikke vil bli opplyst om. Intervju, lydopptak og videoopptak fra musikkterapitimer vil bli lagret forsvarlig. Det vil ikke være mulig å kjenne igjen elevene i publikasjoner eller presentasjoner av forskningen. Forskningen skal etter planen avsluttest 31. juli 2017. Intervju, lydopptak og videoopptak vil da bli slettet.

It is only the researcher (Kaja Elise Enge) that will have access to interviews and recordings. All personal information will be anonymized. That means that name, personal identification number, nationality, address and school will not be informed about. Interviews and recordings will be stored safely. It will not be possible to recognize the students in publications or presentations of the research. The research are planned to finish the 31th of July 2017. Interviews and recordings will at that time be deleted.

Frivillig deltakelse (*Voluntary participation*)
Det er frivillig å delta i forskningen, og eleven kan trekke seg når som helst. All informasjon blir da slettet. Dette vil ikke ha innvirkning på retten til å delta i musikkterapi på skolen. Ta gjerne kontakt med Kaja om dere har spørsmål (tlf: 48 13 75 76, kaja.elise.enge@hivolda.no).

Studien er meldt til Personvernombudet for forskning, Norsk samfunnsvitenskapelig datatjeneste AS.

It is voluntary to participate in the research project, and the student can withdraw at any time. All information will then be deleted. This will not have any affect on the right to participate in music therapy classes. Do contact Kaja if you have any questions (tlf: 48 13 75 76, kaja.elise.enge@hivolda.no).

The research project is reported to the Data Protection Official for Research.

Vennlig hilsen / *Best whishes*

Kaja Elise Enge (musikkterapeut og forsker/*music therapist and researcher*)

[redacted] (*rektor/principal*)

Samtykke til deltakelse i forskningsprosjekt
Consent to participate in research project

Jeg har mottat informasjon om prosjektet, og gir mitt samtykke til at

I have received information about the project, and give my consent to that

____

(*navn på eleven / name of the child*)

kan delta i forskningsprosjektet «Musikkterapi i skoledagen for asyl- og flyktningbarn».

can participate in the research project "Music Therapy for Asylum- and Refugee Children in a Primary School"

____

(Dato og foresatte sin signatur)
(Date and parents signature)

8.3 Consent Form: Teachers

DELTAKING I FORSKINGSPROSJEKTET «MUSIKKTERAPI MED ASYL- OG FLYKTNINGBARN I SKULEKONTEKST»

Bakgrunn og formål

Formålet med studien er å auke forståinga av korleis musikkterapi for asyl- og flyktningbarn kan vere ei støtte og/eller helsefremjande tiltak i kvardagen. Det eksisterer i dag lite kunnskap på dette feltet, og det er behov for meir forsking. Studien er eit doktorgradsstudium, der Høgskulen i Volda samarbeider me[illegible]eskule og Sogn og Fjordane fylkeskommune. Fagleg er doktorgradsprosjektet knytt til Griegakademiet, Universitetet i Bergen, med professor Brynjulf Stige som rettleiar. Forskar (doktorgradsstipendiat) er Kaja Elise Enge.

Du er spurd om å delta, fordi du er kontaktlærar til elevar som har delteke i musikkterapi.

Kva inneber deltaking?

Deltaking inneber å delta i 1-2 fokusgruppesamtalar. Tema for samtalen er læraren si oppleving og erfaring med elevgruppa og å ha musikkterapi som ein del av skulekvardagen. Samtalen vil bli gjort lydopptak av og transkribert i etterkant.

Kva skjer med informasjonen?

Det er berre forskar (Kaja Elise Enge) som vil ha tilgang til lydopptak og transkripsjon. Opptak og transkripsjon vil bli sletta ved prosjektslutt (2018). Alle personopplysningar blir anonymisert og alle deltakarar i fokusgruppa har tausheitsplikt.

Frivillig deltaking

Det er frivillig å delta i forskinga, og deltakarar kan trekke seg så lenge studien varar. All informasjon blir då sletta. Ta gjerne kontakt med Kaja om de har spørsmål (tlf: 48 13 75 76, kaja.elise.enge@hivolda.no).

Studien er meldt til Personvernombudet for forskning, Norsk samfunnsvitenskapelig datatjeneste AS.

Venleg helsing Kaja Elise Enge

SAMTYKKE TIL DELTAKING

Eg har motteke informasjon om prosjektet, og gir mitt samtykke til å delta jamfør informasjonen over.

(Dato og signatur)

8.4 Interview Guide: Children

8.4.1 Interview Guide: Individual Interviews With Children

- Tell me about your relationship to music. What do you usually do…what do you like…
- Describe what you usually do in music therapy.
- What do you like best in music therapy?
- Is it something you remember especially well?
- Tell me about how you usually feel in music therapy sessions.
- What do you learn in music therapy? (non-musical things)
- Do you ever talk with someone about what you do in music therapy? What do you talk about?
- What do children need from adults at school/in music therapy?
- Is there anything else you want to tell me?
- Do you have any other questions?

