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Difference is a teacher

A qualitative study of the benefits of music therapy with refugees and/or asylum seekers in Australia and Norway.



Norges
musikkhøgskole
Norwegian Academy
of Music

Masteroppgave i musikkterapi
Norges musikkhøgskole
Våren 2020

Norges musikkhøgskole

Norges musikkhøgskole er en vitenskapelig høgskole med Norges største fagmiljø innen musikk.

Vi utdanner instrumentalister, sangere, kirkemusikere, dirigenter, komponister, musikkteknologer, pianostemmere, musikkpedagoger og musikkterapeuter.

750 studenter og om lag 350 ansatte arbeider i en stor sjangerbredde som særlig omfatter klassisk, samtidsmusikk, jazz og folkemusikk.

På NMH kan studentene ta bachelor, master og doktorgrad i musikk – både utøvende og teoretiske emner. I tillegg tilbyr vi ettårsemner og videreutdanning fra 15 til 60 studiepoeng for dem som trenger faglig påfyll.

Musikkterapistudiet fokuserer på ferdigheter innenfor kommunikasjon og sosialt samspill. Musikalsk improvisasjon står sentralt, siden dette er et viktig redskap for å komme i kontakt med – og utvikle relasjonelle og kommunikative ferdigheter. På Musikkhøgskolen er musikkterapi et sterkt fagmiljø som omfatter Senter for forskning i musikk og helse (CREMAH).

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**A qualitative study on music therapy with
refugees and asylum seekers in Australia and
Norway**

Margrete D. Mæland

Acknowledgement

I wish to thank my fellow classmates at the Norwegian Academy of Music. Thank you for inspiring conversations, ideas and support during this process. Special thanks to Live, Merete and Maria.

To my new friends in Australia - thank you for your positivity and for providing me with new perspectives. Thank you to Emily for proofreading the thesis, and not to mention my family members who have supported me and believed in my ability to complete the study. Thank you to Eivor for reflections and feedback and thank you to Daniel for laughter, ideas, and for always being there.

Finally, thank you to my supervisor, Gro Trondalen, for guiding me in academic writing, answering questions, and motivating me to keep working.

Abstract

Asylum seekers and refugees are growing in numbers all around the world, and research usually focus on these three settings: the post migration-context, in refugee-camps and in resettlement-contexts. Research on the resettlement-context has shown that refugees face difficulties such as adapting to a new culture, accustoming a new social system, establishing a new identity in a cross-cultural setting, learning a new language, building new social networks, and feeling like they belong and have a purpose. Further, research on music therapy with this population has concluded with thoughts on promoting wellbeing, giving agency and empowerment through meaningful activities and musical experiences. This study seeks to explore music therapy with refugees and asylum seekers through interviews with six registered and authorized music therapists, three from Norway and three from Australia. The participants have a considerable amount of experience in this field, and offer broad perspectives from school-settings, inclusive choir, individual sessions, group-settings in asylum centres, and groups with children and parents together.

Informed by hermeneutics methodology, this qualitative study seeks to interpret the data from the interviews, through an altering between viewing the parts and the whole, between pre-understandings and understandings. The six interviews were transcribed, and analysed using a six-step thematic analysis. As a result of the analysis, I found five common themes, which was underpinned by three or four subthemes, showing the complexity in this material. The common themes was: (1) cultural sensitivity, referring to the qualities of the music therapist, (2) connections, described through relations between clients and the music therapists (3) “come alive” understood as vitality through music expression and collaboration, (4) complex transitions, relating to the obstacles in adapting to a new culture and lastly (5) context, referring to the framework of the sessions. Further research is needed to understand and comprehend the refugees perspective, identifying and exploring methods in musical participation, and lastly research that focus on settings in non-Western societies.

Key terms: Asylum seeker, Refugee, Cultural sensitivity, Connection, Resources

Sammendrag

Antallet asylsøkere og flyktninger vokser seg stadig større på verdensbasis, og forskning på dette feltet fokuserer ofte på tre ulike kontekster: krig i hjemlandet, flyktningleirer, og re-etableringsfasen i det nye landet. I den siste konteksten, kommer det frem at asylsøkere og flyktninger ofte møter utfordringer som å tilpasse seg en ny kultur, tilvenne seg et nytt sosialt system, etablere en identitet i en tverrkulturell setting, lære seg et helt nytt språk, utvikle sosiale nettverk, og oppleve tilhørighetsfølelse og mening i det nye landet. Videre viser forskning at musikkterapi med denne målgruppen kan promotere helse, agens, og en form for myndiggjøring (empowerment) gjennom musikalske aktiviteter og samspill. Denne studien har som formål å utforske musikkterapi med flyktninger gjennom seks intervjuer med registrerte og autoriserte musikkterapeuter, tre fra Australia og tre fra Norge. Informantene har en betydelig mengde erfaring på dette feltet, og tilbyr viktige og ulike perspektiver, fra skole-settinger, inkluderende kor, individuelle-timer og gruppetimer i asylmottak, og musikkterapi med barn og foreldre med flyktningbakgrunn.

Med bakgrunn i en hermeneutisk metodikk, har denne kvalitative studien som formål å tolke dataene gjennom vekselvis å se materialet fra både delene og helheten, og å skifte mellom forforståelse og forståelse. De seks intervjuene ble transkribert, og analysert inspirert av en seks-steg tematisk analyse. Resultatet ga fem felles temaer, med tre til fire undertemaer, som tydelig viser kompleksiteten i dataene. De felles temaene var: (1) kulturell sensitivitet, som refererer til kvaliteter ved musikkterapeuten, (2) forbindelser, som viser til kontakten og relasjonen som oppstår både mellom flyktningene og til musikkterapeuten, (3) “å komme til live” som handler om vitalitet gjennom musikalske uttrykk og opplevelser, (4) komplekse overganger, som viser til utfordringer i forhold til å tilpasse seg en ny kultur, og til slutt (5) konteksten, som referer til rammeverket rundt musikkterapi praksisen. Videre forskning trengs for å forstå og utforske flyktningenes perspektiv, identifisere metoder i musikalsk samhandling, samt forskning som ser på ikke-vestlige kontekster og settinger.

Nøkkelbegreper: Asylsøker, Flyktning, Kulturell sensitivitet, “Connection”, Ressurser

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1.Introduction

There was one thing that really hit me – how brave they were. They challenged themselves, tried new things, and if there were a school-concert, they were quick to say: "yes, I want to join - of course!" There was this energy, of which I really enjoyed being a part of. It was as if they used music to feel good - learning songs, performing, and playing together with other children in the school. I felt like they always wanted to look forward, improve their lives and find resources (...) I've come to greatly appreciate their resourcefulness. Even though music therapy as a field often focuses on being resource-oriented, there is still a lot of literature and research on this population that only describes their problems. I think, on the contrary, that they have many resources which we as a society could learn a great deal from.

This story, shared by one of the music therapists in this study, touches upon several aspects of music therapy with refugees. Firstly, she describes a special energy, a sensation of coming alive through music, and a willingness of the refugees to change and control their lives. Secondly, their resourcefulness of the refugee and asylum seeker population is emphasised. Thirdly, she mentions the fact that in literature and in research, the strengths of these communities are often overlooked in favour of a narrow focus on their problems and struggles with traumatic experiences.

The purpose of this study is to examine a complex practice setting, and to discuss the contradictory and multifaceted situation of resettlement and asylum seeking through interviews with music therapists. This study also examines whether music therapy can lend a helping and supporting hand in life situations in which there appear to be more obstacles than possibilities.

1.1. Personal background

I developed an interest and passion for refugees/asylum seekers as a population because of several personal, important and eye-opening experiences. Firstly, I grew up in an idyllic, small village in Norway with a population of about thousand people. Just one kilometre from

my home there was an old, shabby hotel that was turned into an asylum centre, which housed many families and unaccompanied minors. A majority had escaped either from war, persecution, discrimination and/or poverty, and applied for protection in Norway. If someone was granted permanent residency, they were either moved to a house nearby, or to another municipality. If their applications were denied, they were sent out of Norway. The waiting-period could take months, and in some cases, several years. My school would accept some temporary students, and some permanent classmates from all around the world. One girl from Palestine, who was granted permanent residency, became my closest friend during primary school. I did not view her as a refugee or previous asylum seeker, she was my *friend*, and whenever I visited her family, I felt warmth and positivity; I was always welcomed there. That friendship taught me a lot, - about Islam and religion, about acceptance, about how amazing and tasteful their food was, but most importantly about how similar we all are as humans, no matter where we are born, or what background we might have.

Furthermore, during my bachelor degree at the Norwegian Academy of Music (2013 – 2017), I participated in two music projects, one in Bangalore, India and one in Tbilisi, Georgia. We travelled in groups, and met both refugees and school children, while teaching them Norwegian songs and activities. We learned about their music and culture, as an important part of the exchange. At the end of the week we held concerts, including both Norwegian and Indian/Georgian music to the excitement of everyone in the audience. These projects opened my eyes for the specific benefits of playing music together, how it can be a space where everyone is equal, and how enriching it was to share and learn about new cultures.

Then, in the summer of 2017 I worked as a volunteer in Ecuador for an organisation called CISV (Children's International Summer Villages). This was a camp for adolescents (14/15 year olds), where the main focus was to learn about other cultures, and gain new perspectives. The organisation focuses on developing the knowledge, experiences and perspectives of children and adolescents, as they view them as our future. Moreover, the theme for this camp was human rights, and specifically *the right to seek asylum*. The camp consisted of nine different delegations, from Brazil, Ecuador, Japan, France, Italy, Netherland, Germany, Sweden and Norway. As a leader for the Norwegian delegation, I learned a lot more about how many-sided and complex these questions of human rights are, especially when connected

to people that have escaped (often from non-Western countries, to Western-countries). I gained more understanding of the political situation, and that the treatment they received often depended on the existing politics in the country they were seeking protection in.

Lastly, I completed my third semester (2019) at the Western Sydney University as part of an exchange program. I learned a lot more about the international music therapy field, and found this topic in particular to be of special interest. Indeed, this experience made the choice of including music therapists from Australia rather natural, and was furthermore a way of broadening the horizon and gaining a better understanding of different practices across countries. This also influenced my choice of writing in English, to give the participants from Australia the opportunity to read the results and thesis, and further open up a conversation about this topic from two quite similar countries.

Finally, these experiences sparked my interest for ethnicities, religions and cultures, and what we can learn from each other. I was also attracted to the link between music and cultures and perspectives on privileges and rights, which essentially pulled me towards music therapy with refugees and/or asylum seekers.

1.2. Towards a research question

As mentioned above, I quickly discovered my interest for music and cultures, and the connection between these. With this perspective as my starting point, I wanted to find out more about how minorities could be included through music therapy as a way of integrating into a new country and culture. This pre-understanding of how *they* could be included in *our* society, was modified, changed and challenged many times during the research process. In addition, recognising their cultural and religious identity as an important ground rule for inclusion was essential to the study. I further wanted to examine how to approach this population, and was therefore captivated by the idea of exploring the perspectives of music therapists themselves. This was in order to gather, understand and systemise their experiences for the benefit of future music therapists, such as myself. The first draft of the research question was therefore formulated like this:

How do six music therapists from Norway and Australia describe the role of music therapy with asylum seekers and/or refugees, and could it promote health and social inclusion in their new home country?

During the process of interviewing and transcribing, the composition of the research question changed and developed. Terms like health and social inclusion might suggest that this is the only perspective of interest when working with asylum seekers or refugees. Using this pre-understanding in the research question could narrow down the perspectives from the music therapists themselves, and in that regard influence the results of the study. Additionally, saying “the role of” could be misleading and confusing as to whose perspective it is supposed to reflect: the music therapist or the asylum seeker? In this context, the music therapists can only speak for themselves, so the term *the role of*, was removed, alongside the terms *health* and *social inclusion*. Thus, a second draft was constructed:

How do six music therapists from Norway and Australia describe music therapy with asylum seekers and/or refugees?

1.3. Definitions

Firstly, I will explain the understanding of certain terms used in the research question and other relevant terms used throughout the study.

Music therapy is a relatively new field, and Bruscia (2014) writes about the multifaceted nature of music therapy, and how even music therapists themselves change their definition as they grow and gain more experience. He's offers a working definition:

Music therapy is a reflexive process wherein the therapist help the client to optimize the client's health, using various facets of music experiences and the relationships formed through them as the impetus for change. As defined here, music therapy is the professional practice component of the discipline, which informs and is informed by theory and research (p.36).

Client populations can include autistic and emotionally disturbed children, adults with hearing, speech or motor impairments, abused children, learning-disabled children, prisoners, addicts, medical patients, elderly with dementia, traumatized groups and communities (Bruscia, 2014, p. 12). Refugees and asylum seekers are not specifically included in this list, maybe only in “traumatized groups.” Nevertheless, music therapy has the potential to facilitate cross-cultural connections. It can also enable coping with past trauma, learning social codes, re-establishing trust, and building new friendships.

A *refugee* is understood as a person who has escaped from their home country. UNHCR further defines a refugee as a person who is afraid of returning to their home country for well-founded reasons. These reasons can include war, natural disaster, or persecution due to race, religion, nationality, political opinion, or for being a member of a certain social group (UNCHR, 2019).

An *asylum seeker* is anyone who seeks protection in a foreign country, and needs to be recognised as a person who fits the definition of a refugee. The underlying premise is that the government has to recognise the asylum seeker as a refugee who needs protection (UNCHR, 2019). It should be noted that the refugee convention, signed in 1951, mentions examples of asylum seekers who don't satisfy the definition of a refugee. For example, there might be instances where there are reasons for thinking that the asylum seeker has committed war crimes or other crimes against humanity (United Nations, 1967).

In this study I am not using the term migration, as it is linked to any person who chooses to move to another country. Asylum seekers are not in the position of choosing to stay or move - they move because they see no other possibility. In Australia, asylum seekers and refugees are typically from non-English speaking countries, and are therefore often referred to as culturally and linguistically diverse populations (CALDs). In Norway the terms immigrants and migrants are used in some studies, but asylum seekers and refugees are the main terms used to describe these populations.

The reason for adopting both the term asylum seeker and the term refugee in this study, is that all of the music therapists interviewed frequently used and interchanged these terms. Some

emphasized the term asylum seeker, others refugee. Complex situations can also occur in which straightforward population-based terminology is difficult to apply. For example music therapists working with people who have received permanent residencies and who have refugee-like backgrounds, as well as asylum seekers still in detention centres who have not been formally acknowledged as refugees by the government yet.

1.3.1 Current situation

The number of people forced to flee from their homes worldwide has never been higher. The number is growing due to war, abuse, violence, famine, persecutions and natural disasters. According to UNHCR (2019), there are currently 70.8 million displaced people worldwide, consisting of 25.9 million refugees, and 3.5 million asylum seekers. More than half of the refugees are children, and out of this number, 57% of the refugees come from Syria, Afghanistan and South Sudan. In other words, people fleeing from non-Western countries to Western-countries. The integration and inclusion of non-Western people into Western societies is a complicated process, which can generate obstacles when people of different cultures, religions, languages and backgrounds suddenly live side by side. The complexity of the situation is elegantly described in this quote from the UNCHR:

The mental health problems and psychosocial strain in refugees resettled in Western countries has been suggested to relate to traumatic experiences and stress while living under war, persecution and other life-threatening circumstances, danger and challenges during flight, as well as post-migration experiences such as insecure waiting periods during asylum and family reunion procedures, poverty, lack of social support, acculturation difficulties and discrimination (UNHCR Global trends, 2013).

