Refugee Children's Perspectives on Participating in Music Therapy:

A Qualitative Study

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Abstract

The health and development of refugee children can be significantly impacted by adverse experiences and prolonged stress. Although previous research and practice have demonstrated the potential benefits of music therapy for children in this situation, there is a lack of research focusing on the perspectives of refugee children themselves. This study aims to explore the participation of refugee children in music therapy within a Norwegian primary school context. The empirical material was collected through semi-structured interviews conducted with seven refugee children (aged 8–12) who had been resettled in Norway. Thematic analysis was employed to analyse the interview transcripts. The analysis resulted in three main themes: *Accessing Musical Development*, which illuminates how music therapy provided opportunities for musical learning with emphasis on socially relevant music; *Appropriating Music Therapy as a Social Resource*, which illustrates how music therapy sessions facilitated connection with peers; and *Experiencing States of Wellbeing* which focuses on the children's descriptions of emotional changes and fun. Findings are discussed in the context of situated learning theory and the impact of adverse experiences on children's affect regulation capacity. Additionally, the discussion includes reflections on how music therapy can provide resources for regulating affect.

Keywords: refugee children; music therapy; public primary school; children's perspective; community music therapy; trauma-informed perspectives

When children become refugees, their developmental ecology undergoes profound changes. Factors necessary for healthy development are forcibly taken away, such as stable and predictable support from their closest family, their home and community. They risk being exposed to life-threatening danger and their living conditions may become uncertain and unpredictable for extended periods of time (World Health Organization, 2022). While the refugee population is heterogenous, mental health challenges such as post-traumatic stress disorder, depression, and anxiety are more prevalent among refugee children than among children in general (Dangmann et al., 2022). Mental health challenges are associated with exposure to traumatic events, particularly cumulative traumas. Furthermore, violence, especially interpersonal violence and parental exposure to violence, is associated with mental health challenges among the children (Fazel et al., 2012; Scharpf et al., 2021). Finally, disruptions in the family-care system, socioeconomic challenges, racism, and bullying before and during their flight and resettlement have negative consequences for the health and wellbeing of refugee children (Fazel et al., 2012; Graham et al., 2016; Johansen & Varvin, 2019; Müller et al., 2019).

To understand the multifaceted experiences of refugee children's health, a bio-ecological perspective may be useful (Bronfenbrenner et al., 2005). In a bio-ecological perspective, health and development are seen as created in interaction between the individual and the environment. This perspective considers risks and protective factors at various levels throughout the different phases of displacement, including pre-migration, flight, and resettlement (Dangmann et al., 2022). Both personal characteristics and the surrounding conditions are thus considered important, and access to a developmentally nurturing environment in resettlement is a decisive factor for their health and development. Furthermore, the situation and challenges faced by refugee children are often understood within the framework of trauma-informed perspectives, which emphasize the implications of complex adverse experiences on health and development (Bath, 2015; Perry, 2009; van der Kolk, 2014). A frequently addressed concern pertains to how such experiences extend beyond a child's capacity to regulate affect and lead to what can be termed a "narrow window of tolerance" (Siegel, 2015, pp. 281–286). Children with a narrow window of tolerance may experience hypervigilance and becoming easily dysregulated. Such challenges diminish their ability to engage in activities, such as learning and playing with peers, and can inhibit a positive and developmentally nurturing interaction with the environment.

Psychosocial wellbeing during resettlement is crucial for refugee children's further health and development (Arakelyan & Ager, 2021). However, many refugee children experience severe psychosocial challenges in their new country, especially concerning social exclusion and racism (Dangmann et al., 2022; Mohamed & Thomas, 2017). School participation is considered an important health promoting factor, but studies suggest that schools need to adjust their practices to better accommodate the complex needs of these children, particularly regarding their psychosocial wellbeing (Graham et al., 2016; Pastoor, 2015, 2017). This situation highlights the need to explore various approaches to support these children, such as music therapy.

Music therapists have long been involved in promoting the health and development of refugee children. Publications describe music therapy work in asylum centres and post-war environments (Felsenstein, 2013; Lang & Mcinerney, 2002; Mumm, 2009, 2016; Osborne, 2009, 2012, 2017), community-contexts (Coombes, 2018; Roaldsnes, 2016, 2017; Zharinova-Sanderson, 2004), child-welfare settings (Krüger et al., 2018), mental health contexts (Johns, 2017; Orth et al., 2004; Oscarsson, 2017), and in schools (Baker & Jones, 2006; Enge, 2013, 2015; Enge & Stige, 2021; Granum & Siem, 2013; Jones et al., 2004; Mumm, 2017; Tyler, 2002). These approaches focus on coping with adversities and promoting social wellbeing. However, most of it is written from an adult perspective, and

only recently have researchers begun to explore refugee children's own perspectives.