8.4.2 Interview Guide: Group Interviews With Children

Warming up:

- Tell me everything you think when I say: "music therapy"!
- Reflect on the following assertions (Researcher has made them based in the individual interviews)
    - "I can play anything I want in music therapy".
    - "I can say anything I want in music therapy"
    - "It's good with music therapy because then I don't have to have other subjects".
    - "The most important thing with music therapy is to have fun"
    - "It's good to go to music therapy, because I can become famous, a star"
    - "I cannot live without music"

We talk about the following themes:

- Learning
    - Tell me about/show me something you learned in music therapy.
    - What do you use the things you learn for?
- Mastery
    - Tell about a time when you managed to do something in music therapy.
    - Tell about *not* managing things in music therapy.
- Fun
    - Tell me about a time you had fun in music therapy.
    - What kind of fun is it? (Is it the same fun as video games, entertainment parks, eating candies…?)

- Music and thoughts
    - What does music do with your thoughts?
    - How is it to think about music?
- Music and feelings
    - What happens with your feelings when you do music?
- Socially
    - How is it to have sessions alone?
    - How is it to have sessions together with others?
- Relation to music therapist
    - How is it to play together with xxx and xxx?
- Finishing music therapy
    - How do you feel about that music therapy is finished now?
- How has it been to be interviewed?

8.5 Interview Guide: Teachers

- How is it to be a teacher for refugee pupils? You are free to talk about anything, including academical, emotional and personal topics. Please provide examples.
- How do you perceive the needs of refugee children? You are free to talk about anything, including academical, emotional and personal topics. Please provide examples.
- How do you experience to have music therapy at the school? What does it contribute with? Are there episodes you remember particularly well?
- *We watch video excerpts from music therapy sessions.*
- After watching the videos: Which thoughts did the videos evoke?

ARTICLE 3

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ORIGINAL RESEARCH ARTICLE

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Musical pathways to the peer community: A collective case study of refugee children's use of music therapy

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ABSTRACT

Introduction: The quality of refugee children's social life in the host country is essential to their health and development. Both practice and research indicate the relevance of music therapy in this respect, but our understanding of how music therapy can contribute to refugee children's social wellbeing is still limited. This article explores how participation in music therapy in a public primary school can nurture refugee children's readiness to collaborate with peers.

Method: The study is situated within a hermeneutic research tradition and is designed as a single-site, collective case study consisting of four cases. Empirical material consists of logs and audio-recordings from music therapy sessions.

Results: Results are presented as four case narratives that describe processes related to collaboration with peers.

Discussion: Based on abductive analysis, this article discusses the practice of music therapy in terms of the processes of regulating, negotiating, and building a sharable repertoire. The article suggests that music therapy nurtures the child's capacity to regulate emotions and engage in social participation: an ongoing negotiation of interpersonal relationships is combined with the cultivation of a shared repertoire that creates bridges to other practices and larger social configurations.

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KEYWORDS Refugee children; music therapy; peer community; collaboration; participation; public school; case study

In 2020 about 4.4% (238.291) of the Norwegian population has refugee background, and about 21.000 of these are children between 6 to15 years old (Statistics Norway, 2020). When refugee children come to Norway, they have the right to attend school. This study explores a music therapy practice set in a public primary school in a rural area of Western Norway. It focuses on refugee children's social wellbeing, with emphasis on the peer community.

Several studies describe the social wellbeing in the resettlement phase as central to refugee children's health and wellbeing (Fazel et al., 2012; Sleijpen et al., 2015, 2017). Peer support is related to improved psychological functioning, while having few peers is associated with poorer general adaption. A perceived sense of safety and belonging at school is similarly associated with good health, while perceived discrimination is associated

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with mental health challenges (Fazel et al., 2012). Studies do, however, find that refugee children are vulnerable to experiences of bullying and exclusion (Mohamed & Thomas, 2017; Oppedal et al., 2008; Pastoor, 2012; Sandbæk & Einarsson, 2008). There is a need for more knowledge about relevant support strategies in their daily life (Tyrer & Fazel, 2014).

Literature concerning how music therapy can support refugee children's social wellbeing is still relatively limited, but does include studies of practices and possibilities (Baker & Jones, 2006; Choi, 2010; Enge, 2013, 2015; Jones et al., 2004). These publications describe that music therapy may bridge cultural differences as well as give opportunities to community participation and to nurture social resources. Roaldsnes (2017) explores the experience of refugee youth participating in a music therapy group. A sense of community and trusting relationships are among the main findings in the study. Stige et al. (2010) point to friendship as a relevant but still under-researched topic in the music therapy literature. Studies within child-welfare similarly underscore the importance of the peer community (Krüger, 2012; Krüger et al., 2018).

While social wellbeing is an important dimension of refugee children's health and development, refugee children can be exposed to very stressful and traumatizing events over a long period of time, both before and after resettlement (Fazel et al., 2012). Their care-environment can also be diminished (Betancourt et al., 2015; Johansen & Varvin, 2019). In the music therapy discourse, topics regarding music therapy and trauma describe a variety of trauma perspectives (Beck et al., 2018; Johns, 2017; Mumm, 2017; Orth et al., 2004; Sutton, 2002). In this study we rely on perspectives on developmental traumatization (Bath, 2015; Nordanger & Braarud, 2017). This perspective emphasizes how a childhood with trauma and neglect can disturb the development of regulation capacities. Such capacities are considered important for a child's wellbeing and learning, but also for possibilities to communicate and collaborate adequately with other people.

