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

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ABSTRACT

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

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

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

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

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

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

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

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

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

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

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

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

Practice context

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

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

Method

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

Collection of empirical material

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

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

Analysis

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

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

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

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

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

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

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

Reflexivity

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

Ethical considerations

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

Results: Case narratives

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

Case 1: Amir

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

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

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

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

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

Case 2: Farah

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

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

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

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

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

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

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

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

Case 3: Maria

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

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

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

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

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

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

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

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

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

Case 4: Omar

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

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

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

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

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

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

Discussion

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

Regulating

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

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

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

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

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

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

Negotiating

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

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

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

Building a sharable repertoire

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

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

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

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

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

Limitations and further research

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

Conclusion

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

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

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

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