Examples of research on the participant perspective include Roaldsnes (2017), who conducted a study on a group music therapy program in Norway with unaccompanied refugee adolescents. Findings indicated that the establishment of safe relationships within the group setting contributed to the participants' experiences of mastery, belonging, and positive emotions. In Israel, Wiess and Bensimon (2020) examined the perspectives of both participants and music therapists in a group music therapy program, revealing that establishing structure was crucial in fostering a sense of belonging to the group and supporting the participants' personal expression. Furthermore, McFerran and Crooke (2014) investigated the extrinsic and intrinsic benefits of a music program in Australia for newly arrived refugees and immigrants. The findings highlighted newfound opportunities for musical learning as well as experiences of positive emotions. Lastly, Ruud (2010) explored the possible health consequences of a music educational program for youth in a Palestinian refugee camp. The study shed light on how musical activities influenced the participants' personal and social wellbeing, specifically experiences of vitality and a positive view of oneself, as well as the development of social capital and hope for the future.

In summary, our current understanding of how music therapy can support refugee children, particularly younger children, is limited. Therefore, the research question addressed in this study is as follows: 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?

Method

This qualitative study employed semi-structured interviews to collect empirical material[1] on refugee children's perspectives on music therapy. The researchers conducted thematic analysis on the transcribed [2] interviews. The study drew on hermeneutic theory, emphasizing processes of interpretation (Alvesson & Sköldberg, 2009). The first author held a dual role as both music therapist and a researcher, being one of three music therapists involved in the music therapy work at the school.

The Setting: Primary School

The research was conducted in a rural primary school located in western Norway. The school served approximately 250 students aged between 6 and 12 years old and welcomed all immigrant children arriving in the municipality. The school had an Introductory Program for Foreign Language Students, which offered Norwegian language learning for immigrant students. While the majority of children in the programme were refugees, there were also students whose families had migrated for other reasons including employment opportunities.

The primary school was part of a 5-year development project that aimed to support the health and integration of refugee children utilizing music and music therapy. The project received funding from the Norwegian Department of Culture, the Directory of Health, and a local bank. As part of this initiative, music therapy was integrated in the Introductory Program, and the school organized cafés with opportunities for the children to perform for a smaller group of children and parents, as well as school concerts involving the entire student body.

Participants

The research project invited any child with a refugee background who had engaged in at

least 6 months of music therapy to participate. Seven children assented and completed participation in the study. Their ages ranged from 8 to 12 years old. Two had resettled in Norway from countries in Eastern Europe, while five children had resettled from African countries. Among the participants, about half where children of asylum seekers awaiting a response to their residence application, while others had a residence permit. The duration of their stay in Norway varied, with some having spent most of their lives in the country and others having been there for approximately one year at the time of the interviews. While the participants had varying language skills, all of them were able to engage in conversations in Norwegian. To ensure the privacy and confidentiality of the participants, no further details about their cultural origin or residency status are provided in this study. Pseudonyms are used throughout this article to maintain their anonymity.

Music Therapy Practice

This study adopts community music therapy (CoMT) as a framework (Stige et al., 2010; Stige & Aarø, 2012), in accordance with the bio-ecological perspective on refugee health. CoMT expands the focus from individual concerns toward including a focus on the broader developmental ecology, viewing health as emerging from interactions with the social context. It views music as a social activity, drawing inspiration from Small's (1998) concept of "musicking" and recognizes it as connected to developmental ecologies. CoMT is commonly implemented in everyday life settings, and is suitable for contemporary music therapy practices in schools (Rickson & McFerran, 2014).

CoMT encompasses various approaches and principles, emphasizing health promotion, resource development, participatory practices, nurturing interpersonal relations, and engaging with the social and cultural context (Pavlicevic & Ansdell, 2004; Stige et al., 2010; Stige & Aarø, 2012). The current practice was developed through a participatory and collaborative process, involving active participation and decision-making of both participants and the school community. It offered flexibility in formats, accommodating participant preferences and the therapists' assessment. Sessions included large group sessions, smaller groups, or individual sessions. Frequency was typically once a week but could also be adjusted.

The sessions provided a diverse range of musical experiences, such as songwriting, learning instruments and songs, playing in band, playing along with favourite music, role-playing, voice and instrument improvisation, musical games, and preparing for and participating in musical performances at school concerts. The structure of sessions was also tailored to the group and individuals involved, with some sessions being loosely organized for more freedom and spontaneity, while others followed a typical structure, with welcome songs/chats, warming-up activities, focused activities, goodbye songs/summing up and shared planning for the next session.

The development project spanned several years, fostering familiarity among the students at the school. Peers from the overall school community were occasionally invited to music therapy sessions by the children in the Introductory Program, with the result that children without a refugee background sometimes participated in music therapy sessions. Additionally, participants at times wanted to perform at the cafes and school concerts. This resulted in the sharing of material from music therapy sessions, such as songs created during the sessions, with the broader school community. As a result, a dynamic interaction emerged between music therapy sessions and the broader school community.