This study is situated within a Community Music Therapy (CoMT) context that emphasizes ecological and social perspectives on how music therapy can promote health in everyday life (Ansdell, 2014; Pavlicevic & Ansdell, 2004; Stige et al., 2010). This involves being responsive to social conditions that relate to individual health, such as practices directed towards supporting refugee children's social participation. We emphasize Wenger's theory (1998) of social learning, which previously has been related to CoMT (Krüger & Strandbu, 2015; Stige & Aarø, 2012; Storsve et al., 2009). The combination of perspectives indicated above may not be common, but as Krüger et al. (2018) previously have argued, building bridges between a collaborative community music therapy approach and trauma-informed care might afford continuity and stability across situations when working with children who need support to experience safety, nurturing relationships, and sense of mastery.

Based on this, the problem statement for this study is: How can participation in music therapy in a primary school nurture refugee children's readiness to collaborate with peers?

In this problem statement, *participation* is understood as collaborative activity. In the phrase *readiness to collaborate*, the term *readiness* is used to capture both psychological and social aspects of collaboration. The term *collaboration* is much used in music therapy, and its application can be broadly defined (Bolger et al., 2018). In this article the term relates to the interaction between the participants. This is in line with Stige's description of collaboration as series of complementing activities, such as talking, thinking and planning that can be related to both psychological and social processes (2006, p. 134).

Practice context

The school had about 250 pupils and received all the asylum seeking and refugee children that came to the area. The music therapy practice was part of a project (2009–2014) initiated to gain experience about how music could be supportive in refugee children's daily life. The project included open events, such as music cafés and concerts at school. In addition, a space was created for music therapy in the Introductory Programme for Foreign Students. The first author also had the role as a music therapist in this programme.

The children who were offered music therapy had various challenges. Many lived in difficult home situations, or they were struggling in academic or social areas. Decisions regarding the children's participation were made in collaboration with the music therapist, the teacher, and the child. Parents were informed but not actively involved in these decisions. The practice had a participatory and exploratory character. At a theoretical level the work was inspired from CoMT (Pavlicevic & Ansdell, 2004; Stige & Aarø, 2012), resource-oriented music therapy (Rolvsjord, 2010), trauma-informed approaches to music therapy (Orth et al., 2004; Sutton, 2002), and music therapy in schools (Tomlinson et al., 2012).

Method

Case study research is increasingly recognized as an effective methodology to investigate complex issues in real-world settings. It can be conducted and defined in various ways (Harrison et al., 2017). We rely on the perspective developed by Stake (1995, 2005). In line with Stake, the study is situated within a hermeneutic tradition (Alvesson & Sköldberg, 2009), with an emphasis on processes of interpretation. This study is designed as a single site, collective case study, as this affords an in-depth understanding of a phenomena from the perspective of multiple realities.

Collection of empirical material

Empirical material consists of logs and audio recordings of music therapy with four refugee children (8–12 years old) within the time limits of one school year. Participants participated in 18 to 33 sessions. Cases were purposely chosen to give rich information about the topic in question. The cases are similar in that they all contain the collaboration with a peer but are different in that they describe quite differing experiences concerning this and thus help preserve the multiple realities (Stake, 1995, p. 12).

The collection of empirical material is in line with Stake's emphasis on that " . . . we try not to disturb the ordinary activity of the case, not to test, not even to interview, if we can get the information we want by discrete observation or examination of records" (Stake, 1995, p. 12). The logs were written as clinical notes and provide descriptions of the content for each session and the music therapist's reflections concerning the process. They also include information about incidents such as a meeting with a teacher or observations from the schoolyard. The logs resulted in approximately 56 pages. The audio recordings consist of recordings of all sessions with the same children in all 98 sessions, each session lasting from 30 to 45 minutes. Together, the logs and audio-recordings give both contextual insight and accurate descriptions of content.

Analysis

Analytical approaches within case study vary, and there are no definite approaches (Stake, 2005; Yin, 2014). Case study research is characterized by a lengthy concentration on the case and thorough analysis of issues and themes. Analysis continues from the very beginning throughout the writing up of results (Stake, 2005).

The analysis was performed in a hermeneutic and abductive fashion, with a progressive focusing of the research questions and issues. The analytical process is overall characterized by an interaction between empirical material, theory, and researchers, in accordance with the hermeneutic epistemology (Alvesson & Sköldberg, 2009). Insights and new understanding developed in interaction with empirical material spurred theoretical investigations, that again expanded our understanding and interpretation. Theoretical exploration is included throughout the research process, but with awareness of not drawing attention away from the cases. Rigour was maintained by writing a research-log, documenting reflections, new insights, possible interpretation and analytical choices. The analytical process can be described in three steps: 1. Gaining overview, 2. Focused attention to issues, 3. Developing case narratives.

Step 1: Gaining overview. Logs were analysed by applying a thematic analysis (Braun & Clarke, 2006) using NVivo (QSR International, 0000). The purpose of the first analysis of the logs was to gain overview over content that (from the perspective of the first author) had been important in the sessions. Subsequently, all audio-recordings were listened through. Detailed descriptions of each session were made, and information from logs were also included. We searched for and read theory that seemed relevant. This resulted in what Stake refers to as an integrated, holistic interpretation of the cases, that informed the development of a focus for further analysis (Stake, 2005). Two issues were formulated for the next step: What identifies challenges in the participants' collaboration? What identifies collaborations that appear to work well?

