1-13-2014

-Heroines' Journey- Emerging Story by Refugee Women during Group Analytic Music Therapy

Heidi Ahonen
Wilfrid Laurier University

Antoinetta Mongillo Desideri
Sunnybrook Health Sciences Centre

[Research Voices: Qualitative Studies]

-Heroines' Journey- Emerging Story by Refugee Women during Group Analytic Music Therapy

By Heidi Ahonen & Antonietta Mongillo Desideri

Abstract

There has been some evidence of the benefits of participating in group analytic music therapy with traumatized people. This pilot clinical project investigates the impact of a combination of narrative therapy and group analytic music therapy on refugee/newcomer women in Canada. An ongoing therapy group met for a period of 8 sessions, to share stories and feelings of past experiences and of resettlement. The focus of this group was emotional expression (verbal and musical). Musical listening, improvisation, art, writing, clay-work, and relaxation techniques were used. Several consistent themes re-emerged, including feelings around loneliness, fear guilt, and loss. The analysis of the therapy process showed many commonalities among these women and the process they were going through to deal with their feelings.

Introduction

According to the Project 1 Billion (Mollica, 2011), the last century has been described as the 'refugee century'. More than 1 billion persons in over 47 countries today are affected by mass violence, war, conflict, terrorism, or torture with 100,000 refugees being resettled annually around the world. (Mollica, 2011, p. 46) Ten thousand to 12,000 of these people, representing up to 70 nationalities, are resettled in Canada. Many of these refugees have experienced collective trauma (war, etc.) and other traumatic events (torture, rape, etc.) that may impact their adjustment to resettlement efforts. The Canadian government,like many other nations, does not offer any psychotherapeutic interventions for refugees. Despite of the enormous mental health impact on the health status and daily functioning of traumatized refugees, "there is no standardized global approach to the mental and physical healing of traumatized populations" (Mollica, 2011, p. 46.). Music therapy has been used to help traumatized people in many of the world's most troubled locales, including Bosnia-Herzegovina, Sierra Leone, the Gaza Strip, South Africa, and as a treatment with torture victims in London and Berlin. (Lang & McInerney, 2002; Orth, 2001, 2005; Dokter, 1998; Pavlicevic & Ansdell, 2004; Jones, Baker, & Day, 2004; Amir, 2004)

The overarching question to be answered in this exploratory study was whether music therapy can assist Canada's trauma affected refugees in their recovery process. The main objective was to observe and describe the narrative group analytic music therapy practice (Ahonen-Eerikäinen, 2007); identify shared meanings that emerge among the participants during the therapeutic process in light of the emergence of new empowering perspectives on self and others; and, to begin to generate resources for clinical practice. An essential aspect was designing research that provided opportunities for under-represented perspectives to be heard. The musical narratives included music listening and musical improvisations.

Context/Literature Review

When defining refugees, Canada uses the "Refugee Convention" definition (1951): "A refugee is a person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country..." According to a vast number of research studies, many refugees have experienced multiple traumatic events, significant associated posttraumatic symptoms, shaken identity, cultural loss, and mental health problems (i.e. Mollica, 2011; Flaherty, Gaviria, & Pathak, 1988; Carey, Stein, ZZungu-Dirwayi, & Seedat, 2003; Sareen, Coz, Stein, Afifi, Fleet, & Asmundson, 2007; Sledjeski, Speisman, & Dierker, 2008; Halvorsen & Stenmark, 2010; Kruse, Joksimovic, Cavka, Wöller, & Schmitz, 2009; Baþoðlu, 2006; Englund, 1998; Harris, 2009; Mollica, Cui, McInnes, & Massagli, 2002; Cardozo, Vergara, Agani, & Gotway, 2000 Hollifield et al., 2002; De Jong, Scholte, Koeter, & Hart, 2000; Porter & Haslam, 2001; Burnett & Peel, 2001; Kleijn, Hovens, & Rodenburg, 2001; Terheggen, Stroebe, & Kleber, 2001; Friedrich,1999).

In the searching the literature for this research, social factors and rituals, cultural stories, and myths/legends and their effect on recovery from trauma were the focus of the review. It became evident that these may be used as a resource; a process that shapes the expression of emotion, guides behaviour, offers meaning and closure, and strengthens the link of the individual to the social group and to the culture at large (Jones et al., 2004; Jorden, Matheson, & Anisman, 2009;

Turner & Diebschlag, 2002; Van Dijk, 2001; Haney, Leimer, & Lowery, 1997; Manson et al., 1996; Hawkins, 1993; Eisenbruch, 1991; Harrell-Bond & Wilson, 1990). Furthermore, music and musical narrations, such as a chosen song or instrumental pieces of music that represent/symbolize group participants' current life, past, future, experiences, fears or fantasies, can be a form of ritual that can play an integral role in healing for traumatized individuals, whose bonds with others and with their culture may have been torn (i.e. Jones, et al., 2004; Lang & McInerney, 2002; Orth, 1992, 2001, 2004, 2005; Pavlicevic & Ansdell, 2004; Amir, 2004). Ahonen's previous research (i.e. Ahonen-Eerikäinen,1999, 2002, 2003, 2004, 2007; Ahonen-Eerikainen, Lamont, Knox, 2007; Ahonen-Eerikainen, Rippin, Sibille, Koch, & Dawn 2007; Ahonen & Houde, 2009; Ahonen, 2010) suggests that it is possible to tell our stories through music, song-writing, song-selection, and improvised themes of past events of collective trauma.

Clinicians from various psychotherapeutic approaches have identified that culture is part of a people's collected stories, and client narrative expression can be the common ground of social discourse in psychotherapy. Some clinicians (i.e. Mollica, 2006; Walker, 2005; Englund, 1998; Weine, 2001; Van der Merwe & Gobodo-Madikizela, 2008) even argue that narrative identities become the stories people live by and their lives may be the product of the stories they tell. Overall, people create meaning through narratives (Rappaport, 1995). The stories they tell about major transitions in their lives contribute to their identities, help them cope with challenges and stress, shape how they see the future, and help to determine the nature of their relationships and unique positioning in the world (McAdams, Josselson, & Lieblich, 2001, 2004, 2006; Angus & McLeod, 2004).

Together, narrative theory (McAdams et.al., 2001, 2004, 2006; Angus & McLeod, 2004, Van der Merwe & Gobodo-Madikizela, 2008; Mollica, 2006) and group analytic culturally-based music therapy techniques (Ahonen-Eerikäinen, 2003, 2004. 2007; Ahonen & Houde, 2009; Ahonen, 2010) are a springboard for practicing culturally sensitive work and helping group participants to identify what they want in their lives, while re-connecting them to their strengths. The combination of these techniques provide a culturally sensitive context for creating change in a refugee participant's life by helping him/her deconstruct the old traumatized problem story that includes feelings of helplessness and powerlessness, and to re-vision a preferred, more empowering story.

Objectives

The evolving clinical working hypothesis was based on the narrative theories (McAdams et al., 2001, 2004, 2006; Angus & McLeod, 2004) and group analytic music therapy theory (Ahonen-Eerikäinen, 2007), and it was assumed that the trauma-affected refugees who participated in this study were making meaning in their lives through their self-defining trauma-related stories. We believe it may be possible to help them re-author stories to include narrative identities of a survivor, and therefore, to musically and emotionally enter their stories and re-live them with an aim of articulating new understandings. We thought it may also be possible to translate their lived trauma and survival-related stories into shared stories, in order to fill in the gaps of that which has never been validated. Furthermore, this could lead to constructing new meanings in relation to those stories and emotions. Finally, we believed this may support the emergence of new, empowering perspectives on self and others and enhance community and identity building. The research task of this clinical study was to observe and describe the narrative group analytic music therapy practice with traumatized refugee/newcomer women and investigate: What are the shared meanings that emerged among the participants during the therapeutic process? If traumatized refugees give meaning to their lives by their self-defining trauma-related stories, how do they, during musical narrations, re-author stories that include narrative identities of a survivor?