Practice and research activities overlapped for one school year, with the first author transitioning from the music therapist role to the researcher role. The children were informed of this change, and multiple opportunities were provided for discussion and processing to support their adjustment.

Collection of Empirical Material

The qualitative and semi-structured interviews (Kvale & Brinkmann, 2009) were conducted in the music room, immediately after the music therapy session to ensure a connection to the participants' experiences. Musical instruments were available to the children during the interview if desired. The interviews were recorded and transcribed shortly after each interview.

Both individual and group interviews were conducted to capture a broader range of perspectives, as the presence of peers and group dynamics can reveal additional insights compared to individual interviews (Kvale & Brinkmann, 2009). Individual interviews were conducted and transcribed before the group interviews to allow for reflections and to use the group interviews as member checking. Overall, the group interviews confirmed the topics discussed in the individual interviews but did also provide some contrasting experiences and opinions.

The composition of the groups aimed to create a safe environment for open conversation, with children who were acquainted and comfortable with each other placed in the same group. Group A consisted of David, Maria, Farah, and Omar, while Group B consisting of Amir, Ahmed, and Abdullah (pseudonyms). All interviews lasted between 1 and 1.5 hours. The use of an interpreter was considered unnecessary as all children had a basic understanding of Norwegian, and introducing an interpreter could complicate the research situation, by introducing an unfamiliar person.

The interviews followed a flexible interview guide, with a focus on exploring the participants' relationship with music, their activities in music therapy, and their experiences of music therapy. Initially, open-ended questions were employed to encourage expansive responses (Ask & Kjeldsen, 2015). More specific questions were introduced to prompt discussion on actual experiences and practices (DeNora, 2010). Follow-up questions were utilized to gather additional information or clarify certain topics. The researcher emphasized that the participants possessed valuable knowledge about their own experiences in music therapy and that the researcher was there to learn from them. The children were encouraged to express criticism, and the researcher welcomed their feedback.

Analysis and Reflexivity

The interview transcripts were analysed using Braun and Clarke's approach to thematic analysis (Braun & Clarke, 2006; Clarke & Braun, 2017). Qualitative analysis software was utilized to facilitate the analysis process. The analysis was comprised of six stages: familiarizing with the empirical material, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. It was an iterative process with movement between the stages, requiring multiple rounds of analysis to ensure a comprehensive understanding of the narratives shared by the children. The analysis incorporated the hermeneutic circles of preunderstanding-understanding and part-context, drawing on the work of Alvesson and Sköldberg (2009). Codes and themes were examined in relation to each individual interview as well as across different interviews. This approach allowed for a comprehensive analysis of the material, considering both the unique perspectives expressed within each interview and the patterns and connections that emerged when comparing across multiple interviews. Several proposals were developed for the analysis and interpretation, considering whether there was a thematical foreground or a background, and exploring potential connections between codes and themes. Contradictions and variations were examined in relation to each other rather than being forced into a unified framework (see Alvesson and Sköldberg 2009, pp.137–138). Theoretical perspectives guided the final analytical choices.

The literature on fieldwork methodology recognizes the potential possibilities and risks

associated with the insider position (Hammersley & Atkinson, 2007). To address these, we maintained careful attention to relationship and communication with the participants, while also remaining mindful of potential bias stemming from familiarity with the context. Regular critical reflections and discussions among the research team contributed to reflexivity throughout the research process (Finlay & Gough, 2003). The coding and analysis tasks were primarily undertaken by the first author, while the second and third author contributed as discussion partners throughout the analysis and interpretation process. The broader research community was also involved in discussing potential interpretations through seminars and workshops. Member checking was not conducted as a separate analysis process but integrated as a part of the group interviews, allowing the researcher to verify meanings and interpretations. A research log was maintained to document the researchers' choices and reflexivity. One particular excerpt from the research log provides an example of how the significance of learning gradually emerged, illustrating the interplay between preunderstanding and new understanding:

> He (the informant) has practiced so much, that his thumb is sore. 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, 4 November 2016, paraphrased for space reasons)

Ethical Considerations

Today, children are viewed as socially competent actors, involving the acceptance that children have social agency and are active participants in their own lives as well as in research. Children are often invited to participate in research and have strong ethical rights. This study received ethical approval from the Norwegian Centre for Research Data (NSD). Guidelines for research ethics emphasize the importance of including children's voices in research and prioritizing their best interests (The Norwegian National Research Ethics Committees, 2022). In accordance with these ethical principles, both children and their parents provided written and oral consent for their participation in the study. Information was presented in a manner appropriate for their linguistic abilities and age, ensuring their understanding and on-going assent (Due et al., 2014).