Step 2: Focused attention to issues. In Step 2 we focused on the issues defined in Step 1. We divided the cases in three phases: *Before the peer joined, The first meeting with the peer*, and *The continuing process*. We started with studying the first session with the peer. This session gave examples on situations where the two children's collaboration for different reasons was challenged, as well as collaboration that appeared to work well (descriptions of this is provided in the narratives below). By studying the phase *Before the peer joined*, we could be informed of how this phase did prepare (or did not prepare) the informant to the first meeting with the peer. *The continuing process* provided insight into what kind of knowledge and skills the participants continued to develop and use to maintain the collaboration. We returned to logs and audio-recordings when needed, for example, to re-hear an improvisation, song, or conversation, and to check possible interpretations. We also used theory to further inform our interpretations. This cyclic movement of analysis and interpretation resulted in the identification of the three aspects that are discussed below.

Step 3: Developing the case narratives. The third step consisted of writing the narratives. Developing and presenting case narratives is a common approach to the reporting of results in case study research (Stake, 1995, 2005; Yin, 2014). The cases were rich and complex. The narratives thus present dimensions of the cases that

illuminate the topic of study based on Step 1 and 2. They are an illustration of how a phenomenon "occurs in the circumstances of several exemplars" (Stake, 2005, pp. 458–459).

The narratives are structured in the phases from Step 2: The section *Before the peer joined* describes what occurred in this phase, with emphasis on content that have relations to how the first session with peer unfolded. The section *The first session with peer* illustrates how their collaboration unfolded in this session, with emphasis on challenges and successes experienced. The section *Continuation of the process* illustrates important phases and actions in their continuing collaboration, with emphasis on what they do to keep up their collaboration.

Reflexivity

In the process of analysing empirical material, we chose to emphasise *collaborative* and *personal reflexivity* (Finlay & Gough, 2003), discussing the empirical material and the analysis between authors, examining possible alternative explanations, and reflecting upon our interpretations. For instance, to study the logs in the beginning contributed to concrete insights into the first author's pre-understanding. One example can be the first author's initial understanding of the terms improvisation and learning, linking improvisation to musical experimentation and communication and – in contrast – learning to processes of developing skills in focused activities such as playing specific songs. The exploration of Case 1 about Amir (see below) challenged this understanding. Amir brought knowledge from improvisatory activities into playing songs, which suggests that he associated improvisation with learning. The first author's understanding was as such expanded and opened up to a broader view on both improvisation and learning. This, in turn, led to theory driven explorations of learning understood as social participation.

Ethical considerations

When children participate in research, they are entitled to specific protections that should be commensurate with their age and needs (National Committees for Research Ethics in Norway, 2006). All informants have given written and oral informed consent to use logs and audio recordings from their music therapy sessions as empirical material in this study. The study is approved by the Norwegian Centre for Research Data. Any information about participants that can threaten anonymity has been removed or modified.

Results: Case narratives

In the following, the four case narratives are presented, told in the voice of the music therapist. Some of the peers are ethnic Norwegians, others are immigrants.

Case 1: Amir

Amir was a 10 years old boy who had been in Norway for 3–4 years and could speak Norwegian well. The family had waited for a residence permit for a long time, and the parents were experiencing mental health issues. Previously, he had some experience

with music therapy groups in the school's Introductory Programme for Foreign Students. He was offered individual sessions because the school and music therapist were worried about his challenging life situation and wanted to create a space where he could get attention and care.

Before the peer joined (Sessions 1–4). Amir enjoyed games, turn-taking activities, and learning music. He also enjoyed improvising in different ways. In the improvisations, he seemed to try to adopt some of the things I was doing, while at the same time he initiated ideas and structures that I could adopt into my playing. In Session 4 he asked if other children could join, because "being just two is a bit boring." Coincidently, a boy had recently asked me if he could have music therapy, and I knew that Amir and this boy knew each other. We agreed to invite him, and I made the arrangements with the teacher.

First session with the peer (Session 5). The boys were eager to play and happy to be together. Amir suggested that they start by taking turns improvising while I played along. We tried this. However, both boys played all the time and did not seem to adjust what they were doing to what I was doing, or to each other. After some attempts, I suggested working on a song instead. We agreed to try "Now, just now" ("*Nå akkurat nå*"), a song they sang at school. Amir played the drums, the peer sang, and I played the piano. It turned out that Amir was imitating the rhythm of the song's melody on the drums instead of providing rhythmic support – a strategy he previously often used in improvisations with me. Afterwards, he commented that he was not good at playing the drums. I asked him if he wanted me to show him, and he agreed. I demonstrated how to keep a steady rhythm with the song; we tried a bit together, and then we tried it with the song again. This time, Amir combined keeping a steady rhythm with imitating the rhythm of the melody. Both the imitation and the rhythmic structures were more accurate, and it was easier to play the song together.

Continuation of the process (Sessions 6–25). The peer continued coming to the sessions, and we kept working with collaborative activities such as imitation and turn-taking as well as various songs. In Session 8, they searched for music on my phone and found "Let it go" from the movie "Frozen". This song was very popular at the time, and this was the first time we had used popular music. They both loved the song, and in the next sessions (up to Session 15), it was an important part of what we did. We worked with the song in different ways; we listened to it, played along with it, and tried to play it on our own. The peer sang, Amir played the keyboard, and I played the piano. Amir managed to follow the song rhythmically and dynamically, but harmonically and melodically it was difficult. I showed him notes that fitted harmonically, but he still found it challenging. We found ourselves in a situation where the peer was thriving and Amir was struggling, and I was concerned about whether Amir was feeling bad about himself. Since they both liked the song very much, we kept trying (I was also conscious of doing things in each session that I knew Amir liked and mastered). After a while, he figured out that he could play a pre-recorded "fanfare" on the keyboard at the end of the song. By doing this, he put his personal touch on the song and found a way to participate that suited us. It became his little "joke".