Methodology

The research design was based essentially on the qualitative paradigm (Aigen, 2003; Denzin & Lincoln, 2000; Lincoln & Guba, 1985). Through the study process, qualitative data was examined in the context of group analytic music therapy theory and narrative therapy theories. The study was carried by the combination of phenomenology (i.e. Forinash & Grocke, 2005; Cohen & Omery, 1994; Polkinghorne, 1989; Van Manen, 1997; Moustakas, 1994; Craig, 1987; Giorgi, 1987) and the narrative approach (Kenny, 1989, 2005; Holloway & Jefferson, 1997; Glesne, 1997; Ceglowski, 1997; Nye, 1997; Remen, 1996; Frank, 1995). The combination of phenomenological and narrative methods offered the best tools for this and was the most effective approach for communicating the 'data'. The steps of data collection and analysis were not totally separate but occurred simultaneously.

Participants

The sessions were conducted with six adult women refugees/newcomers (age range 30-60) from countries where human rights are not respected. Some of the women had been in Canada several years, some only few months. The women in the group were all survivors of psychological trauma, and had experienced Post Traumatic Stress Disorder (PTSD) and depression. There was one weekly music psychotherapy group (1.5 hours). If needed, language translation/ interpretation was provided by a professional interpreter. Due to the special factors common to therapy processes with traumatized refugees or newcomers, such as depression, it was easier for them to commit to a short-term group. Eight sessions was considered a reasonable length of time to support the nature of a pilot clinical study. The collaborating community health care centre advertised, recruited the participants, and supported the project by providing translation services. Ethics approval for the study was granted by The Wilfrid Laurier University Ethics Board.

Group Analytic Music Therapy Intervention

Sessions were conducted by the authors who are both certified and accredited music therapists. Heidi was the main therapist and Antonietta assisted by conducting the relaxation in the end of each session and by participating in the discussions. Each 1.5 hour session contained narrative group analytic music therapy interventions: improvisation, music listening, discussion, drawing, writing, clay-work, and relaxation (Ahonen-Eerikäinen, 2007). The sessions took place at the music therapy clinic that contained stereo equipment, art material, and various instruments, i.e. two pianos, drums, djembes, metallophones, and xylophones, and the chairs were in a circle.

During Session 1, participants were first asked to introduce themselves and to identify where they were from on the globe. There was improvisation on emotions, drawing during music listening, discussion and a relaxation activity in the end. During Session 2, participants were asked to explore an experience they will never forget. They were asked to listen to the music and allow it to help them remember something that was important for them to work through that day. Afterwards, there was drawing/writing to music, and discussion around thoughts and images. In the end, the relaxation was an improvisation focused on “hope”. Session 3 contained work with clay objects. Participants were asked to mould two feelings they had while listening to music. This was followed by sharing the objects and a discussion. The relaxation improvisation focused on “freedom”, a topic that had emerged during the discussion. Session 4 included a specific future oriented activity, where participants were asked to imagine what their lives could be like in the near or far future, and draw or write within a circle on a sheet of paper while listening to music. The relaxation improvisation focused on the “here and now”. Session 5 introduced the sound bowl and there was vocalizing/improvising, and relaxation with the sound bowl. Session 6 included an adapted Guided Imagery and Music listening with physio-acoustic chairs that allowed participants to feel a low frequency sound relaxation through speakers. Session 7 contained a “positive feelings” improvisation where participants were asked to explore positive feelings on paper, which were the basis of various consecutive improvisations. The relaxation included a closing improvisation based on “faith, joy..., etc”. Session 8 was closure of the process, including the group interview.

Data Collection

The various artefacts collected in the narrative group analytic music therapy intervention were analysed using a triangulative, multi-method strategy, that included several data collection points and in-depth post-intervention interviews. The impact of the intervention on various aspects of participant’s experiences was examined. Data consisted of: (1) Audiotaped and transcribed group analytic music therapy group sessions, and (2) Audio taped and transcribed participants’ group interviews (1 hour) post-treatment (the following week after the last session) using Van Manen’s (1997) hermeneutic method (informal/open-ended questions). The results are based on analysis of both the sessions and interviews.

During the data collection, it was crucial to understand the possibility that some of the participants were not familiar with either the interview process, or cultural norm perspectives on this matter (Goodkind & Deacon, 2004). Therefore, the researchers recognized the following methodological and ethical problems that could influence the process: non- representativeness and bias, issues arising from working in unfamiliar contexts, ethical dilemmas including security and confidentiality issues or whether researchers are doing enough to ‘do no harm’ (Jacobsen & Landau, 2003). For these reasons, it was necessary to adapt some of the research interventions during the research project.

Data Analysis

The phenomenological method involved segmenting, labelling, grouping, and serializing of the data. The transcribed sessions and post-treatment interviews were first read several times, and the statements that were particularly essential or revealing of the phenomenon were then further investigated (Borkan,1999). As narrative research is concerned with stories, in this study the sessions included stories told by the participants during the group analytic music therapy sessions, narratives as data and data as narratives (Sikes & Gale, 2006). The research approach was non-intrusive and naturalistic, attempting to stay close to the actual narrative group analytic music therapy practice. It investigated the participants' lived subjective experiences during the various phases of the process as well as the therapists' reflections and interpretations. The logic of the research inquiry was to be congruent with the narrative approach used in therapy. The aim was to document the shared meanings that emerged among the participants.

Narrative inquiry uses stories, autobiography, field notes, letters, conversations, interviews, and life experience as analysis units to study and understand the way people create meaning in their lives as narratives (Clandinin & Connelly, 2000; also Kenny, 1989, 2005; Holloway & Jefferson, 1997; Glesne, 1997; Ceglowski, 1997; Nye, 1997; Remen, 1996; Frank, 1995). The narrative inquiry influenced the data collection and analysis and it was used to highlight, illustrate and summarize the contents of the descriptive categories that have been built according to the phenomenological categorization methods. Aspects of the narrative were selected to highlight elements of a research context in order to portray a holistic picture of research participants' lived experiences (Kenny, 2005). NVivo 9 qualitative software was used in the initial data analysis.

The results do not only seek to communicate refugee/newcomer women's experiences and perceptions of events that have actually happened along with theoretical and analytical interpretations of those events, but they also aim to illustrate their voices. Stories and poetry are valuable means of obtaining this. The results of this study are based on the descriptive categories that emerged as well as summarized narrative illustrations exploring narrative music psychotherapy interventions that build on the community, identity, and empowerment of traumatized refugee/newcomer women.

Results

The descriptive results will be presented in various forms. Some will be narrative stories that represent the various aspects of the participant's emotions/lived experiences and therapeutic process supplemented during group analytic music therapy and musical narrations. According to Richardson (2003), the goal of poetic representation is to show the reader "how it is to feel something" (p. 190). Some will be poems with an implied narrative, representing and re-creating significant moments in/of lived experiences, and focusing and concretizing the emotions, feelings, moods, and even the most private kinds of feelings (Richardson, 2003). The poetry is based on participants' own words and expressions.