Historically, discrimination against people from different cultures has been known to occur in both Australia and Norway. The Sami people (Norway) and the aboriginals (Australia) have an extensive history of having been excluded, neglected and discriminated against. It is not unlikely that negative attitudes and mindsets towards other cultures still exists in these two countries.

1.4. Literature review

I conducted a review of the literature in order to find research relevant to this topic. Several databases were used, including MEDLINE, psycINFO, Cochrane Library, WSU library, BRAGE, CINAHL and Google scholar. When typing in the search words, I varied between “music therapy AND “refugee*” OR “asylum seek*” OR “migrant” OR “Humanitarian entrants” OR “detention.” This search produced twenty-eight relevant studies. Any studies that were not primarily focused on music therapy or music participation with refugees were excluded. Furthermore, studies that explicitly focused on the resettlement-phase of refugees were prioritised. As I have interviewed music therapists from Australia and Norway, studies and literature from these countries were also prioritised. Using these criteria, the fifteen most relevant studies were selected: six conducted in Australia, five conducted in Norway, and four conducted in other countries. The literature from this review and theoretical framework that builds on the study will be further explored in chapter 2, Theoretical Perspectives.

1.5. Structural components of the thesis

Theoretical foundations will be presented in Chapter 2, together with the literature review, as the theory is closely connected to the studies included. The choice of method will be outlined in chapter 3, with the analysing process described and an evaluation of the research method. Chapter 4 presents the results of the analysis, and Chapter 5 discusses these results in the light of the theoretical perspectives and the literature review. In Chapter 6 I include my own thoughts and reflections on this study, followed by limitations and possible implications for future research which will be discussed in Chapter 7.

I have used multiple e-books downloaded on a kindle, so instead of referring to the page in a book, I have used the location instead, shortened to “loc.”

2.Theoretical perspectives

In this chapter, I will consider some theoretical perspectives that are relevant to the topic of the study. These perspectives consist of community music therapy, human rights perspective, social perspective, identity and music, trauma-treatment and resilience and resource-oriented approach. My own philosophical assumption and theoretical foundation is grounded in these perspectives. Furthermore, several of the perspectives were found in the reviewed literature, which legitimizes their relevance to the topic of the study. The theoretical perspectives and the body of literature will be presented under each segment.

2.1. Community Music Therapy

Stige & Aarø (2012) presents the acronym PREPARE, outlining key qualities and features that characterize community music therapy:

P- participatory: this feature refers to a participatory approach that affords opportunities for individual and social participation. This involves a willingness to listen to all voices in a group, and acknowledge that there might be several changes of leadership in a social process. The participatory quality is also linked to issues of human rights, and to mutual empowerment and democracy in a decision-making process.

R- resource-oriented: this reflects a focus on collaborative mobilization of personal strength, and cultural, social and material resources. In this context, resources can for instance be personal strengths (musical talent and interest) relational resources (emotional support or trust), or community resources (traditions, music organizations).

E- ecological: this refers to working with the reciprocal relationship between individuals, groups and networks in social settings. This can be done by exploring relationships between various groups, or between individuals and community.

P- performance: this focuses on human development through action and performance of relationships in ecological contexts. The performative quality also describes CoMt's proactive role in relation to health and development.

A- activist: this involves acknowledgement of the fact that people's problems are related to limitations in society, for example unequal access to resources. This quality is perhaps more

controversial, because it involves willingness to act in relation to this, and require both negotiation and reflection.

R- reflective: this refers to the dialogic and collaborative attempts at appreciating, and understanding processes, outcomes, and broader implications. Being reflective involves thinking and reflecting, and interactions and reactions.

E- ethics-driven: this refers to how practice, theory and research is rights-based. The values informing human rights and the intention of realizing these rights guide the activity. Values such as freedom, respect, equality, and solidarity are central to the CoMT practices.

Stige & Aarø (2012, p. 20-24)

In other words, the community music therapy approach promotes social change, tells stories of building identities, and consists of sensitivity to culture and context (Ruud in Pavlicevic & Andsdell, 2004), which is captured in the PREPARE acronym. Moreover, of the fifteen reviewed articles, I found both direct references to community music therapy, (Klyve, 2011; Storsve, 2012, Lenette & Sunderland, 2014; Enge, 2015; Bolger, 2015; Jin, 2016; Roaldsnes, 2017) and some studies that mentioned terms from the acronym PREPARE, for example participatory (Ranaas, 2019) and recourse-oriented (Klyve, 2011). This will be further examined in the following sections.

2.1.1. Ecological perspective

Diving into the meaning behind the acronym of PREPARE, I specifically wish to elaborate on the *ecological* perspective. Bronfenbrenner (1977) and his theory on the ecology of human development, are relevant to this discussion. His theory describes how individuals are socialised into a new environment, and concentrates on the relationship between a human organism and the changing settings in which it lives. This process at the same time is affected by the larger social context (both formal and informal) in which the settings are embedded (1977, p. 514). He describes different layers of human development happening in these four systems:

Microsystem - intimate contacts, being the immediate setting containing that person (e.g.. daughter, parent, teacher, employee, ect.)

Mesosystem - comprises the interrelations among major settings. For example, for a 12-year old the mesosystem typically consists of interactions among families, school and peer-group. You could say, a mesosystem is a system of microsystems.

Exosystem - embraces other specific social structures, both informal and formal. These structures include the major institutions of society, which among other things, encompass the world of work, the mass media, the neighborhood and different agencies of government.

Macrosystem - this system differs fundamentally from the other structures, as it refers to general prototypes that exist in the culture or subculture. In other words, it's not the specific context affecting the life of one particular person, but the “blueprints” we have in society, that for example make a classroom within one society, look and function much like another.

(Bronfenbrenner, 1977, p. 515)

This guiding framework integrates the interactions of different environmental settings in a person-process-context-time model, and can operate as a framework of knowledge that helps identify ecological risks, which immigrants, including asylum seekers and refugees could face (Paat, 2013). Considering the many systems we all are a part of, and how many of these structures take place outside of our control (especially the exosystem and the macrosystem) the transition from one culture to another could imaginably be quite stressful for anyone. Viewing asylum seekers and refugees from this perspective, could provide us with new understanding of their situation and difficulties.

2.2. Human rights perspective

Ruud (2010) wrote that “*the idea of human rights is a clear demonstration that all individuals have equal value* (p. 22),” indicating that all humans should be treated with a certain level of respect, humanity and recognition. The following quote from the Universal Declaration of Human Rights demonstrates an important ground rule for treatment of human beings:

The Universal Declaration promises to all the economic, social, political, cultural and civic rights that underpin a life free from want and fear. They are not a reward for good behaviour. They are not country-specific, or particular to a certain era or social group. They are the inalienable entitlements of all people, at all times, and in all places — people of every colour, from every race and ethnic group; whether or not they are

disabled; citizens or migrants; no matter their sex, their class, their caste, their creed, their age or sexual orientation (United Nations, 2015, p. 6).

“Everyone has the right to seek and to enjoy in other countries asylum from persecution,” according to article 14 in the Declaration of human Rights. The Refugee Convention, signed in the aftermath of the Second World War in 1951, established that the refugee problem is of international concern, and must be addressed through international cooperation and burden-sharing (UNCHR, n.d.). Both Australia and Norway have signed the Refugee Convention, binding the two countries to a required standard of treatment when it comes to refugees and asylum seekers. These rights include having access to primary education, courts, and the provision for documentation.

Treating human beings with the belief that everyone has equal value might sound like an obvious and self-evident model for human treatment, but unfortunately these rights are often forgotten, ignored, or even worse, violated. This may happen on both the level of the individual or/and as a result of political forces and social structures. During this year’s Covid-19 pandemic, there are examples of which can be interpreted as indirect discrimination against marginalised groups in both Australia and Norway. People seeking asylum in New South Wales, Australia, who are on bridging or temporarily visas, were omitted from the Government's emergency payments for people who have lost their jobs (Settlement Services International, 2020). Furthermore, an article on the refugee situation during the COVID-19 pandemic in Norway¹ stated that migrants and refugees are especially vulnerable to the effects of living in these times. They are more vulnerable to stressors related to healthcare, postponed proceedings of asylum applications, and unemployment. They are also more likely to have limited information available in the language they understand, and therefore have reduced access to knowledge about protection against the virus (NKVTS, 2020, p. 3) When a society shuts down, volunteer work and supportive organisations shut down as well, which can have enormous consequences for refugees and asylum seekers in desperate need of help and support.

¹ *Nasjonalt kunnskapssenter om vold og traumatisk stress* published an article on the COVID-19 pandemic in Norway, and how the strict restrictions from the government affect vulnerable refugees and asylum seekers, families, children, and unaccompanied minors.

Returning to the human rights perspective with music therapy in mind, the Children's Convention is also of great importance. Krüger and Strandbu (2015) writes about preventive work with children of minority backgrounds. They present three relevant points from a human rights perspective: the right to having an identity, the right to rest and enjoying free time, and the right to participate and being recognised (p. 25).

2.3. Social perspective

The people we surround ourselves with, and the quality of these relationships are important indicators for health and wellbeing. This could be on a micro-level, our closest friends and family, but also in larger groups, the feeling of belonging somewhere, and being a part of the community we live in.

The World Health Organisation describes the social determinants of health as the conditions in which people are born, grow, live, work and age, and how these conditions are determined by their resources. Key areas include quality of employment, social exclusion or inclusion of certain groups, gender equity within a society, availability of childcare and opportunities for early childhood development, and access to healthcare. These resources are shaped by the distribution of money and power in a society, and can look quite different within and between countries (WHO, n.d.). The concept of social exclusion is of particular interest in this regard. Certain groups, such as asylum seekers and refugees, might experience exclusionary processes, driven by unequal relationships interacting across four different dimensions – cultural, social, economic and political (WHO, n.d.). Unequal access to rights and resources can, in turn, lead to health inequalities.

2.3.1. Social capital

Furthermore, having a social network around oneself, a social capital, was seen as valuable and important by the sociologist Pierre Bourdieu. He developed a definition of this term linked to social classes, and how the lifestyle and culture of the “highest” social class in any given society, becomes the leading culture in that society (Hansen, 2019). Certain groups of people, the middle class, lower classes, minorities and so on, are less fortunate in that they

lack the proper background, network or social skills needed to “fit in” and access certain symbolic and material resources. Social capital in music therapy is discussed by Simon Procter (2011) who states that the social support clients gain from music therapy by *musicking*² together, could result in new relationships, friendships, shared experiences and mutual understanding. Furthermore, social support could potentially reduce mental or physical suffering, and further increase wellbeing and health (Procter, 2011).

2.3.2. Relational perspective

Trondalen (2016) writes about the *relational* term in depth, from a music therapy perspective. She discusses intersubjectivity from a theoretical point of view, and how recognition is a core element when two people meet. Mutuality, empathy and sharing of joint attention are important aspects that strike at the core of recognition of an intersubjective world (loc, 1124). Moreover, an interesting side to relationship formation is the potential risk involved, the uncertainty of dealing with the other person. Within a relational paradigm, we are all in the world together, and in that sense, “fellow travelers” (Yalom in Trondalen, 2016). Bruscia (2014) has also pointed out the potential risk of interacting and playing with another person, especially through musical improvisation in a music therapy setting, and states that improvisation “... is a trial and error undertaking that involves considerable risk. At every moment, something can go in an unwanted direction” (Bruscia 2014, p. 145). I considered this perspective to be important to include, especially in the context of a music therapist working in Norway or Australia, where the therapist has grown up in a Western society, and therefore has the upper hand in the relationship. In these situations, the refugee may feel that they are in a vulnerable position (with stress-factors, waiting periods, no social network, and possible trauma symptoms), and the music therapists therefore have a responsibility in making sure that they are on equal footing in the therapeutic relationship.

2.3.3. Belonging

Relationships can further be connected to belonging, and Roaldsnes (2017) and Ranaas (2019) emphasised the importance of belonging somewhere, especially for people who have escaped and fled their own country; who find themselves in a complex process of settling down somewhere else. Ranaas (2019) interviewed refugees in a multicultural choir in a municipality

² Musicking, defined by Tia DeNora will be elaborated on later in this chapter.

in Norway, and she found that the choir provided a platform for human contact, which resulted in a sense of belonging. In other words, the refugees could finally start searching for and recreating their identity in the community. Lenette and Sunderland (2016) further acknowledges the long and hard journey refugees have to go through. The transition into the resettlement phase could potentially generate high levels of disruptions in a refugee's life. The study suggested that in a music therapy setting, the therapist should focus on belonging and identity as core values, to strengthen wellbeing and quality of life (Lenette & Sunderland, 2016). Music can then become an essential part of that context, as demonstrated in this quote:

In resettlement contexts, music becomes a means of expressing understandings of new circumstances, sharing stories, maintaining traditions and recreating a sense of community in a new land” (Lenette & Sunderland, 2016, p. 36).

In other words, belonging and re-creating one's identity can be seen as important steps to take during a resettlement period. This is where music, and music therapy can be of great value.

2.4. Identity and Music

My understanding of music is based on social interaction, the relationships and connections that occur while musicking together. According to Bonde (2009) this is the fourth level of music understanding, which can be linked to togetherness, rituals, performance, community music and commutative qualities in music (p. 31). The dictionary defines the complex term identity in several ways. I am using identity in the context of defining oneself; building upon a sense of self, a feeling of continuity in personality and the qualities and beliefs that distinguish or identify a person from another (Dictionary, 2020). Ruud (2013) created a theory on the connection between music and identity, and writes about musical experiences in *Identity and Music* (2013). He writes how a specific piece of music can be associated with childhood memories, culture, family, places, social relationships, feelings, spirituality and religion, and even traumatic memories. His theory is presented in four rooms: the personal room (1), the social room (2), times and places room (3), and the transpersonal room (4). These categories build on the idea that an individual is confirmed through reflectivity, self-awareness and musical experiences and memories. In other words, identity is not merely about individuality - distancing oneself from others, and becoming independent, but also a process that happens in relationships with other people, through their eyes, which is essential

in becoming self-aware of your own identity (Ruud, 2013). This self-awareness will be particularly considered and reviewed in the discussion-chapter.

2.4.1. Musicking and Music asylum

In *Music in Everyday life* (2000), Tia DeNora writes about one study, where sixty-seven people were interviewed about their emotional responses to music, and people reported using music in relation to (1) memory, (2) spiritual matters, (3) sensorial matters (for example for pleasure), (4) mood change, (5) mood enhancement, and (6) activities (p. 47). These findings can be seen as quite similar to the four rooms developed by Ruud. Furthermore, Tia DeNora later introduced the concept of music asylum, describing it as a “respite from distress and a place and time in which it is possible to flourish” (2013, p. 1). She further defines the term *asylum* as a “space, either physical or conceptual, that either offers protection from hostility (a refuge) or, more positively, a space within which to play on/with one's environment, whether alone or in concert with others” (p. 47). This can be seen in relation to asylum seekers, seeking protection from hostility, and how they can find the protection through an actual asylum, but also through music, and musical experiences. Jin (2016) interviewed three music facilitators who had worked with refugees in Australia, and he found one common theme called “bandship,” which was related to *music asylum*. The “bandship” was presented as a safe place they created together, and how the music was seen as a universal language, a way to connect, share and learn from each other (Jin, 2016).

