

**GROUP MUSIC THERAPY WITH ADOLESCENT ASYLUM SEEKERS AT
A TEMPORARY RECEPTION CENTER: A PHENOMENOLOGICAL STUDY**

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<p>Tiivistelmä - Abstract</p> <p>The purpose of this phenomenological study was to; (1) explore the experience of teenage asylum-seekers as they went through 20 sessions of group music therapy while waiting for the resolution of the asylum claims at the temporary reception center for refugees and (2) discover the type of challenges that a therapist can face when working with teenagers in a situation of crisis and what can be the possible steps taken in order to overcome those challenges.</p> <p>By adopting a phenomenological approach, the goal was that in exploring the essence of the participants' experience, the findings would show a clearer understanding of how music therapists, social workers or anyone working in connection with adolescent asylum-seekers could contribute in improving the condition of children refugees in situations of crisis. The research questions that guided this inquiry were the as follows: what is the nature of the experience of adolescence asylum-seekers as they go to group music therapy in a reception center? And what kind of challenges can therapists expect to face when working under those conditions? The research findings showed that our teenage participants experienced (1) a sense of joy and improved mood, (2) a connection to their country in moments of nostalgia, (3) increased confidence and overcoming sense of shyness, (4) a sense of developing personal identity through music, (5) a sense of awareness into how music can affect them, and gratitude for that they saw an opportunity to take part in group music therapy. The study also uncovered that enormous challenges can arise for any therapist working with adolescents of foreign background mostly due to cultural and linguistic differences, post-migration related issues, and equally the need to preserve anonymity in the case of an ongoing asylum.</p> <p>It was also found that while those challenges can be overcome by the therapist adopting the right approach and right attitude, the level of challenge can be almost overwhelming, making such projects difficult to undertake without sufficient support.</p>	
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1 INTRODUCTION

1.1 My story

In 1994 Clark Moustakas in phenomenological research methods, made the recommendation that before starting a study, researchers should consider bracketing their own experience as much as they possibly can. By bracketing he means to separate and contextualize one's own experience and the factors which have had an impact on them.

A number of factors are likely to have contributed to the interest and choice of the topic. As background information, I had during my previous study completed a master's degree in social sciences with social anthropology as my major, and conducted a school project at a refugee reception center in Tampere in 2010. At that point, I could already relate so well to those asylum seekers, being myself an immigrant and facing on a daily bases some of the challenges that they were making mention of during the project. After that phase, I studied nursing, before enrolling for the music therapy program. Just at the time of the search for a research topic, a former school mate from the nursing program made a post on Facebook, taking sides with the right for refugees to be treated as humans, regardless of the context. Upon enquiry, it appeared that she had been employed as a nurse in a reception center in the city of Suolahti (close to Jyväskylä), just three month before her Facebook post. The reception center was in charge of 93 teenage asylum seekers, mostly from the middle and Far East, and because I had earlier worked with adult asylum seekers, I saw it as a pleasant challenge working with adolescents.

I contacted her and the head nurse of the reception center through emails, phone calls and finally physically, to examine the feasibility of the project and the possible challenges. It is important to mention here the role of my college without whose assistance the project would have been impossible to complete. The logistic and technical

challenges were indeed such that without the assistance of a co-therapist with the adequate skill set, the experience and the temperament to deal with what was expected as challenges, this project would have been probably impossible to carry out. It was therefore after securing the approval of my school mate on who was the most suitable for the project, that I made the first email contact, and then the first physical contact.

1.2. Statement of the problem

The so-called refugee crisis which peaked in 2015 and is ongoing in Europe has been one of the most prominent topics in the media in the past years, and its political impact is still being felt up to this day. The problem has indeed been so pervasive in the European politics, that it is being linked to the rise of populism all over Europe (Arendt & Consiglio, 2016), with some observers calling it the biggest threat to European identity. Some European politicians are taking matters into their own hands, and are openly criticizing the attitude of their colleagues towards what they see as an invasion. More recently, we had both prime ministers of Italy and Hungary declaring that: Europe's Borders Need to Be Protected against 'Migrant Invasion' (Szilárd Koszticsák, 2019)

Although the migration crisis in the EU seems to be under some form of control with just almost 582 thousand first instance asylum applications in 2018 (Eurostat, 2018), it was not exactly the case in 2016 when data was being collected for this project. 2015 was indeed the year where a record number of refugees arrived on the European shores. In 2015 indeed, 1 255 600 people made their first time application to be placed under international protection under asylum laws in one of the member states of the European Union, a number which represented more than a two-fold increase from the preceding year.

(Eurostat, 2016). As a result of that influx, many nations declared their incapacity to properly deal with these massive arrivals of refugees. European media widely re-

ported about the crisis with one of the prominent stories being that of a Hungarian camera woman kicking Syrian refugees to stop them from crossing the police established line (Russell A , 2015). Most of the top stories focused on the political, economic and social impact that such a massive influx of people from foreign background would have on the European identity which is still in the process of being built and the security issues related to migrants.

Europe as a whole can be considered to have been for a long period of time up to recently, a place of asylum for many of those who have been running away from war, persecution, oppression and other forms of atrocities. This can be attested by the number of millions of people of all nationalities living within the European Union's border. The migrant crisis of 2015-2016 was however of a magnitude never witnessed before except during the collapse of the former Yugoslavia, when up to half a million (504,400) refugees moved into the European Union seeking protection (Frelick, 1994). This crisis did not only affect the bigger European countries such as Germany and Italy, but also smaller countries like Finland. Since 2000, Finland has received 1,500–6,000 asylum seekers each year, aside from 2015, in which a record number of asylum seekers, 32,476 arrived (Ministry of the Interior Finland, 2018).

The layman on the streets of any EU country knows enough about the condition and experiences of those thousands of people after they have set foot within in the European Union, especially when the media reports about crimes committed by them, and how politicians portray them in political debates. Multiple studies have also been conducted from various perspectives about refugees in Europe, showing their overall impact in the society in which they live. Amongst those running into Europe for asylum, an increasingly significant number are underage coming from war-torn countries, and who have probably been witnesses or victims of traumatic events. An estimated one third (31 %) of the total number of first-time applicants were minors aged less than 18 years (Eurostats, 2018). The European Commission is aware of the situation and is said to be continuously working to make sure that adequate child protection measures are taken. This has become an increasingly urgent issue as the number of

children in migration, particularly those who are unaccompanied, is growing. These children are extremely vulnerable and require special attention (Clifton, 2018).

Many studies have been conducted in relation to the mental health of asylum seekers within the European Union, but very few have been undertaken during such periods of crisis. In addition, only a few of those studies focus on the adolescent portion of the arriving asylum seekers and their experience as they start a new life in the European Union. Some studies show that high numbers of refugee children and youths meet criteria for mental health disorders (from 11.5% to 65% of youth), the most prevalent being post-traumatic stress disorder (PTSD) and depression (Ellis, MacDonald, Lincoln & Cabral, 2008). This study focuses on music therapy with teenagers mostly from Afghanistan, looking at their experiences as they attend 20 sessions of group music therapy while waiting for clarifications about the asylum claims.

Although adolescents from other nationalities also attended the group therapy, we focused only on the Afghan ones as they were more regular, and formed the majority of the entire process. We indeed had one teenager from Somalia, one from Pakistan, one from Iraq and one from Syria attend the group for few sessions without really being significantly serious. We therefore consider the group to be made mostly of Afghans. Owing to that, the study includes in addition to the literature review, a chapter about Afghanistan, as a necessity in understanding the group dynamics and other aspects which affected the process. We had to work with a group whose language skills were slightly less than what we had anticipated, and equally remarked that the group was more culturally diverse than we could have expected although most participants were originally from Afghanistan.

1.3. Purpose of the study

The purpose of this current study was to seize the occasion provided by the refugee crisis which had reached its peak in Europe in 2015 to evaluate the nature of the

challenges that a music therapist could face dealing with such an unprecedented crisis, the various forms of approaches that could be used to deal with those challenges and the therapy setting and the experience of the participants as they went through the therapy process.

1.4. Research questions

As I gathered information prior to starting this project, I not only went through a review of literature, but also contacted some few scholars who had acquired some experience working with adolescent refugees. One thing that drew the most my attention at the end of that initial inquiry was that nobody was able to provide me with useful advice as to what approach to use in working with those teenage refugees based on the initial information I provided. It became clear that although these researchers had acquired some knowledge and experience in working with refugees, they had not had to deal with the level of complexity which the refugee crisis has added to the normal challenge of working with refugees. I therefore decided to aim for answering those same questions I was unable to receive answers to. As a result, the research questions for this study are:

- i. What is the nature of the experience of those adolescents as they go through the therapy process during the crisis?
- ii. Considering the refugee crisis as phenomenon which started spontaneously and overwhelmed the capacities of many European countries to deal with the influx of people seeking asylums within their borders, how would a music therapist approach the task of working with adolescents under these conditions?

1.5. Significance of the study

The current study is significant in the sense that: (1) it helps add to the body of research and literature in the field of music therapy with adolescents, (2) it can potentially help improve therapists' practices by revealing the best strategies for approaching foreign clients of this age section, and (3) it will supply information that has the potential of helping improve the lives of future teenage asylum seekers, considering that migrations and other forms of forced displacements seem to be on the rise around the planet.

1.6. Definition of terms

1.6.1. Asylum Seeker

An asylum seeker can be defined as an individual who seeks refuge, especially because of persecution for political reasons, in a foreign nation. By opposition to refugees, asylum seekers are in the middle of a process, which will determine whether they receive the status of refugees or not. They gain the right to protection only when they are granted the status of refugee; otherwise, they could be deported back to their country of origin (OED online, 2019).

1.6.2. Refugee

A refugee is an individual who has been forced to leave their home in order to seek asylum elsewhere, particularly in a foreign country. People become refugees for various reasons, including war, persecution for political or religious reasons as well as displacement due to natural disasters (OED online, 2019). In cases where returning to their home country is unsafe, refugees must be protected by international law and must be allowed to stay in a foreign country (UNHCR, n.d. b)

1.6.3. Immigrant

The Oxford Dictionary defines a migrant as a person who moves from one place to another to find work or to improve their living conditions. Although this term is

commonly used interchangeably with the term immigrant, there is a semantic difference given that an immigrant is a person who moves to a country in order to permanently settle there. (OED online, 2019).

1.6.4. Adolescent

The term adolescent is defined differently based on the context in which it is being approached. Sher & Merrick (2013) defines it as follows:

Adolescence is a period in which the need for establishing new social and personal relationships, and reaching independence and reproductive success is supported by dramatic hormonal, neural and behavioral changes. Similar to other developmental dynamic processes, changes in brain circuits during adolescence are an integral part of genetically programmed developmental processes. At the same time, those processes allow ample room for plastic changes to adapt to the social and natural environment. The ideal result of those processes is an emotionally balanced young adult. (Sher & Merrick 2013, p.7)

Another definition of adolescence tends towards establishing it as an age bracket ranging from 13 to 19, while the World Health Organization has a wider bracket (10-19), sometimes extending it to the age of 25. In the case of this study, the relevance of this definition should be considered given that the age bracket in which the participants fall determines what reception center they would be moved to and how their asylum application would be examined.

2 LITERATURE REVIEW

This literature review is based on published documents obtained from various online sources, mostly through the University of Jyväskylä's electronic library. Equally, it includes some papers obtained through Google search using specific keywords. The review classifies specific literature according to the themes that emerged from the reading. The review is not exhaustive of all the published literature, but mostly focuses on specific themes which are relevant to this research. It includes not only publications from researchers, but also those from professionals working in the fields of therapy. The keywords used for the search of literature included amongst others: refugee crisis, refugees and hostility, refugees and crime, asylum seekers and refugees, refugees and therapy, music therapy and refugees, refugee and mental health, and refugee and psychotherapy. The different themes which emerged from the review cover areas such as: Refugees/asylum seekers' sentiments and experience in host countries, the population's sentiment towards refugees/asylum seekers, the media's representation of the refugees' issues and the different approaches to dealing with refugees/asylum seekers mental health issues. This chapter therefore organizes the literature around those themes.

2.1 Refugees culture and mental health

Baily (1999) examines the role played by music amongst Afghan refugees in two separate contexts, one in Eastern Iran close to Afghanistan and another in California much farther from home. His study of Afghans' life in Mashad in Eastern Iran and Fermont in California shows two rather different roles played by music in refugee life. For the refugees in Mashad, he finds that the spatial and cultural proximity provides a temporary safe haven for refugee population that will in all likelihood return to Afghanistan at some point in time. Music in this case seems to be all about normalization, reassurance, ticking over, and keeping things going through difficult times for a brighter future at home. For the Afghans living in Fermont, there is a progressive acceptance that they are not going home and that they have to make the most of what they have in America. Music in their case provides one means through which they can create a new identity as permanent citizens, as well as providing therapeutic experiences for individuals and equally for the whole community.