According to Mollica (2006), " the trauma story is a personal narrative told in the person's own words about the traumatic life events they have experienced and the impact of these events on their social, physical, and emotional well-being" (p. 21). The participant's lived experience and stories that were shared and witnessed during the group therapy sessions included many traumatizing and painful memories. There were several losses: loss of loved ones (husbands, parents, and children); of security, finances, health, home country; and other traumatic events such as accidents, abuse, political terror, and human rights issues. There were also painfully beautiful memories of lost loved ones, pets, hobbies, and the landscape of the country of origin. As the following descriptive categories demonstrate, each participant's journey allowed them to explore various difficult emotions during the therapeutic process, such as fear, grief, anxiety and pain. As the process emerged, there were also feelings of hope, peace, and freedom; the new narrative emerged. The following are the descriptive categories created as results:

1. Self-defining Trauma Story: "The empty cup" How does it feel to be a refugee woman?	**2. Transition Story "The half-empty cup" Dealing with the refugee experience**	**3.Re-authored Survivor Story: "The half-full cup " Emerging perspectives on self and community**
Helplessness	Acceptance	Validation
Pain	Dealing with loss	Felling content
Fear and anxiety	Dealing with guilt	Liberation

Table 1. Descriptive categories of Heroines' Journey

It seemed apparent during the therapeutic process that when working with traumatized individuals, art and music could be anything the client wanted or needed it to be. “It can be cruel, horrifying, and destructive because, in art expression, there are no restrictions and such imagery is acceptable” (Malchiodi, 1990, p. 6). According to Cattanach (1994), “making art in its broadest sense, be it a story, a drama, an image, is also a satisfying experience and a pleasurable one, however tragic the story” (p. 19). The data examples show how imagery can be a window to our inner world; a way of viewing our ideas, feelings, and interpretations. “But it is more than a mere window – it is a means of transformation and liberation from distortions in this realm that may unconsciously direct your life and shape your health.” (Capacchione, 1990, p. 9)

“Everyone who takes a journey is already a hero” (Pearson, 1991, p.3). The following story was shared among the participating women, who we experienced as authentic heroines. The group became the protected space they needed to speak their truth and to be liberated. This is the therapeutic journey of these refugee/newcomer women in group analytic music therapy. This is the story of their survival.

Self-Defining Trauma Story

According to Herman (1992), traumatic events such as a refugee experience call into question our basic relationships and break the attachments of family, friendship, love, and community:

> They shatter the construction of the self that is formed and sustained in relation to others. They undermine the belief systems that give meaning to human experience. They violate the victim’s faith in a natural or divine order and cast the victim into a state of existential crisis (p. 51).

When sharing self-defining trauma-related stories, group members share how does it feel to be a refugee woman. They tell and witness the trauma and simultaneously begin to grieve over the trauma and its consequences (Klein & Schermer, 2000; Herman, 1992). Witnessing each others’ stories gives reasons for survivors to speak the unspeakable (Herman, 1992, p. 175), tell the untold story, and mourn the traumatic loss. The group process consisted of sharing, encouraging, and even advising others. The stories were heard and validated. Empathy and emotional support were important curative factors as well as a holding environment (Winnicott, 1965) and the use of music listening and improvisation functioned as containers (Bion, 1959) that made it possible to express difficult feelings.

HELPLESSNESS
“Future is empty”
“They say I’m lucky
‘You are very lucky because you have very many beautiful memories…’
Yes, of course, I have many beautiful memories.
I am lucky, but I am not: I lost them all on the same day.
If you see the empty side of the bottle, you can never be happy.
I am trying….I’m trying… I’m trying…
to see the other side,
but I am living my past because
I cannot think anything about my future.
Future is endless.
It’s sad.
My future is empty.

During therapeutic music listening or clinical improvisation, the group participants experienced music and musical images with all their senses (Bonny, 1975, 1986, 2002; Summer, 1990; Bonde, 2000; Körlin, 2002; Bruscia & Grocke, 2002). These can be considered as unconscious language, similar to dreams. Some group participants had more visual images and others more sensory-kinesthetic images. Participants also experienced emotions, fantasies, memories, physical sensations, and thoughts, and they narrated their images for the other group members. In the group analytic music therapy process, everyone was the anticipated audience, and sharing an image always became a relational-social incident. It was like envisioning a symbolic and metaphorical inner movie and then reporting it. The nature of the imager’s feelings, needs, and subjective experiences were communicated through the interpersonal scene (Schlachet, 2002).

The image was a playful and metaphorical communication between group members (Livingston, 2002,). The role of the therapist was to build a protected space by helping the group develop norms of associating with musical images, rather than interpreting them.

Telling trauma stories and witnessing each others' trauma (Klein & Schermer 2000) started in the second session and many group participants began to share their past traumatic experiences. The narratives told were both a telling of actual events and an interpersonal process of weaving a story that became part of the fabric of what is going on in the group. According to Klein and Schermer (2000), telling these stories and having them witnessed constitute a social process and a reparative ritual. It validates and sometimes even corrects the internal perceptions and helps one to feel less alone with the horrific experience. Story telling also helps to make sense of what happened, and "initiates a mourning process that can help the victim to begin to let go of the trauma and focus on building a new life" (Klein & Schermer, 2000, pp. 19–20).

The data consisted of several projective-level images and feelings of hopelessness, fear, anxiety, grief, guilt, and also numbness. In group participants' musical images, the internal object was used for the projection of intolerable psychic conflicts. The musical image was an effort to make use of a "not me" personification: this is not my feeling or my pain, but that of the music that attacks or stimulates me (Pines, 2002, p. 27). This process often begins during the first session.

PAIN
"It's painful"
"If I think good things, I remember I lost them,
I lost everything.
It is painful.
It's painful.
And after that, I lose those good memories,
It is painful.
I never live again those good memories.
It's painful."

Grieving over the trauma and its consequences (Klein & Schermer 2000) started in the second session. A significant portion of the work of resolving trauma is to grieve for the numerous losses the trauma initiates, "whether those losses are of a loved one, a part of one's body, one's possessions, one's innocence and trust, and/or one's hope for the future" (Rando, 1993, cited in Klein & Schermer, 2000, p. 20).

The data demonstrates how the group members supported each other during the grieving process. The role of the improvisations and music listening was to facilitate both externalization and internalization processes. Music created the safety zone and made it possible to deal with difficult emotions and experiences in the symbolic distance. Music can be viewed both as a transitional object and self-object (Winnicott, 1971, 1986; Kohut, 1977; Lehtonen, 1986, 1989, 1993). Group participants felt each other's feelings, laughed, and cried with and through the music.

Through the combination of internalization and externalization, a dynamic music therapy process was allowed to occur. Several group participants expressed their feelings of helplessness, pain and fear.

FEAR and ANXIETY
"I'm afraid..."
"I don't want to go there. I don't want to have that memory right now."
"...it is very painful to remember something that was extremely good and beautiful that happened.
It is very painful to remember something that's very difficult."
" I tried to think of something, but I couldn't think of anything.
I just felt my head was very heavy,
and it started to hurt, and it still hurts.
I'm afraid..."
"I have a fear of losing my parents.
I feel that I am alone because they are died ."
" And I am worried. Because my children are coming after all these years... and I don't know...
I'm afraid."

The group participants expressed the fears of: 1) losing parents who are still living in their home country; 2) losing children; 3) being misunderstood; and 4) losing certain relationships. They also expressed their sense of anxiety.

“I don't want to have any kind of anxiety anymore”
...Anxiety...
“I don't know. What is it for, I don't know...
I just know that there is something there,
anxious about many things.
About future.
I really want ... to stop it.”

After the first improvisation of a session, one of the group members first felt heaviness in her head. She didn’t have any images or feelings during the improvisation – only numbness. After the second improvisation, during which she had played piano, she suddenly released her past trauma story, abuse, neglect, and horrible terror. It was as if music made it possible to release these feelings. Later on, after listening to other women sharing their experiences, she also shared her current fear, and untold story: she had to leave her children behind when she escaped her home country for her life. She is now going to meet her children, several years later. She has fears of being misunderstood, and enormous pain as one of the children had been killed. Other group participants witnessed this story with great empathy. The story that was never told was finally released and validated. According to her words, it was crucial that she felt others could understand her; that they also have experienced a loss.

