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Dissertation in partial fulfilment for the degree MMus (Music Therapy)

**Group music therapy techniques employing song as psychosocial and
emotional support for pregnant adolescents**

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Abstract

This qualitative case study explored the role that music therapy with a focus on song techniques played in providing psychosocial and emotional support to pregnant school-going adolescents. The song techniques used were song discussion and song writing. There were two participants who took part in the group music therapy sessions with their written assent. Through thematic analysis, results showed that the participants felt an enhanced experience of safety through containment and acceptance. They felt they were offered opportunities to reflect on their experiences and lyrics articulated their emotions and thoughts on their behalf. They also felt they gained some coping strategies, developed resilience, had changes in perceptions and an increased hope for the future. However, as the techniques relied on verbal processing, they experienced difficulties in verbalising ideas.

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Abstract

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Chapter 1: Introduction

1.1 Background

The rate of teenage pregnancies has been declining. This is demonstrated by the reduction from 12 percent reported in the 2007 SADHS (Department of Health, 2007:161) to 5.6 percent in the 2014 General Household Survey (Statistics South Africa, 2015:31). These figures, however, still reflect the sizeable number of adolescent girls falling pregnant every year in South Africa.

In the course of my undergraduate studies, I encountered fellow university students who had experienced becoming pregnant. Some had to make difficult decisions such as undertaking abortions or keeping the baby despite difficult economic conditions. I observed some of the young women experience episodes of depression and one attempted suicide. According to literature, depression and suicidal attempts are not uncommon during unwanted pregnancies (Wilson-Mitchell, Bennett & Stennett, 2014:4738). On the other hand, some of the students I encountered welcomed their pregnancies and experienced them positively. Others who initially faced difficulties grew to accept their circumstance over time. I became increasingly interested in understanding the experiences of those who become pregnant at a young age and grew more curious as to how this event may be experienced by adolescents particularly. As I began to study music therapy, my interest in this area converged with a questioning of how music therapy could contribute as an intervention in this area.

Adolescent pregnancy is typically seen as a problem and is frequently associated with social exclusion and marginalisation on a macro and micro level (Arai, 2009:10). On a macro-level, for example, pregnant teenagers in South Africa often experience disruptions in schooling due to education policies, school suspensions and lack of financial welfare support (Kara & Maharaj, 2015:59). On a micro-level, some pregnant teenagers face social pressures such as rejection from partners, family and friends. This may lead to them developing feelings of guilt, shame and embarrassment (Maputle, 2006:88). A young adolescent who is going through a psychosocial crisis of developing an ego identity may experience a great deal of confusion regarding what being pregnant will mean for her identity and reputation (Sieving & Stevens, 2000:26). Some pregnant teenagers are navigating this process whilst also being HIV-positive (Sieving & Stevens, 2000:26). Other common experiences associated with teenage pregnancy include feelings of denial, depression, anxiety and stress (Chang et al., 2008:2583; Szigethy & Ruiz, 2001:26).

A pregnant teenager who receives support during this period is more likely to develop the ability to accept her situation and this can foster resilience (Wilson-Mitchell, Bennett &

Stennett, 2014:4740). The main focus of intervention worldwide typically lies at the level of prevention rather than support for the adolescent once the pregnancy has occurred (Arai, 2009:11). Examples of interventions for teenage pregnancies in South Africa include Life Orientation as a school subject, the National Adolescent Friendly Clinic Initiative and the Love Life program (Macleod & Tracey, 2014:551). Support for pregnant girls is also available through pregnancy crisis centres, but these are relatively few and not easily accessible to many. Some religious institutions offer support to pregnant teenagers, however, many become a source of judgement as unwanted pregnancy is associated with taboo, immorality and pathology (Daguerre & Nativel, 2006: 216). A sizeable number of studies conducted in South Africa regarding teenage pregnancy have focused on demographics and statistics, preventative measures, the experiences of pregnant teenagers and pre-natal care (Jewkes, Morell & Christofides, 2009:675; Kaufman, de Wet & Stadler, 2001:147; Maputle, 2006:90). There is a need for increased research on interventions providing psychosocial and emotional support once an adolescent is pregnant.

McFerran (2010:41) conducted an extensive literature review on music therapy practice with adolescents. This demonstrated that music therapy is effective in facilitating adaptive psychosocial development for teenagers 'at-risk' (McFerran, 2010:41). Music therapists have commonly implemented song techniques as part of their intervention with teenagers. The variety of ways that songs, in particular, have been used in this context include making song choices, listening to pre-recorded songs, conducting song discussions and lyric analysis, song-writing and live song performances (McFerran, 2010:87). The advantages of using songs are that they are flexible and allow a client to set her own objectives and own the process as a result (Silverman, 2012:134). Also, songs do not only work as a tool in the process of therapy, but as a product that will continue to exist for the client after therapy is concluded (Silverman, 2012:134). Psychosocially, music is highly potent in developing a teenager's identity as there are strong links between music and their sense of self (Ruud, 1997:3). A musical choice, for example, is a direct expression and construction of who a teenager is and what he/she want to be (Ruud, 1997:3).