Davis & Wanniger (2017) review the different types of mental health issues faced by Syrian refugees in Turkey at the peak of the Syrian crisis. The study examines the major sources of psychological issues encountered by those refugees both in their country prior to their forced exile and in relocation countries. Davis & Wanniger look at the different ways through which Syrian refugees express their psychosocial issues, various coping mechanisms used by the refugees as well as what types of support they have available through the Syrian government and nongovernmental organizations. This literature review provides important information which could be used by anyone undertaking a project with refugees from a foreign background.

2.2 Approaches to psychotherapy with refugees

Blackwell (2005) examines the ways through which political conflicts leads to the creation of refuges. He underlines the fundamental role of politics in the therapeutic

process. In his discussion of way that lead to migration and forced cultural changes, he expand on some fundamentals of working across cultural boundaries, and help the therapist to familiarize with the ways in which the cultural and political context affect outcomes.

He relies on a unique framework gained from a 16 year work experience with refugees to offer the reader a Flexible way of looking at what is special about those displaced and traumatized who come from different political and social environments. In a clear and concise manner, he explain he sheds light on issues experienced by refugees and as well the area where therapist and counselors should lay more emphasis.

The book is not heavily inclined towards theoretical issues as it its main focus is on therapists, as a tool introducing them to working with refugees. The material it provides has relevance for therapist, social workers, counselors and anyone involved in working with newly arrived migrants. The book separates accounts of therapist and refugees experiences, which makes it easy to read. In his holistic approach, the authors takes into consideration four levels of experience as far as therapy is concerned: political, cultural, interpersonal and intra-psychoic which are all explored in relation to both the client and therapist.

Orth (2005) looked at ways in which music therapy could be effective in treating refugees with trauma in the clinical setting. As a clinician with over 20 years of experience with refugees from various countries, she observed the differences between earlier treatment methods for post-traumatic stress disorder developed mostly from treatment of Western soldiers and the methods used in dealing with refugees who migrate to Western countries. He raised awareness that there was lack of a methodical approach of how Music therapy could be used in treating refugees with trauma, especially while emphasizing on socio-cultural differences in how people perceive and interpret music, their linguistic background as well as the stressful events which let them to their present condition. His work focused on examining various music therapy methods including singing, discussing with client, supporting the client

with vocal holding technics as well as GIM (Guided Imagery and Music) to see how they can be effectively applied in treating refugees while taking into consideration the cultural, linguistic, and post-migration factor in the client's life.

2.3 refugees equals crimes?

Dehos (2017) looks at the refugee question from the perspective that has become pervasive in the political debate both in Europe and the United States. It is the issue of the supposed connection between immigration and crime which anti-immigration movements and the right wing parties as well as some prominent politicians have tried to establish. He highlights the progressive change in the social and political discourse on immigration and immigrants highly influenced by prominent politicians such as the United States' president who declared that: "There's a big problem in the world. You look what's happening with the migration in Europe. You look at Germany, it's crime-riddled right now." (Donald Trump, May 4th, 2016)

The study relies on detailed administrative data from the German federal police between the year 2010 and 2015, and attempts to ascertain whether immigration is positively correlated with crime in the country of Germany. The study which uses statistical analysis makes a clear distinction between asylum-seekers and recognized refugees or immigrants already settled in the country. The researcher upon analysis comes to the conclusion that "asylum -seekers do not increase crime except migration-specific offenses. However, the study finds that refugees who have long settled in the German society have a non-negligible impact on local crime"(p.27). This would tend to discredit the claims that the recent influx of refugees in Germany directly correlated with an increase in crime rate.

Leudar I., Nekvapil J., Hayes J., & Turner Baker J. (2008) studied the relation between the hostility in the media, the community in which refugees live and refugees' own narratives. The study which used narrative analysis relied on data collect-

ed from interview with local residents and immigrants, and data collected from the British media outlets. Upon analysis of the data through a concept called dialogical network, the researchers come to similar conclusions as previous papers already did before them. The way immigrants are represented in the media is primarily in negative terms. Similarly to what other papers had already uncovered, immigration more often was portrayed as posing a danger, and immigrant mostly showed in roles which would present them as passive, except in cases where they were intended to be presented as agents of crimes. The study led to the findings that newspaper articles and in those articles the narrative of locals, the living environment of refugees/asylum-seekers in the United Kingdom was primarily hostile. It was highlighted that British news outlets have a tendency to give a representation of refugees along with a set of hostile themes making appeals to more repressive measures to be taken against them. The representation of hostile themes by locals in the media, however seemed to vary from one part of the country to another (Leudar et al, 2008). Most importantly, the paper found that the hostility from the media and the local inhabitant as well as the inactivity imposed upon them by local regulation correlates with refugees' accounts of their psychological problems. This shows the connection between refugees' perception and treatment by local society and the deterioration in mental health.

2.4 Political and media discourse on refugees and its consequences on policies

Hintjens (2012), examines the refugee question from the perspective which is generally of paramount importance to asylum-seekers, i.e. what happens when asylum claims are rejected. For all the multitudes seeking asylum in industrialized countries, above and beyond all the traumas and horrors that they might have faced in the home country, one of the most pressing questions tends to be what would happen if the asylum claims do not go through and they are faced with deportation. Hinjens (2012) studies the case of Iraqi asylum seekers in the UK between 2003 and 2010 after

the second invasion of Iraq by the United States and allied forces. She finds that those asylum-seekers whose claims were rejected and who could not legally stay in the UK could not return home either. They were afraid of the consequences of having to return to a war torn country and often plunged into profound despair as a result of having nowhere to run to. That sentiment of despair could be felt in one asylum-seekers expression here:

I come from the Iran/Iraq border. If I go back, the Islamic groups will kill me. My wife's family was Muslims. We ran off together but the family found out and we were shot, and she died. The immigration system here won't listen. They just say we are a danger to the public. If I go back, someone will kill me (Hintjens, 2012, p.95).

Another point which she reinforced in the study is the role played by the media in the ways in which asylum-seekers and refugees are perceived as well as the policies adopted in order to deal with refugees, asylum-seekers and immigrants in the UK. According to her Iraqi asylum seekers were "targeted by the media as terrorists, or potential terrorists. What was happening in Iraq was seen as their fault rather than the chaos engendered by a civil war unleashed by the full-scale military invasion of 2003" (ibid,p.91). In this respect we see the same point raised by Dehos (2017).

Scribner (2017) studied the changing dynamics in discourses on immigration in Donald Trump's United States to explore the different ways in which support for refugee resettlement can be restored. The paper which relied primarily on literature review as well as official documents of United States foreign policy used the paradigm of the class of civilizations (CoC) as a practical tool to help in gaining a better understanding of the attitude that the American president Donald Trump as had relatively to international affairs in general and in particular in relation to his policies on migration. This paradigm provides according to him a framework through which international relations could be better conceptualize and understood after the end of the Cold War. It is Scribner Says, in framework that lays emphasis on the importance of cultural ideologies rather than political ones as the main point of contention along which future conflicts are likely to take place (Scribner, 2017). It is from

that perspective that we can understand the rationale for the civilizational conservative's current support for Russia is their view of Putin's Russia as Christianity's front line against the new civilizational enemy: Islam. From this perspective, Putin is "popular because he resists the liberal, cosmopolitan values that Muslims supposedly exploit to undermine the West" (ibid, p.271). The increasing hostility towards non-Western immigrants in Western industrialized countries can be best understood and addressed primarily from that paradigm.

2.5 The refugee dilemma

Kattogo (2017) looks at the dilemma in which European nations find themselves in as the refugee crisis in Europe triggers a change in the political landscape and forces European political elites to answer some very unsettling question. How can Europe deal with a massive influx of refugees on its territory?, in some cases overpowering the available resource while at the same time providing adequate protection for the European people in the face of terrorist attacks on European soil. The study which relies on a review of literature observes a sharp increase in the representation of far-right anti-immigration parties all across Europe and questions the binary representation of refugees as innocent passive victims or guilty terrorists in the political discourse. The author argues that relying on such a divisive view of the other, eventually hurts the refugee cause. The better approach he claims, would be to rely on the European project which is founded on the shared experience of war, violence and genocide during the twentieth century. Solidarity he argues is rooted in the recognition of the human dignity of individuals as written in the Treaty of the European Union, as well as the right to asylum as enshrined in the Geneva Convention on Refugees. By appealing to human rights and the right to be provided asylum, there is a stronger chance for burden sharing and the integration of refugees (p.50). A failure to do so could according to him lead to "the end of the European honeymoon."

Andreescu (2017) studies anti-immigration sentiments within the French society using a multilevel analysis of various factors. The study which relies on a European

Social Survey (ESS7) data collected in France in 2014 from a representative sample of the population aged 15 and over, examines the French residents' sentiments toward immigrants when individual and contextual factors at the region level are considered. Differently from the other papers which looked at ways in which political discourse and media representation could potentially foster a hostile sentiment towards immigrants, this study adopts a much broader perspective. The author uses a broad range of theoretical perspectives to explain the increasingly hostile attitude of the French population towards immigrants, and also the disparities observed amongst French regions, between big cities and small cities and between individuals of different social status. Issues such as the socio-economic context with high unemployment, the security concerns following terrorist attacks within the European borders which left several casualties are taken into consideration and pointed out as possible factors in the change of the population's attitude. The author accounts also for the sheer size of the new coming refugees and their cultural difference as potential factors playing a role in the population's attitude towards immigration. This study ties in well with Scribner's (2017) study as far as the relation between ethnicity/culture and perceptions and attitudes towards refugees are concerned.

3 HISTORICAL OVERVIEW ON AFGHAN MI-GRANTS, WHY AND HOW THEY END UP IN EUROPE

Although a couple of the adolescents taking part in the therapy session were from other nationalities, the group was mostly constituted of teenagers of Afghan origin. The particularity with refugees or asylum-seekers from Afghanistan is their history which had been primarily marked by war. Baker claims that “the area of Afghanistan and the North-West Frontier of Pakistan is no stranger to war. During the period 1839 to 2011, there were no fewer than eighty wars and conflicts” (Baker 2011, p.12). He goes on to say that many of the wars lasted for years and involved battles with lead to countless loss of lives (Baker 2011).

By comparison, countries like Syria and Libya have mostly live in relative peace until recently when the Civil War broke out. The current chapter which serves the purpose of giving a historical background to the Afghan refugee situation also provides justification as to why teenage asylum-seekers from Afghanistan might be in need of therapy as a result of their higher probability of exposure to traumatic events.

3.1 The country of afghanistan

The country of Afghanistan is most famously known in western circles for its wars, the most famous being the October 7 American invasion after the September 11th 2001 bombing of the World Trade Center in New York and the 1979 Soviet invasion of

Afghanistan which led to multiple years of conflict. Considering the median age of the participants in this group music therapy study, one could say that most of the participants were just a few months old at the time of the American-led invasion or were born just shortly after the invasion had started. That is a war which is ongoing with casualties reported constantly by the media. Afghanistan is also known for its religious fundamentalists who drew media's attention to Burgha in the Taliban's rise to power. One could also mention that civil wars whether for religious or ethnic reasons have maintained the country in a state of almost constant war. The Afghan people are said to pride themselves in their country's independent heritage considering that so many countries including Great Britain and Russia have attempted to take over the country without success (Merrill, Paxson & Tobey, 2006).

3.2 The afghan people's cultural and social values

Afghanistan is said to have a population of about 26 million people, an approximation made while taking into consideration that due to the endless wars which have taken place over the years, no proper census of the population has ever been carried out. Some estimates put the overall population at around 25 million and of that number they are claims that approximately 5 million Afghans which is roughly 20% of the population live in refugee camps along and across the borders with neighboring countries. Afghanistan's largest neighbor Pakistan is set to host approximately 3 million Afghan refugees (Merrill et al , 2006).

Of the 26 million estimated populations, the main ethnic groups include the Pashtu's, the Hazaras, the Uzbeks and the Tajiks. Estimates as to what portion of the population is made up of these ethnic groups varies depending on what documents are consulted, but they are all unanimous as to the point that the Pashtu forms the majority of the population with the percentage of between 38-52%. The Tajik follows with about 25%, the Hazara with about 12% and the Uzbek with approximately 6%. There are also many dozens of smaller group, with distinct cultural backgrounds.