Transition Story

The participants began to deal with their refugee experience. They began to share how to deal with losses, loneliness, pain, anxiety, and guilt, while they encouraged each other during this journey. Reconstruction of the trauma story began with a review of the participants’ life before the trauma and the circumstances that led up to the current situation. Therefore, it was important to restore a sense of continuity with the past (Herman 1992). It was also important to restore personal coping strategies (Mollica, 2006). Through the music/art interventions, the group members were encouraged to explore their important relationships, dreams and fears. This provided a context within which the meaning of the trauma story could be understood. Participants were asked what they were hearing, feeling, and thinking (Herman 1992, p. 177; Ahonen-Eerikäinen, 2007; Ahonen & Houde, 2009). The aim was to put the story first into music and art, and finally into words. Recognizing feelings in the moment was important and the therapists’ efforts were to normalize the participants’ responses, facilitate naming of emotions, and to share the emotional burden of the trauma story (Herman, 1992).

ACCEPTANCE
“Acceptation is hard”
“...I saw some light. It was really beautiful.
And I just want to say that sometimes in life,
people go through this really, really dark place,
but then there is some light there too,
even if it is something really horrible.
We say, life is death.
What can I do?
We have to accept.”

During the group analytic music therapy process, the group participants began to help each other to see their experiences and emotions from different perspectives. The reconstruction of trauma was full of tears. According to Herman (1992), people often ask how long this painful process will continue but there is no fixed answer to that question. It was important to assure the group members that their feelings were normal and that the process cannot be hurried. Even though it may take longer than they wished, it would not take forever (Herman, 1992).

DEALING WITH LOSS

“Those painful memories make my life rich and painful”

“Those painful memories…
make my life rich and same time,
make my life painful Yes, both of those things…”
“I have experienced many meaningful moments here.
And well, most of the time I was thinking about my mom,
and the fear that I have of losing her
And, especially when the other women were talking about those people that they lost,
if X can deal with it, I can deal with it too.
It was meaningful in that way.”
“… when music started
it was like, going through different ages, and different experiences….
I was just thinking about many things, and then stop on that memory of childhood.”

Dealing with loneliness was an important topic during several sessions. That is not surprising, as feeling lonely is one the common issues refugee/newcomer women face (Mollica, 2006, 2011). It appears to belong with the most common mental health issue for refugees: PTSD and related symptoms of depression, anxiety, inattention, sleeping difficulties, nightmares, and survival guilt.

During the second session, the topic of loneliness was first discussed and then improvised with instruments. Because music often “sounds” as feelings “feel”, the participants were asked to pick up an instrument and play the feeling of loneliness. How would the feeling of loneliness sound in music? If participants were composers, how would they compose the concept and emotion of loneliness? The musical images represent both group analytic projective “levels (“music sounds as feelings feel”) and transference levels (“music sounds as my mother”, “music reminds me of my home country”, etc.) (Ahonen-Eerikäinen, 2007).

DEALING WITH GUILT

“…they would have done the same thing”

“I will come here
because I say to myself that I need to get some help
so I don't feel the way I feel right now.
I don't like to talk to people about what happened to me.
sometimes when I tell people that I have children, some people tell me
that no matter what, they wouldn't have left them behind.
And I tell them that if they would have been in the situation,
they would have done the same thing.
It wasn't easy for me to leave them behind.
I can imagine that. I can imagine that it was the only kind of solution you saw in that situation.
Yes, but you did your best.”

The symbolic distance provided by the improvised music stimulated group participants to share their feelings. Music activated both projective and transference levels and the group participants described various types of feelings of guilt: 1) leaving children behind; 2) leaving parents behind; 3) not supporting relatives financially; and 4) not fulfilling parents` dreams. According to Herman (1992), the only way that the trauma survivor can take full control of her recovery is “to take responsibility for it” (p. 192). This includes dealing with the feeling of guilt. As long as the person sees herself only as a victim, she will feel helpless to take charge of the situation. When mourning the loss, it is crucial to mourn “not only for what was lost but also for what was never theirs to lose” (Herman, 1992, p. 193).

Re-Authored Survivor Story

When a person undergoes trauma, there are often three different experiential elements: 1) a devastating physical and/or emotional pain (Winnicott, 1986); 2) a horrifying experience of total helplessness (Winnicott, 1986); and 3) a lack of empathy of others (Sanford, 1990; Harwood & Pines, 1998). “Trauma is the absence of healing responses, what did not happen afterwards.” (Sanford, 1990, p. 22). Perhaps it was not so much what the participants experienced in their lives that injured them, but the lack of empathy shown by important people in their lives during the time when bad things happened, followed by the concrete loneliness. The main experiences of psychological trauma are disempowerment and disconnection from others. “Recovery,

therefore, is based upon the empowerment of the survivor and the creation of new connections. Recovery can take place only within the context of relationships, it cannot occur in isolation." (Herman, 1992, p. 133)

Musical images created during group analytic music therapy indicated critical moments in exploring identity (Friedman, Neri, & Pines, 2002). Gradually, the re-authored survivor story began to emerge. This story was about emerging perspectives on self and community. It was about re-building of identity. According to one of the group participants: "I really like this kind of method because I couldn't imagine I could go that far and I can imagine myself that much clear, obvious and then...in different kinds of feelings: first calm, then happy, then sad, then anxious. I mean, it was amazing. I really could think that it can help in that way." The following discussion after music illustrates the process of personality integration and how feelings are first projected onto music:

VALIDATION
"It's all happening at the same time and it's all true"
"I'm good. This music feels happy.
All these feelings at the same time.
That's my life, that's my...here and now.
All these things, same time.
I can still live an extremely full life,
I don't have to tell yourself "when I don't feel fear anymore"...
"when I don't feel nervous anymore, then I will live".
"I live right now.
The fullest.
I feel some amount of pain, homesick, I am exhausted, tired..."
"I have some fears and at the same time I have hope.
It's all happening at the same time and it's all true.
It's my life, and I can claim ownership of that: it's my life."

When the re-authored, survival related story was shared amongst group members, various collective level images were activated. Some of the new story titles were fighter, survivor, being strong and weak at the same time, being able to trust despite the nervousness, and feeling content, peace, and hope for the future. According to Herman (1992), the survivor, in her renewed connections with others, "re-creates the psychological faculties that were damaged or deformed by the traumatic experience. These faculties include the basic capacities for trust, autonomy, initiative, competence, identity, and intimacy." (p. 133) The first step of the recovery is the empowerment of the survivor: "She must be the author and arbiter of her own recovery." (Herman, 1992, p. 133)

"I'm fighting, fighting, fighting... I am survivor"
"I had a cancer. I am a cancer survivor.
I had a car accident.I am survivor.
I am a survivor in many ways.
Yes.
I'm still fighting
I am the survivor.
Yeah...I'm fighting, fighting, fighting.
Yeah, and that is good. Don't give up."

In the process of reconstruction, the women's trauma story underwent a transformation and became more real and more present. The goal was integration, it was as if the trauma story became a testimony, a ritual of healing (Agger & Jonsen in Herman, 1992). Through their musical narratives and storytelling, the participants regained the world they had lost. The transformed trauma story became a "new story, which was no longer about shame and humiliation but rather about dignity and virtue" (Mollica in Pearson, 1991, p. 181). Feeling empowerment was a crucial new emotion during the recovery.