This qualitative case study involved running eight group music therapy sessions with two pregnant adolescents at a high school in Eersterust, Pretoria. The number of participants was determined by the amount of girls who were pregnant at the school at the time and their willingness to take part in the study. The group music therapy sessions focused on listening to songs chosen by the therapist and the clients, song discussions and song-writing. The aim was to provide participants with psychosocial and emotional support.

1.2 Aims

This study aimed to explore the use of song techniques as a supportive psychosocial and emotional intervention for pregnant adolescent learners. It is my hope that the findings will contribute insight towards clinical practice with this client group.

1.3 Research questions

The main research question guiding this study was:

Can group music therapy, with a focus on song techniques, play a role as a supportive psychosocial and emotional intervention for pregnant adolescents and, if so, how?

1.4 Research overview

This chapter has provided background and contextual information that led to the formulation of this study's research aims and questions. Chapter two entails a literature review on related research areas. Chapter three explains the research methodology including the paradigm, design, quality checks and ethical considerations that were used to guide and execute this study. Chapter four provides a detailed account of the analysis procedure. This includes how thick descriptions of audio excerpts and interview transcripts were coded and categorised into themes. Chapter five provides a discussion of the themes that emerged and the links with literature. Chapter six concludes the findings of the research, makes further recommendations for further research in the area, and discusses the limitations of the study.

Chapter 2: Literature review

2.1 Introduction

The demographic information and the typical challenges experienced by pregnant teenagers are outlined at the beginning of this chapter. In regards to music therapy with this population, there was a paucity of literature directly pertaining to song techniques and adolescent pregnancy. However, there was a sizeable amount of research available concerning the use of music listening and its effects on the general population of pregnant women. These studies were outlined and a gap in knowledge in the specific area I studied was identified. As there was also a lack of literature concerning music therapy and adolescent pregnancy, literature regarding the use of music and music therapy to address developmental challenges of the general teenage population was reviewed. Possible links with teenage pregnancy were drawn. The chapter ends with reviews of song discussion and song writing as they formed the focal techniques employed in this study.

2.2 Adolescent pregnancies in the South African context

The Department of Health (2007:161) conducted a South African Demographic and Health Survey that collected data from a sample of 1396 girls from all provinces in the country. It revealed that 12 percent of young women between the ages of 15 and 19 were mothers or were pregnant with their first child. Within this sample, the proportion of teenagers who have begun childbearing rises rapidly from two percent at age 15 to 27 percent at age 19 (Department of Health, 2007:161). More recent statistics from the General Household Survey 2014 (Statistics South Africa, 2015:30) report that 5.6 percent of girls had a child when they were between the ages of 14 and 19. Through comparing these two studies it appears that there has been a reduction in the occurrence of teenage pregnancies in South Africa. However, there is still a sizeable number of teenagers falling pregnant each year which warrants continuous and supportive interventions.

The Department of Basic Education (2009:12) identified several reasons that underpin teenage pregnancies in South Africa. These extend beyond commonly held assumptions about 'deviant behaviour'. Contributing factors include the inability to continue with school for economic and academic performance factors that can then lead a girl to have aspirations of early motherhood. Other reasons include the absence of parental control, a lack of access to knowledge about contraception, coerced or forced sex in relationships characterised by an imbalance of power, and sex used in exchange for material goods, to name a few (Department of Basic Education, 2009:12).

2.3 The experiences and needs of pregnant adolescents

Pregnancy is an important life event that can be experienced as joyful or as emotionally and cognitively tormenting. The experience of pregnancy requires effort for cognitive adjustment to the new and sensitive situation (Mastnak, 2016: 186). This section discusses some of the most common challenges a pregnant teenager faces. These include their educational experiences, biological changes, psychosocial challenges and health risks.

2.3.1 Socioeconomic outcomes

Adolescent mothers in South Africa and other parts of the world often experience disruptions in schooling. In 2007, the South African Department of Education released *Measures for the prevention and management of teenage pregnancy* that stipulated that pregnant girls could remain in school during pregnancy, however, this document suggested a leave of absence of up to two years (Department of Basic Education, 2009:25). Some schools suspend pregnant scholars as an interpretation and implementation of this policy (Kara & Maharaj, 2015:59). According to a report from an online news website by Leanne Jansen (beta.iol.co.za/news/south-africa/kwazulu-natal/new-policy-on-pupil-pregnancies-1), there is a new draft policy that was due to be published for public comment before the end of 2015 that is expected to revise the exclusion of pregnant girls from school. The policy has not been published as yet.