Language has been, during the course of this study, one of the main challenges both during the therapy process and the data analysis, as the therapists did not have to deal with one single foreign language but a multitude of them. The participants seemed to be from various Afghan ethnic groups and although the researchers were not aware at the time of the extent to which the languages were different, it appeared during the data analysis that those differences were not tremendous. During the therapy sessions it was possible to observe that to some extent there were some common languages despite the ethnic differences amongst the participants. It appears that "the two major languages in Afghanistan are Pashto and Persian, known in Afghanistan as Dari. Both are Iranian languages. The fact that they are related is obvious even to the casual observer, although the historical connection is not very close" (Robson & Lipson, 2002, p.13)

It turned out that in Afghanistan most of the languages used either Pashtu or a form of the Persian language including Dari, Hazara and Tajik. As it latter on appreaed "in Afghanistan, all education above primary school is conducted in Dari, except specific Pashto language study. Pashto speakers are frequently bilingual in Dari, but Dari speakers rarely learn more than a few words of Pashto (ibid, p.15). The only problem in the context of our study was that many of the kids had not actually had any formal education as some had spent years from one refugee camp to another before arriving in Europe.

Afghan people are overwhelmingly Muslims with estimates going as high as 98% in some ethnic groups. The difference between the Sunnis and the Shias seemed to be influential just like in other Muslim countries and had been presented in some cases as being at the base of the social tension and even war amongst different factions of the Afghan population. In the case of this study, the therapists were aware of the potential sensitiveness of the religious question and voluntarily stayed clear of it. As a result, religion was barely ever mentioned during the therapy process. In addition, the participants did not seem to be very religious, at least from our observation. Only

one of the girls wore a half head veil and for all the others, there was no outward sign of religion.

This study was designed from the start to adopt an experiential/phenomenological approach and as a result, getting immersed in the Afghan culture and drawing most of the inspiration from it was considered. The researchers therefore attempted to gain knowledge about Afghan music, Afghan dancing styles, other forms of artistic styles and even types of plays which could be used during therapy sessions. It was learned that despite the cultural diversity in the country, many types of art forms were widely popular amongst various ethnic groups. There are various ways though which Afghan music differs from western one. Differences can be observed in scales, pitch, rhythm, note intervals, but it is said to be closer to Western than Asian music. Afghans are known to celebrate national and religious feast days, weddings in particular, by dancing publicly. One particular dance form called Attan is often celebrated in the open air and is already a recognizable aspect of Afghan life. It is reported to have started with the Pashtun before spreading to the rest of the country. The Attan dance about which countless number of videos can be found online played an important role during the therapy process, and our familiarity with it helped in a significant manner.

3.3 War and its effect on afghan children's psychological health

Baker (2011) states that on average in Afghanistan, there has been a war or campaign nearly every two years since 1839, although of course there have been some notable periods of peace. This basically means that there is probably no Afghan person alive who has ever lived under a peaceful Afghanistan. Mental health literature talks of soldiers who keep suffering from post-traumatic stress disorder (PTSD) years (in some cases decades) after the actual events have ceased. For children experiencing similar levels of trauma, one could only imagine the potential impact it has on their psyche. Wizelman (2011) defines trauma as any event/incident involving actual or

threatened “death, or serious injury and is of extreme nature or catastrophic magnitude. The individual has either experience or witnessed it or has learned that it happened to a family member or close friend” (Wizelman, 2011, p. 2). During the traumatic exposure, the person feels intense fear, helplessness and horror. A trauma can be a one-time event with a sudden acute threat to life (type I), or it can be long-lasting and repeated series of events, and consists of extreme traumatization (type II). For the case of Afghan children one can assume that they have potentially experienced both type I and type II trauma, given the nature and length of the conflicts in their country. It is undeniable that if grown up men can develop PTSD as a result of their exposure to war and other conflicts, then children and adolescents who are at a development stage in their life are more likely to have developed similar issues.

Afghanistan is still in a state of war, a war which has lasted already so long that it has entered into the category of forgotten war i.e. war which has succeeded in becoming part of normal life. Most westerners are unaware of the influence that Western countries have had in generating the migration of those same Afghans which they see in the West as asylum-seekers. A certain number of the Finnish population probably has already forgotten that there are presently Finnish soldier stationed in Afghanistan (Teivanen, 2018). The ongoing war is said to have already led to up to 100000 deaths amongst which are countless thousands of civilians. The psychological toll on the Afghan children’s mental health is a topic which has been researched, and their need for therapy poorly addressed. Some research have shown that “very few Afghan refugees received treatment for psychological problems in war-torn Afghanistan, where there has been virtually no psychological support. For a population of about 25 million, the reported number of psychiatrists is just 8 and the number of psychiatric nurses and psychologists is 18 “(Robson & Lipson, 2002 , p41).

4 RESEARCH METHODS AND PROCEDURE

Considering the increase in international migration resulting from war and other forms of disaster, and considering that an increasing number of the displaced is made up of teens under 18 years, our study intended to (1) explore the experience of adolescent asylum seekers in a temporary reception center while they go through 20 sessions of group music therapy, (2) uncover the different challenges that they face and the potential factors which can contribute to their well-being. The main objective was to uncover the "essence" of the participants' experience as this could help care givers and policy makers in dealing more efficiently with adolescent asylum seekers.

4.1 Research questions

The research questions that guide the enquiry were as follows: what do teenager asylum seekers experience as they attend 20 sessions of group therapy while waiting on their asylum application to be resolved, and what factors potentially contribute to their wellbeing. In addition, the study wanted to answer the question of what type of challenges can a therapist face when working with teenagers in a situation of crisis and how do therapists overcome those challenges.

4.2 Theoretical framework

This study relied on the theoretical framework of empowerment theory as a philosophical approach to the phenomena being studied. Some of the actions taken by us during the therapy process fitted this definition i.e., they aimed at helping the participants reach a certain goal which they had determined as being meaningful for them, even though those goals were far removed from what we as therapist considered to be part of the therapeutic process. The reiteration of the theoretical framework here therefore serves as both an explanation and a justification for some of the actions taken during the process.

Empowerment could be defined as a repetitive process wherein a person located outside of the power structures sets themselves a personally meaningful goal geared towards acquiring power, takes specifically meaningful actions in order to achieve that goal, and in the process makes observations and reflections on the influence of his actions (Cattaneo & Chapman, 2010, p.647).

For adolescent participants/clients in particular, The Adolescent Empowerment Cycle (AEC) is one theoretical approach that some therapists consider. The AEC has its foundation in psychological theories of adolescent development. It makes a description of processes directed at ensuring that adolescent do not develop a sense of having no role in society as well as promoting self-esteem. The authors link this approach to the process of developing social bonding, helping youths through their action, talents and development of skill to bond positively to positive institutions. The best way to prevent engagement in unwanted social activities is therefore through development of positive social bonding (Jenning et al, 2006).

Solomon sees empowerment as a response to powerlessness. For her, "powerlessness is based on several factors, such as: economic insecurity, absence of experience in the political arena, absence of access to information, physical and emotional stress, learned helplessness that prevents individuals from actualizing possibilities that do exist" (as cited in lee, 1996, p.224)

Henry (2016) recognizes three major facets to empowerment: empowerment at the personal level, peer empowerment, and empowerment at the community level. Empowerment at the personal level otherwise called self-empowerment refers to the process of uncovering and exposing one's own abilities. Examples of this might include the use of a certain method for building motivation or to absorb oneself in a favorite pastime to relieve stress. Peer empowerment refers to the ability to bring out each other's capacity through peers, such as helping and supporting each other in groups of people with similar issues. Empowerment is set to extend to the community level when individuals are members of the community and are able to leverage the resources of that group or community in order to invigorate members of the group.

During the therapy process, the choice of activities has been influenced by this understanding of Renblad's approach to empowerment. Empowerment as he understands it should be seen as encompassing four main aspects. It could therefore be seen not only as a process, but also as performance, a perspective and in some cases as an indicator of outcomes. As a perspective, empowerment could be a philosophy that supports the idea of people and qualified and equally valuable. As a process, empowerment is linked to activities where people take part and collaborate. When seen as a performance, empowerment is closely related to a person's perception of self as well as the skills and knowledge acquired through opportunities and experiences. Empowerment could finally according to him be seen as outcomes which indicate progress in the process.

Therapy should emphasize on supporting the patient's strengths and potentials rather than dwelling on their flaws and pathologies. It should recognize and acknowledge only resources and potentials support the development of skills and abilities that will help the promotion of self-determination (Rolvjord, 2010).

Daveson (2001) argues that music therapy is fundamentally a tool of empowerment for the client, and thus, allowing the philosophy of empowerment to guide therapy

would not result in any need for change in music therapy practice. She supports the idea that “empowerment is intrinsic to, and a consequence of, music therapy practice in general and goes on to argue that this is primarily due to the empowering action dimensions in music therapy practices and. That viewing of therapy as empowerment results in a conceptualization of music therapy which could be somewhat different from that derived from medical or psychoanalytical discourse” (Daveson, 2001 p.30). Bruscia (1998) for instance defines music therapy as a process wherein one person (the therapist) offer help to another (the client) who is in need of help.

Daveson's approach despite its potential flaws is nonetheless very suitable to a study such as the current one with the context in which it is carried out. An additional support for this empowerment philosophy comes from Townsend who challenges the idea of therapists as professional helpers and argues in the following quote, that empowerment moves us toward interdependent processes and egalitarian relationships: “Processes that enable participation can be described by adapting an old proverb: You can care for people for a day: but if you educate people to become involved, you have helped them to care for themselves and others for a lifetime. Participation engages people as activists in shaping their own lives. In contrast to the one-way dependence underlying care giving, participation is enabled in two-way, interdependent processes that generate empowerment for us all” (Townsend, 1998, p. 1).

Empowerment is seen by Kieffer (1984) as a process wherein an individual interacts with his environment with the outcome being the transmutation of the sense of self which moves from a position of worthlessness to one of power and assertiveness with the possibility to influence social and political changes. The end result of the process is the acquisition of skills founded on knowledge and aptitude, whose main components are being conscious of political movements, being able to take part with other in organized activities and the potential to deal with frustrating outcomes as well as to make an impact over one's habitat.

4.3 Methods

4.3.1 Research Design

A researcher conducting study in any field, is expected to design a method to apply as a guide, helping to lead the enquiry throughout the whole the research process. This study is no exception to that rule, and the research methodology has played a major role in the enquiry given the nature of the problem and the objectives. All major books focusing on research methodologies agree that research methods could be categorized into three main groups. Those include with no specific order of importance qualitative, quantitative and mixed methods (Robert, 2010). The main features which separate these categories are the varied number of designs used in conducting inquiries and each category's specific protocols used in data analysis.

While approaching this study we considered the use of qualitative research approach which seemed to be the most appropriate in answering the questions raised by the study. Given that the study intended to understand in what way adolescents living in a temporary reception center experience going through 20 sessions of music therapy with two therapists, qualitative research proved to be the most appropriate.

This was also reinforced due to the fact that concepts such as meaning and subjective experience are better approached by a qualitative method. Another justification for choosing qualitative methods was the fact that not much is known about the challenges of doing music therapy with adolescents in a situation of crisis. Creswell (2007) while talking about the study of the phenomenon which is still mostly unknown to the majority of people, recommends that the researcher adopts a qualitative approach as it would be the most suitable in helping to uncover what is unknown about the phenomenon.

Creswell (2013) defines qualitative research as an approach for uncovering and gaining understanding of the meaning which people assigned to issues which they face,

be it interpersonal or social. He claims that the process of research comprises a number of elements such as questions and strategies as well as data collected in the settings where the participants reside followed by an inductive analysis of the data going from individual themes to form generalizations and in the final step the researcher proceeding to systematically interpret the significance of his observations. For Creswell, researchers interested in specific meaning and who value shedding light on complex situations should engage in an approach to doing research that gives primacy to an inductive style.

This broad definition of what qualitative methodology is about helps us grasp not only how the inquiry is conducted but also how the researcher gets to his/her final conclusion. This however leaves us with multiple unanswered questions given that a qualitative approach is almost an umbrella term under which half a dozen methods are listed. We therefore had to narrow down the methodological approach to be taken for the current study. Most literature on research methodology recognize specific designs in qualitative research: case study, grounded theory, narrative, ethnography, or phenomenology. For the current study, phenomenology was adopted as the best-suited design.

After making the decision to use a phenomenological approach to this study we still had to narrow down what specific branch of phenomenology would be most suitable for this study. Research literature recognizes some main branches in phenomenology: hermeneutic phenomenology, transcendental phenomenology, empirical phenomenology, and psychological phenomenology. Amongst those different methods, one seemed to be much closer to what we intended to do with our study. Psychological phenomenology is said to be an approach which focuses more on the researcher's description of the experience relieved by the study participants and less on the interpretation that he makes of those experiences.