2.4.2. Cultural awareness

I recognise the importance of applying cultural sensitivity to therapeutic practice, and discuss this from the perspective of Qureshi’s model on cultural sensitivity and competence (Qureshi, 2008). According to his model, cultural competence and cultural understanding are fundamental to therapeutic practice, as is an understanding of patterns of thoughts, feeling and actions. It is easy to think about culture through a black-and-white lense: Western societies versus non-Western societies. However, culture contains so much more nuance, complexity and meaning. Culture may be seen simply as communication, as the building blocks that makes collaboration possible. Translated to music, this may refer to the musical components, the actions and gestures and the musical language that we learn, grow, share and live with (Ruud, 2013). In order to work effectively with people from other countries and cultures, the

therapist needs to understand their relationship to music and what kind of musical language they have. In addition to this, having cultural sensitivity also means viewing human beings from three levels: the general (universal) the special (cultural preferences) and the unique (the unique demeanor) (Quereshi, 2008). Being sensitive towards others also require you to reflect on your own attitudes and mindset, biases and beliefs, and learn to accept yourself.

2.5. Resilience and Sense of Coherence

It might be difficult to understand how some refugees, despite their background and barriers, manage to build emotional strength, cope and recover. In academic literature, these strengths have be linked to the concept of resilience. Individual factors found to increase resilience can be sociability, robustness, intelligence, personal attributes such as self-efficacy and communication skills (Waaktar, Christie, Borge & Torgersen, 2004, p. 169). Furthermore, experiencing a feeling of coherence, that the world around you makes sense, is also connected to resilience. In 1971, Aaron Antonovsky presented a theoretical model called “Sense of Coherence”, which aimed to expand the understanding between stress, coping and health (Antonovsky, 1993). The model consists of three components: comprehensibility, manageability and meaningfulness, meaning that (1) the stimuli from one’s internal and external environments are structured and predictable, (2) that the necessary resources are available to deal with them, and (3) that these challenges are worthy of engagement (p.725).

2.5.1 Resource-oriented approach

Randi Rolvsjord (2010) introduced resource-oriented music therapy, contrasting to the overall problem-oriented approach and pathology perspective, which she often argues is the foundation of therapeutic work and clinical interventions. She writes that resource-oriented music therapy is concerned with the development, acknowledgement and stimulation of resources, and that the concept of “resources” is often linked to health (p.95). Felicity Baker (2015) likewise acknowledges the strong link between resources and resilience, and focuses on the client’s resilience in strength-based interventions. She defines resilience as developing coping strategies that are effective, and gaining a strong sense of hope and self-esteem (loc, 3988). Furthermore, she suggests that resilience is about learning how to set realistic goals and expectations, and take back responsibility for one's life. In order to achieve this goal, the

therapist must establish a safe and trusting relationship, and give the client room to feel safe, confident and empowered (Baker, 2015). Rolvsjord (2010) explains:

What we understand by resources is more than personal strength and musical skills; it must be connected to cultural and political contexts ... the concept of resources that we apply must therefore be understood as a sensitizing concept that includes social, cultural, and economical aspects, such as social network and possibilities for participation in cultural activities (p. 95-96)

2.5.2. Trauma and mental health

It's important to acknowledge the presence of trauma within the refugee population. In fact, trauma symptoms, such as PTSD and complex PTSD are often found in refugees. One research study, which included interviews of 27 professional workers in Norway, suggested that there are many health problems in this population (Dabo, 2015). Another report found that PTSD and anxiety were common, and that children often felt betrayed by adults, which could weaken their trust in caregivers (Berg. et al in Klyve, 2011). In Australia, an additional review of international and local research found that PTSD is common in this population, and that there is a risk of social exclusion (Cameron et al, 2011). Finally, one systematic review of the mental health issues among asylum seekers, found that the experience of occupational deprivation – circumstances under which one is deprived of access to meaningful activities, hobbies or social interactions, reinforced loneliness and feelings of hopelessness (Thornton and Spalding, 2018). All of these studies demonstrate the complexity of mental health issues, and how the absence of meaningful activities and social networks can reinforce negative patterns.

Klyve (2011) studied resilience from the perspective of Antonovsky's theory of sense of coherence in a theoretical inquiry examining music therapy with unaccompanied refugee minors. Her findings were similar to those of the studies mentioned above - that this population is at risk for experiencing social disconnection and isolation and lack of a social network. She also found that this can be overwhelming, and lead to occupational deprivation and mental health issues (Klyve, 2011). A study conducted in Colombia with refugees from North Korea, which was influenced by a humanistic approach and resilience theory,

reinforced these findings. Refugees showed symptoms of avoidance, distrust, loneliness and feelings of loss and fear. However, through lyric analysis, improvisation and listening to music, these symptoms decreased. One randomized controlled trial conducted in Denmark (Beck et al, 2018), sought to test the efficacy of Trauma-focused Music and Imagery (TMI) versus standard therapy in a refugee population. The study reports significant improvements in the trauma symptoms of the participants, particularly feelings of well-being and sleep quality. These results demonstrate that people who have been exposed to traumatic and high-risk conditions, and experienced lack of support, could benefit from a well-designed music therapy program (Choi, 2010, Klyve, 2011, Beck et al, 2018).

2.6. Summarizing the perspectives

The overall foundation for this study is influenced by a holistic approach, and acknowledging that people are part of larger systems within communities, groups and societies that shape their identities, values and behaviour. This study builds on the idea that human beings are social beings, connected to each other through meaningful relationships. It reinforces the notion that identity formation in cross-cultural settings and internal and external resources are important for wellbeing. It discusses that supporting human rights, as presented in the PREPARE-acronym, is essential. This includes advocating for ethics-driven practice, speaking out against unfairness and discrimination, and taking action. Another aspect to consider is the element of musicking together – a sort of “bandship” with music asylum as a core concept. The findings from the literature review suggests that the obstacles that refugees face as they transition to a completely new life are potentially overwhelming. These obstacles include the process of adapting to a new culture, becoming accustomed to a new social system, establishing a new identity in a cross-cultural setting, learning a new language, building new social networks, and developing a sense of belonging and purpose, through employment, school and social life (Lenette et al, 2016; Roaldsnes, 2017; Ranaas, 2019; Beck et al, 2018). Given these challenges, a central question addressed by this study is how music therapists can best facilitate growth, wellbeing and health, despite the knowledge that certain obstacles might be outside of their control and influence. These perspectives and theories will be further outlined and discussed in chapter 5. In the next chapter I will go through my choice of design and method, and analysing procedure, followed by the results from the data I gathered in chapter 4.

3. Method

3. 1. Design and method

The purpose of this study is to explore the music therapist's own experience in working with refugees and/or asylum seekers in Norway and Australia. The research question was formulated in this way:

How do six music therapists from Norway and Australia describe music therapy with refugees and or asylum seekers?

The process of choosing an approach that captured the personal *experiences* of the music therapists, and addressed *how* they describe this, led me towards qualitative research. Furthermore, because the topic of interest was the music therapists' own description of the practice, interview was selected as method for gathering and generating research data. Six music therapists were asked to participate, based on a few criteria of inclusion. In the next sections, I will go through each element of the research design in depth, and write about the process of analysing the interview, starting with some reflections on qualitative research and hermeneutics.

3. 2. Qualitative Research

“How qualitative method should be defined, is by no means self-evident,” writes Alvesson and Sköldbberg (2009), and I likewise found this to be quite true. Qualitative research is a field that has evolved over time, consisting of many characteristics, that does not always show a consistent set of rules. Simply put, one could say that qualitative research focuses on exploring human experiences in personal and social contexts (Gelling, 2015, page 43). Furthermore, qualitative research consists of interpretation and meanings, where understanding subjective experiences and human perception is the main focus. Creswell (2017) writes about how a person undertaking qualitative research, always starts with their own perspectives and experiences that they bring to the research, acknowledging the conception they have of themselves and others. This makes qualitative research a personal undertaking. Guided by philosophical assumptions and an interpretive framework, the

researcher hopes to shed light on a particular phenomenon in the social world, by collecting and analysing data. The final interpretation is presented as a reconstruction of the research setting, that mixes the participants voices with the reflexivity of the researcher, building a plausible and complex narrative that helps to further our understanding of the phenomenon (loc 1907).

The subject matter of this study was indeed complex, involving description of the work of therapists interacting with refugees from multiple backgrounds, ethnicities, and histories of trauma through the multifaceted medium of music. This study includes first person accounts of therapeutic relationships formed with members of the refugee population, as well as the music therapists' individual interpretations of their impact. It acknowledges that refugee perspectives and interpretations of the impact of music therapy, and considers that if not well executed, the process of forming therapeutic relationships with music therapists could produce another source of stress during the phase of resettling and integrating in a strange, new country. Stake (2010) mentions the contradictory side to understanding complex problems, because they can be interpreted differently in different situations. He further stresses the importance of not treating these problems superficially, for example through measurement and statistics, which might lose some of the deeper understanding of such problems. Therefore, I recognise qualitative research as the most fitting method of analysis for this study, as the main intention is to develop a deeper understanding of the music therapists' experiences and perspectives when working with refugees. This is by no means to imply that measurements and statistics have no relevance in this field. However, the core of this study is to examine human perception and subjective experiences that could lead to better understanding of the clinical work, the clients and the music therapist's role.

3. 3. Hermeneutics methodology

How do we come to know that which we think we know? What is the relationship between the knower and the known? These epistemological questions are relevant in music therapy research, or any other research on human beings, as they address issues concerning knowledge, objective versus subjective. Put in other words, the assumptions that make up a researchers theoretical perspective (Wheeler & Murphy, 2016, loc 5119).

I have tried to seek out the best design and methodology suited for this particular study. Creswell (2017) puts an emphasis on the design of the research, and the importance of choosing the theoretical/interpretive framework that informs the study of research (loc 1907). This study is rooted in interpretation of the material, and hermeneutic methodology involves a process of altering between the parts and the whole, between pre-understandings and understanding, described as the hermeneutic spiral (Alvesson & Sköldbberg, 2009). Phenomenology was also considered as a methodology in the present study, but in my opinion music therapy with refugees is a diverse and multifaceted topic, that is, not described as one phenomenon per se, with a clear-cut essence. Therefore, I recognised hermeneutics methodology as most fitting for this study. Furthermore, the researcher inevitably has their own frame of reference. During the process of analysis, the researchers construction of reality, perception, administration of language, and social interaction with the participants will influence the results and interpretation. This adds on the notion that social phenomena are many-sided, and what might be true in one context could be different in another context (Alvesson and Sköldbberg, 2009, loc 7911).

Inspired by hermeneutics methodology, I followed some guidelines. Firstly, I developed the research question, then I identified the perspectives and preconceptions that I had of the situation in Norway, and I gained an understanding of the Australian context during the exchange in Sydney. Furthermore, I read about and researched the political situation in both countries, alongside articles and studies on music participation with refugees. Finally, I found and interviewed six music therapists, three from Norway and three from Australia, which met the inclusion criteria (see chapter 3.4.1). The interviews were semi-structured and in-depth interview. This approach led to the introduction of specific terms, such as inclusion, during the interviews. This was a pre-understanding that I ended up adjusting and changing as I gained more understanding of the diversity of this field. During the analysis of the transcriptions, I continually reflected on my own view, and the view of the participants, going back and forth between the part and the whole. This was done through a thematic analysis, to discover common themes, meanings and similarities. I therefore tried to work from the hermeneutic research approach, which can be described as a never-ending flow of knowledge (Wheeler & Murphy, 2016, loc 20407), where the researcher seeks to understand the relation

between the knower, and the aspects of text and interpretative activity (Alvesson and Sköldberg, 2009).

3.4. Sampling

Music therapy is a growing field, building on research focusing on various populations. However, music therapy with refugees and/or asylum seekers is still uncommon in research and practice. Therefore, finding music therapists with relevant experience for this study was a bit challenging. I wanted participants whose interviews would reflected diversity and breadth, and also provide material to answer the research question. Moreover, I wanted equal representation from both countries, seeking to find three participants from both Australia and Norway. Essentially, the participants were collected through social networks, through connections in the music therapy field, and through searching various databases to find music therapists who have conducted research on this specific topic.

3.4.1. Criteria for Inclusion

There were three criteria of inclusion to this study:

1. The participant was an educated and registered music therapist
2. The participant had worked with refugees and or/asylum seekers for at least six months
3. The participant had worked in Norway or Australia

The first criteria refers to the different terms used to describe graduated and working music therapists. In Australia, newly graduated students have to register in AMTA (Australian Music Therapy Association), and apply to become a registered music therapist. In Norway music therapy is not a legally an authorised professional title with registration. Therefore the word “educated” is used to describe a music therapist who has completed a music therapy master's degree either from the Norwegian academy of Music or the Grieg Academy.

The participants were required to have at least six months of experience as a music therapist with refugees, to ensure that they were able to refer to their own personal experience rather than referring to accounts from other sources. The study was inclusive of multiple practice

settings and types, including institutional and community settings and group and individual therapy. This helped to ensure diverse perspectives on the topic.

The final criteria was that participants had to be located in either Norway or Australia, as part of my degree was completed as an exchange student in Sydney, Australia. The perspective of the music therapists, as well as my own experience with the music therapy field in both Norway and Australia contribute to the thoughts and perspectives included in this study.

Descriptions of the participants are presented in table 1, using pseudonyms:

Table 1:

Participants	Olivia	Emma	Christine	Lily	Charlotte	Andrea
<i>Country</i>	<i>Norway</i>	<i>Norway</i>	<i>Norway</i>	<i>Australia</i>	<i>Australia</i>	<i>Australia</i>
Experience	10 years	10 years	3 years	23 years	Over 10 years	12 years
Work with refugees	10 years	2-3 years	1-2 years	2-3 years	Over 10 years	3 years
Client group	Young adults, children	Unaccompanied minors, and children	Adults, and children	Grown-ups	Grown-ups and children	Newly arrived families
Setting	Projects, in school and asylum centres	Projects, in school and asylum centres	Projects in asylum centres around in Norway	In detention centre, and inclusive choir	In an institution, groups and individual	Sing & Grow, and with families

3.5. Generating the data

Interview was selected as the method for generating the data in this study. This method was chosen because of the possibility to explore, reflect and make changes according to the

situation. This demands that the researcher is attentive to the participant, and provides space for them to reflect, as the conversation is unfolding.

4.5.1. Semi-structured Interviews

A semi-structured format opens up more possibilities for change, new directions and for the interviewer to further explore the participants own perspectives, thoughts and experiences. Kvale and Brinkmann (2009) state that there are no standard methods for arriving at the meaning of what is said in an interview, and that this is a very flexible technique. As the researcher, I was now in the role of an interviewer, starting a journey with the participants as we travelled together in the interviews.

The six interviews were conducted over a timespan of seven months, two in the same room as the participants, and the remaining four through Skype. I developed a semi-structured interview guide before the interviews were conducted, which I employed when necessary to the situation. The first interview guide was written in Norwegian, and then later translated to English (see appendix 5 and 6), given that three of the interviews were conducted in Norwegian, and three in English. I did not know the participants beforehand, so there were no social relationships to influence the direction of the conversation.