The following poetry was created from a dialogue during an improvisation activity that included feelings written on paper. Participants were to choose a feeling they wanted to improvise. After the improvisation it was discussed and sometimes more feelings were added onto the paper. The discussion illustrated how feeling content includes calmness, peace, happiness, joy, and celebration in a moment. The poem illustrates feeling of peace as a consequence of personality integration:

FEELING CONTENT

“It was a Song about Spring”

... don't know what is going on later but still feel calm
...I felt like I am in a kind of place, in a nature
a field, like hills with sheeps are there...
and I feel calm and quiet
but still there is a feel of unsure about future...and feeling good of **being in that moment**.
Peace in the moment.
the new celebration... to allow yourself to be here and now;
feel this moment, **trust** that whatever... that's hope.
It is that feeling **calm**, even if you don't know tomorrow
Content.
It was a song about spring.
I feel so **happy**, like **celebration**,
but the timbre is like minor in music, which is the timbre of sadness.
But for me it's so **calm** and so **peaceful**.
Sometimes the music that sounds really sad, is the happiest music.
You can feel relief because you have felt pain.
we cry when we're happy.
It's so good.
Calm, relax, joy, celebration, they are all the same.
I cannot choose one. I feel all of them.
I had a lot of like, **joy** here.
It was all done so nice for me so.... I don't know.
I felt in **joy** a lot.
Yes, it was happy ending.
After all those feeling uncomfortable, feeling stressful...you know,
sometimes when I was so **happy** come here and I came here I was so upset.
And today, it was something else.
Like **exactly happy** ending.
It was so good.

According to Herman (1992), “resolution of the trauma is never final; recovery is never complete” (p. 211). It is helpful if during the therapeutic process, the survivor has reconstructed “a coherent system of meaning and belief that encompasses the story of trauma. The survivor on the recovery journey has a clear sense of what is important. She has learned to ‘cherish laughter’” (Herman, 1992, p. 213). The group members discussed how their cup can be either half full or half empty. It is still the same cup but feels different. The concept and experience of depression was also discussed in great detail. Feeling content was an emotion that came to represent the idea of a full cup. Feeling content includes the idea of being happy in the moment, feeling satisfied, peace and calm. It is to enjoy the entire cup, drinking the bottle, and celebrating (i.e. Ahonen & Houde, 2009). The reconstruction of the trauma story is never entirely completed. New life situations reawaken the trauma and bring some new aspects of the experience to light. It was important that the survivor reclaimed her own history and started to feel renewed hope and energy for engagement with life (Herman, 1992).

LIBERATION

“With people, with God, with light, I need peace...”

“A country road.
Green around, this... I saw a road, just right now.
I don't know what is end of road, or between road, I don't know right now.
Just road. Just road.
Just when I close my eyes, I saw a road. I am in the road.
I am in the road. Not straight road.
Finally, I will reach something, but I don't know right now.
Happiness or sadness
It seems calm
that road is like very, very peaceful and calm way that you are going.
Peace.
With people, with God, with light, I need peace.”

During music listening and improvisation, participants saw themselves in the future, in different peaceful places that became meaningful. According to Herman (1992) “When the action of telling a story has come to its conclusion, the traumatic experience truly belongs to the past. At this point, the survivor faces the tasks of rebuilding her life in the present and pursuing her aspirations for the future” (p. 195). Several activities were aimed to help participants to gain a sense of hope and future. One activity included stones with different attributes. Participants were asked to pick up the most important one and then improvise the feeling. Another activity was addressing fantasies and fears through clay work. There was also an activity about imagining the future in a crystal ball. According to a group participant: “this music helps me go to the future a little bit. Like, imagining myself there again in the future…”. The next poem illustrates how the group participants began to feel trust despite the nervousness. Also, feeling strength and weakness became an important group topic and content of personality integration. Participants were asked to close their eyes and allow themselves to feel these feelings: trust, confidence, faith… (the feelings that had been picked up by the participants before). After discussion and during an improvisation that was based on the previous discussion, the participants were asked to think of all those things that go along with trusting life: trusting me, trusting today, trusting tomorrow:

“I still trust despite of being nervous, worrying, not knowing…”
“Still have that feeling of …nervousness and worrying
but I trust despite of being nervous, worrying, not knowing.
We trust. You know, it's the whole idea:
do we really need to trust if everything is fine.
It's like, we don't know how to trust if everything is always like, fine.
There are these… unknown things,
and that's the real trust.
Something without really knowing.
Trusting that yes, something will carry me.”

“…just feeling free…”

I am in the, mountain… in the middle of mountains.
A pasture- green and open
a sheppard.
These sounds remind me of bells which they have.
It was the sound of wind.
And it's nice place… calm and nice, peaceful.
…just feeling free…

Establishing cohesiveness and fostering trust is essential in group analytic music therapy (Daniel & Knudsen, 1995). As many participants came from countries where women did not have freedom, feeling free and liberated became an important group topic. According to Herman (1992) “the trauma is redeemed only when it becomes the source of a survivor mission” (p. 207).

Conclusion and Discussion

The task of this clinical study was to observe and describe the narrative group analytic music therapy practice with traumatized refugee/newcomer women and to investigate what were the shared meanings that emerged among the participants during the therapeutic process. If traumatized refugees/newcomers give meaning to their lives by their self-defining trauma-related stories, how do they, during musical narrations, re-author stories that include narrative identities of a survivor?

The results show that it is possible that musical narrations can be used to both describe traumatized refugees’ self-defining trauma-related stories, and re-author stories that include narrative identities of a survivor. The research data shows several examples of how it is musically and emotionally possible to enter these stories and re-live them with an aim of articulating new understandings. It is possible to translate their lived trauma- and survival-related stories into shared stories and to validate the experience. It is also possible to construct new meanings in relation to those stories and emotions. Participants listened to each other’s stories and shared and witnessed their trauma. Together they cried, mourned, laughed, and they confronted and began to see themselves in a new light through their experiences in the group “mirror”. The therapeutic experience helped them to define new, healthy identities. It supported

the emergence of new empowering perspectives on self and others and enhanced the building of community and identity. The results of this study support findings of McAdams et al, (2001, 2004, 2006) and Angus & McLeod (2004).

The group participants' therapeutic process was reflected in the healing factors of the trauma group introduced by Klein and Schermer (2000). These included: telling and witnessing the trauma; grieving over the trauma and its consequences; restructuring the assumptive world that was damaged during the trauma; restoring trust and the sense of reality, which was also damaged during the trauma; and, finally, reintegrating the personality. Herman's (1992) trauma recovery stages were reflected in the participants' process (i.e. empowerment of the survivor, remembrance and mourning, and reconstructing the story).

According to Campbell (1990) we are all seeking meaning in life – an experience of being alive, and feeling the rapture of that. This study describes how group analytic music therapy interventions can be helpful when supporting the emergence of new empowering perspectives on self and others, building community and identity of refugee women.

The group and musical interventions provided a platform for telling and witnessing the untold stories. One woman made the following statement:

> I felt that the whole sessions generally, were so amazing for me. I felt that it is working in a way that I am not familiar with. This is the first time I experience such a feeling. I feel that... it is working in a way that it seems that I can empty myself and it has the kind of effect that... I need it, especially these days. I was under so much pressure, and I needed someone to talk. I needed to share my feelings that I cannot easily share it with everyday people. So, it helped in a way that, for me it was amazing....

According to Herman (1992), trauma isolates but the therapeutic group can recreate a sense of belonging. Furthermore, trauma stigmatizes, humiliates, and shames the person but the group experience can validate, affirm, and witness the experience. Trauma degrades the victim but the empathy of the group exalts her. According to the descriptions of the participants in this study, the group therapy situation allowed participants to share their untold stories. One participant described: "I will come here because I say to myself that I need to get some help so I don't feel the way I feel right now. Because I don't like to talk to people about what happened to me."