Some learners drop out of school to give birth and care for their baby and do not return. This often leaves them with lower economic prospects for the future due to lower occupational attainment and lower income (Miller, 1999:9). They may also have an increased risk of having more unwanted pregnancies and marital instability (Sieving & Stevens, 2006: 26).

2.3.2 Biological changes

Pregnant adolescents experience the changes and growth related to their developmental stage concurrently with changes that occur with pregnancy (Maputle, 2006:87). Pregnancy often results in weight gain and increased fat stores in the body (Scholl, 2000:94). Maputle (2006:87) conducted a qualitative study in Limpopo province, South Africa with 14 participants in which she found that pregnant teenagers can feel insecure and find it difficult to accept their body image (Maputle, 2006:87). As they are still growing, their bodies have to compete for resources with the growing foetus inside them and this can cause preterm labour and delivery (Scholl, 2000:94).

2.3.3 Psychosocial challenges

A sizeable number of teenage pregnancies are unintended. This necessitates decisions around keeping the baby, making adoption plans or undergoing an abortion. Due to social pressures, some teenage mothers experience shyness and embarrassment and feel they have to conceal their pregnancy for as long as possible because of its association with sexuality and a fear of associated rejection (Maputle, 2006:88). Failure to accept the reality of the situation often leads to psychological distress and development of suicidal tendencies in some girls (Wilson-Mitchell, Bennett & Stennett, 2014:4738).

With a weakly developed sense of self, a young adolescent may experience a great deal of confusion regarding what being pregnant means for her identity and reputation. She also may be concerned about how her pregnancy will impact her friendships and her ability to create meaningful relationships. A pregnant teenager is faced with the challenge of having to be emotionally, and sometimes financially, independent from her parents. This can conflict with a need for extensive family social support during the pregnancy and parenting (Sieving & Stevens, 2000:26). Other negative psychosocial outcomes that come with early pregnancy include delayed intellectual development, increased risk for anxiety and depression and an increased risk for child abuse and neglect (Sieving & Stevens, 2006:28).

The ability to cope with these risk factors can be influenced by the characteristics of the teenager's personality, coping styles, cultural orientation and social environment (Mastnak, 2016:186). For example, older teenagers who have a stronger sense of self may adapt to the role of motherhood better (Sieving & Stevens, 2000:26). At the same time, teenage mothers who receive social support from parents, friends and partners develop the capacity to accept the situation and cope resiliently (Wilson-Mitchell, Bennett & Stennett, 2014:4740).

2.3.4 Health risks

When discussing the issue of teenage pregnancies in South Africa one cannot underestimate the health challenges teenagers face in an era of HIV and AIDS. Young women who are engaging in unprotected sex are exposed to the risk of infection (Wekwete, 2010:33). It is mandatory for all pregnant women to have an HIV test in South Africa and all teenagers who receive antenatal care are tested for HIV. This makes them aware of their status. A positive status potentially attracts further psychosocial crises such as stigmatisation and denial (Wekwete, 2010:34).

In Maputle's (2006:90) study, mentioned earlier, she found that 57% of the teenage participants in her sample utilised antenatal services very late into their pregnancies. She reported that the teens were either scared to make use of antenatal care for fear of being

judged by health workers or were unaware of their pregnancy (Mapute, 2006:90). Cognitively, a girl in the early adolescent phase (11-14) may think concretely which leads her to not fully understand the relationship between her behaviour and the future of her child. Prenatal care may not be seen by the teenager as important as a result. She may need continued encouragement to seek prenatal care (Sieving & Stevens, 2000:26).

2.4 Music, music therapy and pregnancy

Bruscia (2014:31) summarised prominent aims of music therapy. These include improving physical and mental health, enabling opportunities for growth, supporting self-discovery processes, helping to find resources to resolve problems and guidance toward health (Bruscia, 2014:31). With music therapy, clients may gain a voice through engaging in music experiences that help them externalise, enact, release, represent, project or document inner thoughts and feelings. When a client experiences difficult emotions, a music therapist and the music itself can contain and hold the experience for them (Bruscia, 2014:38). Music therapy also aims to help a client increase their ability to communicate with others primarily through musical and, secondarily, verbal modes (Bruscia, 2014:38). The music therapist also aims to help a client improve self-awareness through testing, rehearsing and managing reality in the safe space of therapy (Bruscia, 2014:39).

When it comes to the practice of music therapy with pregnant women, there is a paucity of studies directly pertaining to this area in general. Most studies have experimented with music listening as an independent variable and its potential effect on dependant variables such as stress, anxiety and depression amongst pregnant women. The canon of quantitative studies on the effects of music, mostly stemming from the nursing profession, have been, however, erroneously termed 'music therapy'. The interventions did not involve qualified music therapists working with clients in a process that facilitated the building of relationships to achieve clinical goals (Wigram, Pedersen & Bonde, 2002:30). Even though these were not music therapy studies, they are still relevant to review because music listening is a valid tool used in music therapy (Cook, 2012:36). It would be useful to compare outcomes of the use of music with pregnant women from a non-music therapy perspective and those from a music therapy perspective.