Moustakas (1994) give a very concise outline of the different steps that the researcher should take when conducting a study of this nature. He recommends that the researcher engages in a five-step approach which would include:

- Making a proper identification of the phenomenon which one wants to study;
- Do what he calls bracketing one's own experience which means defining and separating one's own experience from the phenomenon that is being studied so much that they would be no interference;
- Conduct a data collection from multiple persons who have been part of the phenomenon;
- Proceed with the data analysis by condensing the collected information to meaningful statements or quotes and then combining those statements/quotes into specific themes;
- In the last step of the process the researcher would focus on describing in a consistent manner the experience of his participants both in a textual and structural way. The subsequent textual and the scriptural description would lastly be combined to give a more general essence of the experience (Moustakas, 1994)

When the researcher is interested in the study of the specific phenomenon and the particular features of the shared experience of multiple individual who experience the phenomenon, phenomenology is a research methodology is the most appropriate. The findings could be useful for both researchers and policymakers as day would help in developing practice or in forming policies as well as help in deepening the understanding about the phenomenon being studied (Creswell, 2007).

In our case, the study intended to (1) explore how adolescent asylum seekers experienced going through music therapy while living at a reception center, (2) help to develop better practice in dealing with this age bracket of the population which is likely to increase as forced migration continues.

Qualitative inquiry is for the researcher who willing to do the following:

- (1) Commit to an extensive time in the field. The investigator spends many hours in the fields, collect extensive data, and labors over field issues of trying to gain access, report, and an “insider” perspective;

- (2) Engage in the complex, time-consuming process of data analysis through the ambitious task of sorting through large amounts of data and reducing them to a few themes and categories. For a multidisciplinary team of qualitative researchers, this task can be shared; for most researchers it is a lonely isolated time of struggling with the data. The task is challenging especially because the data consist of complex text and images;
- (3) Write long passages, because the evidence must substantiate his claims and the writer needs to show multiple perspectives. The incorporation of quotes to provide participant's perspective also lengthens study; and
- (4) Participate in a form of social and human science research that does not have firm guidelines or specific procedures and is evolving and constantly changing. This guideline complicates telling others how to plan to conduct a study and how others might judge it when the studies completed (Creswell, 2007, p.41).

Merriam (2009) makes the claim that all qualitative research is phenomenological; however the phenomenology should be seen not only as a research methodology but also as a philosophical approach. In a sense all qualitative research has a philosophical approach, and because with the case of phenomenology one would be dealing with both the methodological and philosophical approach being phenomenology, this could lead to confusion. It is indeed important to mention that because the philosophy of phenomenology is also an underlying part of qualitative research, some can be easily tempted to believe that all qualitative research is phenomenological.

4.3.2 Population and Sample/Participants

The research participants for the current study consisted of adolescents mostly from Afghanistan who were living at the moment of the research in a temporary reception

center for asylum-seekers reserved for teenagers aged between 13 of 18 years old. The initial idea was to enroll 4 to 6 teenagers who showed interest or were in need of group music therapy. The center initially proposed a list of six teenagers amongst which four of them were recommended by the nurse based on their symptom and an additional two had declared to want to take part in the group therapy project.

France (2007) recommends that in order for clients to experience the therapeutic advantages of group participation, there should be at least four members. This size makes possible group interactions that focus on persons at various stages of crisis resolution, and it allows each participant to have his or her concerns addressed. On the other side of the size issue, groups must not be so large that participants receive insufficient individual attention. In order for each member's crisis to receive adequate consideration, no more than eight clients should be involved in a session. Polkinghorne (1989) has a similar view and recommends that the researcher includes 4 to 6 individuals in group therapy who have all experienced the same phenomenon. Upon initial examination of the participants, we declined to enroll two of them due to the severity of the symptoms. Those included potential harm to others (physical violence) or to themselves (self-harm). The decision was therefore made to work only with those participants whose issues could be resolved within the confines of the school project as it was the case for ours. Due to many factors which I explain further down, the initial 4 to 6 member group therapy ended up being a messy project with participation numbers varying from one session to the other between three and thirteen participants. New members kept coming also throughout the whole process. Although we initially got worried by our inability to maintain a constant homogeneous group throughout the process, we soon understood that there were also advantages having the group situation as it was at the time as can be attested in France statement:

“Most groups operate on a rolling admission plan, so that new members continually join the group. This strategy offers the therapeutic advantage of allowing new participants to encounter other clients who are well on their way to resolving their

crises. Seeing such concrete examples of progress can give realistic hope to new members and can facilitate adaptive problem solving" (France, 2007, 160).

As far as data collection is concerned Merriam (2009) supports the idea of using phenomenological interviews as the main method in data collection in order to gain a good grasp on the essence or the fundamental structure of the meaning of the phenomenon which we investigate. The present study however relied on the much more broader method of data collection, including recordings made during therapy sessions, observation made during the therapy session,

on, the therapist own personal diary, and the conversations between the cotherapists. Conducting a phenomenological interview requires a form of self-preparation from the researcher. This includes a process through which the researcher examines his or her own experiences in relation to the phenomenon studied. This serves the purpose of partly examining dimensions of the experience and partly developing an awareness of ones prejudices, points of view and personal assumptions (Merriam, 2009). She borrows from Moustakas (1994) the concept of Epoche a Greek concept which she uses to express the attitude that one has when refraining from making judgments. By that process it is understood that the researcher's assumptions and prejudices are set aside to make it possible to view the phenomenon from a naïve, fresh perspective.

We could however question the importance of "bracketing" for the outcome of the study. To answer that question, Merriam explains that in order to examine the content of consciousness itself, it is necessary that our assumption and prejudices be "bracketed" or be at least temporarily set aside (Merriam, 2009). Following in others footsteps, I decided to set aside my bias by expressing them in the introductory chapter of this study. I later one realized that even my experiences in the school's therapy room and my preconceived idea about what therapy should look like constituted biases which could influences my approach to the phenomena being studied. After having set aside one's biases, the research should be concerned with what type of questions to use in order to gain a good understanding of the phenomenon. Cre-

swell (2007) proposes a simple approach to help solve those issues. He advises that the researcher uses questions such as:

-What have your experience been in terms this phenomena (going through 20 sessions of music therapy while living here in the reception center)?

-What major situation or factors have had an impact on how you experienced this phenomenon (going through 20 sessions of music therapy while living here in the reception center)?

In qualitative research, the researcher becomes closely involved in the questions being asked. This is strength and brings much insight to the research, but detachment and reflection are needed to gain more. It is essential to have effective supervision and the opportunity to reflect with colleagues on the themes emerging to achieve this. When carried out with experienced colleagues, there is also the opportunity for the validity of these themes to be challenged before they become entrenched beliefs (the oasis method). For this project, having a co-therapist who shared similar ideas was useful, helping to reflect on specific observations made during therapy sessions, and having the possibility to consult with our school mates as well as our teachers played a significant role.

4.4 Methodology

During the data collection process, emphasis was laid on the different musical activities and other similar activities used during the therapy sessions; body percussion, drawing, drum improvisation, improvisation vocal expression/rapping, dancing, some performances, dialogical communication and so on. The narration of the content of these activities will constitute one aspect of the experiential/phenomenological aspect of the process. The last interview questions during the ultimate therapy session will constitute another part of the phenomenological process.

The potential major themes that could arise from the data were first observed and underlined by the therapist themselves during the first part of the process, and verification was made during the last part of the session to see if the observations made by the therapist and the thematic expressions of the participants during the last session coincide.

Potential major themes which can then arise from the process could be: confidence, courage, mood control, identity formation, and so on. Among those potential themes some could be linked to specific participants who have noticeably exhibited them during the therapy process and their perspective could be highlighted during the analysis.

During the process, one could emphasize the difference between implicit meanings for instance, gestural behavior, observed shyness, calmness observed by the therapist during the earlier part of the process, and the subsequent triangulation could be made upon further analysis of the last therapy session.

The experiential/phenomenological process for the therapists is directly included in the narrative process and is justified by the concerns to address the therapists during the last session. It appears that the participants also perceived this phenomena as one in which the therapists were not mere observers studying them, but an entire part of the process. That observation was justified by the question which they addressed to the therapists towards the end of the last session. They wanted to know what it had been like working with them and were concerned as to whether the therapists were able to collect sufficient data for their school project. They were also concerned about their attitude during the process and wanted to know if they misbehaved. As a response, we reiterated our goals as expressed to them during the first contact. We reaffirmed that the therapists' interest and goals were not only to contribute to Academy knowledge, but also to make a significant impact in the lives of those who were taking part in the process.

4.4.1. Music's Function: What can music therapy bring to Adolescents in crisis?

As we already mentioned earlier the whole therapy process served the purpose of creating some specific conditions during which two main objectives would be attained. On one hand, the therapist would provide participants means to benefit from what music therapy as a treatment modality can offer, while at the same time using the whole process as a means of collecting data in order to contribute to academic knowledge. In order to do so, however, one had to answer the question “what is the purpose of music therapy?” In order to be able to pretend to bring any form of help, the adolescents with whom we were supposed to work had to re-examine what music therapy can potentially offer them and what is the best approach to accomplish it. The research on music therapy with adolescents makes mention of many functions and each piece of research provides different types of information. Relatively few focused on the treatment plan, in which assessment, planning, treatment and evaluation strategies are outlined (Davis, Gfeller and Thaut 1999).

Mcferran (2010) reviewed various articles on the topic and noticed that most of these materials described working towards a number of outcomes for clients, rather than focusing on only one goal, and even within the categories created, it was common for at least two types of outcomes to be sought. Upon further analysis of the reviewed literature, she concluded that the two main focuses of music therapy work appeared to be deeply personal, involving both inter-personal (social) and intra-personal (identity formation) dimensions. Summed together, aims that were focused toward either social or identity formation outcomes were documented in 57 per cent of the articles, with 46 per cent of all articles identifying both purposes. This dominant focus was not dependent on the orientation of the therapist. Social and identity related goals comprised 75 percent of the goals of pure behaviorists; around 58 percent of the goals of the psychodynamic therapists; and 38 percent of the humanistic and developmentally oriented therapists (whose intentions were more evenly spread across physical, cognitive and creative goals as well). Taken together, this shows that many music therapists of all orientations were focusing on their clients achieving goals that im-

proved their understanding of themselves and/or their relationships with others. Further cementing the centrality of social and identity driven goals is the fact that this was evenly spread across the different client groups – being the first and second most common goal across each categorization of the conditions challenging teenagers, except those with disability, where physical and cognitive goals were described as equally important.

To summarize it, this shows that many music therapists of all orientations were focusing on their clients achieving goals that improved their understanding of themselves and/or their relationships with others. In light of that knowledge, we decided to use not only music therapy activities but also some elements of other therapy which could be useful in helping develop participants' knowledge of self and construction of their own identity.

(Junge, 2014)

The data collection per se has not been reduced to the mere recordings made in the therapy room, but it was extended to include all the observations made before the therapy sessions after the therapy sessions and all the notes that the researchers collected during the whole process. As far as activities organized during therapy sessions in order to collect data is concerned, one could mention specific identifiable individual activities which were used throughout the therapy process. That includes dialogical communication into forms where either the therapist asked questions and participants answered, or the cases where the roles were reversed on the participants where the ones asking questions. It is important to mention here that before the beginning of the process, participants were informed that they could speak freely, ask questions and comment when they felt like doing so, so long as they respected other participants' right to intervene. Other activities which were commonly used during the process included body percussion, free improvisation with instruments, drawings, dancing in group, group listening to music, individual performance of songs or rap music, and songwriting. Although the therapist suggested some of the activities

and gave the participants the right to choose which one they wanted to be implemented, other activities were actually proposed by participants themselves. In a way the activities conducted during therapy sessions were in most cases agreed-upon based on the patient's mood, comfort with activities and willingness to take part in them. In no case did the participants feel pressured to take part in an activity that they were unwilling to join in and on some few occasions, some participants just decided to stay silent or just opt out and behave as simple observers.

Considering that each activity had a dual-purpose as we earlier mentioned - providing participants with short or long-term benefits and providing the therapist with an opportunity to collect data, the therapist had the duty to not only take part in these activities as a full participant, but also to make sufficient observations which could be used for further investigations. It was therefore common to ask participants how they felt about the activity, what they thought about the activity, did they want to comment anything concerning the activity and also to enquire from those who had decided to opt out of specific activities, why they had made such a decision. The use of a likert scale served almost a similar purpose; it helped investigate why the participants were either appreciative or not appreciative of a particular activity and in some cases, why they stayed indifferent to the session.

During the whole therapy process, specific techniques were used in order to accurately collect data. Those were informed both by literature on group therapy and by the therapists own experience from the therapy room at school. These techniques included validation as in making the participants understand that all the options in the therapy room were valid and useful for therapeutic outcome. Other techniques were borrowed from books written by renowned authors such as Kenneth Bruchia and Mcferran, who wrote on group therapy with adolescents.

4.4.2 Instruments

Literature also guided us in the choice of the instruments to use during the therapy process. The following two tables show (1) what McFerran recommend and (2) what we had at our disposal.