As human beings, we need a sense of belonging. We need to experience similarities with other people. Kohut (1984) would call it a *twinship* experience. In twinship, Kohut recognized the need to experience sameness with someone seen as similar to oneself (Harwood & Pines, 1998, p. 31). According to Yalom (1995), universality is an important therapeutic effect of a group therapy for people who have felt isolated by shameful secrets. To meet others who have experienced similar trials dissolves feelings of isolation, stigma, and shame. Real empathy becomes possible as clients begin to see and accept each other more for who they are rather than "as targets or projective screens for their own internal dynamics" (Saravay, 1978, cited in Ettin, 1999, pp. 124–125). The realization that others share the same problems brings relief from unrealistic shame and makes it possible to speak about secretive issues. It also releases the projective identification of guilt and shame that some of the group participants may have been carrying since childhood. The results of this study show that it was important to experience that others have experienced similar feelings:

> I think that we both have the same story, but I don't want questions. I have the same feelings that she does. Her and I, her feelings are similar with mine. What's different between us, is that I don't like to talk about it and I don't like people to ask me questions regarding my family.

It was meaningful for the participants in this study to support and receive support, listen and be heard by others, and to be understood. In a cohesive group one must respect, accept, and value each other's points of view, since altruism is an important therapeutic factor. "The best way to help a man is to let him help you. ... People need to feel they are needed and useful." (Yalom, 1995, p. 13) In group analytic music therapy, participants learned to "receive through giving" (Yalom, 1995, p. 12). They helped each other through listening, asking questions, giving truthful feedback, and giving each other credit. One of the group participants offered the following descriptions.

What I feel that she (other woman) is... she is so supportive about me. I feel that I'm here to receive lots of support from everybody. It is not just a music therapist session, it is just for me to get support." and the other group member responded: "You support me too. You are not alone. We support each other. Yeah. Every Monday, I'm very happy coming here. ...and then I feel relaxed. Someone understands me. It's very important, it's very important.

References

Ahonen, H. (2010). Improvisaatio – Itsen toteuttamista ja ihmisen ikavaa toisen luo. In Liisa-Maria Viherlampi (Ed.), *Ihminen ja musiikki. Musiikillisen vuorovaikutuksen ulottuvuuksia. Turun Ammattikorkeakoulun julkaisusarja*. (pp. 12-34).

Ahonen, H. & Houde, M. (2009). Something in the Air: Journeys of Self-Actualization in Musical Improvisation.*Voices: A World Forum For Music Therapy, 9*(2). Retrieved from https://voices.no/index.php/voices/article/view/348/272

Ahonen-Eerikäinen, H. (1999). Different forms of music therapy and working styles of music Therapists – qualitative study. *Nordic Journal of Music Therapy, 8*(2), 156–167.

Ahonen-Eerikäinen, H. (2002). Group-analytic music therapy—using dreams and musical images as a pathway to the unconscious levels of the group matrix. *Nordic Journal of Music Therapy, 11*(1), 48–53.

Ahonen-Eerikäinen, H. (2003). Using the group-analytic supervision approach when supervising music therapists. *Nordic Journal of Music Therapy, 12*(2), 173–183.

Ahonen-Eerikäinen, H. (2004). Musically elicited images as unique clinical data during the process of group analysis with traumatized adults. *British Journal of Music Therapy, 18* 1), 24–29.

Ahonen-Eerikainen, H. (2007). *Group analytic music therapy*. Gilsum. NH. Barcelona Publishers.

Ahonen-Eerikainen, H., Lamont, A., Knox, R.. (2007) Seeing Through the Looking Glass—Enhancing Participation and Restoring Self-Image through the VMI. *International Journal of Psychosocial Rehabilation*. Retrieved from http://www.psychosocial.com/IJPR_12/Rehabilitation_for_Children_Eerikainen.html

Ahonen-Eerikainen, H., Rippin, K., Sibille, N., Koch, R., &Dawn, D. (2007). "Not bad for an old 85 year old!" The Qualitative Analysis of the Role of Music, Therapeutic Benefits and Group Therapeutic Factors of the St. Joseph's Alzheimer's A d u l t D a y Program Music Therapy Group. *Canadian Music Therapy, 2*, 37-64.

Aigen, K. (2003). The music therapist as qualitative researcher. *Music Therapy, 12*, 16–39.

Amir, D. (2004). Giving trauma a voice: the role of improvisational music therapy in exposing, dealing with and healing a traumatic experience of sexual abuse. *Music Therapy Perspectives, 22*(2), 96-103.

Angus, L., & McLeod, J. (2004). *Handbook of narrative and psychotherapy: Practice, theory and research*. Thousand Oaks, CA: Sage Publications.

Baþoðlu, M. (2006). Rehabilitation of traumatised refugees and survivors of torture. *BMJ. 2006 December 16; 333*(7581): 1230–1231.

Bion, W. R. (1959). *Experiences in groups and other papers*. New York: Basic Books.

Bonde, L. O. (2000). Metaphor and narrative in guided imagery and music. *Journal of the Association for Music and Imagery, 7*, 59–76.

Bonny, H. (1975). Music and consciousness. *Journal of Music Therapy, 12* (3), 121–135.

Bonny, H. L. (1986). Music and healing. *Music Therapy, 6A*(1), 3-12.

Bonny, H. (2002). Guided Imagery and Music (GIM): Mirror of consciousness. In L. Summer (Ed.), *Music consciousness: The evolution of guided imagery and music* (pp. 93–102). Gilsum, NH: Barcelona Publishers.

Borkan, J. (1999). Immersion crystallization. In B.F Crabtree & W.L. Miller (Eds.), *Doing qualitative research* (2nd ed.), (pp. 179-194). Thousand Oaks, CA: Sage Publications.

Bruscia, K. & Grocke, D. (2002). *Guided imagery and music: The Bonny method and beyond*. Gilsum, NH: Barcelona Publishers.

Burnett, A., & Peel, M. (2001). Asylum seekers and refugees in Britain: The health of survivors of torture and organized violence. *British Medical Journal, 322*, 606-609.

Campbell, J. (1990). *Transformations of myth through time*. Harper & Row Publishers.

Capacchione, L. (1990). *The picture of health. Healing your life with art*. Santa Monica, CA:00HAY House, Inc.

Cardozo, B.L., Vergara, A., Agani, F., & Gotway, C.A. (2000). Mental health, social functioning, and attitudes of Kosovar Albanians following the war in Kosovo. *Journal of the American Medical Association, 284*(5), 569-577.

Carey, P.D., Stein, D.J., Zungu-Dirwayi, H., & Seedat, S. (2003). Trauma and posttraumatic stress disorder in an urban Xhosa primary care population: prevalence, comorbidity, and service use patterns. *J Nerv Ment Dis. Apr 2003; 191* (4): 230-236.

Cattanach, A. (1994). *Play therapy. Where the sky meets the underworld*. London: Jessica Kingsley Publisher.

Ceglowski, D. (1997). That's a good story, But is it really research? *Qualitative Inquiry, 3* (2), 188-201.

Clandinin, D.J, & Connelly, M.F, (2000). *Narrative Inquiry: Experience and Story in Qualitative Research*, (pp.98–115). Francisco: Jossey-Bass Publishers.

Cohen, M. & Omery, A. (1994). Schools of phenomenology: Implications for research. In J. M. Morse (Ed.),*Critical issues in qualitative research methods* (pp. 136-156). Thousand Oaks CA: Sage Publications.

Craig, P. E. (1987). Dreaming, reality, and allusion: an existential-phenomenological inquiry. In F. Van Zuuren, F. Wertz, & B. Mook (Eds.), *Advances in qualitative research: Theme and variations* (pp. 115–136). Amsterdam: Swets & Zeitlinger.

Daniel, E.V. & Knudsen, J.C. (1995). *Mistrusting refugees*. Berkley: University of California Press.

De Jong, J.P., Scholte, W.F., Koeter, M.W.J., & Hart, A.A. (2000). The prevalence of mental health problems in Rwandan and Burundese refugee camps. *Acta Psychiatrica Scandinavica, 102*, 171-177.