2.4.1 Effects of music listening on anxiety and depression during pregnancy

A study directly pertaining to the use of music with pregnant adolescents was carried out by Liebman (1989:118), who examined the effects of a music and relaxation intervention on state and trait anxiety levels. Trait and state anxiety scores were self-reported by participants both in the experimental and control groups. The girls mostly cited exams, fights with

boyfriends, trouble with siblings and problems with parent(s) as factors that affected their anxiety levels (Liebman, 1989:117). The intervention consisted of progressive muscle relaxation training paired with music. When the girls recognised and pinpointed tension while focusing on a musical stimulus, they were tasked to try and relax, therefore, creating a conditioned response of relaxation by association (Liebman, 1989:117). The data suggested that the intervention was statistically effective in reducing state anxiety during the third trimester in adolescent pregnancy. When evaluating the results, the researcher also considered the effect of the therapist-client interaction on change (Liebman, 1989:116).

Chang, Chen and Huang (2008) conducted an experimental study in Taiwan that entailed pregnant women over the age of 18 years engaging in music listening at home. They were given four music compact discs (CD) with each one containing 30 minutes of lullabies, classical music, nature sounds and nursery rhymes. The tempo of the music was selected to relatively match with the human heart rate of 60-80 beats per minute (Chang et al., 2008:2583). With pre- and post-test results, they determined that music listening was effective in reducing psychological stress, anxiety and depression on a short-term basis. They suggested it to be an effective alternative therapy that has non-pharmacological side-effects (Chang et al., 2008:2586). Similarly, Shin and Kim (2011:19-26) extended this study to test similar effects of music listening on anxiety and stress as well as maternal-foetal attachment. Their study revealed a significant reduction in anxiety, however, not in stress and maternal-foetal attachment (Shin & Kim, 2011:24). Kalaivani and Jeyavanthasanth (2013:257) further explored the effects of music listening on women with high-risk pregnancies. Their results also demonstrated a significant reduction in the post-test level of anxiety and depression amongst these women (Kalaivani & Jeyavanthasanth, 2013:257).

More recently, Turkish medical researchers Aba, Avci, Guzel, Ozcelik and Gurteking (2017: 19-23) also tested the effect of music listening on the anxiety levels of women undergoing in vitro fertilisation-embryo transfer. The aim of their study was to test the efficacy of music listening in reducing anxiety in women undergoing the medical procedure. They engaged a musicologist who selected music based on its elements such as tempo, timbre and texture studying their effects on anxiety before and after the procedure. However, the effectiveness of the music intervention could not be determined due to the short-term and non-holistic nature of the intervention. They found that music alone was not enough to bring a significant change on anxiety levels when administered during the surgery. They suggested a holistic approach including longer term psychosocial therapy prior to the surgery to effectively reduce anxiety in pregnant women (Aba et al., 2017:23).

The sum of these studies shed light on the efforts that have been made to use music listening as a supportive tool for the psychosocial needs of pregnant women making use of medical facilities. However, the quantitative data do not necessarily provide insight regarding the reasons behind the results (Hogan, Dolan & Donnelly, 2009:3). Effectiveness of the interventions was also reduced by the absence of therapeutic relationships with clients on a longer term basis (Aba et al., 2017:23). This places the current study as the only study that I am aware of at present that used song techniques in music therapy (key to which is the therapeutic relationship) while exploring the experiences of adolescent pregnancy.

2.4.2 Music therapy and pregnancy

Friedman, Kaplan, Rosenthal and Console (2010:221) executed a study on participants singing lullabies in music therapy during pregnancy. The participants were diagnosed with depression, bipolar disorder or schizophrenia. Their desire was for these women to experience increased awareness of their feelings through infant directed singing and ultimately reduce levels of anxiety. The intervention was carried out by a board certified music therapist whose goals were to improve participants' self-expression, coping and inspiration as well as learning how to use calming music for their babies (Friedman et al., 2010:222). In this intervention, the women engaged in musical behaviours such as playing an instrument, singing and/or humming. They also experienced music-assisted relaxation, music listening and song lyric discussion on themes such as coping, support and hopes and dreams for the future. They were also invited to make song choices for them to enhance autonomy. Additionally, the researchers used a simple song writing technique where participants filled in blank spaces to write a song (Friedman et al., 2010:224). The results of the study revealed that 68% of the group members found the experience to be helpful in assisting them to feel more capable of caring for their babies, 84% expressed that the group made them feel less anxious and 86% said they would use the learned techniques at home (Friedman et al., 2010:227). It was interesting to note that teenagers had the most consistent attendance rate in this study (Friedman et al., 2010:226).