3.6. Analysing procedure

For this study, I adopted Braun and Clarke's (2006) six step method of thematic analysis. This is a common approach when analysing qualitative data that is not constrained by specific methodology. Furthermore, I approach the data using an inductive method, which is based on learning from experience and generating meaning from the data collected. I found this process to fit the format I needed to search for common themes in the material. The steps were as follows:

1. *Familiarization*: an in-debt engagement with the data set, reading and re-reading transcripts and listening to audio-recordings.
2. *Coding*: identifying patterns in the data, and grouping together similar data segments.
3. *Searching for Themes*: the researcher cluster together codes to create themes of key patterns in the data.

4. *Reviewing Themes*: the researcher pauses the process, to review the whether the themes exhibit a good “fit” with the coded data, which may lead to a few or no changes, or to disregarding the candidate themes and restarting the previous phase.
5. *Defining and Naming Themes*: selecting and writing theme name to ensure the clarity of each theme, and provide a road map for the final write-up.
6. *Writing the Report*: finally the researcher weaves together their analytic narrative and the themes provide the organizing framework for the analysis, but analytic conclusions are drawn across themes.

I took notes throughout this process and wrote down my thoughts and reflections on every step while I was discovering and working towards the final themes. During the first step, *familiarization*, I revisited the six transcriptions, and wrote a summary for each interview to get an overview of certain common factors, and familiarise myself with the data. This process took a few weeks, as I worked systematically, and took notes from around fifty pages of transcriptions. The summary was written in English to start the transition from Norwegian to English at an early point, and I translated to the best of my ability, figuring out how to keep the essence of the Norwegian transcripts. This was a comprehensive and intensive process, and certain terms were kept in Norwegian during this stage, to stay as close to the original material as possible. Examples of this can be terms such as *lydhør* being mentioned by two of the Norwegian music therapists that was translated to *responsive*.

The second step, *coding*, was done over the span of one week, using an Excel sheet as a technical aid. I arranged the coding in five different colours, using exploratory and opening themes, with perspectives from the summaries I had written during the familiarization stage. This is shown in table 2. These colouring-codes could for example be the colour green, representing the music therapist own perspective/experience/feelings and thoughts on their role and characteristics when meeting and working with refugees. Any quotes that fell under this category were therefore coded in green.

Table 2.

Colour code	Description of code
Green	Experience/role/feelings/perspective of the music therapists

Blue	Outcomes/effects beyond the music therapy. Inclusion, wellbeing, social outcomes
Yellow	Activities, songs, methods and goals for music therapy
Red	Descriptions on the refugees: any examples of their experience
Orange	Anything else, that doesn't fit with the other colours

In total, I found 70 green quotes, 29 blue quotes, 14 yellow quotes, 45 red quotes and 54 orange quotes. This was interesting, as my initial understanding of the common threads changed during this process. The colour green, representing the music therapist's own perspective and experience was the most common(70 quotes), which in retrospect is not that surprising. The music therapists can only speak from their own perspective. Interestingly, the red codes, representing the refugee's experiences were the third largest category, showing how the music therapists continuously focus on the refugee's point of view, and how important their perspective is to the therapeutic process. Furthermore, the orange codes ended up including political perspectives, musical/music experiences, and thoughts on the *relationship*, either between the music therapists and the clients, or between the clients.

The third step, *Searching for Themes*, started with writing down all of the codes in their original colour on blank paper. Afterwards, I searched for the most used words/terms, and tried to find the meaning behind the language. Sometimes the specific term being used contrasted between Norway and Australia, but I tried to understand the language in the context that it was used. This resulted in a few key words showing up from each colour. There are sometimes different terms in the same colour, that do not show a clear pattern. The terms in the category *key patterns* in table 3, was the beginning of stage four and five, which involved working these into new common themes.

Table 3.

Colour	Key terms	Key patterns
Green: Characteristics of the music therapists	Being kind, open-minded, flexible, sensitive, curious, having cultural competency,	Cultural sensitivity, self-aware, responsive

	responsive, and accepting yourself and your faults	
Blue: Social and health outcomes, and political aspects	Preventing isolation, support, inclusion, recognised, belonging, connection, equal rights and equal access, social arena, improve self-confidence	Social arena, sharing, inclusion, improve self-confidence
Yellow: Activities, methods and goals for music therapy	Rhythm-games, easy songs, fixed opening, self-regulation, relaxation, attachment and resilience	Self-regulation, relaxation, rhythm-games
Red: Refugees own experiences/perspectives	Building confidence, energy, come alive, dancing, safety, learning, equal footing, trauma-background	Come alive, building trust, self-expression, difficult background
Orange: Anything else	Musical interaction, participation, building trustworthy relationships, needs continuity, funding and cooperation. Singing and strength based-model	Participation, musical interaction, lack of continuity, funding and cooperation

As shown in table 2, I wrote down all the codes in their colour-theme that I had developed in the previous stage, and looked for similarities across these colours, to create new themes that would cluster together key patterns in the data. From there, I looked at terms or perspectives and how frequently they appeared in the different codes.

During the fourth step, *Reviewing Themes*, I looked back on my primary data, the interviews and transcripts, and tried to see if some data was left forgotten or unnoticed. This stage overlapped with the fifth stage, *Defining and Naming Themes*, as I started to find patterns that

could be sorted under the same theme. When deciding on the names, I ended up using quotes and terms that some of the music therapists had used during the interviews, for example “come alive” that represented a sort of musical expression, come aliveness, that I thought represented key elements and patterns of the theme quite well. During the third, fourth and fifth stage of the thematic analysis many possible themes was tested, with the help of my supervisor.

The final step, *Writing the Report*, gave me new direction, as the process of writing down all of the common themes and subthemes had given me an overview of the result. This process was quite important for the final result, as the common themes were mapped together, and the quotes that supported the themes were collected. Finally, I ended up with five common themes, underpinned by three or four subthemes that stayed close to the data, showing a clear inductive approach.

3.7. Evaluation of Method and my role as Researcher

As a researcher, it is important to be aware of the possible challenges that might appear along the way, and to evaluate the process of the qualitative research. As a consequence of this, I recognised the importance of being self-aware and critical of my own position and engagement in the study. In the article “Towards an agenda for evaluation of qualitative research” (Stige, et al. 2009), the acronym “EPICURE” is presented as an accessible framework which involves an evaluation agenda in two dimensions:

The first cluster, EPIC, refers to the challenges of producing substantive stories based on *engagement* with a phenomenon or situation, *processing* of empirical material, *interpretation* of the evolving descriptions, and *critique* in relation to research process and products. The second cluster, CURE, refers to the challenge of dealing with preconditions and consequences of research with critique, *usefulness*, *relevance* and *ethics* related to social situations and communities (Stige et al, 2009. page 1507, my italics).

In the present chapter, the first cluster, EPIC, will be evaluated step by step, including the E, in the next cluster, CURE, which stands for ethics. The remaining two terms, usefulness and relevance, will be evaluated in the limitation-chapter 6.

Engagement, refers to the researchers continued interaction with and relationship to the phenomenon or situation studied (Stige, et al. 2009, p. 1508). As a music therapy student, I tried to reflect upon my own access to the field, and my relationship to the subject of interest, the context of the study, and to the participants. Special consideration was given to the multiple roles and responsibilities encountered in these situations, from being the researcher, to being the interviewer, to being a student.

Secondly, *processing* is connected to the process of producing, analysing, and reserving empirical material (Stige, et al, 2009, p. 1508). This requires systematic effort, and comprises creating and deciding on the interview questions, finding and selecting the participants, analysing the transcriptions, organising the material, and then presenting the results. For this research, I tried to stay as close to the material as possible, create open-ended questions in my interview-guide, and be accepting and sensitive when meeting and talking to the participants in the study. Still, I did not follow the method as consistently as I could have. During a few interviews, some questions were sometimes left out, as it felt as though these were not the most appropriate questions for the situation, or I felt that they had already been answered. Furthermore, I could have been more critical of my own questions and why I put them there, much earlier in the process. Nevertheless, during the analysis of the data, I kept notes of my choices along the way, so that the thoughts behind the main themes were clear, and could be understood from someone else's point of view.

Interpretation is connected to the process of determining patterns, and developing an understanding of the experiences and descriptions (Stige, et al, 2009. p. 1509). The act of identifying the essence of the material is complex, and further provokes the question: what is interpreted in light of the researchers own perspective and/or agenda, impacting the outcome of the study? In the article by Stige et al. (2009) the effect of double hermeneutics is mentioned: “The researcher interprets situations in which the involved participant are already involved in interpretations of the same situation, and they might also engage in interpretations

of the researcher and the researchers interpretations (Giddens, in Stige et al, 2009, p. 1509).” When analysing the material, I sometimes had to rethink and re-evaluate my own judgement of the data – firstly, is the patterns I find only a result of my own perspective, coloured by my history, memories and experiences, and secondly, would the participants have formulated themselves in different ways, if another person was interviewing them, creating a slightly different atmosphere? These questions provided me with self-reflections in the process of analysing the data, and helped me discover new themes and topics, which wasn’t obvious at first glance.

Critique, has a double notion in this acronym; self-critique and social critique, which in different ways is inspired by postmodern and feminist theory of science (Stige, et al, 2009. page 1510). In qualitative studies, self-critique is very relevant, reflecting on the positions and perspectives the researcher brings. Social critique, especially inspired by post colonialist theory is based on the assumption that all research is situated in social and political context. I found both perspectives to be important for this study, especially social critique because of the political and social context that the refugee find themselves in when escaping to another culture, which then influence their living-situation in their new home country.

In the context of being self-critical, there are limits to how many turns the researcher can take to interpret the material, and it would be impossible for one researcher to discover and understand every element within all the various interpretations, especially in the light of the double hermeneutic effect. Still, I worked systematically on trying to be transparent and reflexive in the process, and critical to my own pre-assumptions along the way.

3.8 Ethic Evaluation

When planning and conducting a qualitative study, there are many ethical issues to consider and address. Typically these issues can relate to privacy and consent, minimizing harm, and justice in the treatment (Creswell, 2017, loc 4981). In this study, the participants were adults working as music therapists, and therefore not categorized as a vulnerable population (as for example marginalized groups, minorities, clients with disabilities, mental health issues, refugees ect). Therefore, the risk of participation was considered to be minimal.

The study was approved by the Norwegian Centre for research data (see appendix 1 and 2), which covered the ethical considerations in interviewing music therapists from Norway and Australia. The participants signed a consent form (see appendix 3 and 4), and the transcriptions from the interviews were put on a memory stick, that will be deleted with the recordings on the 15th of June, when the study is finalized.

4. Result

Essentially, the purpose of this study was to explore the perspectives of music therapists working with refugees/asylum seekers through six interviews. Furthermore, based on the six-step thematic analysis of the interviews, informed by a hermeneutic approach, five key themes, all oddly enough starting with the letter C, were constructed:

Cultural sensitivity	Connections	"Come alive"	Complex transitions	Context
Resource-oriented	Sharing	Self-expression	Trauma-background	Lack of continuity
Self-aware	Social arena	Improve self-confidence	In limbo	Funding
Responsive	Participation	Self-regulation	Gaining trust	Cooperation
On equal footing	Social inclusion			Individual versus groups

The five main themes are presented separately, illustrated by subthemes. The subthemes are further illustrated by quotes from the interviewed music therapists.

4.1 Cultural sensitivity

The first main pattern across cases was named *cultural sensitivity*, which can be understood as a competence in how to approach and connect with humans from various cultures. Adding on this understanding, cultural sensitivity also includes the issues surrounding refugees with backgrounds of possible trauma and past of escaping from war or persecution, in order to seek asylum in either Norway or Australia. This main theme was underpinned by four emergent themes. These themes were, being *recourse-oriented*, *self-aware*, *responsive* and *on equal footing*.

Three of the six music therapists explicitly mentioned the first subtheme, being *resource-oriented*, but with different terms: in Australia, the informants mostly said

“strength-based model” and in Norway, the music therapists used the term, “resource-oriented.” Additionally, the last three informants indirectly talked about being resource-oriented in the way they describe their practice. Being resource-oriented or strength-based as a music therapists might seem obvious, but Olivia observed a different reality in regard to this population: “... music therapy is very resource-oriented, but I’m thinking more about... in literature and research on this population, their resources are almost never described. One just describes.... problems.” She mentioned her own experience of being astonished by the care-resources of the mothers, which she observed in the way adolescents with refugee-like backgrounds talked about their mothers, and admiring how much their parents sacrificed for their children. “Andrea” said: “... it's not ... about what they can't do, it's always trying a song that, - it's a strength based-model. So you know, you're looking at what they can do, and building on that.”

The next subtheme, being *self-aware*, was in different ways mentioned by all of the music therapists. The first aspect of this subtheme was a kind of humbling approach, as Emma said: “...Cultural sensitivity or competency, (...) it's equally about being aware of your own identity, together with other's (identity)”. She further mentioned to “...be kind to yourself and you walk on this road, a learning road, and it is demanding.” Additionally, Andrea said: “I don't know everything, but I'm here to help.” Helping each other also goes both ways, as “Lily” demonstrated:

... As long as I'm always thinking and reflecting, and talking with the participants when I can, or their family, and just saying: I don't know what I'm doing here, I'm a bit lost. Can you help me?

Furthermore, the subtheme being *responsive* was mentioned by four of the six music therapists, adding on terms such as being open-minded, flexible and improvisational. In other words, always checking in and observing what happened in the group or in an individual session, and being sensitive to how the music might affect the participants, which can be both positive and negative. Christine stated that: “... You're there with them, and you need to be very ... responsive to all they bring in.” Furthermore, Emma states that you need to be “Flexible and sensitive,” and that “... you need to start a dialog with them, and be responsive

to what's in the group, what kind of music resources there are in the group". Moreover, Charlotte explained the possible triggers this population could have, and that the music therapist needed to be aware and responsive to those possible triggers, but stated that it's also about context "because this is a very diverse group." She therefore put a distinction between working with children versus working with adults:

So with adults that being more, deciding in the moment, more of an improvisational approach, even with a group of adults there's room for that, but with children, because regulation is a big issue, that structured approach is important.

Lastly, having qualities such as being open-minded, humble and curious about the other person, expressed a sort of an *equal footing*, as Andrea put it. It also spoke of an interested of the other human, in this case a refugee or an asylum seeker, and genuinely wanting to learn more about their background and culture. At the same time, an equal footing spoke of a competence in knowing how to "listen with your everything" and being sensitive when meeting new people, while also being aware of your own identity, and accepting yourself and your own learning process as a music therapist.

4.1.1. Reflections

This common theme reflected the first step towards having a good interaction with people of different backgrounds. It's about being sensitive, present and aware of possible differences when working and musicking with asylum seekers. Likewise, it's about viewing human beings as equals, no matter where they're born, and also showing curiosity, and wanting to learn more about them as individuals. Refugees are not a homogeneous population, and to bring out their diverse life-stories, identities and cultures, the music therapist needs to be attentive and responsive, so that their resources might come to the fore. That's exactly why the cultural sensitivity becomes so important. You need to be able to both see the differences and similarities, and be self-aware of what you bring into the room, and your own identity.

4.2. Connections

The second theme that was constructed, was named *connections*, and this theme was underpinned by four subthemes: *sharing*, *social arena*, *participation* and *social inclusion*. *Connections* is linked to the relationship between the client and participant, between the participant and other in the same group, and even outside of the music therapy room. In this regard, connection can happen through musical interaction, through sharing, through talking about “small” things, - in other words, having any form of normal human contact across culture and ethnicity.