Denzin, N. & Lincoln, Y. (2000). *Handbook of qualitative research*. (2 nd. edition). London: Sage Publications.

Dokter, D. (1998). *Arts therapists, refugees, and migrants: Reaching across borders*. Jessica Kingsley Publisher, London.

Eisenbruch, M. (1991). From post-traumatic stress disorder to cultural bereavement: Diagnosis of Southeast Asian refugees. *Social Science and Medicine, 33*, 673-680.

Englund, H. (1998). Death, trauma and ritual: Mozambican refugees in Malawi. *Soc Sci Med. 1998 May;46*(9):1165-74.

Ettin, M. (1999). Foundations and Applications of Group Psychotherapy. *International Library of Group Analysis, 10*. London: Jessica Kingsley Publishers.

Flaherty, J.A., Gaviria, F.M., & Pathak, D. (1988). Developing instruments for cross-cultural psychiatric research. *J Nerv Ment Dis. May 1988: 176* (5):257-263.

Frank, A. (1995). *The wounded storyteller*. Chicago: University of Chicago Press.

Friedman, R., Neri, C., & Pines, M. (2002). Introduction. In C. Neri, R. Friedman, & M. Pines (Eds.), *Dreams in Group Psychotherapy* (pp. 15–23). London: Jessica Kingsley Publishers.

Friedrich, M.J.(1999) *Addressing Mental Health Needs of Balkan Refugees*. American Medical Association. JAMA, The Journal of the American Medical Association.

Forinash, M., & Grocke, D., (2005). Phenomenological inquiry. In B. Wheeler (Ed.) *Music therapy research* (pp. 321- 334). Gilsum, NH: Barcelona Publisher.

Giorgi, A. (1987). Problems in self-descriptive research as exemplified in a phenomenological analysis of imaginative experiences. In F. Van Zuuren, F. Wertz, & B. Mook (Eds.), *Advances in qualitative research: Theme and variations* (pp. 41–50). Amsterdam: Swets & Zeitlinger.

Glesne, C. 1997. That rare feeling: Re-presenting research through poetic transcription. *Qualitative Inquiry, 2* (2), 53-70.

Goodkind, J.R. & Deacon, Z. (2004). Methodological issues in conducting research with refugee women: Principles for recognizing and re-centering the multiply marginalized. *J Comm Psychol 32*: 721-739.

Halvorsen, J. Ø. & Stenmark, H. (2010).Narrative exposure therapy for posttraumatic stress disorder in tortured refugees: A preliminary uncontrolled trial. *Scandinavian Journal of Psychology*, no. doi: 10.1111/j.1467-9450.2010.00821.x

Haney, C.A., Leimer, C., & Lowery, J. (1997). Spontaneous memorialization: Violent death and emerging mourning rituals. *Omega: Journal of Death and Dying, 35*, 159-171.

Harrell-Bond, B., & Wilson, K. (1990). Dealing with dying: Some anthropological reflections on the need for assistance by refugee relief programmes for bereavement and burial. *Journal of Refugee Studies, 3*, 228-243.

Harris, D.A. (2009). The paradox of expressing speechless terror: ritual liminality in the creative arts therapies' treatment of posttraumatic distress. *The Arts in Psychotherapy, 36*(2), 94-104.

Harwood, I., & Pines, M. (1998). SelfeExperiences in group: Intersubjective and self- psychological pathways to human understanding. *International Library of Group Analysis, 4*. London: Jessica Kingsley Publishers.

Hawkins, P.S. (1993). Naming names: The art of memory and the NAMES project AIDS quilt. *Critical Inquiry, 19*, 752-779.

Herman, J. (1992). *Trauma and recovery*. New York: Basic Books.

Hollifield, M., Warner, T.D., Lian, N., Krakow, B., Jenkins, J.H., Kesler, J., Stevenson, J., & Westermeyer, J. (2002). Measuring trauma and health status in refugees: A critical review. *Journal of the American Medical Association, 288*(5), 611-621.

Holloway, W., & Jefferson, T. (1997). Eliciting narrative through the in-depth interview. Qualitative Inquiry, 3 (1), 53-70.

Jacobsen, K. & Landau, L.B (2003). The Dual Imperative in Refugee Research: Some Methodological and Ethical Considerations in Social Science Research on Forced Migration. *Disasters. Volume 27*, Issue 3, 185-206.

Jones, C., Baker, F. & Day, T. (2004). From Healing Rituals to Music Therapy: Bridging the Cultural Divide Between Therapist and Young Sudanese Refugees. *The Arts in Psychotherapy, 31* 2: 89-100.

Jorden, S., Matheson, K. & Anisman, H. (2009). Supportive and unsupportive social interactions in relation to cultural adaptation and psychological distress among Somali refugees exposed to collective or personal traumas. *Journal of Cross-cultural Psychology, 40*(5), 853–874.

Kenny, C. B. (1989). *Field of play. A guide for the theory and practice of music therapy*. Atascadero, CA: Ridgeview Publishing.

Kenny, C. (2005). Narrative inquiry. In B. Wheeler (Ed.), *Music therapy research* (2nd edition), (pp. 416-428-378). Gilsum, NH: Barcelona Publichers.

Klein, R. & Schermer, V. (2000). *Group psychotherapy for psychological trauma*. New York: The Guilford. Press.

Kleijn, W.C., Hovens, J.E., & Rodenburg, J.J. (2001). Posttraumatic stress symptoms in refugees: Assessments with the Harvard Trauma Questionnaire and the Hopkins Symptom Checklist-25 in different languages. *Psychological Reports, 88*, 527-532.

Kruse, J., Joksimovic, L., Cavka, M., Wöller, W., &Schmitz, N. (2009), Effects of trauma focused psychotherapy upon war refugees. *Journal of Traumatic Stress, 22*: 585–592. doi: 10.1002/jts.20477

Kohut, H. (1977). *The restoration of the self*. New York: International Universities Press.

Kohut, H. (1984). *How does analysis cure?* Chicago: University of Chicago Press.

Körlin, D. (2002). A neuropsychological theory of traumatic imagery in the Bonny method of guided imagery and music (BMGIM). In K. Bruscia & D.E. Grocke (Eds.), *Guided imagery and music: The Bonny method and beyond* (pp. 379–415). Gilsum, NH: Barcelona Publishers.

Lang, L., & McInerney, U. (2002). Bosnia-Herzegovina: A music therapy Service in a post-war environment. In J. Sutton (Ed.), *Music, music therapy and trauma: International perspectives* (pp. 153-174). London and Philadelphia: Jessica Kingsley Publishers.

Lehtonen, K. (1986). *Musiikki psyykkisen tyoskentelyn edistäjänä*. Doctoral dissertation. Annales Universtatis Turkuensis. Serie C: 56. Finland: University of Turku.

Lehtonen, K. (1989). *Musiikki terveyden edistäjänä*. Porvoo-Helsinki-Juva: WSOY.

Lehtonen, K. (1993). *Musiikki sitomisen välineenä*. Report No. 106. Helsinki, Finland: Foundation for Psychiatric Research. Reports of Psychiatria Fennica.

Lincoln, Y.S., & Guba, E. (1985). *Naturalistic inquiry*. Newbury Park, CA:Sage Publications.

Livingston, M. S. (2002). Self-psychology, dreams and group psychotherapy. Working in the playspace. In R. Friedman, C. Neri, & M. Pines (Eds.), *Dreams in group psychotherapy* (pp. 177–190). London: Jessica Kingsley Publishers.

Malchiodi, C. (1990). *Breaking the silence*. New York: Brunner & Mazel.