Registered music therapists have also been involved in the field of obstetrics with pregnant women who are undergoing labour. A study by Fulton (2005), for example, examined the effects of music therapy on women in early labour with regards to foetal heart rate, uterine contraction intensity, perceived pain and perceived fatigue. The researcher utilised live music chosen by the participants that related to feelings of relaxation, family bonding and bonding with their baby. The results showed a significantly lower level of perceived pain and fatigue, however, not in foetal heart rate and uterine contraction intensity (Fulton, 2005:22). When music therapy is used in collaboration with obstetrics it can contribute to stabilising

physiological and psychological conditions that occur during pregnancy thus enhancing the sustainability of antenatal care measures (Mastnak, 2016:186).

2.5 Music, music therapy and teenagers

McFerran (2010:25) authored a book that synthesised work done by music therapists around the world with teenagers over five decades. She found that at least 140 music therapists have documented their work with teenagers in journals, books and theses (McFerran, 2010:25). From the 101 compiled writings, she observed that music therapists work from different theoretical orientations, for example, humanistic, psychodynamic, behavioural and other stances (McFerran, 2010:32). She described that music has been used in different ways with this client group, such as musical games, live songs (choosing, singing, playing and writing), improvisation (instrumental and vocal) and pre-recorded music (listening, discussion and relaxation) (McFerran, 2010:35). The conditions that music therapists have worked with included physical illness, mental illness, disability, emotional and behavioural problems and teenagers 'at-risk' (McFerran, 2010:38).

2.5.1 Identity and music

A central theme that is usually of concern to teenagers is forming an identity. According to Erikson (1963:234), whose literature is based on Western culture and this may vary from an African perspective, teenagers become concerned with how they appear to others and what role they are going to fulfil in society. He believes that a failure to overcome this stage successfully results in role confusion (Erikson, 1963:234). Teenagers who experience becoming pregnant develop additional confusion regarding what the pregnancy means for their identity and reputation (Sieving & Stevens, 2006:28).

Music has been found to play a role in the development of identities and overcoming life stages for teenagers. Tarrant, North and Hargreaves (2002:140) have specialised in the area of music, youth and identity. In their research, they explored the role that music plays in the development of teenagers' social identities in group settings. They found that teenagers expressed their musical preferences and choices by placing importance on how they would be perceived by in-group peers. Teenagers who belonged in a group with similar tastes in music developed and maintained positive self-concepts stemming from the warm and affirming evaluations they made amongst themselves. However, these authors also noted how this potentially poses problematic stigmatisation of out-group members who may have different tastes (Tarrant, North and Hargreaves, 2002: 140).

Music is potent in helping individuals to remember, construct and express identities (DeNora, 2004:63). The reflexive process of using music is in itself an act of expressing and presenting one's identity (DeNora, 2004:66). When constructing identities with music, a person can find aspects about themselves that relate to specific music or vice versa, where certain musical elements can reflect areas of their identity. There is a mutual referencing of music to self and self to music when reflecting on music's meaning in identity processing through music (DeNora, 2004:68).

Used therapeutically, music can be a valuable tool for use in therapy to help foster healthy identity formation amongst teenagers (McFerran, 2010:41). Additionally, teenagers have an affiliation with music upon which they find a platform to express their issues as well as their identities and aspirations (Ruud, 1997:3). Using songs in therapy with teenagers can, therefore, have an advantage of fostering a familiar space where they feel motivated, safe, understood and accepted. This can promote early development of a positive rapport with the therapist, which is needed for therapeutic effectiveness (McFerran, 2010:77).

2.5.2 Depression, anxiety and music

Depression is "an emotional state of persistent dejection, ranging from relatively mild discouragement and gloominess to feelings of extreme despondency and despair" (Corsini, 2016: 236). Anxiety, which can be co-morbid with depression, is "a pervasive and unpleasant feeling of tension, dread, apprehension and impending disaster" (Corsini, 2016:67). In their research study, Saarikillio and Erkkila (2007:22) found that their adolescent participants who experienced developmental challenges had significant levels of emotional unrest that triggered anxiety and depression. It was their aim, therefore, to assist the participants with developing self-regulating skills (Saarikillio & Erkkila, 2007:22). Some studies in the field of psychotherapy have established anxiety and depression as common experiences particularly for pregnant adolescents. In these studies, psychotherapy was found to be effective in reducing depression and anxiety in this population (Miller, Gur, Shanok & Weissman, 2008:734; Szigethy & Ruiz, 2001:35).