Case 2: Farah

Farah was a 11 years old girl who had been in Norway approximately 1.5 years. She could speak Norwegian well. Her teacher experienced her as constantly seeking friends and that it was difficult for Farah to focus and concentrate on academic tasks. These challenges were the reason for offering her music therapy. We started with individual sessions to get to know each other and find a suitable way to work together.

Before the peer joined (Sessions 1–14). We used the first sessions for improvisation, experimentation and checking out various instruments. In Session 3, Farah wanted to sing "ordinary songs." We tried different songs she was familiar with, but she did not seem to know any of them well enough to play or sing them. She could not understand why she was not able to manage this and became frustrated. I suggested making our own songs. She agreed, and we started making songs in Session 5. During our collaboration, she made three songs, all of them about friendship.

When we worked with the songs, Farah described how she wanted the music to sound, and I made suggestions on the piano until we found something, she was happy with. She started finding melodies, words and sentences, and she experimented with these. Then, we reworked this material until we found a structure both of us thought would work. The songs were all within the pop genre.

Farah was very eager to perform her songs, and between Sessions 13 and 14 she performed the song "I miss you" at a school concert. This was the first song she wrote, and it was about her best friend from the country she came from, whom she missed a lot.

The concert went well, and Farah had a nice experience. She liked singing the song and received positive feedback from peers and teachers. In the session after the concert (Session 14), she arrived wearing tall boots (her mother's, perhaps) and looked like a superstar. Additionally, she told me that another girl had requested to join Farah's sessions. Farah also wanted this girl to come, and I made the arrangements with the teacher.

First session with the peer (Session 15). The two girls admired each other's singing, and they had a shared interest in making songs and singing them together. We tried Farah's songs, but it was difficult to find roles for both girls. In the log, I commented that it seemed to be difficult for Farah to concentrate on learning and to collaborate with the other girl. This was easier when working with me as a music therapist only, because I could adapt musically to whatever she did. We decided to start from scratch and write a new song that they could both be a part of from the beginning.

Continuation of the process (Sessions 16–18). The next session, the girls came with the beginning of a song that they had created themselves. It was cool and written in English (Farah's songs had all been in Norwegian). Farah was eager to perform this song for her class. The summer holiday was close by, and they had an opportunity to perform the song for their class on the last day of school, which was only a couple of weeks later. We worked hard to get the song ready in the following sessions. However, it became clear that Farah struggled with following a stable rhythm, and to remember the song structure we had established. She appeared to still need a co-musician that was able to adapt musically to her. In the end, we decided to postpone performing their song, as they needed some more time to get ready. However, as performing songs had become

important to Farah, she did get to perform one of her other songs together with only the music therapist, in an arrangement in the local community a while later.

Case 3: Maria

Maria was an 8 years old girl who had been in Norway for 3–4 years and spoke well Norwegian. Her family had been waiting a long time for their residence permit, and the parents were suffering from mental health challenges. Her teacher could see that she was struggling with learning, and she was not keeping up with her class. She was somewhat quiet and talked about feeling insecure at recess and in her relationships with other children. She was offered individual music therapy because of the difficult situation her family was in and because the teachers were generally concerned about her and wanted to provide a space that was just for her.

Before the peer joined (Sessions 1–15). Maria was very creative and liked to improvise, draw and role-play with dolls. In all these activities, she made up stories. The stories circled around death, killing, and coming back to life, and they were quite violent and chaotic. I participated in the stories, and my role was to try to save the characters that were in danger and to find solutions to their problems. I initiated improvisations (piano, singing). Sometimes I did it as a part of the story, where the music reflected the content, other times to find a solution to a difficult situation in the story, or simply to have a break from the stories. She joined in both with piano and singing and appeared to like to improvise music – sometimes she would close her eyes and seemed to be deeply concentrated. It felt easy to improvise with her, and we typically shared the pulse, dynamic expression and development of the music.

Gradually, the violent stories diminished, and the focus of the conversations changed into the various aspects of her social situation – her self-conception as well as how she felt in relation to her peers. She talked about this, but also integrated it in her musicking. In Session 12, for instance, she started incorporating songs they sang at school into her improvisations; for example, she used “Stop, don’t bully” (“*Stopp, ikke mobb*”) and “Brother Jacob” (“*Fader Jakob*”). In the same period, I started experiencing our work together as somewhat repetitive and wondered if the time had come to address the social challenges she was describing. I took the initiative of inviting a peer and Maria agreed to try. I discussed it with her teacher who suggested a girl who had previously taken part in music therapy groups in the Introductory Programme and who had been asking for more.

First session with peer (Session 16). When I came to pick Maria up, she came running towards me. Once she realized that the other girl was coming too, she got upset and refused to come. She cried, and on our way to the music room, the peer also started crying. The peer quickly calmed down, but Maria continued crying for the entire session and refused to play any music or participate in anything I suggested. I was confused about Maria’s reaction and worried about how this might work out for the two girls. I scheduled a meeting with Maria the next day to sort out how to handle this.