An adolescent-friendly instrumentarium	Instruments used by us during the therapy process
Electronic keyboard	3 djembes

Acoustic guitar	4 acoustic guitars
Electric guitar	4 darbukas
Electric bass guitar	1 drum kit
Assortment of picks Microphones with leads	2 Microphone with two amplifier and one mixer
Powered speakers	3 Metal phones, alto tenor and bass
Drum kit	Videos and audio sound played from smart phones
Mp3 player	One electric keyboard (rarely used)
Alto metallaphone	2 Condenser microphones Zoom H2 and H4 for audio recording of session and recording of therapist reflection after therapy sessions.
Bass metallaphone	
Alto xylophone	
Bass xylophone	
Wooden set of congas	
Traditional African slit drum	
10" djembe	
Doumbek	
Cow bells	

Agogo bells	
Wind chimes	
Tambourines	
Rafikiprayer	
Monkey drum	
Range of shakers	
Triangles	
Cabassa	
Guiro	
Tone blocks	
Maracas	
Claves	
Brass finger cymbals	
Range of good quality beaters	
Laptop with music software for creating beats, recording acoustic sounds and creating video clips (e.g. Garage Band for Mac or ACID for PC)	
MP3 amplified speakers	
Portable CD player	
DVD video camera	

4.5 Our approach to music therapy during the study

The following paragraphs are going to be focused on the different approaches to music therapy that showed to be the only suitable but also efficacious in the treatment of those adolescent asylum seekers who attended the 20 sessions of group therapy organized during this research. The approaches and techniques selected to be used during the therapy process were motivated by the goals which we had set out to achieve by the end of the process. We had envisioned a process which would support the adolescence ability to self-determination in their new environment, and the

skills to manage the own issues and the understanding that they could have an influence in the own development. Those music therapy approaches offered our participants the opportunity to use different means to communicate about their experience in an environment where they felt safe understood and totally accepted. One of the main issues that one has to deal with when working as a group is the question of role. Who is the leader, what attitude to have towards those who are led, and so on. Before engaging into this process, we agreed to focus on the participants' needs as a compass helping us to define and lead our actions. Borrowing from Orth's experience, we decided to emphasize on three aspects of the participants life. The first movement which could have been considered a therapeutic consisted in helping the participants to reconnect with emotional events that would not be dominated by the traumatic ones they have experienced. The second consideration was that of helping clients/participants get back into the process wherein they would relearn to make choices that have fundamental meaning to the existence. The last point emphasized on helping the participants we take back some form of control over the life that they were expected to leave in their new environment. (Orth, 2005, p.28). Co-therapists supported one another during the sessions by serving as backups for each other's observations, and because they shared the responsibility for guiding problem-solving discussions. Therapists are less likely to feel fatigued after a meeting than would a single leader under similar circumstances. Consequently, it is not surprising that practically all crisis groups are led by at least two workers (e.g., Zimmerman, Asnis, & Schwartz, 1995). Having both a male and a female therapist guarantees that there will be the potential for cross-sex interactions as participants explore their situations and make plans for the future. The majority of the participants in our group were males and the presence of a female proved very beneficial in how in affected group dynamics. The boys for obvious reasons greatly appreciated the opportunity to interact with my colleague and there was an observable change of dynamics in the interaction on those three occasions when she was away. Therapists are advised to encourage participation from quieter members, and to keep more verbal ones centered on the task at hand. In our case, we could say that we did not have to deal with these issues until sometime towards the end of the process when most of the participants

had gain significant confidence. Frances (2017) recommends that when working with clients such as those that we had, explorations into the distant past should be discouraged in favor of understanding influences that exist in the present. Also, groups should not dwell on negative emotions. For example, if one member effectively conveys a feeling of despondency, it is possible for others to focus on their own sadness and for the entire group to move into a downward spiral of depression (France, 2007).

4.6 Importance of music to adolescents and how it can be used in therapy

Music plays a very important role in human lives across all spheres of life, all societies and all age groups, but it seems to play an even more important role on adolescents. In most developed countries where access to music and music playing devices is readily available, one can regularly see teenagers walking around buried in their headphone or sharing their music with one another. A study conducted by Brook (1989) (cited in Mcferran p.60) estimated that adolescents spend about two and half hours per day listening to music and we can bet that those figures have gone drastically up two decades later.

For Mcferran, adolescents “use music intuitively as a mirror of their public self and also as a window to their private selves” (Mcferran, 2010, p.73). Their use of music is not always positive, although it seems that healthy adolescents do mostly use music for constructive outcomes. What is worthy of note is that teenagers make active choices about their ways of engaging with music. Some teenagers make choices that lead to positive outcomes and some take a less healthy path. The direction of influence in this relationship does not cast music in the causative role. Music is powerful, but it is not that too powerful. It supports, represents, motivates and communicates, but it does not control” (ibid, p.74).

The question as to why teenagers potentially spend more time listening to music than other age groups might be related to some specific roles that music plays to them as individuals in a transitional phase between childhood and adulthood. Music is said to play for teenagers a very important role in at least four key elements: identity formation, resilience, competence and connectedness (ibid, 61). The explanation as to why those four elements seems to be strongly connected to music far exceeds the scope of this study and therefore we will end up going to spend additional time trying to establish that. However during the data collection process and the data analysis, the therapists were on the look-out to see under which contexts these connections appear, in case they do. Due to the language barrier which limited the depth of the communication between the therapists and the participants, the use of art therapy elements during the therapy process showed to be quite beneficial and therefore we are going to include some of those elements in the data collection and analysis. In the next chapter, we specify what those techniques where, what was their purpose and what outcome did they produce.

5 THE THERAPY PROCESS

This chapter gives an account of what was done in the therapy room, what approaches were used to incite interaction from the participant, what was observed and how those observations were recorded.

5.1 Using existing songs

The use of existing songs constituted one of the first interventions which the therapist engaged in during the therapy process. It was for the therapist one of the safest ways to engage the participants into the process learn about their musical taste and provide them with a very safe way of interacting with the therapist and their peers. This approach was also informed by literature as we can see in the following statement by Mcferran who states that:

The use of contemporary songs in music therapy with teenagers is the most natural way for young people to engage in therapy. Even though it feels comfortable, it can also be extremely powerful because of the associations each teen has with the music, as well as the inherent messages communicated by the singers and composers. (Mcferran ,2010, p. 87)

Mcferran and some other authors also recommended a certain list of popular songs which could potentially be used when working with adolescents. The list includes a certain number of a very well-known artists commonly represented on television and radio channels. Although one could argue that popular Western songs

actually are well known in other parts of the world, we decided still to guard against proposing them to our participants, mostly for cultural reasons. We therefore made sure that the songs listened to during the sessions were proposed by them and therefore were likely to have a specific meaning to them. As recommended by McFerran and other therapists, for every activity engaged in during therapy sessions, we moved forward to evaluate its effectiveness to make sure that our goals although not openly stated were somehow achieved.

During our therapy process, we noticed that all the songs which the participants propose to be listened to were songs which were not only familiar to them but also written in their language. The situation somehow facilitated things for us as we could start by asking the participants to tell us what the song was about and therefore get them to open up verbally and explain the lyrics to us. The second move for us was to ask them questions such as "is there a particular reason why you like this song?", "Does the song say anything specific to you?," "Can you relate in any way to what the artist says in the song?" and so on. These gave us a great opportunity to gain an insight into some of the emotional burdens they were carrying without having to ask them straightforward questions such as "have you ever witnessed any traumatic event?" The approach was quite fruitful as we were able to gain a better understanding of some of the issues which we had observed as therapists using only this very simple approach. One of our female participants for instance had presented us with three songs from a Dari-speaking Iranian pop singer, played from her smart phone. Upon noticing that the main themes in all the songs revolve around: not giving up, staying strong and overcome, we inquired to see if she could relate to the songs or the singer. She attempted to communicate but almost immediately broke into tears. Two of the boys went to comfort her while the one sitting right next to me told me that she had been abused. For various reasons, we did not dwell on the topic and we rapidly moved to a more joyful activity. We were aware right from the beginning of the therapy process that some types of issues could not be dealt with properly in the confine of our project, and we were satisfied to know that the girl was receiving individual psychotherapy with a psychologist.

5.2 Group improvisation

This technique was one of the early approaches in the therapy process due to the level of comfort that it provided and the potential high-yield as far as data collection is concerned. The advantages have been known and used as attested here by Kenneth Bruscia who states that “in the therapy context, improvisation does not require improvement and practice; instead, it utilizes the freely expressive capacity of music. Because of this, clients often use un-tuned or modified instruments in order to achieve immediate success in their music making” (Bruscia 1987, p. 71). The majority of our participants were unfamiliar with most of our instrument and we were not yet acquainted to our participants taste in music. We were however aware that it was possible to make some music regardless of the participants familiarity and proficiency. What we were faced with however was a conundrum which Bruscia (1987) underlines as he talks about a case of improvisation in group therapy. It is namely, “the role which music is supposed to play” (ibid, p.73). Music is indeed commonly used as a means to access and promote verbal interactions. What then of group work that does not necessitate the need to begin or return to words or that does not have the ability to rely heavily on verbal communication? This was precisely the case of the current study where verbalization was not particularly strong from our participants. Bruscia (2012) recommends looking at musical interaction from an Aesthetic Music therapy (AeMT) perspective. AeMT is concerned with finding the right music for the expression of the group rather than a means to aid verbal interpretation. We therefore can say that although there were not many moment in terms of verbal expression during our group improvisation, so much was happening at the musical level with so much dynamic expressions that the adolescent would have probably been unable to communicate verbally even if they were not limited by language. In addition, Bruscia (ibid) believes that the “important element in this way of working is to help clients understand more about themselves, and gain insight through the music therapy improvisation group process. He recognizes that this process can often take time, and inner changes may not at first be apparent to client or therapist” (Bruscia, 1987, p.122).

This was the case for this study where most of the changes or at least the verbal communications of those changes started coming forth much later, halfway into the process. Consequently in the initial part of the therapy we focused during group improvisation on the use of the most useful basic therapeutic methods, such as mirroring, matching, reflecting, grounding, dialoguing and accompanying, where the musical techniques are given a therapeutic direction or objective (Wigram, 2004)

5.3 Individual performance/improvisation

This approach was used later on in the therapy process considering the high level of pressure that could be exerted on already fragile teenagers. The approach was used precisely because of the need formulated by some participants to express themselves in a way that they would feel like having an audience for themselves. Incidentally, only some participants with a specific character were willing and comfortable to take part in this activity while others stood mostly as observers or provided them with an audience.

Samira, one of the teenagers who also happened to be our only regular female participant found the exercise quite useful and took a liking for the exercise. Instead of a pure improvisation, she mostly used portions of some of the songs which she had presented to us during the listening session, made modifications of the lyrics and sang the songs in a manner that represented her more individually. For many of the male participants the preference was towards hip hop style improvisation, where they personally wrote the lyrics and had the therapists and other participants play on drums and other instruments to provide them with a steady beat. At the end of each exercise we proceeded into our regular discussion about the meaning and value that the song or the performance had for them as individuals.

For Samira, it was all about standing strong and trying to move forward. All the songs she performed had those specific themes and she did not go too much into details as to what the deeper meanings were. Most of her verbal expression after her

performances could be summarized into sighing deeply or just bursting into tears. Occasionally someone would go and hold her to help her calm down. As a possible explanation to this outburst of emotion, Austin (2002) names three reasons why singing can have a restorative effect on a person who experienced trauma: She claims that the first main benefit of singing was the relaxed feeling it induces in people practicing the activity. Singing in our opinion has a calming effect on the nervous system and steals the mind as well as the body. This is achieved through the facilitation of deep breathing which in turns reduces the number of heart beats per minute. She also considers singing to be an activity which links the neurological system and the muscular system. She claims that given the connection between the emotional psychological and physical patterns, singing as a neuromuscular activity can be used to influence how we responds emotionally. At that point which she underlines is the effect of singing as an activity which generates internal vibrations, which vibrations then asked him breaking up and releasing energy blockages. This last point she mentions is particularly important in the treatment of traumatized people given that quite often they tend to have parts of their body with you that the a to be frozen on normed as if they way holding experiences of trauma.

In the case of our project, Samira also happened to be the only one as much as the therapists knew, who was receiving individual therapy provided by the center. Toward the end of the therapy process, she had made so much progress with guitar lessons that she was singing alone with an acoustic guitar.

For the boys, the individual improvisation was like a way to come out of one's shell. One of the boys Amir, was a prime example of that. He turned from the shy/reserved type into a totally different personality when doing his hip hop improvisation. It seemed like the drum beat, the clapping from other participants provided him with enough energy to step into another version of him, more confident and more expressive. He would rap as if he had always done it, with a flow and bodily expression that totally contrasted what we observed in the beginning of the

process when he would sit on the floor at the corner in a fetus-like position, as if he did not want to be seen.

5.4 Community music therapy

Giving this paragraph the title “community music therapy” is probably a misnomer, but a misnomer that can be justified. O' Grady & McFerran (2007) argue that music therapy practice that is of cultural and context dependent nature could be defined as community music therapy. The activity which is described in the following paragraph fulfills both those criteria and perhaps deserves the name community music therapy.