Saarikallio and Erkkila (2007:6) explored music's meaning and functionality for teenagers with regards to their psychosocial development and mood regulation. The teenagers, who had control of the musical activities during gained self-esteem from learning and mastering the music tasks (Saarikallio & Erkkila, 2007:22). Music also played the role of evoking emotional experiences that enhanced self-reflection, identifying feelings, clarifying thoughts and working through conflicts. The music also enabled safe and acceptable expression of difficult, violent or disapproved thoughts and feelings (Saarikillio & Erkkila, 2007: 22). Music

becomes a virtual reality where the person can express their unpleasant emotions symbolically and shift out of a “bad mood” (DeNora, 2004:56). Music can also be used not only to contain emotions, but to construct them, for example, creating a “good mood” (DeNora, 2004:58). The effects of music on one’s mood depend on how the individual is oriented towards it and how he or she interprets it (DeNora, 2004:61). Music can be a safe medium for people to work through moods and emotions thus enhancing self-care (DeNora, 2004:56).

2.5.3 Resilience and music therapy

Masten (2001:227-238) defines resilience as “a class of phenomena characterised by good outcomes in spite of serious threats to adaptation or development”. Evidence of resilience can be represented by an individual achieving age-appropriate developmental milestones despite exposure to serious threats. Masten (2001:228) suggests interventions that are focused on asset-building to add resources in the client’s life to counteract negative effects of adversities. Early pregnancy for a teenager can be considered a threat to her ability to cope and adjust. Music therapy can be an asset-building intervention that can enhance resilience by modelling self-empowerment and coping skills, thus minimising the impact of stressors (Pasiali, 2012:46). Music therapy is a resource oriented intervention that guides a client to develop agency and make self-motivated changes in their life philosophies, which can enhance positive attitudes toward pregnancy, child-birth and parenting for a teenager (Mastnak, 2016:186).

2.6 Song methods in music therapy

This section describes how songs have been used as therapeutic tools to aide in the development of clients. Emphasis is placed on song discussion and song-writing as they are the song techniques that were employed in this study.

2.6.1 Song discussion

Gardstrom and Hiller (2010:147) explored the concept of song discussion as a form of music psychotherapy to promote psychological health. In their research observations, they experienced this method as one that promoted self-awareness, release of emotions, development of healthy interpersonal relationships, healing of emotional trauma, and discovery of greater meaning and fulfilment in life. Song discussion involves the client and therapist listening to a pre-selected live or recorded song and then having a discussion of the meaning and relevance of the song to the client’s life experiences (Bruscia, 2014:137). Sometimes the music therapist can solely pre-select songs based on their therapeutic

usefulness and the potential influence they may have on their client depending on the stage of treatment. At other times the therapist may ask the clients to select their own songs as a therapy tool to understand the internal world of their clients (Bruscia, 2014:137).

The process of song discussion activates psychological processes in the client such as identification, empathy and projection in response to the lyrics and musical elements of the songs (Gardstrom & Hiller, 2010:147). A client can form identifications between themselves and another person or object in the music they might relate to. Clients can make disclosures such as "She is singing my life story!" and "I have had those same feelings...", which indicate the client's conscious formation of an alignment with the singer or character being portrayed. Object identifications can also occur with the harmonies and textures in the music itself. Sometimes the client may not necessarily identify directly with the character in the song, but may develop empathy towards the objects through understanding and being sensitive to the thoughts and feelings being conveyed. Through this process, the therapist can have a window into the emotions and values that are significant to the client. Clients may also engage in the unconscious process of projection where they attribute their own ideas, feelings and attitudes to other people or objects in the song. In song discussion this is especially potent when the lyrics are abstract, metaphoric or broad (Gardstrom & Hiller, 2010:149).

In light of this research it appears valuable to explore how song discussion could assist young expectant mothers to process their experiences. This could be achieved through discussing song lyrics that reflect on issues they similarly face, for example, body-image insecurities, shame, rejection, troubled relationships, anxiety and depression. At the same time, songs with lyrics that express overcoming and triumph could be agents to shift moods and attitudes as discussed by DeNora (2004:68). This reflective process can foster a sense of relating, identifying and the safe disclosure of experiences (Gardstrom & Hiller, 2010:147). The process of discussing the lyrics and their relevance to client's lives may help them create self-awareness as well as work through difficult emotions. The discussions may minimise the impact of these negative experiences in their lives, thus building and strengthening resilience according to the findings of Masten (2001:228) as discussed earlier.

2.6.2 Song writing

Song writing has been found to serve the function of affirming or expressing a client's experiences in the process of therapy (McFerran et al., 2011:36). Music therapists cite several benefits of song-writing. Firstly, song-writing provides clients with a platform to tell their stories as well as a creative way of coping with the difficulties (McFerran et al.,

2011:42). Secondly, it is effective at facilitating the development of a client's sense of self as he or she actively engages in expression with lyrics and music. Thirdly, song writing provides clients opportunities to master a skill which, in turn, enhances their self-confidence and esteem (McFerran et al., 2011:41). Analysis of the lyrics composed by clients also assists music therapists in evaluating how clients may be benefiting from the music therapy process (O'Callaghan & Grocke, 2009:320).