Continuation of the process (Sessions 17–33). The next day, Maria explained that she felt insecure with the other girl and that she was afraid of losing the relationship with me. We agreed to have one individual session and one session together with the other

girl each week. I hoped that this arrangement would allow her to re-confirm our relationship, while also investigate the peer-relationship.

In her individual sessions, Maria mainly improvised. The themes of the songs were still related to her relationships with others and her self-conception. She sang with a strong, powerful voice. She continued to incorporate the songs they sang at school. A particularly interesting event was when she used the song that Farah had performed at the school concert (see above) in her improvisation (Session 23). Maria used the same text, particularly "I miss you" and added some of her own words here and there. She instructed me on how to accompany her. We played for a long time, in the same fashion as before; sharing pulse, dynamic expression and the development of the music.

In the shared sessions, she kept crying and was unwilling to play any music. I was worried that I was pushing them both too much. I talked to the contact person at the reception centre and to their teacher, and we agreed to try a bit more. I also underscored that Maria could choose not to come, if she preferred. She chose to keep coming. My focus was to create a situation where they both could feel safe. I consciously took a leading role in the sessions because I assumed that this might be experienced as safer. We worked with structured activities that were focused on organizing their collaboration, such as turn-taking. I assumed that this too would increase Maria's feelings of control and hence, safety. The peer knew how to play the song "Lisa walks to school" ("*Lisa gikk til skolen*"), a popular children's tune that most children in Norway know. The peer showed Maria this song, and Maria used some time in her individual sessions to learn it. They tried to play it together but met challenges like not starting at the same time, or that one of them made a mistake and stopped, while the other kept playing. I showed them that they could count to four together before they started and to wait for each other if one "fell off" the song. Gradually, they started using these skills more independently and succeeded in playing it together.

We also worked with improvisation, and in the 6th shared session, Maria improvised as she had done in her individual sessions. In the log, I commented that she "sinks into the music," which I interpreted as "she can be herself together with her peer." This was also the last session where she cried, and she gradually started participating more. When I later asked her how she felt in the shared sessions, she said that it felt easier than before. This was also how I perceived her, even if sharing sessions was still challenging at times.

Case 4: Omar

Omar was an 11 years old boy who had been in Norway together with his family for approximately 6 months. He was learning Norwegian quickly, but it was difficult to understand each other at times. He was offered music therapy because of some social challenges connected to aggression and conflict. He had participated in music therapy groups during the previous school year as a part of the Introductory Programme, and collaboration with other children had proved quite difficult also there. For this reason, we started with individual sessions.

Before the peer joined (Sessions 1–19). When Omar came to his first session, his opening line was "rock." We experimented with different rock instruments and rock-inspired improvisations. He played loudly and energetically. He was also interested in

playing songs he already knew from school. In the continuing sessions, we played various pop songs, particularly "Ambitions" and "City Boy" (by Donkeyboy) and "The Final Countdown" (by Europe), that he found on my phone. A typical approach he used, was to search for music on my phone, deciding on a song, listening to it, and playing along with it. He repeated the song over and over, played along with it on different instruments, and learned the rhythm, melody, dynamics and development of the song in this way. He played on the drums, guitar, bass, and sang. I played along sometimes, and other times he wanted me to watch him or film him. He was happy with the films and brought them to show his teacher and class. Later, I taught him how to play "The Final Countdown" on the piano (Session 16), something he was very happy with. I tried to engage him in improvisation, but he preferred to work with songs.

Omar seemed to be in a very excitable state in general. He was intense and could be extremely happy, focused, and motivated, but there were no signs of aggression or conflict in our work. I was conscious of staying calm myself and, knowing that he could easily become angry, was aware of things that might provoke him. Some teachers had, for instance, told me that he did not like to be touched.

First session with peer (Sessions 4 and 20). Omar brought a peer early on in Session 4, and yet again in Session 20. He did this on his own initiative. I experienced Session 4 as too chaotic and very loud (I was worried about damaging our ears). It was difficult for them to collaborate – Omar would play so loudly that it was impossible to hear his peer. When this was addressed, he wanted his peer to play louder as well so that he could hear him. It was challenging for him to adapt his playing to another person. I was insecure about how Omar would cope with the ongoing challenges of collaborating with a peer and decided to keep working individually with him for a while longer to get to know him better. In Session 20, he brought another peer, and this time it worked better. Omar had developed considerable knowledge of playing music by this point and managed to play the drums and guitar as well as sing the songs. He was eager to teach his peer the things he knew. They both played along with the "Final Countdown" several times, testing different instruments and roles. They also tried to play "Final Countdown" on the piano. Omar showed his peer how to do it, and in the end, they managed to play the refrain together, with one playing the bassline and the other the melody.

Continuation of the process (Sessions 21–22). In the next sessions, Omar brought another peer. They were now three. Again, they played along to "The Final Countdown" as in the previous session. They all appeared to like this; they were focused and in a good mood. In Session 21, I introduced collaboration exercises on djembes for them to experience listening and becoming attuned to each other's rhythms – not only to recorded music. Again, they were concentrated and managed it well. When we played drums in the last session, peer number two initiated playing music that was similar to the music from the region that he and Omar came from. They all joined in and played nicely attuned to each other's rhythms. Omar had not previously showed any interest in playing music from his culture of origin, but he seemed to enjoy playing it in this situation. This was the last session before the summer holiday, but they all expressed that they loved music and wanted to continue playing together.