Considering the roles and power dynamics between adults and children are important topics in ethical and reflexive childhood research, as they influence both the construction of empirical material as well as analysis and interpretation (Christensen & James, 2017). Christensen (2004) argues that roles and power relations between children and adults are not static but fluid and negotiated across social and cultural settings. This, Christensen suggests, requires awareness of, for instance, "what an adult is" and "children's culture of communication" in the research setting. In the current project, we believe that the role of the researcher was mainly influenced by her role as the music therapist, which involved building a trustful and open relationship with the children, as well as being a person with whom they played music and had fun. The children and the researcher had also established a way of communicating with each other, relatable to Christensen's concept of "cultures of communication," which may have contributed to their exchange of perspectives and opinions. Furthermore, the researcher emphasized that it was the children's perspectives and opinions that were of interest, that the researcher was there to learn from them and that there were no right or wrong answers. Hopefully, these actions contributed to the children's perceptions of being in possession of valuable and important knowledge, that could be shared with the researcher.

Regarding research with refugee children in particular, Kaukko et al. (2017) argue that ethical frameworks should extend to include relational ethics. Relational ethics focuses on

the dynamics and relationships between researchers and participants, emphasizing empathy, care and trust in listening to the voices of children. In the present study, a trustful relationship was fostered through their shared experiences in music therapy. Additionally, the researchers found that allowing for free, unstructured conversations, tolerating some chaos, and engaging with the children in a fun and interactive manner provided valuable insights into their perceptions and unique understandings. This approach aligns with Kaukko et al.'s (2017) recommendations to "get up from the coach" and engage with children in a fun and engaging way. In this way, one can accommodate for a relation and a situation that allow for children's perceptions and opinions to come forward, including the ones that can be hard to express or easily silenced.

Findings

The analysis of the empirical material resulted in three main themes: *Accessing Musical Development, Appropriating Music Therapy as a Social Resource,* and *Experiencing States of Wellbeing.* These themes highlight the participants' focus on learning socially relevant music, their use of music to connect with peers and cope with social distress, and their experiences of emotional change and enjoyment.

Accessing Musical Development

The first theme demonstrates how these children perceived music therapy as an environment that offered them opportunities for musical growth and highlights that their musical engagement was closely connected to their immediate social and cultural context. The subtheme *New Opportunities for Musical Learning* illustrates accessing possibilities for musical development, while the second theme, *Learning Socially Relevant Music Skills,* describes processes of learning music that are related to their immediate social context.

New opportunities for musical learning

The participants expressed a strong association between their involvement in music therapy and the exploration of new possibilities for musical development and engagement. It is worth noting that the children did not participate much in music schools or engage in cultural activities related to music during their free time. Their musical involvement beyond music therapy mainly revolved around listening to music on their mobile devices, watching a popular song contest called Junior Grand Prix on television, and participating in musical activities at school. Although they had some familiarity with music beforehand, they had limited opportunities for further musical development in their daily lives. Overall, the children exhibited enthusiasm and eagerness when discussing their enjoyment of learning music. David expressed his preference for learning and described the satisfaction he derives from successfully playing a song:

Excerpt 1

Interviewer (I): So, what is it you like best to do?

David: Mmmm…learning new songs and managing things.

I: Mhm… is it something you remember particularly well?

David: … I remember when I learnt a song from Donkeyboy.[3] That's about it.

I: So, how does it feel when you learn music?

David: I get happy… when I finally manage it, in the end…

Another example is observed at the start of an interview with group A. As the children

entered the music room, they took their seats with the instruments, leading to the following exchange:

Excerpt 2

[Omar is playing guitar and chatting with some of the other kids]

Maria: I know how to play Brother John now!

I: You do? [Maria plays Brother John 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 Farah, she interrupts Maria's Brother John].

Omar: Yes, I know that song! [Referring to The Final Countdown]

Maria: And, I know how…[keeps playing Brother John]

The researcher assumed the role as the "audience," and the participants played songs they had recently learnt, accompanied by the phrase: "I know how…." This exemplifies how their musical actions during the interview substantiated their verbal accounts regarding the significance of learning.

Another participant, Farah, expressed singing would not have occurred to her without being introduced to it in music therapy:

Excerpt 3

I: Earlier you said that you would have died without music!

Farah: Yes. [Both laughing]

Farah: I mean, I wouldn't have died without music…

I: No, I know…

Farah: …but it would have been pretty boring…

I: Mhm, how would it have been?

Farah: …and I wouldn't have gotten a nice voice…

I: Okay, you wouldn't get to practice?

Farah: No, I wouldn't have managed it if… I wouldn't have managed to sing as nice as I do now, if we didn't have music therapy.

I: Okay…

Farah: …I wouldn't even have thought about it.

I: …you wouldn't have thought about starting to sing?

Farah: Yes.