Baker, Wigram, Scott and McFerran (2008) carried out a study that gathered data through web-based surveys that obtained responses from practicing music therapists in different settings regarding how and why they use song-writing in their work. From the data they determined a set of similar goals for using song-writing in music therapy as mentioned above. In addition, they sighted the use of song-writing as a diagnostic tool as well as a way of ascertaining the musical and cultural identity of clients (Baker et al., 2008:115). (Baker et al., 2008:109). Research by Jurgensmeier (2012) directly explored the use of song-writing as a tool that promotes self-esteem, coping skills and empowerment for homeless teenagers. The results revealed that the participants experienced song-writing as a largely helpful experience compared to talk-based interventions. Participants expressed their appreciation for the opportunity song-writing afforded them to express themselves in a different way (Jurgensmeier, 2012:50). During the process, the teenagers created lyrics that expressed themes of feeling alone, personal struggles, perseverance and empowerment. This demonstrated the positive development of coping skills and personal growth (Jurgensmeier, 2012:49).

2.7 Conclusion

This literature review pursued understanding of the context of teenage pregnancy and how the challenges associated with it may be addressed through music and music therapy. The beginning of this chapter described the demographic situation of teenage pregnancies in South Africa. It showed that, even though on a decline, the prevalence of pregnancy is still quite high (Statistics South Africa, 2015:30). Most intervention programs in place are focused on preventing teenage pregnancy rather than supporting the youth after the occurrence. This warrants supportive interventions (Macleod & Tracey, 2014:551) such as the one undertaken by this study. The review also highlighted the typical challenges that pregnant teenagers face, such as school disruptions, changing body image, stigmatisation, rejection, relationship crisis, anxiety and depression (Sieving & Stevens, 2006:28). The literature reviews also explored how the needs of pregnant women, with specific reference to teenagers where possible, have been addressed using music and music therapy.

The bulk of the existing studies pertaining to music and pregnancy were carried out by professionals in the nursing field. These researchers have conducted experiments on the effects of music listening on levels of stress, anxiety and depression amongst pregnant women of all ages and gestational stages. Even though these studies did not involve music therapy specifically, music listening is a method that is used in music therapy, hence the relevance of considering these studies. The results reflected moderate effectiveness of music listening in reducing anxiety and depression in the women (Chang et al., 2008:2583; Kalaivani & Jeyavanthasanth, 2013:257; Liebman, 1989:117; Shin & Kim, 2011:24). The long-term effectiveness of the interventions, as Aba et al. (2017:23) found for their study, may have been limited due to the absence of therapeutic relationships with clients. This demonstrates the need of studies such as the current one that include the presence of a therapeutic relationship within the intervention.

This literature reviews also focused on understanding how teenagers relate to music as a tool to foster positive development. Teenagers frequently have a pre-existing affiliation and relationship with music that can be useful in music therapy. Music can help teenagers in developing healthier identities, expressing and processing difficult emotions, reducing anxiety and depression as well as building resilience (McFerran, 2010:41; Tarrant, North & Hargreaves, 2002:140). Lastly, the literature review discussed the concept of using song discussion and song-writing as supportive interventions for pregnant teenagers.

To the best of my knowledge, as revealed in this chapter, the current study is the first of its kind. It specifically explored the use of group music therapy with a focus on song techniques as a psychosocial and emotional supportive intervention with pregnant teenagers in South Africa. The following chapter discusses the methodology that was used in this research.

Chapter 3: Methodology

3.1 Introduction

This chapter gives a detailed description of the research methodology that was applied in this study. The chapter begins with an overview of the interpretive research paradigm, which was selected for its inclination towards understanding subjective experiences of individuals. This is followed by a discussion of the qualitative research methodology that was chosen. This was appropriate to use for investigating the experiences of pregnant teenagers in music therapy. Purposive sampling was used to identify participants from a high school in Pretoria and data were collected with three methods, that is audio recordings, session notes and a focus group. The chapter ends with descriptions of how quality was addressed and the ethical considerations that were taken into account.

3.2 Research paradigm

A research paradigm is a system of interrelated thinking that defines and guides a researcher's enquiry (Terre Blanche & Durrheim, 1999:6). It is central to the coherence of the research design, research questions and methods used. The research paradigm that this study subscribed to is interpretive, which naturally lends itself to qualitative methods. The premise of this paradigm is based on understanding the subjective reasons and meanings behind social action (Durrheim, 1999:36). Ontologically, an interpretive paradigm assumes that the reality of what is to be studied consists of people's internal subjective experiences of the external world (Terre Blanche & Durrheim, 1999:6). Opposed to a positivist ontology that claims a single true reality, interpretivism proposes multiple constructed realities that are context-specific (Ponterotto, 2005:130).