Manson, S., Beals, J., O'Nell, T., Piasecki, J., Bechtold, D., Keane, E., & Jones, M. (1996). Wounded spirits, ailing hearts: PTSD and related disorders among American Indians. In A.K. Marsella, M.J. Friedman, E.T. Gerrity, & R.S. Scurfield (Eds.), *Ethnocultural Aspects of posttraumatic stress disorder* (pp. 255-283). Washington, D.C.: American Psychological Association Press.

McAdams,D.P., Josselson, R. & Lieblich, A. (2001). *Turns in the road: Narrative studies of lives in transition*. Washington, DC: American Psychological Association.

McAdams,D.P., Josselson, R. & Lieblich, A. (2004). *Healing plots: Narrative basis of psychotherapy*.Washington, DC: American Psychological Association.

McAdams,D.P., Josselson, R. & Lieblich, A. (2006). Identity and story: Creating self in narrative. Washington, DC: American Psychological Association.Mollica, R.F., Cui, X., McInnes, K., & Massagli, M.P. (2002) Science-based policy for psychosocial interventions in refugee camps: A Cambodian example. *Journal of Nervous and Mental Disease, 190*(3), 158-166.

Mollica, R.F. (2006). *Healing invisible wounds. Paths to hope and recovery in a violent world*. Vanderbilt University Press. Nashville.

Mollica, R.F. (2011). *Global mental health: Trauma and recovery. A companion guide for field and clinical care of traumatized people worldwide*. Harvard Program in Refugee Trauma. Cambridge.

Mollica, R., Cui, X.,McInnes,K., & Massagli, M.P. (2002). Science-based policy for psychosocial interventions in refugee camps: A Cambodian example. *Journal of Nervous & Mental Disease 190*(3), 158-66.

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks CA: Sage Publications.

Nye, E. F. (1997). Writing as healing. *Qualitative Inquiry, 3*(4), 439–452.

Orth, J. J. (1992). Music therapy with Vietnamese refugees. In J. T. V. M. de Jong & R. J. M. Wesenbeek (Eds.), *Vervreemd of vreemdeling: Naar een interculturele geestelijke gezondheidszorg in Nederland* (pp. 97-104). Amsterdam: Koninklijk Instituut voor de Tropen.

Orth, J. J. (2001). Between abandoning and control: Structure, security and expression in music therapy with traumatised refugees in a psychiatric clinic. In M. Verwey (Ed.). *Trauma and empowerment* (pp. 189-197). Berlin: VWB, Verlag fur Wissandschaft und Bildung.

Orth, J. (2005). Music therapy with traumatized refugees in a clinical setting.*Voices: A World Forum For Music Therapy, 5*(2). Retrieved from https://voices.no/index.php/voices/article/view/227/171.

Orth, J.J., L. Doorschodt, J. Verburgt & B. Drozdek (2004). Sounds of trauma: An Introduction to methodology in music therapy with traumatized refugees in clinical and outpatient settings. In J. P. Wilson & B. Drozdek (Eds.), *Broken Spirits: The treatment of traumatized asylum seekers, refugees, war and torture victims*. (pp.443-481). New York and Hove: Brunner-Routledge.

Pavlicevic, M. & Ansdell, G. (2004). *Community music therapy*. London: Jessica Kingsley Publishers.

Pearson, C. (1991). *Awakening the heroes within*. Harper San Francisco.

Pines, M. (2002). The illumination of dreams. In C. Neri, R. Friedman, & M. Pines (Eds.), *Dreams in group psychotherapy* (pp. 25–36). London: Jessica Kingsley Publishers.

Polkinghorne, D.E. (1989). Phenomenological research methods. In R. S. Valle & S. Halling (Eds.). *Existential-phenomenological perspectives in psychology* (pp. 41-60). New York: Plenum Press.

Porter, M., & Haslam, N. (2001). Forced displacement in Yugoslavia: A meta-analysis of psychological consequences and their moderators. *Journal of Traumatic Stress, 14*(4), 817-834.

Project 1 Billion. International Congress of Ministers of Health for Mental Health and Post-Conflict Recovery. Mental Health Action Plan @ December 3-4, 2004 Rome.

Rappaport, J. (1995) Empowerment meets narrative: Listening to stories and creating settings. *American Journal of Community Psychology 23*(5).

Remen, R. N. (1996). *Kitchen table wisdom: Stories that heal*. New York: Riverhead Books.

Richardson, L. (2003). Poetic representation of interviews. In J. F. Gubrium, & J. A. Holstein (Eds.), *Postmodern interviewing* (pp. 187-201). Thousand Oaks: Sage Publications.

Sanford, L. T. (1990). *Strong at the broken places*. New York: Random House.

Sareen, J., Cox, B., Stein, M., Afifi, T., Fleet, C., & Asmundson, G. (2007). Physical and mental comorbidity, disability and suicidal behavior associated with posttraumatic stress disorder in a large community sample. *Psychosomatic Medicine, 69*, 242-248.

Schlachet, P. (2002). Sharing dreams in group therapy. In C. Neri, R. Friedman, & M. Pines (Eds.), *Dreams in group psychotherapy* (pp. 79–97). London: Jessica Kingsley Publishers.

Sikes, P. & Gale, K. (2006). *Narrative approaches to education research*. Retrieved from http://www.edu.plymouth.ac.uk/resined/narrative/narrativehome.htm. Jan 30, 2014.

Sledjeski, E.M., Speisman, B., & Dierker, L. (2008). Does number of lifetime traumas explain the relationship between PTSD and chronic medical conditions? Answers from the National Comorbidity Survey-Replication (NCS-R). *J Behav Med, 31*, 341-349.

Summer, L. (1990). *Guided imagery and music in theiInstitutional setting*. St. Louis: MMB Music.

Terheggen, M.A., Stroebe, M.S. & Kleber, R.J. (2001). Western conceptualizations and eastern experience: A cross-cultural study of traumatic stress reactions among Tibetan refugees in India. *Journal of Traumatic Stress, 14*(2), 391-403.

Turner, E-J. & Diebschlag, F. (2002). Resourcing the trauma client. In T. Spiers (Ed.), *Trauma —a practitioner's guide to counselling* (pp. 69–98). New York: Taylor & Francis.

Van der Merwe, C.N. & Gobodo-Madikizela, P. (2008). *Narratin our healing. Perespectives on working through trauma*. Cambridge Scholars Publishing.

Van Dijk, R. (2001). Culture, trauma, and the lifeworld of refugees. In M. Verwey (Ed.), *Trauma and empowerment* (pp. 19-40). Berlin: VWB, Verlag fur Wissenschaft und Bildung.

Van Manen, M. (1997). *Researching lived experience: Human science for an action sensitive pedagogy*. London:Althouse Press.

Walker, S. (2005). Towards culturally competent practice in child and adolescent mental health. *International-Social Work. 48*(1), 49-62.

Weine, S. (2001). From war zone to contact zone: Culture and refugee mental health services. *Journal of the American Medical Association, 285*(9), 1214.

Winnicott, D. W. (1965). Ego distortion in terms of true and false self. In D. Winnicott, *The maturational processes and the facilitating environment: Studies in the theory of emotional development* (pp. 140–152). New York: International Universities Press.

Winnicott, D. W. (1971). Transitional objects and transitional phenomena. In D. Winnicott, *Playing and reality* (pp. 1–25). London: Routledge.

Winnicott, D. W. (1986). *Holding and interpretation: Fragment of an analysis*. New York: Grove Press.

Yalom, I. D. (1970/1985/1995). *The theory and practice of group psychotherapy*. (1st, 3rd, and 4th eds.). New York: Basic Books.

E-ISSN 1504-1611

Published by GAMUT - Grieg Academy Music Therapy Research Centre (NORCE & University of Bergen)

Platform & workflow by OJS / PKP

BERGEN OPEN ACCESS PUBLISHING