Learning socially relevant musical skills

This subtheme reflects an orientation towards the surrounding social context and demonstrates how musical preferences and skills are closely aligned with their immediate social environment. Overall, the participants showed a preference for learning and playing music that was popular at the time, such as "Let It Go" from the movie Frozen, children's songs like "Brother John," or other songs that they encountered in relation to musical activities at school. For instance, Excerpt 1 above not only emphasizes David's focus on learning, but also exemplifies his interest in a song by the Norwegian pop band Donkeyboy. Also, Excerpt 2 demonstrates their performance of music that was well known in their

current social context. Furthermore, their orientation towards the social context was expressed through their evaluation of their musical skills. For instance, Amir expressed his desire for validation not only from the music therapist but also from peers.

Excerpt 4

[Context: we are talking about having individual sessions or not, and Amir is explaining why he prefers to bring a peer to the session instead of having sessions alone]

Amir: Yes, but the music therapist gives attention to both of us! That's okay with me. I don't want to have all the attention. Then I feel…like I don't believe in a way… if, for example, I say to someone "Yes, good work," then nobody believes me in a way. So, if it is two of us, it sort of proves that I am good at it. ["it" refers to music]

Appropriating Music Therapy as a Social Resource

The second theme explores the use of music therapy as a means to foster a sense of peer community and to utilize their acquired musical skills to engage with the broader peer community. While most of the children focused on the positive aspects of participating in a musical community with peers, there were also challenges associated with this. The theme encompasses three subthemes: *Social Vulnerability,* describing their thoughts of feeling different and experiencing loneliness; *Music Therapy as a Peer Community,* expressing their desire to be with peers in music therapy, along with the challenges faced by doing so; and *Using Music to Connect,* demonstrating how they utilized their musical skills as a social resource beyond music therapy sessions.

Social vulnerability

During the interviews, there were instances where the children shared their experiences of life in general. They spoke about encountering significant conflicts, feelings of loneliness, and a lack of support. One instance exemplifying this can be found in the discussion among the children in Group B, where Amir expressed his belief that individuals who are foreigners are more susceptible to bullying due to their perceived differentness.[4]

Excerpt 5 (Group B)

Amir: Like, foreigners feel a bit strange in comparison with others, in a way. You are like…if you are a foreigner, you feel a bit weird. (…)

I: Do you feel weird?

Amir: In a way, a little… We are strange in comparison with the Norwegians, right. The way we look. That is, in a way, what starts the bullying, often. (…) If you, for example are Black, it can start the bullying. (…) For example, Michael Jackson was bullied when he was little, because he was Black. And then he had a lot of surgery and wanted to be white and stuff. That's why he got sick.

Another instance can be found in Maria's interview, where she discussed her experience of lacking support, specifically linking it to being a foreigner:

Excerpt 6

I: Earlier you said something about how they [the Norwegians] are kind only with the ones they know, not with foreigners?

Maria: Yes. They are only kind with the Norwegians. Not to the ones from other countries.

I: Not the ones from other countries. So, how is it to be from a different country?

Maria: Bad. Because I want someone that supports me as well.

I: Yes. And people from abroad doesn't have that?

Maria: No. There is nobody that supports me.

Music therapy as a peer community

Most of the participants expressed their desire to involve peers in their music therapy sessions, highlighting the experience of community with other children as enjoyable and significant. Their expressions, both in voice and body language, conveyed a sense of joy and enthusiasm in these parts of our conversations. The following excerpt reveals a conversation that took place in Group A, focusing on what they perceived as the most enjoyable activities:

Excerpt 7 (Group A)

David: The most fun part was that Endre could come along to my session.

I: Okay, he came along?

David: Yes, he could do that.

I: Why was that the most fun?

David: Because then we can play together with someone. And talk a bit with other kids.

Omar: Or make a band or something! Or make music for the school concert!

Furthermore, Amir expressed his feelings of loneliness during individual music therapy sessions, and his preference for having sessions with a peer. He shared: "Yes, at first it was just me and the music therapist, but after one month and two weeks, Thomas started, because I asked if I could bring someone, so that it wouldn't be as lonely."

An example exemplifying the challenges of incorporating music therapy as a peer community was observed with Maria. Maria found herself in a difficult position as she desired a friend but struggled to cope with participating in the peer community. During music therapy sessions, she displayed an interest in connecting with peers and expressed a need for a friend. Responding to this, the music therapist initiated the possibility of inviting someone to join her sessions. However, the realization of this plan proved more difficult than anticipated. When the peer arrived for the session, Maria became overwhelmed with emotions and cried extensively. During the interview, Maria displayed significant interest in this situation. She explained that she had become very insecure in relation to the other girl and afraid of losing her connection with the music therapist. Following one of the group interviews, where it became apparent that most of the other children enjoyed the peer community aspect, Maria requested a subsequent interview to emphasize her disagreement with that perspective.

Excerpt 8

Maria: I want to say something first. Since Lisa started…first, I did not actually agree for her to start (…) That's why I started to cry and cry. (…) Not so much fun with her (…) I want someone different…I don't want anyone with…I want you and me.