This approach is mentioned here as an incident which arose spontaneously during the process almost to the surprise and amazement of the therapists themselves. It provided both the therapist and the participants the occasion to immerse into an atmosphere which felt Middle Eastern, making one feel like being in some ceremony in Afghanistan. Although both therapists were aware of the possibilities offered by dancing as an art form and also as a therapeutic modality, we did not really planned on organizing any activity which will involve dancing for at least two specific reasons. The participants had shown a significant level of shyness during the initial sessions of therapy that it would have been unthinkable to consider them taking part in a dance activity in that therapy room. Equally, as mentioned before, the therapy room was too small to be appropriate for any dance and movement activities at least from our estimates. We could not be further from reality. It was precisely our rigid thinking in relation to what a therapy room should look like which had stopped us from imagining this particular activity. The room was full with 13 participants and two therapists making it altogether 15 people in that tiny space, and there were not even enough chairs for everybody to sit down. It was therefore with surprise that we saw first two participants initiating the dancing activity, inviting their colleagues in the circle one after the other and finally inviting the therapists in the circle. The chairs

and the instruments were immediately removed and put aside providing us with much space. The participants played music from their smart phones that were connected to an amplifier, leading everybody into a festive atmosphere. The songs seemed to be familiar to all of them since they were all singing and clapping in unison. Apart from creating an atmosphere similar to those observed in Afghan ceremonies, this activity played an important role; that of giving therapists the opportunity to validate the participants and their culture. The amazement and awe was clearly visible from their faces as they first saw the German therapist getting to the circle and perform beautifully to the Afghan song and immediately followed by me at my turn. They seemed at that moment more joyful than I had ever seen them be during the therapy process. This was one of those occasions where we did not need to ask the participants how they felt or what they thought because they were at this point the ones inquiring about what our impressions and our opinions were concerning their music and dance. The most courageous amongst them came to give us hugs as if welcoming us into their culture. Besides validating the participants by actively taking part in an activity which was to both therapists quite unfamiliar, this activity helped achieve another goal. This was indeed a case where the participants were totally in charge of the process, exercising their skills, of not only leading themselves, but also leading the "leaders" who in this case were the two therapists. This was definitely a very empowering moment for them.

5.5 Drawing

The activity of drawing was used as an alternative to all the other physically dynamic tasks with the hope of eliciting much deeper thinking and much deeper expressions. These activities were performed generally with background music. We tried to avoid using any specific tribe's traditional music as background in this case due to the potential impact it could have on other participants of different tribes. In agreement with the participants, we used Western classical music for these exercises and it seemed to work. Brafman (2012) identifies drawing as a valid route to assess the idea-

tion of a child, once it is acknowledged that the child's capacity to communicate his thoughts and feelings is restricted by his cognitive development and/or by a multitude of unconscious factors that prevent their expression (p.7) In our case where we worked with adolescents whose communication skills in our interaction was limited, and considering the potential traumatic event which they might have encountered, drawing showed to be more than an appropriate activity.

Brafman (idid) makes the claim that the psychocybernetic model of art therapy is the use of simple art materials in order to stimulate the imagery of the help seeker so that experiences may be sorted out, inspected, looked at, faced, integrated, and understood better than before. He adds that once externalized, the fearful and perplexing experiences are not nearly as frightening as when harbored secretly within the mind.

During these drawing activities, we made quite some breakthroughs in relation to what the participants were unable to have access to. We realize for instance that many of the drawings had representations of the house and family members. In some cases, the participants were unable to make clear utterance as to what had inspired that specific drawing but in some few cases, some participants expressed quite clearly and understandably the unconscious inspiration behind the drawing. One of the participants who had a drawing of a house with a woman and the baby next to the house expressed himself as follows:

It was not a very good day today, for some reason I was very sad even though nobody did or said anything bad to me today. When you played the music and ask us to do the drawing, I just took the pen and paper and I was just drawing without thinking about anything. It is only when somebody else was talking about his drawing that I suddenly realized that the images and feelings that were in my head when I was drawing was when I was a child at home and when my mother carried me on her lap and I felt very safe.

For another participant the drawing of the house represented something slightly similar, but playing a totally different function. His drawing represented a small house surrounded by many trees, almost like a house in a forest with no human beings around. His interpretation of the drawing was as follows:

“This looks like the perfect place where you could be and people do not find you. You could just go there when you don't want anyone to see you or you don't want to see anyone and you could just be there in peace, and nobody will be able to do anything to you or to say anything nasty”.

When asked about why he needed a place to hide and if anyone had done or said anything hurtful to him, he answered by a no. He had not been verbally or physically abused at the center but said that he had the feeling that he was being judged all the time and he felt ashamed. Later on when accompanying the therapist to the parking place, he completed his statement by expressing that a few days earlier a worker was killed in a reception center in Sweden by a teenage asylum-seeker, 15 years old just like him and he feels like people were talking about it as if he and all the others like him were just bad and dangerous. He had apparently been reading news from some web forum where people discussed all sort of issues regarding asylum-seeker refugees. The guilt came from the hostility and racist comment made by some people in that specific forum. Upon verification, it was discovered that there was in fact a Swedish worker killed in a reception center for teenagers in the Swedish city of Mölndal just a week earlier.

5.6 Body percussion

This was the most frequently used activity during the whole therapy process as it was applied at the beginning of every therapy session with the exception of one or two. It had the advantage of being extremely low on cognitive and motoric demand from the participants, and therefore made it easy for each single participant to take part in. Besides its ease of use and low cost effectiveness as it does not require instruments and can be executed almost anywhere, body percussion has been shown to have beneficial effect on the development of motor and cognitive skill Ahokas (2015).

(Cheung, Lai, Wong, & Leung, 2018) showed that music and movement (MM) intervention could lead to improvements in global cognition, verbal fluency, anxiety, and agitated behavior as well in patients with dementia and we believe that it could have the same outcome with adolescents. Besides these potential benefits which mu-

sic and movement performed in this case as body percussion could have on our participants, we were aware of potential additional immediate benefits. The body percussion activities played the role of a starter which got everybody out of their pre-session sluggishness and got them excited for what was to come. It also provided us with opportunity for some good laughter as often times someone would miss the percussion pattern and as a result, trigger laughter from the rest of the group. These activities definitely had a positive effect on the participants' mood as everybody always responded with a "I feel good" or "I feel happy" when asked about their opinion on the body percussion activity. Incidentally, the percussion pattern was progressively made complex to increase the level of challenge and focus required to execute them. Somewhere halfway the therapy process, participants were informed that they would be the ones leading the body percussion activity from the following session on. Things worked surprisingly well as they became very creative, introducing newer and more challenging patterns in the activity.

6 THE THERAPIST'S DIARY: THE THERAPIST'S PERSPECTIVE OF THE PHENOMENON

Mapp (2008) defines a study as phenomenological if the researcher sets the goal of gaining a full understanding and thorough interpretation of the experience lived by a group of individuals.

The data collection has up to this point focused the observations and recordings made in therapy during our interactions with the participants. Towards the end of the last session, most of the participants expressed their desire to know what it had been like for us spending those two and half months together. We answered them by expressing satisfaction with the whole project and made them understand that we had mostly achieved our goals. The best answer to that question however can only be given through a summarized narration of what I felt as therapist during the whole experience. Wojner & Swanson, (2007) agree that in order to achieve that full understanding and interpretation of the experience, phenomenological research utilizes the knowledge that both the researcher and the participant have about the phenomenon in order to understand the essence of that experience. The following paragraphs therefore serve the purpose of addressing the participants' concern as they expressed it to the therapists at the end of the last session. It includes observations, self-reflection, and all other factors which help give an overall picture of this entire process.

6.1 The logistical challenges

I thought it necessary to include a narration of the process as seen by me as one of the therapists. This serves the purpose of getting an insight into what therapy can be like when organized away from the comfortable and cozy environment of the school's therapy room. We had indeed before the beginning of the process been used to the situation where most of the variables were controlled or controllable, where all the instruments were found in the same place, where there was no need to worry about privacy during therapy sessions, how many people we could accommodate and how many chairs we could fit in the therapy area. Most methodology books provided us with information as to how the therapist could deal with the challenges that one can face in the therapy room when working with teenagers. In the case of our study, we worked in the situation of crisis where the majority of things were improvised and therefore were temporary. There was no such thing as a therapy room and the location which was finally adopted as a therapy environment was far from suitable. Our 4 x 7 therapy room was indeed a poorly ventilated place at the basement of the building which earlier had been used mostly by small rock bands as a place for rehearsals. The building itself served both as a living environment and the school for the adolescents seeking asylum and was an abandoned school. It is to say that we had during this process to deal with the challenge of transporting at least 10 instruments 47 km away from our school and back consistently during 20 sessions. Although those challenges increased the difficulty of working with those adolescents, it provided us with an insight which we would not have had had the therapy process taken place in say our school under controlled conditions. We were able to make additional interventions and observations which helped complete our overall view of the whole phenomenon. I therefore hereby narrate my perspective on the process as additional information to complete the overall picture of this phenomenological process. One could gain a full understanding of the whole process only by combining both the challenges faced within the therapy sessions and outside of it. This narration therefore aims at serving that purpose. Narration starts from the moment when I came home at the end of the first therapy session.

6.2 Overcoming doubt and uncertainty

The sentiments of doubt and uncertainty came as a result of our initial observation that we would have to deal with logistical, communicational and commitment issues. Most of these elements transpire in my self-reflection and my first impression following the first three sessions.

It was 19:45 o'clock and I had finally returned back home after having gone through my first session with my clients which also happened to be the first contact with the potential clients taking part in the group therapy. The first session had taken us almost four hours altogether. It took approximately 35 minutes to drive to the reception center from school, and the same to drive back to return part of the instruments we had to borrow from the school. We had just made a certain number of realizations after the first contact: forming a group was not going to be easy, commitment might be an issue, communication will be a major problem and logistics will be a problem.

It is difficult to describe what actually happened between the beginning and the end of the first session because so many things took place, but it seems impossible to recall them in words. Nevertheless, the situation went from chaotically tensed and desperate to extremely exciting and full of hope. The day had started otherwise quite well and we were both very calm and confident about our expectations from the first sessions with the potential clients. Things started however to look less glamorous when we arrived on the venue and could not seem to figure out how to get in the building. Although we finally found a way in, things did not get rosy. It just happened that none of our contacts were available at the time of our arrival, and very few of those present knew much about why we were present in the venue. Things got a little bit better however, when someone showed up and informed us that there was at least one participant present and that they were hoping that others will be around. It was indeed a bit worrying to have to think that we might be left with only one person for our first group session out of all the six that were promised. We soon were quite relieved to realize that they were four of the participants around willing to take

part in the group therapy and that one of the mentors in the place was willing to help us start with the initial presentations and answer a few concerns we might have had. These initial sense of chaos can only be understood in the light of certain information. As it was mentioned earlier, the reception center, the staff and most of how the programming was done there had mostly been improvised and everybody was just still trying to find their way. The location was not placed on any map, justifying how difficult it was to move around it. Most of the staff had been working there for less than a month and were still also getting accustomed. We proceeded anyway to looking for a suitable location for the group therapy and suddenly we had not just four or six kids wanting to take part, but almost a dozen of them, adding to the confusion already existing.

After those first events which were not the most pleasing, we were shocked to hear the supervisor/mentor inform us that we were going to need an interpreter because the boys could speak neither English nor Finnish. He also went on to inform us that he was the only one who could do that job, but that he could unfortunately not always be available during therapy sessions given that they all did three shifts work. We both were overwhelmed by a sense of hopelessness and suddenly, questions started arising. How were we going to properly communicate during sessions and how was I ever going to gather enough material for my thesis if I could not communicate with the client? How were we even supposed to communicate during musical and other forms of interaction if they could not understand basic English or Finnish? It started looking as if my thesis project was going to be a failure. Our surprise came from the fact that during the Facebook and email contact, we were led to believe by the French nurse that most of the kids could communicate in either basic English or Finnish. For me, it started looking as if we would probably just have to try to go through the first session and then just abandoned the whole project as there did not seem to be any way forward. Indeed if the final goal of writing the thesis could not be achieved, I would have had to consider changing the project toward something which was much more achievable before running out of time.