In the first subtheme, *sharing*, Emma talked about how she felt as a music therapist when they shared music from their country or culture with her in the group sessions. She said:

It was an exchange and sharing of music, which was incredible, - it is fantastic, really (...) and then you can meet as human beings, even though you're a bit different, and maybe a bit similar, then music is an arena for meeting each other.

Building on this, Christine mentioned the asylum seekers sharing songs and dances with *each other*, and how enriched she felt when witnessing how kind they were to the others in the group. She said:

... I have had lots of heartwarming moments with children and adolescents standing up and singing songs from their home country, and you wouldn't believe how much they've shown us (her and the other music therapist). They bring so much from their own culture, of dances, music, and just lovely experiences in regards to showing this to each other.

Connection through sharing can also be about getting to know someone by sharing certain aspects of one's culture. Andrea talked about how talking about food, can help create connections and can help you learn more about the other person in a fun and curious way. She said: “As easy as it might be, (it) helps to find a way into people, because food is then about

festivals, activities, particularly with new arrival families, and festivals rotates around food. It's a great way of getting to know each other!"

Sharing can also be about getting an understanding of their musical background, and Charlotte does this by first sharing a song or activity from her Western culture, then asking if they have something similar in their culture, and then let them share and teach her new songs or dances.

The next subtheme, *social arena*, is directly mentioned by three of the music therapists. Olivia first of all mentioned this in regards to a question about the role of the asylum seekers' musical background. She interestingly said that in her experience their musical background was not emphasised, and that the children moreover wanted to learn pop-music, Norwegian music, and songs they had in school. Olivia reflected around this, saying that it might be because of the age of the children, which was between eight and twelve, and that they might not be that connected to their home country, or could even have stayed for a majority of their life in refugee camps, and therefore didn't know enough about their own culture or background. She said: "... a lot of them (children) was very focused on being a part of the social community, that they were close to..." She further added that children could bring friends to the sessions, and that they used music outside of the music therapy room, which in her opinion created connections and relations, a help in getting to know the other children in school. She said: "... it seems like it (music therapy) was an arena, a social arena where they could bring other children, but also develop some knowledge that could be used in social interaction." In other words, they cared more about the social situation, and wanted to use music therapy as a way of connecting with children in school, learn social codes, and just feeling good here and now in the group.

Besides, Emma mentioned the importance of having equal access to resources, and said that: "... music is in my opinion, is a sort of social resource." Additionally, this is linked to human contact, and Emma stated that: "... in a positive music community, which this is, you can build relationships and friendships." Finally Andrea mentioned the aspect of social isolation, and how working with the parents together with their children could benefit them socially.

She said: "... the group setting is so important for these mums, to meet each week and have a sense of connection of other parents, other mothers, other fathers as well. "

The third subtheme, *participation*, is widely used in music therapy research, and speaks about the process of taking part of something, and was mentioned by several of the interviewed music therapists. Olivia said that she preferred this term to inclusion, because inclusion "... is strongly linked to immigrants, and other groups that are not automatically included by the society." She therefore stated that: "I have used the term participation, because the children I have worked with are mainly focused on just being together."

Lily talked about the role of singing together in an inclusive choir she conducted, and how this sometimes led to challenging or uncomfortable moments, when new participants joined the choir. She said: "... It involves changes and some uncomfortable times, but the music really helps, because then people are like; wow, let's just sing together and it sounds right, or I feel great, or we make a mistake and we all laugh about it." In this regard, participation is also about lowering the bar, just being together and laughing about mistakes, and not focusing on performing.

The last subtheme in this category was called *social inclusion*, and these two terms was broadly used by all of the music therapists. That was partly because of the questions in the interview that specifically asked about this, but also because many of the music therapists mentioned social inclusion in various ways earlier in the interviews as well. Emma underlined that inclusion was about being heard, belonging to a community, even if that community is small or large. It is about having support. She said: "... and having the possibility to, through music, tell your story, and being able to use your voice, having a voice in society, really! That is what inclusion is about, being able to participate in society. "

Lily referred back to her inclusive choir again, and said: "Inclusion involves compromise from everybody. So the people being included they got to compromise to, that's just how people learn to get along."

4.2.1. Reflections

Connections, understood through these subthemes, involves compromise, being heard in a group, having a voice in society, experiencing having a social arena, developing knowledge about social codes, and sharing from one's own musical background. Still, I was challenged with this preconception of looking at inclusion, in this case social inclusion, as a main goal to achieve, as Charlotte didn't have inclusion as the main objective when working with refugees. Olivia also preferred the term participation over inclusion, as she felt the latter often was associated with a minority, having to be included into the majority, and that the term was very theoretical.

4.3 "Come alive"

The third main pattern across cases was named "*come alive*" and can be understood in several ways. Firstly, it's about what happens in a music therapy setting, where the refugee(s) and the music therapist(s) play music or dance together. Secondly, it can be about their "coming alive" journey, gaining confidence in themselves, and thirdly it can be about learning how to self-regulate through music activities. Therefore, three subthemes emerged from the main theme "come alive:" *Self-expression, improve self-confidence and self-regulation*.

In the first subtheme, *self-expression*, all six of the interviewed music therapist had some examples of situations with singing, dancing and playing music together that created this extraordinary energy. The next quote from Charlotte described an energy that was present when parents and children was sharing clapping games from their culture with her. She said:

...It's extraordinary, they just come alive! It's the energy, it's extraordinary, and the parents is getting involved in the child (...) The movement seem to bring back the memory, and they become very lively and we teach each other their clapping games.

Emma likewise observed a unique energy that unfolded when a group played music together. She said: "... you notice just how this energy take place right, just that we're playing, we're together!"

Furthermore, Andrea shared an example of a boy who came from Jordan and he clearly had some difficult experiences behind him. "... When this child was stressed, he would just ... imitate putting a rifle together, loading the emission and shooting you, at the age of four..." This was quite a demanding and difficult case according to Andrea, but after having some therapy sessions with him and his mother, she shares the story of how he reacted when a Syrian coworker started playing some rhythms on a djembe in music therapy:

This lady that I work with, got out the djembe, and started just doing some really beautiful little rhythms that are key to her culture, and he got up and started doing this dancing, that the mother had never seen. (...) Dancing became a very important thing in our therapy and it was a joy in his body to move, and it was beautiful that he's mom was able to see that joy, and they shared that joy. She didn't dance with him, they had this lovely moment together, of experiencing something ... where, you know, we weren't putting rifles together anymore, or screaming, this was ... a new experience!

Dancing in this example becomes a way of expressing one self, which then can become new and meaningful experiences, which is important for the development of a young boy.

Likewise, Christine mentioned dancing as an important means of expression, which is present in adult group sessions, where the participants dance together.

Dancing is something we've done a lot, and something they really love doing, which I think is a large part of their culture. More than it is for us. (...) Dancing seems to be a cultural expression, which is equal to music.

Three music therapists specifically mentioned *improving self-confidence* as an effect of music therapy with asylum seekers. It's important to point out that music therapy might not be the only factor to gaining more self-confidence; there can be many elements and possible reasons for that development. Lily shared a story of a guy from Malaysia who entered her choir, and how he experienced positive changes in himself, which gave him a drive to actively change his life outside of choir. She said:

He credits choir, plus his church, plus his work (...) so he got a few things that he does, that he says was helping him build his confidence. So he sings solo, have a beautiful voice, and he sings solo with us, and he – every time he does it, he says he feels like: *everybody likes me, everybody likes my voice, they trust me. Everybody here trusts me to sing.*

Furthermore, the four-year-old boy Andrea worked with over a long period in sessions with his mother also showed an improvement in confidence. She said: “I think music eventually did improve his self-confidence, and abilities to move into social settings that, it was, you know, music was a combination of learning language, and feeling confident in himself.” Additionally, Olivia experienced how the children she worked with, genuinely wanted to improve themselves and their lives. She said: “I experienced how they had this desire to ... improve their lives, and that they used music for that. “

The last subtheme in this main pattern was named *self-regulation*. Under the main theme, “Come alive” this subtheme can be understood as a way of learning how to cope with your own feelings and possible trauma through self-regulation in music therapy. Charlotte talked about the effects music had on the brain and body. She said:

... Our approach is to have a psychosocial approach, because trauma affects the entire being, and so music therapy is perfect for that, because there are biological – you're using your body, expressively, your doing a lot of things to help with regulation.

Focusing on regulation was further mentioned by Olivia, who said that: “I have become very focused on affect regulation, and to be able to be highly activated without chaos, and that they (the children of refugee-like backgrounds) can manage to also get down after being activated.” As a result, Olivia used a mattress on the floor in a period, which worked as a regulation-area where they could start and end the session in a calm place. This helped the children to self-regulate and to cope with their own affections and emotions. Charlotte specified that music has a lot to offer, partly because it's rhythmic, and partly because of the prosody in music. She said: “...When you sing, it's a prolonged exhalation, and that prolonged exhalation is calming.”

4.3.1. Reflections

Aspects of musical togetherness and vitality is needed to “come alive.” In the music therapists own words, this seems to have been a common experience for the refugees and asylum seekers throughout therapy. Improving their self-confidence became significant, and this was observed as a way of coping with new circumstances, and taking back control in a chaotic life-situation. This chaos was also observed in the music therapy room, which is why self-regulation became an important tool for many of the therapists. They saw the need for regulation, especially considering the many elements of unpredictability and uncertainty that exist in the “outside world.” Music therapy was in this context about creating a safe place where the asylum seekers could flourish and be themselves, building on their resources and strengths. It was also just about having fun and experiencing real joy, hope and positivity in musical interactions and expressions.

4.4 Complex transitions

The fourth common theme, *complex transitions*, represented the situation that asylum seekers face while waiting in asylum centres in Norway or in detention centres in Australia, as a consequence of their transition to a new culture and country. This theme emerged from the interviews, showing the importance of including a larger perspective, while taking into account the asylum seekers background story and current living situation. Furthermore, the theme focused on political and social perspectives on their living situation, and the role of music therapy. This main theme was underpinned by three subthemes: *trauma-background*, *in limbo* and *gaining trust*.

All six of the interviewed music therapists mentioned the possible trauma-background as a factor to be aware of, but the emphasis put on trauma recovery varied. Firstly, four music therapists talked about the current situation, the here and now perspective, and how to better help the asylum seekers coping with factors related to their new life. The remaining two of the music therapists worked from a trauma-informed perspective and both were concerned about how music might trigger stress-related responses. Andrea shared one example:

I have one mother that I was working with and I used balloons in an activity, and she said; *I'm so sorry, I stressed out* – and I hadn't picked up that she had stressed out, and I asked why, and she said; *sure, it's just a reminder for me... of the guns* – she came from Baghdad, and said she had witnessed her father being shot by the Taliban. So that was like... wow. You know, and then you see that it's a generational trauma.

Charlotte talked about how trauma affects the entire being, and mentioned especially how it affects children: "...in trauma, children can be very sensitive to touch, sound, smell, sense of movement ...". Therefore, she placed trauma-recovery as her main objective when working with refugees, and had a developmental approach. Additionally, Emma mentioned the difficult aspects of trauma-recovery:

... And then you have the possible traumas, right, and that they (the refugees) are very vulnerable, in a vulnerable situation with... a difficult background, and how are you going to approach and hold that, right? It's complex!

Multiple of the music therapists mentioned the waiting period, being *in limbo*, that a lot of asylum seekers experience. Lily told the story of a refugee from Iran who waited six years for his application to be processed. She said: "... he's young life has been taken away from him, so not only is he to cope with being separated from his family in Iran, now he, - he's in limbo. It's appalling." This added stress affect their current situation, living in uncertain conditions at detention centres or asylum centres. Olivia revealed that parents of newly arrived families often struggle with a feeling of being excluded from the majority, and this affects the children, who might struggle with serious issues as well. Lily talked passionate about the political situation in Australia, and said that many asylum seekers were treated as if they were prisoners while waiting for their application to be handled. She further points out that the government might benefit from accommodating refugees in a more humane way, and said that "people in pain, need somewhere safe."

The last subtheme, *gaining trust* was in this context understood as building trust towards the government, the people around them, and trusting that the music therapists was on their side,

and wished them well. Andrea said: “You have to build an enormous amount of trust to these people, because their trust has been demolished.”

4.4.1. Reflections

All six of the music therapists underline the importance of establishing safety and building trust. This was crucial in the beginning of the music therapy sessions, and was done in several ways. Charlotte always started with talking with the parents and the child first on the phone before meeting them, and she then asked whether they wanted to use music and movement, to check in that she was not overstepping any boundaries, knowing that the use of music in cultures varies greatly, and playing music might come with negative connotations for some. Christine said that the use of name-games, for example and fun activities such as Zip-Zap-Zoe, and clapping games helped to lower the stress-level in a newly formed group with refugees. She further stated that this was a task that demanded focus, and that the music therapist needed to be active and present.

4.5 Context

The last theme named *context*, is connected to several issues that some of the music therapists faced in their work with asylum seekers. Some of these issues refer to the structure of the session(s), as some therapists struggled to ensure fundings for the continuity of a project, or raised ethical issues concerning lack of time and resources to meet individual needs. On basis of this understanding of the theme *context*, four subthemes was developed: *Lack of continuity*, *funding*, *cooperation*, and *individualized versus groups*.

The first subtheme, *lack of continuity*, was mentioned by all three of the music therapists from Norway. Two of the three music therapists in Australia worked under an organisation, which provided a framework for continuity, and in depth therapeutic processes. One music therapist from Norway had experience from working with a school, which provided a clear framework, but also working in projects as well. The last music therapist in Australia worked with an inclusive choir, and in that sense had continuity in her work as well. As a result of the project-based structure in Norway, the opportunity to develop trustworthy relationships and provide safe environment for the asylum seekers were at times difficult to achieve. Emma

talked about a feeling of unpredictability, in regards to who would show up in the music therapy sessions each time at the asylum centre. She therefore said: "... there was this lack of continuity in the people showing up, so you had to be very, - it was difficult to maintain a sort of routine, or building the group-dynamic, but that was the premise." Olivia had the same experience, and was concerned with how the short-term music therapy would affect the participants. She said:

I think it's hard seeing the children struggle, and that they think it's difficult. That life can be difficult. And if they struggle with very difficult things, that is really tough. This is where the ethical aspect of the project comes in. Because for a lot of these (asylum seekers) long-term and safe relationships is extremely important.

Olivia said that it was painful when a project ended. I asked her:

I: They want you there, because you're a safety?

O: Yes, we knew each other quite well at that point. And it's not fun when people they enjoy being together with, suddenly disappear. (...) And who might represent something fun, a place where they can develop, and feel well.

Christine wished for more continuity, and said: "... the way we have worked, has not given us the opportunity to work with people for a long time, so that is actually something that I really missed. "

The next subtheme, *funding*, was linked to the context of the music therapy, and the focus is on the consequence when funding as an issue. Lily mentioned how the attitude towards asylum seekers in Australia overall could improve, and that the government could do a better job in providing better accommodations, and shorter waiting-periods. As a consequence of this, Lily worked with one asylum seeker in particular, without getting paid, and she shared that: "... it was pretty intense, and because it was volunteer, we just did it as needed, and as we had time, so it's quite different from if you do that as part of your paid role as a music therapist in a centre or something..."