Maria was perhaps not ready for the peer community yet and needed the protected space and relation with the music therapist. For ethical purposes, we want to add that she did get extensive support to cope with this situation. Her needs to keep being in an undisturbed relation with the music therapist were respected, but she also got help, as she was ready, to explore the relation with peers.

Using music to connect

This subtheme explores the utilization and demonstration of musical skills in social contexts beyond music therapy. Participants displayed their increasing musical skills to peers and family in a variety of ways. Some shared videos from sessions to family and friends, while others engaged in conversations about music therapy with their peers. Some collaborated with friends to play music together, while others participated in musical performances during school concerts. For Farah, song writing and singing had become a hobby that she could share with peers. She mentioned that two girls had approached her to collaborate on singing and creating songs together. With one of them she found a strong connection:

Excerpt 9

I: So why did you start to be together?

Farah: I don't know, we just started being together, or, one day we were just together, and then suddenly, after a few weeks, we were best friends…

I: Okay!

Farah: And then I showed her how I sing, and she showed me how she sings…and then it was like WOW!

I: Mhm! …was that the one that came to your sessions this spring?

Farah: No, no, but her name is Ada too.

I: Oh, okay. So, this is someone else.

Farah: Yes. That other Ada is very good too…but I don't know…I don't know her that well… Or, I know her, I know she likes to sing and stuff, she is really good at singing. And she likes to sing. But I don't think she is that interested in it. I don't know. I don't feel…but she does ask me "can we make songs" and stuff.

I: Mhm…she asks you about that?

Farah: All Adas like to sing…

Furthermore, the children shared their experiences of participating in a musical performance at a school concert. They described the performance as enjoyable and that the performers had an appealing social role. The music they played, and their behaviour was described with terms like "cool" and "fun." In the following excerpt, they engaged in a discussion about a specific performance by Omar and his friend Morten.

Excerpt 10 (Group A)

Farah: He puts on his baseball cap and dum, dum, dum…

I: Wow!…tell me more…so that I can picture it…

David: It was fun. He was on the stage together with Morten [peer].

Farah: He talked, okay, first it was like this…Someone said "song" [the participant refers to the introduction of the performance] and then he [Omar] came, and said "Now, me and Morten are going to play!" And then it came drrrr, drums, and he put on a baseball cap.

Maria: And he put on a hat!

Omar: Yes!

David: It was a hat.

Maria: Yes.

I: How did he look?

Farah: Cool.

David: Cool.

Experiencing States of Wellbeing

This theme describes the participants experiences of emotional and physical change and their sense of wellbeing, with the concept of fun being particularly important. These experiences can be challenging to articulate and describe fully. However, through body language, such as Omar's demonstrations of being an old man, and their persistent efforts to explain, like Amir's repeated attempts, they were able to communicate how their engagement in music therapy could alter their states and feelings. The theme consists of two subthemes: *Changes in Vitality*, that illustrates the participants' experiences of emotional and physical change, and *Having Fun*, that emphasizes descriptions of fun and wellbeing.

Vitalizing experiences

The participants described experiencing various vitalizing experiences when engaging in music therapy. These changes were related to both physical and emotional aspects. Farah described it like this:

> **Excerpt 11** (Group A)
>
> Farah: Okay, when I am exhausted, cold, or tired…earlier I was tired and now I feel normal, because earlier I was really tired.
>
> I: And now you feel normal?
>
> Farah: Yes. Sometimes, when I am grumpy, I come and try something here and I get happy.

Amir shared a similar perspective but related it to cognitive functioning. He expressed that engaging in music helped him feel less tired and improved his ability to think. Although he found it challenging to articulate his experience in words, he revisited this topic multiple times during the interviews. At one occasion he explained it like this:

> **Excerpt 12**
>
> I: What do children need from the adults at school?
>
> Amir: Have fun and have more music so that children sing and are not tired all the time.
>
> I: What was that, to have music so that you can…
>
> Amir: Well…have music so that you don't become like…not able to think, right…and if you have music, you can sing music inside of you and think more.

Having fun

The word *fun* emerged as a prevalent description of their experiences in music therapy. It was used frequently by the participants, appearing 212 times and ranking as the most frequently used adjective. The participants tended to connect fun with engaging in music activities with peers, such as forming a band, preparing for a concert, laughing, and chatting together, as illustrated in Excerpt 7, above. Further, they often related fun to feelings of achievement and mastery, as Amir does in the following sequence:

> **Excerpt 13**
>
> I: Okay…so you talked about that it is fun?

Amir: Yes.

(…)

I: In what way?

Amir: Like…if…you feel happy in a way, because if you know the song you are happy, because then you can play it many times and stuff…

(…)

I: Okay, you *know* it. And that's fun?

Amir: Yes, at least I know a part of it.

Furthermore, they tended to use the words fun and boring as contrasts, expressing that life with music is fun and life without is boring. Omar, for instance, provided an explanation for his understanding of boredom in the following manner:

Excerpt 14 (Group A)

I: "I cannot live without music?"[5]

David and Farah: Yes, yes, yesyesyes…

David: Life would have been completely different without music…

I: Let me hear.