In addition to the afore mentioned issues, there were so many other activities going on with many people going in and out of the therapy room. The potential clients where mostly all quiet with some looking extremely shy. We went through half an hour of communication during which everything we said had to be translated by the mentor to the kids in their language and every answer, comment or question from then had to be translated back to us in French, and me translating it to my colleague in English. At that point, I started wondering if it was really true that they could not understand anything of the French or English phrases, or if it is simply due to the natural reluctance to communicate that people sometimes have during first encounters? We would have an answer to this question along the process. Nevertheless, we went on trying to explain to the tutor why we were there, what school we came from, what education level we were at, and also said shortly something about music therapy. They even seemed not to be aware that music could be used as a form of therapy and the understanding triggered a couple of funny laughter. Despite all the disturbances, all the uncertainties and the unanswered questions we did not let ourselves get totally discouraged. We made the move of introducing music therapy by introducing our instruments to the participants and inviting them to get acquainted with them. After that first intervention, we invited them to try the instruments one after another upon which we would move on to try and play something altogether. The whole activity seemed to generate some curiosity among the participants and they all followed along. These interventions allowed us to assess not only the instrumental preference of the participants but also their skills and knowledge in music. While some seemed to be quite lacking in musical experience, at least two of them showed signs that they had had some experience with musical instruments before. There was precisely the case of this young man who made mention of the word Darbouka when referring to the djembe and would later on hold the djembe in the same manner that Darbouka players do, and even played some meaningful rhythmic patterns on the djembe. Things did not look that desperate any more at that point. At least it seemed like we would be able to musically communicate. We were pleased to know that the teenagers seem to be interested in music. We later made the suggestion that they shared with us their preferred songs from their smart phones which they did. We

were able to learn from the songs played and the comments made following listening session that some of them were keen on singing, some liked dancing and that in addition to their traditional rhythms, they also seemed to like some forms of hip-hop played in their own language. They became very inquisitive, wanting us to tell them more about music therapy

We later got more information about their lives at the Centre and their hobbies as they made effort to communicate with us while helping us to carry the instruments back to the car. Some of them opened up about their journey to Finland, crossing through so many countries to get here. The situation at this stage was already looking very good and we started having the feeling that we were witnessing the beginning of the very good adventure with these teenagers. They each told us about what instrument they liked and four of them wanted to learn to play instruments, one preferring the guitar and three others preferring drums. These information were actually quite useful as they could help us plan for the forthcoming sessions for example, when thinking about what kind of instruments we might be willing to take with us during the coming sessions. We rounded up the first session with the second improvisation and we agreed to have our session 3 days after the first which means the following Friday.

The overall feeling for me at that point was that of excitement combined with a sense of accomplishment. However there were still some questions lingering on the back of my mind. I had for instance to ask myself how professional were we able to remain in a process so chaotic that we seemed to be improvising at every single moment? Were we overstressing our boundaries? Moreover we still had not yet solved the issue related to recording the sessions. Given that there were so many mentors in charge of the different kids, we could not do audio or video recording of the first session. We had already been given the right to record audios from all the mentors except one, and the video issue had remained problematic. It is only during the second session that we obtained the right to record audio, and the video part was declared unsafe due to the kids' asylum status. Additionally, we still were not sure if

we were going to keep only those participants who stayed right up to the end of the session and had put their names on the list or if we would just have to let everybody in again during the following session? What goal were we going to achieve just going on that way? Despite all the challenges, we decided to make it as goal to take things one session at a time, forego the notion of control and believe that problems will be solved properly when they arise. We came to the realization at this point that our attitude and our ability to remain flexible during the whole process would be as crucial as anything else encountered during the journey with the kids.

The following session went on in a similar manner as the first with up and downs and we were quite able to deal with all the challenges that came fourth. We built on the connection that we establish during the previous sessions and were able to do something a bit more structured with specific activities and a bit more verbal communication at the end of each activity. Some new participants join while some of those that were present during the previous session did not show up. The excitement amongst the youths started to become more perceptible. They looked much more relaxed, both before the beginning of the session and at the end. They asked for permission to take pictures with us and ask for permission to have us as Facebook friends. They were helping us pack the instruments and to accompany us right up to the parking place at the end of the session and at least two of them seemed to be waiting for us before therapy sessions at the same parking lot despite the cold winter temperature. One important observation we made at the end of the second session was that these teenagers were so interested in the process that they decided to stay with us despite the repeated calls inviting them for dinner. They actually risked missing dinner by choosing to stay with us until the end of the session and went for dinner when everybody else had finished eating. We started noticing those participants who seemed much more committed to the process and also seemed to be much more in need of what it was that we were bringing.

The third session went on in a similar manner with surprises and its share of disappointment. Three amongst our most committed members were missing and upon

inquiry, we were informed that they had been moved to another reception center. This information obviously brought some disappointment but we went on to work with the new group consisting of the newly arrived participants and those who had been present since the start. We started putting more emphasis on and giving more attention to those who had been regularly present. At this stage, things were getting much better compared to how they had started and it was easy to see that some connection was being created between us and the teenagers. They were becoming very interactive not only musically, but also in the manner in which they tried to speak either English or Finnish, asking questions about us and responding to those by giving information about themselves.

6.3 To group, or not to group in therapy, that became a question

As mentioned in the paragraph on methodology, the initial idea of a 4 to six member group therapy ended up being something which fluctuated between 3 and 13 participants per session. That outcome appeared to be the result of not one but multiple factors which all had their impact both positive and negative on the whole process. This current paragraph expands on those factors and their influence on the whole.

Of all the challenges encountered during the whole process, the inability to form a homogeneous group was from my perspective the most worrisome, mostly due to the fact that it raised the methodological issue as well as undermined my ability to come up with a credible report at the end of the process. It was therefore important for us to address those issues or at least attempt to understand why we were unable to form and maintain a homogeneous group during the whole process. Was it due to the lack of interest of the participants in the project that we had proposed? Was it due to their lack of commitment or was it due to our inexperience as therapists to conduct the project in a manner that would have made it appealing and beneficial to them as participants? These questions could not be answered immediately however, we observed external factors which were likely to play a role in how regularly they were

attending the therapy sessions. Those factors are listed in the following paragraph based on the information that we were provided with by the participants themselves or their mentors.

The first factor which affected group cohesion was that of the participants' change of residence. Immediately after the first three sessions, some of our participants were transferred to a different location at a different reception center far away from where the therapy was being held. We were not given specific information as to where they had been transferred. We had earlier been informed that the age bracket for those living in the center was between 13 and 18, so we could only guess that those who had been moved to the reception center for adults in Jyväskylä 47 km away had turned 18 or that there had been some other legal issues involved. It could have also been due to the lack of accommodation in the center given the number of kids living in that small housing space.

Another factor affecting our ability to form a homogeneous group appeared to be the clash between the therapy sessions and some other activities organized at the reception center. It is important to mention here that our participants had quite limited interaction with the outside world and therefore whenever there was an occasion to participate in say the swimming session or visit their parents or relatives in Jyväskylä or other refugee reception centers, they were likely to seize it.

The third point on the list of factors which affected group cohesion during the therapy process is that of the participants' life situation itself. It is important to mention here that all our participants were asylum-seekers, which means in this case that they did not have the clear status in relation to how long they could stay in the Finland or if they could stay at all. Many of them had ongoing asylum claims and as a result had to be absent on some occasions during which they had hearing in the Jyväskylä. As a consequence of this process some participants were too tired and stressed out the day prior to a hearing or immediately after a hearing. In those occasions, we were just informed that they had decided not to join on that specific day

but will show up when they feel better. Paradoxically, some of our regular participants remained committed mostly because of how therapy sessions were able to help them forget about all those events taking place outside of therapy.

6.4 Empowerment as therapy: building identity through gaining musical skills

As mentioned in the paragraph on methodology, this study relied on empowerment theory as a theoretical framework, which meant that any action which could potentially lead to empowering participants in any aspect of their development was to be considered valid. One of the challenges to these statements came from a demand presented to us by four participants. They wanted to learn to play some instrument, mostly guitar and drums. They were hoping that they could alongside the process learn to play some instrument as it would help them achieve their goals. Our only regular female participant (Samira) expressed herself by saying that it would help her achieving something which had always been part of her dream. Their desire at first glance seemed to be contrary to the therapeutic process and our initial answer was to kindly respond by explaining that music therapy was not exactly music lessons. They showed their surprise by pointing out that we had said that we were there to help them in any way which we could through music and that learning to play and instrument was extremely important for them. They somehow compelled us into remembering that any recovery process which relies on empowerment "seek to move away from models in which individuals are viewed as passive patients, and instead promote that they actively engage in all elements of treatment planning and the treatment process as service participants or consumers."(Harris, 2016, 19). In this instance, the participants considered learning to play as part of therapy and therefore, we agreed to provide that help. Orth (2005) claims that many of his clients seem to believe that they are expected during the music therapy process to not only learn about music but also become skillful at playing an instrument. He recognizes that despite the fact that this is neither the intention of the therapist

not intended aim of the therapy process, this could be considered by the therapist if it provides the opportunities to break out of state of anxiety, and therefore make room for an atmosphere where music could be played in an expressive and structured manner during the interactions between the client and therapist.

We agreed to spend 30 minutes after every session to help them learn some basics in guitar and drumming. This was of course not to go without any consequences both within and outside of the therapy sessions.

This activity although not part of the group therapy played its role in the therapy process as it gave room for a different type of intimacy and the possibility for a different type of interaction. It was not officially therapy anymore, and questions and answers could come and go without the awareness that they serve a specific purpose. Information gathered in the small music class group could be used in the group therapy sessions and skills developed in the small groups were transferred into the bigger group therapy session.

6.5 Clinical supervision and counseling in the face of mounting challenges

My colleague and I worked for this project as co - therapist involved in the whole process and we both worked together in the planning and execution and conclusion of therapy sessions. It is important to mention here that both therapists had not only common interests but also some divergent interest concerning some specific points. For my part as a therapist, this whole project served not only as my second clinical practice but also as the core for my Master's thesis. For my colleague, this served only the role of the second clinical practice which means that she had less pressure to see things succeed than I did. This of course does not mean in any way that she was less interested in the project than I was, only that I stood as the bigger loser in case the project did not go on well. The situation as it was at the time finally led to some areas of disagreement which impacted the process. We had for instance disagreements

about those 30 minutes music lessons which I mentioned earlier and the issue of having in some occasions to spend 10 to 15 minutes just trying to gather the participants in the therapy room.

There were also issues concerning how strict we had to be with the kids. Some of the kids often came 20 minutes late or left earlier without explanation and in most cases, I as a therapist just let them be. My colleague on her part wanted more structure and was of the opinion that the session should not be organized any more if participants are more than 15 minutes late and that latecomers should not be admitted in the therapy room. The main issue here was I guess our differences in theoretical approach. My colleagues had strong leaning towards a psychodynamic approach and in a case as messy as the project that we were dealing with; it was easy to start questioning one's fundamentals. We were dealing with an exceptional case where the rules applying in a formal therapy room were not entirely valid. Fortunately, these issues were resolved with assistance of our teacher/supervisor and the overall impact on the process turned out to be minor.

7 7. RESULTS

7.1 Participants' narratives

The third way through which data was collected in order to answer the research question was through some form of interview during the last session of therapy. We wanted to learn about the participants' overall impression about the whole experience. During the last session we let our participants know that we would give them the opportunity towards the end of the session to give us their overall impression about what they experienced throughout the whole process. We explained that we wanted them one after the other to give us a summary of what the experience of spending two and half months with us had been like. There were 9 participants on that day but only 8 responses are included here since one had attended only 4 sessions. Most of the texts are translated from Dari or Pashto to English, except that of our only participant who was relatively fluent in English and helped very much in translation during therapy sessions. To maintain privacy, we use pseudonyms where there might have been possibilities for them to be identified. Notable to mention here is the fact that we had four participants called Amir and three called Mohamed, so the use of pseudonyms is almost redundant. The texts have been included without any modification and seem repetitive at some point but reflect the atmosphere at the time when it was recorded.

Amir: I thank Mara and Alexis for having given us the opportunity to take part in this project. I am very happy because of everything that I was able to learn with you. In the beginning when I came here, I did not really know what I was going to get and I mainly came because I heard that it was going to be something with music. I was able to learn here many things about myself and how music can make me happy. I like very much drawing but also the other thing we did, But drawing when listening to music was very good. I like very much that you are very friendly with us and I see you as good friends. I hope that we could help you with your school program and that we were kind... and did not cause you too many problems. I am a little sad that this is end and I will never see you again. Thank you

Amir 2: Thank you Mara. Alexis. I feel very good. I like playing music a lot. I like playing the drums. I am very happy that I was able to learn to play the drums better and now I can play like the people who play on television. I like it very much that I could just come here after school when outside was cold and dark, and that I could just be here with you and play music and talk and have fun. Some days I felt really sad and when I come here, we played music and I felt happy. I also like very much talking with you because you are very friendly, and you listen to us and you make us laugh. I wish that group would continue much longer but I know that you have your own school and other things to do.. Thank you very much.

Mohamed 1: Thank you Mara and Alexis. I learned very much with you and I learned many things about music and those music games. When I came here, I did not really know how to play anything and I was feeling a bit shy,... I feel very confident and very happy now. In the beginning, I was a bit afraid to play the music and to say something. Now I can play many instruments; I don't feel shy to talk. You have been very good friends and you make me feel like I should not be afraid to play and I should not be ashamed to talk. Now when I feel sad, I can come down here and play some music and feel happy. You are very good friends, thanks you.