Christine shared how the funding stopped for her project with asylum seekers. She mentioned some possible reasons for that, as she worked for an organisation in Norway, and they had received a lot of funding for a long time. "... So they (the organisation) applied for funding to support the project, and received a lot of support for many years. And now, there was a period where they didn't receive any support, and I think it's because ... Things change. There are fewer and fewer asylum centres."

Cooperation was a key word for many of the interviewed music therapists, and included mostly positive experiences of working together with other therapists, musicians, or co-workers in the field. Additionally, cooperation also expanded to other fields, crossing music therapy with other therapies, for example speech therapy, psychodrama or drama therapy. In other words, cooperation became a way of developing a broad approach to meet the diverse needs of the asylum seekers, and the specific context they were in. It should be noted that many of the music therapists also wished for a co-worker, or a possible cooperation with other organisations or fields, but didn't have enough funding to actually go through with that idea.

Emma shared the benefits of being two music therapists in a group setting. She said: "Having someone to "play ball with" both in the sessions, and afterwards, - it's kind of a security that you make the right choices." Furthermore, Andrea talked about working and cooperation with a speech therapist during her preparation for a children's program for refugee children and parents. She said that: "I had the advantage of having this Syrian girl in my group..." This turned out to be of great benefit, when the co-worker helped her discover the four year old boys dancing abilities, by playing rhythms on a djembe that was key to her culture.

Moreover, Olivia pointed out that it's important to examine what is already happening, and that the county she lived in studied "... how music therapy can support already existing treatments, and cover needs that are not being met by the existing treatments."

The last subtheme, *individualized versus groups*, referred once again to the challenge of not having the right resources, funding's or equipment to offer both varieties to asylum seekers still living in detention or at asylum centres. It's also a question of which method to use, and

what the music therapists interviewed do in their work, as a consequence of their current work-situation. Emma talked about how only working in groups could limit the possibilities she had for going into deep and personal processes with each asylum seekers, especially when music could trigger some negative responses as well. I asked if she wanted individual sessions as well, and she answered: “Yes, a combination would be nice. Having both, because then you could start different processes, in deeper layers.“

Charlotte had individual sessions with adults, and group sessions with children and their parents. She explained that there are completely different approaches used in these situations, and with adults, processing and psychotherapy is more common. She therefore underlined that:

... It's a lot of talking first, and then I ask them is there music you listen to? So we have done a lot of verbal processing. So even when I'm working as a music therapist, there is verbal processing.

4.4.1. Reflections

Due to the above comments, *context* in this regard, can be understood as the multiple factors that either limit or enrich the framework for music therapy with asylum seekers. This can be challenging for some of the music therapists, and set up boundaries that might even stop projects from continuing. Sometimes these events happen outside of the music therapist's own control, making it harder to develop safe platforms and relations, continuing with the therapeutic process, and so on. Even though there are examples that show more cooperation across fields for the benefit of music therapy, change is still needed. Furthermore, if music therapy is provided, it can support already existing treatment, and Emma stressed the importance of music therapists being present in this field. She said that: “... It is very exciting to work in this field, and I think music therapists definitely should be there.”

5. Discussion

I found some prominent perspectives when reviewing the results, which are outlined in this chapter. First the music therapists' own qualities will be discussed, followed by some reflections on musical togetherness. Afterwards, I will discuss the term social inclusion, then continue with a comparison between Norway and Australia, and closing up with examining these results from a larger perspective.

5.1. The music therapist's qualities

The first common theme was named *cultural sensitivity*, but it could also have been named cultural competency, in regards to the qualities and characteristics needed when working with this population. Jin (2016) wrote about this in his study on the experiences of three music facilitators in working and musicking with refugees. He found that the music facilitators described this competency as gaining (1) knowledge, by learning more about the asylum seekers and their stories, their music and culture, gaining (2) attitude, in the way they became motivated to give agency to the asylum seekers, and gaining (3) skills in facilitating and overcoming challenges (p. 22). These findings may be linked to curiosity, which seemed to be key for developing trust and establishing contact. By simply asking questions and learning about the client's background, culture, food, music ect., the music therapist will gain knowledge, while also strengthening their cultural identity and personal resources.

Still, in the interviews I conducted, there seems to be an overall agreement that it's okay to make mistakes, and that one needs to be kind towards oneself when working with this population. There is a lot of self-care involved when working with human beings that have gone through life-threatening situations and possible trauma, so in order to truly be in the moment with them, the music therapist also needs to be able to take care of his- or herself. This element was also important when looking at the theory on cultural sensitivity, developed by Quereshi (2008).

Trondalen (2016) writes about the importance of exercising self-care, especially as members of a helping profession. As a music therapist one may experience burnouts, so caring for one's

mental health is of importance. This could be explained as a sort of complex balancing act influenced by private pressures, genes and professional stress (loc, 1609). Balancing this can be difficult, and Christine mentioned how the amount of energy she spent on being there in the moment, sometimes left her feeling drained. Even though she felt empowered by the interaction, she still acknowledged that working in this field is intense and even demanding at times. Additionally, the notion of taking care of oneself depends on one's background. Charlotte had gone through trauma as a child herself, and said that through her work as a music therapist, she felt a strong sense of being at the right place, and doing what she was meant to do. She was slowly healing herself, through helping others, and felt a strong connection to especially helping and supporting children with trauma-backgrounds. So even though self-care was crucial for both therapists, they approached it in different ways.

I would argue that gaining knowledge and skills is mixed together with an acceptance of who one is, being self-aware, and knowing one's own resources and emotional strengths. This further involves being sensitive, responsive, listen with one's entire body, and always being curious. It may even involve the music therapist sharing her or his insecurities or imperfections in a professional way, to open up for connection and humanisation. Charlotte further mentioned the importance of being reflective, through asking this question: "How do you feel when you do this?" This question is linked to the process of creating a space where the refugees are in control of what is happening, and making them feel safe throughout the therapeutic processes.

In regards to cultural sensitivity, the aspect of cultural awareness is not merely about acknowledging and recognising other cultures. For the music therapists, it may be a process of examining the cultural identity that has shaped their own perception of the world. Stensæth and Bonde (2011) examines our understanding of music, and how it differs from other non-Western societies. They write about how we are used to taking musical lessons, learning instruments with a purpose and participating in musical interaction as an organised activity, often available for the privileged and talented (p. 179-180). If we move outside of our Western culture, we could get a deeper understanding of the various connection between music and culture. In African cultures, children learn to dance, sing and play, not necessarily through training or lessons, but through simply being a part of the community, and

participating in activities. Music is in that sense an integrated and spontaneous activity connected to the culture, that does not require skills or interpretation – you're just playing together, *being* together, in music. Then again, there can also be negative connotations to music participation in certain cultures, which Charlotte also stressed. Without having a sense of cultural sensitivity, the music therapist might unconsciously trigger negative associations, anxiety or overwhelming reactions for the refugee or asylum seeker client. In other words, this cultural sensitivity is of importance when working in cross-cultural and multicultural settings. On the other hand, focusing merely on culture might not be the first objective for children in music therapy. Olivia discovered that the refugee-children in her groups, did not care about singing songs from their home country. Mostly they wanted to learn new songs, especially pop-music, and play them in concerts at their school. In this context, musical participation became more about learning social codes, sharing music with friends, and developing a sense of belonging.

5.2. Musical togetherness

Musical togetherness in this context can be understood as expressing oneself in collaboration with others. This togetherness may happen with refugees/asylum seekers in a group-settings when singing together in a choir, with parents or family-members, or one-on-one with the music therapist. Tia Denora (2013) and her concept of music asylum, is interesting to look at in regards to musical togetherness. Usually, this togetherness happens inside the music therapy room, which represents a secure and safe place. In this room there is potential for flourishing, for taking away distress and other obstacles. It is somewhere where each person can express themselves freely, without judgement or being afraid of making mistakes. This was particularly connected to vitality, the feeling of coming alive, which was described by many of the music therapists. Through singing in a choir for instance and sharing musical experiences, connections and friendships may be formed. Lily observed how a young man from Malaysia gained confidence through singing in a choir, and that the people in that choir encouraged him to apply for work in Australia. Through musical togetherness he improved his own life, and ended up with a new job as a result. Another example was observed in how the refugees shared songs, music and dances from their culture, recognising each others' backgrounds and accepting them.

However, having a multicultural choir or playing music in a group, does not necessarily contribute to bringing people together. This may even emphasise their differences. Sloboda and Bergh (2010) discusses the notion that music is predominantly good and peaceful, and suggests that this “romanticising” of music participation could also create division and encourage warfare. Some examples is to maintain boundaries between enemies, to incite war, brainwash, manipulate, intimidate, torture and humiliate prisoners in various countries, such as Iraq, Rwanda and Sudan. According to Sloboda and Bergh it is important for any therapist working with refugee populations to have added attention to conflict resolution through music, and being reflexive towards the possible negative effects of music participation. Therefore, being able to create a safe space where each person feels free to express themselves without being afraid of making mistakes or being triggered, is essential for a positive experience in music therapy.

Olivia, however, observed how the concern of making mistakes was not present in refugee-children, as she moreover described them as brave. It was when a refugee-child included a Norwegian friend to the group, that this changed. The Norwegian child seemed to be more introverted, shy and afraid of making mistakes. This could partly be due to the fact that the refugee-children knew the rules in the group and felt safe there, but it can also be about difference in musical connotations, depending on culture and background. Then again, the energy, aliveness and vitality that she observed as a part of with the refugee-children's' musicking, had me thinking about the expectations we sometimes have towards music, musicians, performance, and participation. It may seem that in Western societies the quality, skills and the sound of the music are of greater importance, as opposed to the feeling of being together in music and experiencing joy, wellbeing and vitality. There is some sort of humanity involved in expressing oneself through music, which could be connected to identity, gaining self-confidence, learning social codes, getting friends, or it could simply be about having fun.

5.3 .Social inclusion

In the beginning of this study, I was quite convinced that integration and inclusion was the best starting point for working with refugees and asylum seekers. During the interviews, I got various answers to the questions regarding social inclusion and integration. Some of the music

therapists challenged the premise of the question, as it is a theoretical term with many dimensions and layers. Charlotte even asked me: “What do you mean by inclusion? Is it in their group, in their community, or in society as a whole?” Even though I still believe being included in small groups or on a society level is important if a refugee or asylum seeker is to live a meaningful life in their new country of residence, this is a complicated matter. The refugees are usually the minority being included into the majority. According to Olivia, this is a very typical assumption, which could diminish the worth of people in these groups as someone who merely needs to be helped and to be included. On the other hand, the importance of inclusion in a group, was mentioned by Lily who conducted an inclusive choir. She mentioned how in her choir, inclusion involves everybody, and that it is always a compromise between everyone. Both Christine and Emma talked about the possibility of creating contacts in the local community, through performing and being visible in the outside world. Olivia further wondered whether participation was a better word for the process of finding one’s own voice, gaining self-confidence and learning the social codes, as it somehow invites everyone to be on the same level. This could also be turned around, asking: can we, as members of the majority, be included in their story, culture and background? Offering a new way into connection, focusing on creating a “we” in the therapy-room, instead of relying on a “us-and-them” narrative. Charlotte put it this way: “I always start with what I know, then I ask, what do you have?” This can be seen as a perfect example of sharing, and genuinely wanting to learn from others, understanding that we might have more in common than we think.

5.4. Differences and similarities

It was fascinating to discover that there were more similarities than differences between Australia and Norway in regard to my research question. It would appear that the music therapy profession worldwide have many perspectives, methods and interventions in common, being informed by the same international research and theories. However, some differences were noted. In Australia two of the three music therapists worked from a trauma-informed place, and the remaining four music therapists (all three in Norway, and one of the Australian ones) worked from a community music therapy perspective. Then again, all of the music therapists worked from a strength-based or resource-oriented perspective. Further

issues concerning logistics, fundings, lack of continuity and obstacles, was found mostly in Norway. The most prominent difference was therefore in how they approached the population, and framework outside of the music therapists' control, which shaped the music therapy sessions.

Charlotte and Andrea put a lot of emphasis on the intense effects that trauma has on a person's body, spirit and mind, and that this can be observed in an alternation between two states in particular. Orth (2005) describe these states as (1) a re-experiencing of trauma, which is overwhelming and (2) a numbing experience, which can result in avoidance of people, places and events that can trigger these associations. This can further bring intolerable panic or anxiety for the person being triggered. Charlotte in particular tried to work from a trauma-informed place, and expressed how ruthless use of music could activate these intense re-experiences and dissociative conditions. On the other hand, describing refugees as a homogeneous group identified by the trauma-background, being labelled as "traumatized refugees" is critically examined by Comte (2016). This description could suggest that refugees are solely recognised by their trauma, which further could strip them from their individuality, and diminish their experience into a dominant narrative. On the other hand, the music therapists from Norway were less concerned with being trauma-informed. They seemed to focus more on the here-and-now and facilitating musical collaborations and experiences. Then again, maybe there is a duality necessary when working with this particular population. Obviously, the therapists needs to be able to see the refugees in their current situation, in the here-and-now, while also remembering to keep their background and trauma-experiences in mind.

It was interesting to note that several of the Norwegian therapists felt as though the music therapy setting was more of a "musikkverksted"³ because it was not possible to start deeper, therapeutic processes for individuals within a group and project-based model. Each week there could be different groups, which naturally changed the group-dynamics. Therefore, there was put a lot of emphasis on being able to create these "gylne øyeblikk"

³ This term can be explained as a music-workshop, a place where you play music together, share, dance and sing. In that context, individual trauma recovery and/or verbal therapy is not included.

(golden/positive moments), and use easy songs and activities, with a low threshold for participation, to avoid unnecessary challenges. If one asylum seeker did not attend the next week's music therapy session (for whatever reason) there was a hope that this person would look back at the music therapy session as a positive, social, musical and cultural experience, because there were no trauma-focus. This was again due to how the framework of the music therapy was set up, and the conditions. The project-based interventions did not have enough funding, time or capacity to include individual sessions, and the Norwegian music therapists recognised the need for providing this treatment. They saw people in group-settings that could benefit from individual therapeutic processes. This idea would be supported by Orth (2005). He urges the need for individual sessions with this population, especially at the beginning of a music therapy treatment. In his experience, the focus in the first sessions should merely be on creating a safe environment, and this could be difficult to obtain in a group-setting, where there might be loud noises, vivid interactions and potential triggers for earlier trauma. In an individual setting, the music therapist can pay more attention to the specific cultural needs (Orth, 2005. page 14). Likewise, understanding their individuality and seeing each person with their own unique personalities, may be difficult in a group-setting. Therefore, I would argue, having a framework that increases the possibilities for individual sessions, and at the same time offer continuity in the therapeutic process, would be beneficial for both the music therapist and the refugee.

The music therapists from Norway mentioned the importance of predictability in the sessions, through a balance between structure and flexibility. Lily who worked from a community music therapy approach, stated that she does not use an exact method or have clear goals when working with the inclusive choir, and that it is a collaboration. This is a process where you become comfortable with being uncomfortable, and good at communication skills and flexibility. When looking at the community music therapy approach, in light of what Lily describes as important, this definition of Ansdell (2003) comes to mind:

Community music therapy is an anti-model that encourages therapists to resist one-size-fits-all-anywhere-models (of any kind), and instead to follow where the needs of clients, context and music lead (Pavlicevic & Ansdell, 2004).