David: Like…it would have been boring…How would life be without music?

Omar: Like this! Look!! [He is demonstrating: walking with his back bended, his head down, like an old man]

I: Oh, would it have been like that, like you are walking with your back bended… looking old and tired…

Omar: Ahhhh…[making tired sounds]…Ahhhh…boring!

I: [laughs]

Omar: It is like that! That is what boring is like…

Omar's reflections, when interpreted in the context of his body language, indicate that he felt less energetic without music. This suggests that engaging in music is associated with the opposite experience, where he feels energized, happy, and has fun.

Discussion

The results of the study illuminate the children's experiences of musical development, as well as social and emotional aspects of their participation in music therapy. These three themes may be seen as interconnected and mutually reinforcing each other's relevance. Social vulnerability may provide a foundation for learning socially relevant music and engaging with peers, while emotional wellbeing is intertwined with musical learning and peer interaction, underscoring the importance of these themes.

   Previous studies have also emphasized the importance of musical learning for participants with refugee background (McFerran & Crooke, 2014; Roaldsnes, 2017; Ruud, 2010). Roaldsnes (2017) found a connection between learning music and positive emotional states. McFerran and Crooke (2014) highlighted the significance of gaining access to musical development for newly arrived immigrants and refugees with limited opportunities for such experiences. In his exploration of a music pedagogical project in a Palestinian refugee camp, Ruud (2010) discussed the rarity of musical competences among

the young people living there, indicating that the music project provided them with valuable assets. These findings align with the present study, suggesting that access to musical development is crucial in supporting refugee children and youth through music therapy.

Moreover, other studies have emphasized refugee children's focus on engaging with the peer community. Roaldsnes (2017) emphasized the importance of safe relationships and a sense of belonging within the group, while Wiess and Bensimon (2020) discussed the strong sense of community as vital in the therapeutic process. The current study expands on these findings, describing how participants engaged with the broader peer community at school and utilized their musical knowledge as a social resource. Similar dynamics were observed in the music project in the Palestinian refugee camp, where participants' musical development was linked to their role within the musical community (Storsve et al., 2009). The literature on community music therapy (CoMT) also provides examples of how musical development is interconnected with social participation (Ansdell, 2010; Krüger, 2012; Procter, 2004).

The interaction between learning and participating in a peer community can be discussed within the framework of social theories of learning. Lave and Wenger (1991) describe processes of learning as legitimate peripheral participation, qualifying for further participation in a community of practice. Participants move from being a newcomer with a peripheral role, towards learning gradually more in interaction with the community, into attaining a more central role. Transparent communities of practice give access to gradually more complex learning-experiences and contextual understanding, motivating for further learning.

Lave and Wenger's (1991) theory aligns with the empirical material focussing on musical learning that qualifies for further participation in the peer community. However, it does not encompass all the aspects described by the children. Maria's experiences represent a notable variation from the overall perspective shared by most of the children and underscore the significance of being aware of the emotionally challenging dimensions that can arise during interactions with the peer community. Such experiences have not been described in previous research on the participant perspective but correspond with music therapy literature that describes how various emotional challenges, often associated with trauma, can disrupt social interaction (Mumm, 2017; Osborne, 2009; Oscarsson, 2017).

Maria's accounts of her challenging experiences prompted a deeper theoretical inquiry, leading us to turn to concepts from trauma-informed perspectives (Bath, 2015; Siegel, 2015; van der Kolk, 2014) in our analysis. According to these perspectives, emotional challenges may stem from impairments in affect-regulation capacities, which can hinder participation in developmentally nurturing relationships and activities. It is proposed that affect regulation capacities are primary developed through caregivers other-regulation, and that, later in life, equivalents for such regulating experiences can be found in music, yoga and various rhythmic and patterned activities (Bath, 2015; Perry, 2009; Perry & Gaskill, 2014; van der Kolk, 2014). The findings from the current study suggest that music therapy may have provided these children with such regulating experiences; they report feeling less tired, returning to a sense of normalcy, and experiencing improved cognitive functioning.

Similar findings are also discussed by Roaldsnes (2017) and Ruud (2010), where particular attention is given to changes in emotions and vitality. Further, Osborne (2009, 2017) has suggested that music, especially rhythm, can regulate the autonomic nervous system, while Mumm (2017) has described how regulating interactions unfold in the context of a music therapy group. A review of research on music and emotion regulation indicates that music listening, singing and improvisation facilitates emotion regulation (Moore, 2013), and the role of music in regulating emotions is a crucial component of trauma-informed care in music therapy (Heiderscheit & Murphy, 2021). Overall, the

present study supplements existing research, suggesting that music therapy can assist children in obtaining a more optimal level of activation, enhancing their ability to engage with the developmental opportunities of their environment.