Discussion

As we have seen, the participants are oriented towards social participation in various ways, e.g. by inviting peers, by addressing various aspects of their social situation, and by cultivating musicianship that can be performed and used with peers. At the same time, collaboration with peers was not without obstacles. We will discuss three aspects of these cases, namely, regulating, negotiating, and building a sharable repertoire. Albeit not representing a complete understanding, we argue that these illuminate important aspects of the collective case study. As we will try to show, the processes identified by these three aspects complement each other and seem to interact.

Regulating

Case 3 described the reaction of Maria when a peer joined her sessions. She cried and refused to participate. Gradually, she coped better with the situation. Her strong reactions calmed down and she began to participate more. In Case 4, we met Omar, who easily came into conflicts and reacted with aggression. In music therapy, he did not show any of this behaviour, but was very active and energetic. The following section gives a reflection upon these cases, with the help of the theory of affect regulation. Affect regulation is a concept that is important in the discourse on vulnerable children's health and development, and a key concept in the perspectives of developmental traumatization, as referred to in the introduction (Bath, 2015; Nordanger & Braarud, 2017).

The "window of tolerance" (Siegel, 2015) is often used when discussing affect regulation, and can be a relevant concept in relation to the cases about Maria and Omar. When you are inside your window of tolerance, you are in a balanced arousal state; the different areas of the brain are well integrated, and you can cope well with handling information and participating in your life. When you move outside your window of tolerance (e.g. in relation to a perceived threat), you become hyper- or hypo-agitated; the lower areas of the brain take charge, and processing sensory stimulation may become difficult (Siegel, 2015). Children with a compound history of adversities often have a narrow window of tolerance; they easily become dysregulated and need a regulating social environment (Bath, 2008, 2015).

When discussing affect regulation in a music therapy context, Susan Hart's description of micro- and macro-regulation might be helpful (Hart, 2016, 2017). Macro-regulation refers to the frames in which we organize our communication. Hart divides macro-regulation in structural and relational macro-regulation. *Structural* macro-regulation can be daily routines, or the overall structure of a music therapy session. *Relational* macro-regulation is the repetitive patterns of our communication, for example, a repeating song or activity, in music therapy. Micro-regulation happens within the macro-regulating structures, and are the almost invisible synchronizations, where we attune emotionally to each other. Micro-regulating interactions have a deep developmental impact, and are important in the development of regulation-capacities. For micro-regulation to occur, macro-regulating structures must be established, as a safe and predictable framework for the interaction.

Before the invitation of the peer, Maria's sessions contained several macro-regulating structures, as the sessions were part of the daily routine and consisted of repeating activities and the same music therapist. The role-play with dolls and the improvisation gave them many opportunities for micro-regulating interactions. The invitation of a peer not only broke with the macro-regulating structures but also represented something she interpreted

as threatening. The situation exceeded her capabilities to cope. When the structures and relationships were re-established, she was able to cope better with the situation. She was ready to explore the collaboration with her peer. In Case 4, Omar seemed to be very active in general, but in music therapy he coped well and did not become angry or aggressive. The repetitions of songs and instruments can be understood as macro-regulation that helped him stay within his window of tolerance. In addition, the music therapist was careful not to do anything that might push him out of his window of tolerance, by, for instance, being aware of staying calm herself, waiting to invite a friend until a later session and being careful about physical contact.

These examples illuminate the dyadic collaboration between child and therapist and demonstrate how this collaboration can nurture a readiness to engage with peers. Similar descriptions are also made in Lindvang and Beck (2017), who discuss neuro affective processes in music therapy. We find it important to also relate the nurture of regulation capacities to the interaction with peers, as is described by Mumm (2017). Continuing rewarding relational experiences in social communities are important for the on-going development of regulation capacities, and of particular importance for children with a compound background (Bath, 2015; Perry & Dobson, 2010; Siegel, 2015).

Negotiating

This aspect addresses how the participants develop a shared understanding of how to do things. The cases demonstrate that the participants used musical knowledge from before the peer entered and developed this further to continue the musical collaboration with their peers. For example: In his first session with a peer, Amir felt he was bad at playing the drums. He used some of the musical competences that he had developed in improvisation with the music therapist and felt that this did not work well when playing a song together with his peer. He needed to update his skills to fit this situation. Later, he found his own way of participating in the song *"Let it go"*, by adding a pre-recorded fanfare on the keyboard. The fanfare did not fit the song musically, but it became their way of playing it; it fitted *them*. Similar experiences are also described in the other cases. Farah, for example, was used to the music therapist's attuned co-musicking, and needed to adapt her musical skills further to cope with collaborating with the peer. With Omar, the peers initially joined him in his preferred repertoire, but later initiated new repertoire that Omar took part in; their shared knowledge of how to do things together was changed.

These processes can be related to Wenger's (1998) theory about communities of practice, and his descriptions of negotiation of engagement (pp 72–82). Negotiation of engagement results in a shared understanding of how to do things among the members in the community. It can be chaotic, and should not be confused with harmony or agreement, but results in a knowledge that the community can use in their shared practice. The cases illustrate that knowledge needed to be updated and adapted to the situation and the peer. The sessions before the peer entered did not necessarily provide the participants with the right kind of knowledge. This suggests that if music therapy sessions are to nurture knowledge that is useful in the peer community, the peers need to be there and take part in a mutual negotiation of knowledge. In other words, the knowledge needed is continuously in development; it is emergent, in interaction with the peers and the community.