Stige (2014) argues that individual treatment in music therapy is strongly influenced by the tradition of medicine. This is in contrast to CoMT that encourages social inclusion, well being, collaborative efforts and musical participation (p. 52). Maybe a combination of both individual and group-session would be preferred, or as Olivia mentioned, having smaller groups to create more structure, less chaos, and safety in the group dynamic. However, based on these results, there seems to be many ways of working and musicking with refugees and/or asylum seekers. Maybe the most evident and prominent approach is to always be guided by the clients, the context and by the music, as stated by Ansdell.

5.5. The larger picture

In order to identify key elements in the larger picture, I tried to review the results through existing theories. Therefore, inspired by Bronfenbrenner (1997) and his ecological system theory, I organized the common themes in two levels, one grounded in the microsystem and mesosystem, and the other representing the exosystem and macrosystem.

The first level is based on the music therapists' own thoughts and experiences of gaining a cultural sensitivity. On the same level, we find the relationships between the therapist and the refugee(s) and the musical experiences they share (developing connection and "come alive"). This represents the intimate relationships in a refugee's life, including relationships towards family members, the therapist, or other refugees in a group-setting. When we consider the influence and power the therapist might have in a therapist-client relationship, the music therapist's awareness of control becomes important. In the music therapy room, there are some clear goals that can be achieved and these three examples relates to self-regulation, connections and resilience. First, Charlotte used the song "Itsy Bitsy Spider" and demonstrated resilience in how the spider, despite being continuously washed away by the rain, always started climbing up the water spout again. Another example was the mattress on the floor, symbolizing a space for calming down, in order to motivate self-regulation. Thirdly, the examples of these "gylne øyeblikk" may further spark connection, and the feeling of coming alive through music. The music therapists in these examples provided a platform that encouraged the refugees to engage and participate.

The second level takes place in-between the music therapy room and the outside world, showing a more holistic perspective. This level is defined by factors that are hard to change or improve, consisting of politics, waiting-periods and other stressors, the journey of adapting to a Western culture, and factors that either limit or open up for music therapy practice. This system is about social and cultural structures in society. Then again, music therapists may very well work with these level in mind. The example of the four-year-old boy who imitated shooting rifles, showed an extensive change in behaviour when the Syrian coworker played the djembe. The rhythms inspiring him to dance, and gave him a new experience of himself, which further sparked his confidence. This made him brave enough to talk to people at his school, and to expand his social network. In other words, an experience that happened inside the music therapy room had outcomes that presented itself in the outside world.

Stige (2012, p. 145) suggested that acknowledgement of private issues is not merely about individual pathology, but more about the broader context, private problems and public concerns. Being aware of oppressing power systems, and working towards inspiring, encouraging and motivating for individual flourishing, could influence the effects outside of the therapy. In that context, affording individuals who have been oppressed by political power, with resources to oppose these forces, and further provide opportunities for flourishing and empowerment would be essential (Comte, 2016). Hope is also important, because if a person sees no future, the living situation would become even more unbearable. Social isolation and marginalisation is an unfortunate reality for many refugees who feel stranded, isolated and packed away from society. Having access to meaningful activities can further help the experience of comprehensibility, manageability and meaningfulness. I would argue that these elements are especially prominent in music therapy activities, including stimuli, predictability and engagement (Antonovsky, 1993).

Returning to the music therapy room, an efficient starting point would be to create a we, instead of a us versus them-narrative. The music therapists should facilitate for cross-cultural connections, through encouraging feelings of togetherness, belonging, coping and feeling empowered.

6. Difference is a teacher

Arriving at a definite conclusion would undeniably be difficult, because of the multifaceted nature of my research question: “How do six music therapists from Australia and Norway describe music therapy with refugees and/or asylum seekers?”

The research question opens up for an in depth exploration of how music therapists describe and experience music with asylum seekers. From having conversations with six music therapists’ s and hearing about their experiences, I got a deeper understanding of the many layers that interact at the same time, and how much energy is spent on being present, in the moment, sensitive, responsive and self-aware. The possibility of creating connections, relationships and mutual understanding is not linked to whether the therapist practice their work in Norway or Australia. This humanising contact is linked to the most powerful tool we use, which cannot be underestimated, music itself. Then again, *how* we use music and *how* we meet the refugees are essential to discuss in this matter. That's exactly why I would argue that registered and authorised music therapists have so much to offer, because they are trained in human communication and contact, in relational perspectives and being self-aware. Furthermore, It is not merely about playing Western music with people of other cultures, but about learning new songs, gaining musical knowledge, and growing as a practitioner. There is always room for sharing, learning, and connecting with anyone, no matter where they come from.

The idea that we should not shy away from differences, was also interesting to note. Those of us that might be scared of differences, could gain so much by forcing ourselves to being open-minded, avoid pre-assumptions, and by simply asking questions. People do not come with a manual, as Andrea put it, and that is why curiosity was so essential. In other words, by thinking that every single individual have something amazing about them, something unique, that curiosity will most likely be perceived as genuine. This is a way of gaining, growing and learning about other ways of living and appreciating different mindsets, values, moral standpoints and opinions. Because of these eye-opening and yet so obvious new insights, I landed on “differences is a teacher” as a title for this project. It somehow connects the dots

that were missing, because even though we all share certain things in common, appreciating the differences and gaining new perspectives, is what truly make us learn and grow.

7. Conclusion

7.1. Usefulness and relevance

Going back to the acronym EPICURE (Stige, et al, 2009) I will now consider the usefulness and relevance of this study. Firstly, the usefulness can be related to these two questions: “How are the research process and products useful for practice and understanding in relation to real world problems and situations?” and “How is it useful for practice context, participants, professionals, agencies and policy?” (Stige, 2009). I consider the results of the five C’s to truly show and reflect the complexity in this field. There might not be that much knowledge beforehand on refugees, and why and even how music therapy is needed or necessary. Therefore, learning how professional music therapists’ describe their experiences in working with refugees and the energy and aliveness they describe, and the connections, could hopefully spark an interest in practitioners or other professionals in wanting to pursue this particular field.

Furthermore, asking questions regarding the relevance, could for example be: How do this study contribute to the development of our discipline, and is there any new knowledge or originale perspectives to learn? I would say that this study is unique in the sense that Norway and Australia are represented, and compared to each other. Then again, the result mostly tell us about the similarities between the music therapists work, in how they want to provide support and help for people in vulnerable situations. Maybe the most original insight is not only the sensitivity needed as a professional music therapist, but also the self-care involved in the process. Furthermore, looking at the themes complex transitions and context with the idea that many of these elements are outside of the music therapist’s control, can help as a way to put away the burden on therapists to solve all of the obstacles that refugees and asylum seekers face in the transition to a new country.

7.2. Limitations

In this study, I collected data from six participants, which is considered a small sample. Therefore the results are not generalisable. Additionally, I’ve only gathered information from

the music therapists themselves, and so the refugees are not heard. Without their perspective, experiences, feelings and thoughts, the results could be considered to be incomplete, and only show one side of the music therapy, the positive side. Music could potentially be a source for triggering horrific memories and traumatic experiences and even be used in negative ways. If we overlook the negative uses of music, we also do not acknowledge the multifaceted nature of music. Furthermore, sometimes the results of a study, is uncritical and merely positive towards music participation, especially if the interviewed are musicians, music therapists or organisers. This could be linked to the fact that a music therapist's best interest is to shed a positive light on their work and the outcome for the participants. Finally, the participants in this study are all women, which could say something about the need for more male music therapists in this field, and also the need for diverse representation, to get a more comprehensive picture of the approach used with this population. It should also be noted that the participants are white, and in that regard influenced by Western culture. This could potentially reinforce the gap between cultures, by repeating certain ideas about music therapy, cultures and about the refugee population.

7.3. implications for further studies

There are many interesting perspectives, in my opinion, that could be further explored in regards to music therapy with refugees and asylum seekers. A more systematic review of how music therapists work, within the same framework could be interesting to explore (e.g. individual settings only, or with the same group over time), given that this is not a homogeneous population. Moreover, reviewing the outcome of music therapy from the experience of refugees, would be refreshing to explore. This could also open up for more research on their journey, from the war-setting, to refugee-camps, and the resettlement-phase. Maybe a balance of the two perspectives (music therapists and refugees) would be ideal, to open up for conversation and a dialog across music and culture. Furthermore, exploring specific methods in musical participation, such as improvisation, song-writing, playing instruments, singing, listening, and even dancing, could help understanding more of the distinct components of music that affects the human body and mind. Furthermore, critically examining how certain studies often focus on the problems associated with people seeking protection, refugees and how their "traumatized" could be valuable to research, as an

extension of this topic. Likewise, research that is not set in Western societies, showing diversity and equal representation could probably serve as a way to broaden the understanding of this topic. Not to mention, the notion that music is predominantly “good and peaceful” could further be challenged, from the perspectives of music therapists working with this population. Lastly, through diving into the deeper causes of the refugee-crisis, and representing various connections between music, culture and wellbeing, music therapy could be seen as a natural and valuable treatment and therapy for refugees. In that case, music could give them a voice, not only in the music therapy room and on an individual level, but a way to be heard, understood and recognised in their new community.

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9. Appendix

Our assessment is that the processing of personal data in this project will comply with data protection legislation, so long as it is carried out in accordance with what is documented in the Notification Form and attachments, dated 08.05.19, as well as in correspondence with NSD. Everything is in place for the processing to begin.

NOTIFY CHANGES

If you intend to make changes to the processing of personal data in this project it may be necessary to notify NSD. This is done by updating the Notification Form. On our website we explain which changes must be notified. Wait until you receive an answer from us before you carry out the changes.

TYPE OF DATA AND DURATION

The project will be processing special categories of personal data political opinions and general categories of personal data, until 15.05.2020.

LEGAL BASIS

The project will gain consent from data subjects to process their personal data. We find that consent will meet the necessary requirements under art. 4 (11) and 7, in that it will be a freely given, specific, informed and unambiguous statement or action, which will be documented and can be withdrawn.

The legal basis for processing special categories of personal data is therefore *explicit consent* given by the data subject, *cf. the General Data Protection Regulation art. 6.1 a), cf. art. 9.2 a), cf. the Personal Data Act § 10, cf. § 9 (2).*

PRINCIPLES RELATING TO PROCESSING PERSONAL DATA

NSD finds that the planned processing of personal data will be in accordance with the principles under the General Data Protection Regulation regarding:

- lawfulness, fairness and transparency (art. 5.1 a), in that data subjects will receive sufficient information about the processing and will give their consent
- purpose limitation (art. 5.1 b), in that personal data will be collected for specified, explicit and legitimate purposes, and will not be processed for new, incompatible purposes
- data minimisation (art. 5.1 c), in that only personal data which are adequate, relevant and necessary for the purpose of the project will be processed
- storage limitation (art. 5.1 e), in that personal data will not be stored for longer than is necessary to fulfil the project's purpose

THE RIGHTS OF DATA SUBJECTS

Data subjects will have the following rights in this project: transparency (art. 12), information (art. 13), access (art. 15), rectification (art. 16), erasure (art. 17), restriction of processing

(art. 18), notification (art. 19), data portability (art. 20). These rights apply so long as the data subject can be identified in the collected data.

NSD finds that the information that will be given to data subjects about the processing of their personal data will meet the legal requirements for form and content, cf. art. 12.1 and art. 13.

We remind you that if a data subject contacts you about their rights, the data controller has a duty to reply within a month.

FOLLOW YOUR INSTITUTION'S GUIDELINES

NSD presupposes that the project will meet the requirements of accuracy (art. 5.1 d), integrity and confidentiality (art. 5.1 f) and security (art. 32) when processing personal data.

To ensure that these requirements are met you must follow your institution's internal guidelines and/or consult with your institution (i.e. the institution responsible for the project).

FOLLOW-UP OF THE PROJECT

NSD will follow up the progress of the project at the planned end date in order to determine whether the processing of personal data has been concluded.

Good luck with the project!

Contact person at NSD: Elizabeth Blomstervik

Data Protection Services for Research: +47 55 58 21 17 (press 1)

NSD sin vurdering

Skriv ut

Prosjekttittel

Fortid preget av flukt – en kvalitativ studie av musikkterapiens betydning for asylsøkere i et fremmed land

Referansenummer

482235

Registrert

10.04.2019 av Margrete Daae Mæland - margrete.d.maeland@student.nmh.no

Behandlingsansvarlig institusjon

Norges musikkhøgskole / CREMAH - Senter for forskning i musikk og helse

Prosjektansvarlig (vitenskapelig ansatt/veileder eller stipendiat)

Gro Trondalen, gro.trondalen@nmh.no, tlf: 91847700

Type prosjekt

Studentprosjekt, masterstudium

Kontaktinformasjon, student

Margrete Daae Mæland, maelan94@gmail.com, tlf: 47399115

Prosjektperiode

15.04.2019 - 15.05.2020

Status

08.05.2019 - Vurdert

Vurdering (1)

08.05.2019 - Vurdert

Det er vår vurdering at behandlingen vil være i samsvar med personvernlovgivningen, så fremt den gjennomføres i tråd med det som er dokumentert i meldeskjemaet den 08.05.2019 med vedlegg, samt i meldingsdialogen mellom innmelder og NSD. Behandlingen kan starte.

MELD ENDRINGER Dersom behandlingen av personopplysninger endrer seg, kan det være nødvendig å melde dette til NSD ved å oppdatere meldeskjemaet. På våre nettsider informerer vi om hvilke endringer som må meldes. Vent på svar før endringen gjennomføres.

TYPE OPPLYSNINGER OG VARIGHET Prosjektet vil behandle særlige kategorier av personopplysninger om politisk oppfatning og alminnelige personopplysninger frem til 15. Mai, 2020.

LOVLIG GRUNNLAG Prosjektet vil innhente samtykke fra de registrerte til behandlingen av personopplysninger. Vår vurdering er at prosjektet legger opp til et samtykke i samsvar med kravene i art. 4 nr. 11 og art. 7, ved at det er en frivillig, spesifikk, informert og utvetydig bekreftelse, som kan dokumenteres, og som den registrerte kan trekke tilbake. Lovlig grunnlag for behandlingen vil dermed være den registrertes uttrykkelige samtykke, jf. personvernforordningen art. 6 nr. 1 a), jf. art. 9 nr. 2 bokstav a, jf. personopplysningsloven § 10, jf. § 9 (2).

PERSONVERNPRINSIPPER NSD vurderer at den planlagte behandlingen av personopplysninger vil følge prinsippene i personvernforordningen om: - lovlighet, rettferdighet og åpenhet (art. 5.1 a), ved at de registrerte får tilfredsstillende informasjon om og samtykker til behandlingen - formålsbegrensning (art. 5.1 b), ved at personopplysninger samles inn for spesifikke, uttrykkelig angitte og berettigede formål, og ikke viderebehandles til nye uforenlige formål - dataminimering (art. 5.1 c), ved at det kun behandles opplysninger som er adekvate, relevante og nødvendige for formålet med prosjektet - lagringsbegrensning (art. 5.1 e), ved at personopplysningene ikke lagres lengre enn nødvendig for å oppfylle formålet DE

REGISTRERTES RETTIGHETER Så lenge de registrerte kan identifiseres i datamaterialet vil de ha følgende rettigheter: åpenhet (art. 12), informasjon (art. 13), innsyn (art. 15), retting (art. 16), sletting (art. 17), begrensning (art. 18), underretning (art. 19), dataportabilitet (art. 20). NSD vurderer at informasjonen som de registrerte vil motta oppfyller lovens krav til form og innhold, jf. art. 12.1 og art. 13. Vi minner om at hvis en registrert tar kontakt om sine rettigheter, har behandlingsansvarlig institusjon plikt til å svare innen en måned.