Furthermore, findings underscore the significance of fun and enjoyment in the participants' descriptions. Fun was often associated with engaging with peers, and with learning and mastering musical skills. Similar observations of emotional wellbeing, as well as descriptions of having fun, are evident in the work of Roaldsnes (2016, 2017), Ruud (2010), and McFerran and Crooke (2014). Bensimon (2020), in a study exploring music therapists' perspectives on working with children living in war zones, emphasized the experiences of joy and play as crucial elements. Similarly, Klyve and Rolvsjord (2022) have argued that "moments of fun" are essential in music therapy for children in mental health care. Moreover, in a trauma-informed perspective, it may be suggested that activities and relationships providing a sense of pleasure and mastery are beneficial for children affected by adverse developmental experiences. Van der Kolk (2005), for example, asserts that safety, predictability, and "fun" are essential for these children, as they need to develop the capacity to engage in pleasurable activities before they can successfully interact with others and deal with more complex issues. Perry and Gaskill (2014) have also emphasized the importance of incorporating elements of pleasure and mastery of skills in the therapeutic and learning experiences, as this contributes to the child's motivation to participate.

Overall, the findings of this study suggest that music therapy can enhance the psychosocial wellbeing of refugee children in school settings. It provides them with an environment where they can connect with peers, engage in meaningful musical learning, and experience emotional wellbeing. Additionally, music therapy serves as a space where challenging emotions can emerge, demonstrating the need for coping strategies and emotional support.

Implications for Practice

The insights from this study may inform music therapists working with refugee children in several aspects. First, the findings suggest the importance of prioritizing an awareness of the processes involved in engaging with the peer community. Based in findings of this and other research, it is recommended to create both structural and personal readiness for collaboration and engagement with peers in music therapy practice. Socially relevant musical learning has been discussed as a valuable approach in this process. Along with previous research, the study indicates that musical competences can serve as a social resource, supporting refugee children and youth in their on-going interaction with their social environment. However, this study also reveals that emotional challenges may arise when engaging with peers, underscoring the need for music therapists to be prepared to support refugee children in managing various emotional challenges during this process.

Furthermore, the study provides insight into the interaction between musical affordances in the school environment and their connection to children's engagement in music therapy sessions. Thus, the study supports the relevance of maintaining a focus on the developmental ecology and being attentive to the surrounding systems and musical cultures, as is emphasized in CoMT (Rickson & McFerran, 2014; Stige & Aarø, 2012). Without, for instance, a stage to perform on or possibilities to collaborate with peers, the children would have had fewer opportunities to connect with the peer community and explore their engagement further.

Limitations and Future Research

The study focused on a single music therapy practice in a small society in rural Norway,

which limits the transferability of findings to other contexts. To enhance the transferability of findings, further research conducted in a broader variety of geographical and cultural contexts is necessary.

Another limitation is related to the children's opportunities to express criticism. Despite being encouraged to provide critical feedback, the children's responses primarily emphasized positive experiences. While some instances demonstrated the children's ability to correct interpretations or suggest improvements, not all children utilized the opportunity for critical reflection. Thus, the study's ability to examine problematic or critical aspects is acknowledged as limited. Additionally, while the children had a basic understanding of Norwegian, the decision to not use an interpreter could have impacted on some of the children's ability to explain their perspectives.

Furthermore, this study primarily relied on the children's verbal accounts, which provides only a restricted understanding of their use of music. For instance, the descriptions of how they used music together with peers outside of music therapy could be supplemented with observations, to reach a deeper and more detailed understanding. Future research should consider incorporating participant observations to gain a more comprehensive insight into how the musical and relational resources appropriated in music therapy are utilized in other social contexts. Additionally, certain aspects of the children's accounts were vague, particularly those pertaining to emotional changes, such as Amir's explanation of how music influences his thinking. To deepen our understanding of the musical and interactional processes involved in affect regulation, it is recommended that future research delve into these aspects of music therapy more extensively.

Finally, it is important to recognize a potential bias on behalf of the children towards learning and mastery due to the study's execution within a school context. While the strong connection between this theme and the subsequent themes illuminates the significance of socially relevant musical learning for these children, it is essential to approach the interpretation with caution and consider the influence of the school environment.

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[1] In this article, the term "empirical material" is used instead of "data", acknowledging the terminology proposed by Alvesson, M., & Sköldberg, K. (2009). *Reflexive methodology: New vistas for qualitative research* (2nd ed.). Sage Publications. This choice recognizes the perspective that data is not simply discovered but constructed through the research process.

[2] Interviews were transcribed verbatim shortly after their completion to capture not only the verbal content, but also nonverbal communication and prosody.

[3] Donkeyboy is a Norwegian pop band.

[4] At the same time, the participants do not have experiences of being bullied themselves and feel that their school is good.

[5] This is an example of the interviewer using the statements that the participants have used earlier, inviting them to further elaborate on what they had said.