Samira: Thank you very much Mara and Alexis for all that you done for us. Here with you, I was able to learn so many things; I learned to play and sing in front of many people, I also danced in front of many people without being afraid or ashamed.

Many times I came here very sad and very tired and I don't know why. Sometimes before I came here, I was just in my room very sad and I was crying and I don't know why but when I come here, and played music together, I felt better. I feel sorry and I apologize because some days it was very difficult, but you were still very friendly and very nice to me. Now I am a bit sad that you are going to go but I know that you have to go. I am going to keep learning the guitar, maybe one day it will be good like you, thank you.

Soheil: Thank you Mara and Alexis. I thank you for many things that you gave us and you did for us. When I come here, I feel very happy when we play music and we do all the music games. Some days I feel very sad because I miss my parent and I miss my country then when I come here, we do many things and I forget about that. Sometimes we play some music and I feel like I am back home in Afghanistan with my parents and relatives and my friends. I think that you Alexis you a very good friend, Mara is very nice also. I hope we were also friendly with you and we were able to help you with your school project, thank you.

Amir 3: I like very much this music games and all the dancing and singing that we did here. It made me feel good and happy during the days when I was sad and it was very good to be here instead of being in my room alone. I also like playing the darbuka very much because it makes me feel strong and powerful, and I also like the sound of the djembe. I also like when we play and dance music from my country because it makes me feel like I was in Afghanistan again. I miss my country very much and when I come here I am like in my country again with many friends. Thank you, Mara and Alexis, because you are good friends, and you accepted me and were very nice to me.

Mohamed 2: I like very much being here and playing music and listening to music. Before I came here, I never played any music and I sang only when I was alone. When I came here, I played many instruments and I sang with many other people and it made me feel happy. Now I like music even more, and I want to play music when I feel sad or when I feel lonely. I like it because Alexis and Mara behave very nice with us and accepted us. I like it because you treated us like friends and like

Brothers. I am sad that this is end, because I am already used to coming here every week and playing music and talking with you. Thank you very much for everything.

Museba: I think I feel the same like everybody else here and I will say thank you for everything. I have learned to play the drum here and now every time when I have free time, I come here to practice with the big drum. Now I am not shy anymore and I think that if I keep practicing, I am going to become a good drummer. I am sad that this is ending because I still wanted to learn many things from you. I think you are very good friends and you treat us very nice.

7.2 Textural description

Mustakas (1994) indicates that the researcher as the next step in data analysis should upon identifying on the themes which seem to emerge from their statements write in descriptive terms about what the participants have experienced. The following paragraph therefore summarizes what participants' experiences were as they went through the process of a 20 session music therapy with the therapists.

Most participants reported a sense of improved mood as an immediate effect of participating in therapy sessions. They reported having on many occasions come to therapy sessions with a sense of sadness or simply feeling down, but left the therapy session with a very high sense of joy and an improved mood. This was corroborated by a measurement which we made in the beginning and at the end of a recession using a Likert scale. The girl for instance reported having been crying alone in her room before coming to the session but felt much better at the end of the session.

Some participants reported feeling a sense of connection with their country Afghanistan and the life that they had back home. This sentiment was connected with the sense of nostalgia in relation to the country and on the cultural event that they were missing while living in Finland. Many elements of this sentiment came forth during the drawings and during the dancing and singing activities.

Participants also reported experiencing an increased sense of confidence and a feeling of overcoming shyness. This idea of confidence could be observed on many occasions as participants became much more active during group improvisation and individual performances, and also in how they expressed themselves, with many daring to speak English or French whereas they had remained mostly quiet during the initial phase of the therapy process. One could report for instance the manner in which some of them perform some pop songs with lyrics written by themselves and the level of expressiveness which showed in those performances.

Some participants also experienced the music therapy process as an event which contributed in helping them build a sense of identity. We indeed had a certain number of participants who consistently took part in the music lessons after therapy sessions. Out of that group, two of them became moderately proficient at playing the guitar and were able to play and sing for the individual performances in therapy sessions. The third one became very proficient on playing drums and had progressively developed into becoming the drummer of the whole group. He even started dressing and making his hair to look like a rock star. They also reported being willing to improve on their music skills and potentially developing them into hobbies and probably become musicians.

7.3 Themes

From the statements expressed above, one could see some specific themes emerge. They can be listed as follows

1. Sense of joy and improve mood
2. Connection to their country in moments of nostalgia
3. Increased confidence and overcoming shyness
4. A sense of developing personal identity through music
5. A sense of awareness into how music can affect them.

7.4 Findings

Finding 1: Sense of joy and improved mood

Regarding how music therapy sessions was related to participants improved sense of joy and improved mood, we had to look back at the scoring on the Likert scales which were distributed in the beginning of each therapy session. Participants were required to evaluate their mood in the beginning of every session and reevaluated it at the end of the session. They consistently reported an improved mood at the end of every session with some few exceptions where the scores were lower at the end of the session compared to the beginning. In those cases, those participants who had reported a worsened mood at the end of the session, they had reported having been irritated by another participant playing the drums too loud, or they had had the feeling that they could not express themselves properly since the others were taking all the attention.

Finding 2: Connection to their country in moments of nostalgia

As far as the sense of being connected to the country during therapy sessions is concerned, we can report that many participants expressed it at some point during the therapy process. Very often when a participant came to the therapy session overwhelmed with a feeling of sadness, they were unable to identify the source of such feeling or even find the right label to put on that feeling. During music therapy activities however, many of the participants became aware of what it was that was making them sad. They identified it as being nostalgic about the life that they had in Afghanistan with their childhood friends and relatives while some identified it as just missing their parents. As those feelings were identified, they also realized that some music therapy activities made them feel as if they were way back in Afghanistan and as a result the feeling of nostalgia subsided.

Finding 3: Increased confidence and overcoming of shyness

The lack of confidence and a feeling of shyness is something which many of the participants reported to have been able to overcome during the therapy process. Confidence is indeed something which is required in order to engage into activities which are unfamiliar and to express one's opinion in the context of a group. Many of the participants reported being able towards the end of the process to sing and play in front of other people and also to express what they were thinking or feeling about some specific activities.

Finding 4: A sense of identity through music.

Being able to see oneself as a guitar player or a drum player is something which some of the participants reported having achieved at the end of the process. This was mostly for participants who not only enjoyed listening to music and playing music with others, but also wanted to develop their skills in playing a specific instrument. This was the case for at least three participants amongst which two developed skills in playing guitar and a third one became very good at playing popular drumming patterns. One of the participants actually purchased himself a used guitar and another one got offered an old guitar by one or two mentors from the reception center. They were making significant progress and we as therapists noticed that during therapy sessions as they excitedly showed all the new thing that they had learned. Individual performance became almost a must during sessions as more and more people wanted to perform a song alone or accompanied by another group member.

Finding 5:

A significantly more important finding, at least from a therapeutic perspective was the fact that some participants gained a sense of awareness into how music can affect them. They discovered music can be a very useful tool in mood regulation. Although some might have been listening to music for the same goal before the therapy process, they gained strong confirmation over repeated number of session and from other

participants' feedback that they could effectively either listen to or play music for mood improvement.

7.5 The "essence"

As we saw in the research methodology when we mentioned the approach which Moustakas (1994) recommends for researchers to take, the last step in the data analysis process consisted in combining the structural and scriptural description in order to form what he calls the essence of the phenomenon. In order to obtain the essence of the experience of participants as they went through 20 sessions of music therapy, we made a combination of what they experience i.e. textural description and how they experienced it i.e. scriptural description. We noticed that participants experience a sense of improvement in their moods and a sense of joy after taking part in therapy sessions. That sense of improvement in mood and an overall sense of joy came mostly as a result of engaging in pleasurable activities such as singing, dancing, being listened to and sharing with others' favorite songs. They also experienced a sense of connectedness to the place of their origin when taking part in some music therapy activities. That sense of being connected to their country through musical activities appeared for many of them to stand as a temporary solution to the nostalgia that they had when thinking about their friends and relatives left back home. Being connected to the country of Afghanistan where they came from was achieved through singing and dancing in group as they do in some ceremonies in Afghanistan, and to listening to some famous Afghan songs and all singing along. Many of the participants also reported having developed a stronger sense of confidence and being able to overcome shyness. Those two character traits were exhibited in how comfortable they could now sing, dance and express themselves in a large group whereas they were mostly quiet and distant in the beginning of the therapy process. This could also be observed in how lively therapy sessions had become, with therapists doing far much less interventions than they did in the beginning, and the participants doing most of the talking and most of the playing. Some partic-

ipants also developed a sense of personal identity through music as they become familiar to and proficient in some instruments and wanted to keep playing them even long after the therapy process was over. This was the case of two participants who acquired their own guitars and started practicing regularly and for the third one who became good at playing drum and was going regularly to the therapy room to practice drumming.

7.6. SUMMARY

As a conclusive note for this chapter is important to mention that the chapter provided us with a narrative of the participants experience, a description of all the aspects which influenced how they positively or negatively experience a phenomenon. In the next chapter will attempt to examine those findings from an empowerment perspective.

8 DISCUSSION AND RECOMMENDATIONS

8.1 Discussions

The current study had as purpose to (1) explore the lived experience of teenage asylum seekers who attended 20 sessions of music therapy while waiting for the resolution of their asylum claim (2) discover the factors that influenced positively the experience. The main goal of the study was that by uncovering the essence of what the participants went through, the findings could be useful in helping to improve the quality of support provided to adolescent refugees and potentially be beneficial in their adaptation to the new environment. The leading research questions for this study were the following: "What is the experience of teenage asylum seekers who go through group music therapy, and what are the in-therapy factors that were influential in leading to this outcome? The answer to the research questions is that participants experienced (1) a sense of joy and improved mood (2) connection to their country in moments of nostalgia (3) increased confidence and overcoming shyness (4) a sense of developing personal identity through music (5) a sense of awareness into how music can affect them, and a sense of being understood and supported by the therapists during the process. The factors which influenced these outcomes have been the types of activities organized in therapy sessions which allowed them to develop confidence in themselves, learn more about themselves, create moments of joy when they felt sad and get into musical atmospheres which were reminiscent of

what they were familiar with in their country. Equally, the idea of being understood by someone who was not part of their culture seemed to play a major factor.

A music therapist or any service provider interested in working with adolescent refugees could find these findings interesting in relation to how to deal with teenagers and other lessons in a situation of crisis. Nurses and other healthcare workers as well as social workers dealing with the teenagers of similar backgrounds will also find these findings useful as they could help understand ways through which such teenagers can be empowered so they could go on and become useful members of the society. These results could potentially help in filling a gap in the literature with regard to teenage refugees' music therapy or the mental health and provide insights for further research, and implications for both theory and practice on caring for the growing number of adolescent asylum seekers and refugees. More so, in case those adolescents asylum claims receive positive response, they will go on to live inside the EU which has declared that " Successful integration of persons who have a right to stay is critical to making migration work and the EU budget has invested over €140 million in integration measures in the years 2015-17" (European Commission, n.d.).

8.2 Recommendations

Recommendations for future research include the following:

1. Conducting phenomenological studies on the experience of adolescent teenagers who have become immigrants after obtaining their right for asylum and moving from the reception center.

2. Conducting further studies on the lived experience those teenagers whose asylum claim is rejected and are refused refugee status.

In addition to such studies it would be beneficial both for policy reasons and as contribution to academic knowledge to study the rate of integration, academic and professional success of teenagers who have experienced trauma and as a result, sought asylum in another country.

9 CONCLUSION

To conclude, the “essence” of what teenage asylum-seekers experienced while going through 20 sessions of music therapy is that they experienced feeling a sense of joy and improved mood, connection to their country in moments of nostalgia, increased confidence and overcoming of shyness, and a sense of accomplishment as a result of developing personal identity through gaining musical skills.

Policy makers who are interested in improving the condition of teenage asylum-seekers, who are also potential future citizens and taxpayers can learn from these findings. Policy makers could start by laying more emphasis on the mental stability of adolescent asylum seekers besides providing them with food and shelter.

It has already been discussed that other teenagers go through a period of increased vulnerability due to all the hormonal changes taking place and having at the same time to face all sorts of identity related issues. For adolescent asylum-seekers, personal identity issues are superposed on top of their cultural identity and identity of the new culture in which they are trying to integrate, causing increased difficulties in adaptation. Going back to the empowerment theory which has served as a theoretical framework for this project, multiple approaches could be undertaken to provide those adolescents with the assurance and the conviction they need in order to navigate in an environment where they are very often going to have to deal with negative

representation from the media and vitriolic attacks from politicians during pre-election campaigns.

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