FØLG DIN INSTITUSJONS RETNINGSLINJER NSD legger til grunn at behandlingen oppfyller kravene i personvernforordningen om riktighet (art. 5.1 d), integritet og konfidensialitet (art. 5.1. f) og sikkerhet (art. 32). For å forsikre dere om at kravene oppfylles, må dere følge interne retningslinjer og eventuelt rådføre dere med behandlingsansvarlig institusjon.

OPPFØLGING AV PROSJEKTET NSD vil følge opp ved planlagt avslutning for å avklare om behandlingen av personopplysningene er avsluttet. Lykke til med prosjektet! Kontaktperson hos NSD: Elizabeth Blomstervik Tlf. Personverntjenester: 55 58 21 17 (tast 1)

Are you interested in taking part in the research project

Understanding the role of music therapy with refugees and asylum seeker, through interviews with registered music therapists in Norway and Australia?

This is an inquiry about participation in a research project where the main purpose is to understand the role of music therapy with refugees and/or asylum seekers, with an emphasis on promoting integration and social inclusion in the new country. In this letter we will give you information about the purpose of the project and what your participation will involve.

Purpose of the project

The purpose of the project is to investigate the role of music therapy with refugees and/or asylum seekers. A relevant focus will be integration and social inclusion for refugees, and how music therapy can contribute (or not) for this process. In the interviews the music therapist's perspective will be the foundation and the main focus. This is a master thesis, with the following research question: *How do registered music therapists from Norway and Australia describe the role of music therapy with refugees or asylum seekers, and can it promote social inclusion and integration in their new home country?*

Who is responsible for the research project?

The Norwegian Academy of Music, located in Oslo is responsible for the research project. Through the exchange in Australia, cooperation with Western Sydney University is also present.

Why are you being asked to participate?

The selected criteria's for this study is registered music therapists who have worked with refugees and/or asylum seeker, either in the past or in the present. The sample consists of three music therapists in Norway, and three registered music therapists in Australia.

What does participation involve for you?

If you chose to take part in the project your participation consist of a semi-structured interview. It will take approx. 45-60 minutes. The interview includes questions about your perspectives on the music therapist's role, and the value of music therapy with a population in a vulnerable situation, with focus on promoting inclusion and integration in society. Your answers will be recorded electronically

Participation is voluntary

Participation in the project is voluntary. If you chose to participate, you can withdraw your consent at any time without giving a reason. All information about you will then be made anonymous. There will be no negative consequences for you if you chose not to participate or later decide to withdraw.

Your personal privacy – how we will store and use your personal data

We will only use your personal data for the purpose specified in this information letter. We will process your personal data confidentially and in accordance with data protection legislation (the General Data Protection Regulation and Personal Data Act).

•

- *The supervisor from Norwegian Academy of Music is will have access to the personal data, and is also responsible for the project, including me as the researcher/master student.*
- *I will replace your name and contact details with a code*
- *The recordings will be stored separately from the rest of the collected data, and locked away on a memory stick*
- *Transcripts from the interviews will be completed on a clear laptop, without internet connection*

The participants will not be recognizable in publications, considering that they will be anonymous, without any personal information being published

What will happen to your personal data at the end of the research project?

The project is scheduled to end at the 15th of May 2020. After that, the personal data, including any digital recordings will be deleted.

Your rights

So long as you can be identified in the collected data, you have the right to:

- Access the personal data that is being processed about you
- Request that your personal data is deleted
- Request that incorrect personal data about you is corrected/rectified
- Receive a copy of your personal data (data portability), and
- Send a complaint to the Data Protection Officer or The Norwegian Data Protection Authority regarding the processing of your personal data

What gives us the right to process your personal data?

We will process your personal data based on your consent.

Based on an agreement with Norwegian Academy of Music, NSD – The Norwegian Centre for Research Data AS has assessed that the processing of personal data in this project is in accordance with data protection legislation.

Where can I find out more?

If you have questions about the project, or want to exercise your rights, contact:

- Norwegian Academy of Music via the supervisor Gro Trondalen, by email: (gro.trondalen@nmh.no) or by telephone: +47 91847700
- Norwegian Academy of Music via student Margrete Daae Maeland, by email: (maelan94@gmail.com) or (19921570@student.westernsydney.edu.au) or by Norwegian number: +47 47399115 or Australian number: 04123057163
- Our Data Protection Officer: Elizabeth Blomstervik
- NSD – The Norwegian Centre for Research Data AS, by email: (personverntjenester@nsd.no) or by telephone: +47 55 58 21 17.

Yours sincerely,

Project Leader
Gro Trondalen

Student
Margrete Daae Maeland

Consent form

I have received and understood information about the project “*Understanding the role of music therapy with refugees and asylum seekers, through interviews with registered music therapists in Norway and Australia*” and have been given the opportunity to ask questions. I give consent:

- To participate in a semi-structured interview
- For my personal data to be processed outside the EU, in Norway
- For information about me/myself to be published in a way I can be recognised, given the small field of music therapy with this population

I give consent for my personal data to be processed until the end date of the project, approx. 15th of May 2020

(Signed by participant, date)

Vil du delta i forskningsprosjektet

Fortid preget av flukt – en kvalitativ studie av musikkterapiens betydning for asylsøkere i et fremmed land?

Dette er et spørsmål til deg om å delta i et forskningsprosjekt hvor formålet er å undersøke betydningen av musikkterapi med asylsøkere/flyktninger, med fokus på inkludering og integrering. Studien vil bli gjennomført både i Norge, og i Australia som en del av et utvekslingssemester. I dette skrivet gir vi deg informasjon om målene for prosjektet og hva deltakelse vil innebære for deg.

Formål

Formålet med prosjektet er å undersøke betydningen av musikkterapi med asylsøkere/flyktninger. Et viktig fokus vil være integrering og inkludering i samfunnet, og hvordan musikkterapien kan bidra til akkurat dette. I intervjuene vil musikkterapeutens rolle i møte med asylsøkerne, og deres tanker rundt inkludering og integrering bli utgangspunktet for studien. Dette er et mastergradsprosjekt, med problemstillingen: hvordan beskriver norske og australske musikkterapeuter verdien av musikkterapi med traumatiserte asylsøkere og flyktninger, kan musikkterapien bidra til inkludering og integrering, og eventuelt hvordan?

Hvem er ansvarlig for forskningsprosjektet?

Norges musikkhøgskole er ansvarlig for prosjektet.

Hvorfor får du spørsmål om å delta?

Utvalgskriterier for denne studien er musikkterapeuter som konkret har jobbet med, eller arbeider med, asylsøkere eller flyktninger. Utvalget består av tre norske musikkterapeuter og tre australske musikkterapeuter, da deler av studien vil bli gjennomført i utlandet.

Hva innebærer det for deg å delta?

Hvis du velger å delta i prosjektet, innebærer det et individuelt intervju, med varighet mellom 60 min – 90 min. Intervjuet blir tatt opp via en lydopptaker. Spørsmålene er sentrert rundt din rolle som musikkterapeut i møte med asylsøkere/flyktninger, med fokus på inkludering og integrering i samfunnet.

Det er frivillig å delta

Det er frivillig å delta i prosjektet. Hvis du velger å delta, kan du når som helst trekke samtykke tilbake uten å oppgi noen grunn. Alle opplysninger om deg vil da bli anonymisert. Det vil ikke ha noen negative konsekvenser for deg hvis du ikke vil delta eller senere velger å trekke deg.

Ditt personvern – hvordan vi oppbevarer og bruker dine opplysninger

Vi vil bare bruke opplysningene om deg til formålene vi har fortalt om i dette skrevet. Vi behandler opplysningene konfidensielt og i samsvar med personvernregelverket.

- Behandlingsansvarlige for dette prosjektet er meg som masterstudent, samt veileder.
- Navnet og kontaktopplysningene dine vil jeg erstatte med en kode som lagres på egen navneliste adskilt fra øvrige data.
- Lydopptakene vil jeg oppbevare på en adskilt minnebrikke, som blir låst vekk mellom transkriberingen.
- Transkriberingen av intervjuene vil jeg foreta på en klarert pc, uten internett-tilgang.

Deltakerne vil ikke kunne gjenkjennes i publikasjonen, da jeg velger å anonymisere informantene med indirekte opplysninger i mastergradsprosjektet.

Hva skjer med opplysningene dine når vi avslutter forskningsprosjektet?

Prosjektet skal etter planen avsluttes 15. Mai, 2020. Etter prosjektslutt vil alt av personopplysninger og opptak bli slettet.

Dine rettigheter

Så lenge du kan identifiseres i datamaterialet, har du rett til:

- innsyn i hvilke personopplysninger som er registrert om deg,
- å få rettet personopplysninger om deg,
- få slettet personopplysninger om deg,
- få utlevert en kopi av dine personopplysninger (dataportabilitet), og
- å sende klage til personvernombudet eller Datatilsynet om behandlingen av dine personopplysninger.

Hva gir oss rett til å behandle personopplysninger om deg?

Vi behandler opplysninger om deg basert på ditt samtykke.

På oppdrag fra Norges Musikkhøgskole har NSD – Norsk senter for forskningsdata AS vurdert at behandlingen av personopplysninger i dette prosjektet er i samsvar med personvernregelverket.

Hvor kan jeg finne ut mer?

Hvis du har spørsmål til studien, eller ønsker å benytte deg av dine rettigheter, ta kontakt med:

- NMH - Norges musikkhøgskole ved Gro Trondalen, på epost (gro.trondalen@nmh.no) eller telefon: 9184700.
- NMH - Norges musikkhøgskole ved Margrete Daae Mæland, på epost (maelan94@gmail.com) eller telefon: 47399115
- Vårt personvernombud: (personvernombud@nmh.no)
- NSD – Norsk senter for forskningsdata AS, på epost (personverntjenester@nsd.no) eller telefon: 55 58 21 17.

Med vennlig hilsen

Prosjektansvarlig
Gro Trondalen

Student
Margrete Daae Mæland

Samtykkeerklæring

Jeg har mottatt og forstått informasjon om prosjektet Fortid preget av flukt, og har fått anledning til å stille spørsmål. Jeg samtykker til:

- Å delta i individuelt intervju
- At opplysninger om meg publiseres slik at jeg kan gjenkjennes i masteroppgaven

Jeg samtykker til at mine opplysninger behandles frem til prosjektet er avsluttet, ca. 15. Mai, 2020.

(Signert av prosjektdeltaker, dato)

Interview guide

Initially

1. Information about the project, and the purpose behind the project.
2. Sign the declaration of confidentiality

Background review

1. What is your musical background?
2. How do you use music in your daily life?
3. How long have you been working as a music therapist?
→ Institutions, projects, groups, individual and so on.
4. How do you think your clients would describe you as a music therapist?

The role of the music therapist

1. What is your experience in working with refugees/asylum seekers?
2. How do you meet the asylum seekers/refugees for the first time?
3. What could be important characteristics for the music therapist to have, with this specific therapy group?
4. Could you provide an example of how to structure a music therapy session with a group of refugees/asylum seekers?
5. Do you have any examples of positive experiences from a music therapy session with refugees/asylum seekers?
6. If there is any negative experience, could you provide examples of that?
7. What have you gained as a music therapist in working with refugees and asylum seekers, do you think?
8. How important is the musical background of the refugees/asylum seekers, and how could that influence the session?

Inclusion and integration (Health promotion)

1. What are your thoughts on the terms inclusion and integration?
2. How can music therapy contribute to inclusion and integration of refugees and asylum seekers in society today?

3. Do you have specific examples of inclusion of asylum seekers in connection with music therapy?
4. Could music therapy also be restrictive, and in that case, how?
5. Do you have any thoughts on integration of asylum seekers in your country?

Other keywords

Follow-up questions on new keywords or themes in connection with the research question.

What advise would you give me, if I in the future wanted to work with this population?

Closing questions

1. Is there any thing you want to add?

Intervjuguide

Bakgrunnen til musikkterapeuten

1. Hva er din musikalske bakgrunn?
2. Hvordan bruker du musikk i hverdagen din?
3. Hvor lenge har du jobbet som musikkterapeut?
→ Hvilke institusjoner, prosjekter, grupper osv.

Musikkterapeutens rolle

1. Hva er din erfaring med musikkterapi med asylsøkere/flyktninger?
2. I første møte med asylsøkere, hva kan være en god fremgangsmåte?
3. Hva kan være viktige egenskaper å ha i møte med akkurat denne målgruppen, for musikkterapeuten?
4. Kan du gi et eksempel på hvordan du bygger opp en musikkterapitime med en gruppe asylsøkere/flyktninger?
5. Kan du gi eksempler på noen positive erfaringer/opplevelser fra en musikkterapitime med asylsøkere/flyktninger?
6. Dersom du har noe negativt, kan du gi eksempler på dette?
7. Hva har du tatt med deg av lærdom/erfaring fra disse musikkterapitimene?
8. Hvilken betydning har asylsøkerens musikalske bakgrunn, og hvordan vil asylsøkerens forhold til musikk påvirke situasjonen?

Nøkkelord i prosjektet; inkludering og integrering

1. Hva er dine tanker om begrepet inkludering?
2. Hvordan kan musikkterapi bidra til sosial inkludering av innvandrere i samfunnet i dag?
3. Har du noen konkrete eksempler på inkludering av asylsøkere, i forbindelse med musikkterapi?
4. Kan musikkterapi virke begrensende/hemmende på noen måte, og i så fall hvordan?

Andre nøkkelord som dukker opp;

Oppfølgingsspørsmål rundt nye nøkkelord og temaer knyttet til problemstillingen.

Avsluttende spørsmål

1. Hvordan tror du dine klienter ville beskrevet deg som musikkterapeut?
2. Hva slags råd har du til meg som kommende musikkterapeut?
3. Er det noe du vil legge til?

Norges musikkhøgskole

Norges musikkhøgskole er en vitenskapelig høgskole med Norges største fagmiljø innen musikk.

Vi utdanner instrumentalister, sangere, kirkemusikere, dirigenter, komponister, musikkteknologer, pianostemmere, musikkpedagoger og musikkterapeuter.

750 studenter og om lag 350 ansatte arbeider i en stor sjangerbredde som særlig omfatter klassisk, samtidsmusikk, jazz og folkemusikk.

På NMH kan studentene ta bachelor, master og doktorgrad i musikk – både utøvende og teoretiske emner. I tillegg tilbyr vi ettårsemner og videreutdanning fra 15 til 60 studiepoeng for dem som trenger faglig påfyll.

Musikkterapistudiet fokuserer på ferdigheter innenfor kommunikasjon og sosialt samspill. Musikalsk improvisasjon står sentralt, siden dette er et viktig redskap for å komme i kontakt med – og utvikle relasjonelle og kommunikative ferdigheter. På Musikkhøgskolen er musikkterapi et sterkt fagmiljø som omfatter Senter for forskning i musikk og helse (CREMAH).