Wenger's theory of communities of practice has previously been discussed in relation to CoMT, for example, by Ansdell (2010), in his investigation of belonging in a musical community, and in Stige and Aarø's (2012) book about CoMT. Other parts of the theory, that focuses on situated learning and participatory trajectories, are discussed by Krüger and Strandbu (2015) and Storsve et al. (2009).

Building a sharable repertoire

The third aspect discusses the development of a sharable repertoire, which is both an important collaborative resource in the music therapy sessions and creates bridges between the music therapy practice and other practices in the community. All cases describe the use of songs and music that can be related to the immediate socio-cultural context – popular music and children's songs that were well known and broadly shared. This music was introduced at different times, but all the participants used it in their collaboration with peers in sessions and when performing their musicianship to the peer community at school.

In Cases 1 and 3, this music was introduced gradually. Amir had not yet played much popular music before the peer entered the sessions. The song "Let it go" became an important song in their collaboration. Even though it challenged Amir's musicianship, both children were eager to play it and negotiated their own way of doing it. Case 3 demonstrates a similar process. Maria grew gradually more interested in the social context, both in the topics of conversation and in incorporating songs into her improvisations. When the peer was invited in, the song "Lisa walks to school" was an important part of what they did together. Cases 2 and 4 demonstrate a slightly different development, where the participants focused on popular music from the beginning. When the peers came, they continued playing this music, and the repertoire was easy to share. Familiarity with a sharable repertoire is in these cases always an ingredient when collaboration works well.

Both Farah and Omar were in addition interested in performing their musicianship – Farah by performing at concerts and Omar by showing videos of himself to his class. As we saw in Case 2, Farah's performance of the song "I miss you" inspired Farah and her peer's continued musical collaboration. It thus created a bridge to a new friend. "Building a sharable repertoire" thus connects to using and cultivating a shared repertoire, which has relations to larger configurations and may thus afford qualification to participate also in these other practices.

Wenger (1998) describes a shared repertoire as another dimension of a community of practice. The repertoire is rehearsed and available for future engagement, and it belongs to the community (pp. 82–85). However, Wenger also underscores that "Joining a community of practice involves entering not only its internal configuration but also its relations with the rest of the world" (p. 103). In our study, using popular and well-known music is connected to collaboration within music therapy sessions but also to the broader collaboration with the surrounding school community.

Similar dynamics are also described by other research in the field. From music work with refugees, pop music is described as shared cultural capital among refugee youth (Lenette et al., 2016; Marsh, 2013). Similarly, Krüger relates pop-music to identity construction and community belonging in his work and research in child welfare (Krüger, 2012; Krüger & Strandbu, 2015). Pavlicevic (2010) describes a song as a cultural artefact in relation to the optimal moments of collaboration in a youth music group.

Limitations and further research

A limitation of this study is the collection of empirical material from only one school. This allowed for an in-depth study of one context, but also narrows the insights developed and might reduce the usefulness of findings. To increase transferability, findings need to be supplemented with research from other schools and contexts. Further, the study relies on empirical material only from music therapy sessions and does not include first-hand observations of actions outside of music therapy. To gain deeper insight into how music therapy may nurture collaboration with peers, we suggest the relevance of studying further the interaction between contexts. Specifically, research focusing on how musical skills are developed and transferred between music therapy and other contexts seems relevant, as well as a focus on the nurture of regulation-capacities in music therapy, and if these are transferred to other contexts.

Conclusion

How, then, can participation in music therapy in a primary school nurture refugee children's readiness to collaborate with peers? The findings in this study indicate that readiness to collaborate with peers is related to both emotional and social processes in music therapy. An important element of the findings is that the interaction with the peer environment is an important aspect of nurturing relevant qualifications. The three processes of regulating, negotiating, and building a sharable repertoire interact and are to varying degrees part of the music therapy process all the time. They can be thought of as related, circular, and on-going: It can be necessary to nurture self-regulation to cope with negotiating and learning a sharable repertoire. The social qualifications discussed in the themes negotiating and building a sharable repertoire can be connected to the nurture of regulation-capacities, as they describe macro-regulating structures that can be a frame for micro-regulating interactions.

The study thus both supports and challenges CoMT-perspectives. It supports the social orientation in terms of underlining the importance of interaction with the social community. At the same time, the study illuminates the importance of emotional readiness – here discussed in terms of affect-regulation – and thus uses theoretical concepts that are traditionally not associated with CoMT. We argue that these perspectives can be aligned with CoMT, as they describe processes of becoming ready to cope with social engagement and hence enjoy the benefits that social participation may afford.

The implications of this study can be related both to our understanding of how music therapy can support refugee children, and to current developments in the school system. Today, schools have an increasing focus on mental health (Meld. St. 28 (2015-2016); Rickson & McFerran, 2014). This study describes how music therapy, by being both psychologically and socially responsive, can nurture refugee children's collaboration with peers. Based on this, we suggest that music therapy practice in the school can be a relevant contribution to the schools' efforts to promote refugee children's social wellbeing, and thus their health and development.

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