Epistemologically, an interpretive paradigm requires a researcher to engage in inter-subjective, transactional and empathetic relationships with participants (Terre Blanche & Durrheim, 2002:6). Schwandt (2000:192) suggested that engaging intersubjectively with participants can enhance a researcher's ability to have an internal understanding of the participant's experiences. However, a participant's reality can only be grasped imperfectly because of the fact that humans have biases and theoretical standpoints that influence their interpretations (Henning, Van Rensburg & Smit, 2004:20).

An interpretive paradigm was an appropriate stance for me to take due to the aim of this research that is centred on understanding the experiences of school-going pregnant adolescents through music therapy. I made an effort to have an intersubjective understanding of the participants' experiences in my engagement with the data. Throughout

the music therapy process emphasis was placed on participants' sharing of their personal experiences.

3.3 Methodology

Qualitative methodology is a "form of inquiry that focuses on the way people interpret and make sense of their experiences and the world in which they live" (Holloway & Wheeler, 2010:3). The findings of qualitative research do not result from methods of experimentation and are not represented by terms of quantities (Hogan, Dolan & Donnelly, 2009:3). A qualitative approach allows for deeper meaning to be unearthed concerning phenomena such as feelings, thought processes and emotions that would otherwise be difficult to retrieve through quantitative research methods (Strauss & Corbin, 1998:11). The rich descriptive data that culminates from qualitative studies can be used to formulate theories and concepts or modify existing ones (Holloway & Wheeler, 2010:11). Qualitative research also allows for exploration of an area in which little information is known. A qualitative approach was appropriate for this study due to the nature of the research problem. The study's inquest was to understand the experiences of pregnant teenagers through song use in therapy.

3.4 Design of the study

A research design is a "strategic framework for action that serves as a bridge between research questions and the execution or implementation of the research" (Durrheim, 1999:29). It fosters planned 'systematic observation' that fulfils the purposes of the research and answers the research questions as best as possible (Durrheim, 1999:26). This research was an applied study aimed at providing instrumental information regarding music therapy as a supportive intervention for pregnant adolescents.

The research design I utilised was an instrumental case study. Willig (2008:77) explains how an instrumental case study explores a general phenomenon with no pre-existing expectations. The researcher studies an identified phenomenon and how it exists in a particular case. The identified phenomenon in this study constitutes coping with teenage pregnancy. Case studies are specifically of relevance and value in music therapy research because of their ability to capture the 'stories' of clients and the process of music therapy in a rich, formalised and structured way (Aldridge, 2005:14). They allow for close assessment and analysis of individual development as well as meaningful occurrences in the therapy process (Aldridge, 2005:27).

Case study design involves an empirical investigation that is conducted in a real-life, context specific situation (Aldridge, 2005:11), in this case, the participants' real-life context of their school. The contents of the participants' accounts in the current study were largely reflective of their life experiences at the school and at home. Engaging with participants at their school also allowed me to see how they naturally interacted with their peers and educators. This information that occurred outside the space of music therapy offered the advantage of gaining additional insight into their experiences.

A case study design also has an advantage of being adaptable to suit the client's needs and the therapist's approach during the intervention process as this design is flexible rather than prescriptive (Aldridge, 2005: 12). In our process, we often redefined the space of music therapy in ways that would be appropriate and needed in the moment. For example, the participants and I could adapt processes that they were not comfortable with or capable of executing for specific reasons.

3.5 Participants

The selection criteria for the school where the study could take place were as follows. The high school could be situated in any socio-economic area that was relatively accessible to the researcher. There needed to be learners at the school who were pregnant at the time of the study. High schools were approached and the one where there were pregnant learners was immediately welcoming of the project.

The sampling procedure I used for this study was purposive sampling. This involved selecting participants based on their characteristics and experiences that related to the research area and questions (Matthews & Ross, 2010:167), in other words, girls who were currently pregnant and attending school. The gestational period of the pregnancy was not limited, however, girls who had already given birth prior to the research commencing were excluded. The participants were referred by the deputy principal. I anticipated including up to four girls in the music therapy group (as, according to the deputy principal, there were usually approximately that number who were pregnant at the school at any time). However, only two girls were identified at the time of the study and they were both willing to participate.

The girls were initially informed about the music therapy process verbally by the deputy principal and were given participant information letters (Appendix F) with a detailed explanation of the study. Upon agreeing to participate in the research, they were asked to sign assent forms (Appendix G). Their parents and/or guardians were also informed (Appendix D) and asked to sign consent forms (Appendix E), which they did.

3.6 Data collection

Data were collected from three sources, namely audio recordings of the music therapy sessions, session notes and a focus group. These data collection methods are described below.

3.6.1 Audio recordings

The first data source was audio recordings from the music therapy sessions in which the participants engaged. Initially I desired to use video recording, however, I revised that as I sensitively considered how pregnant teenagers may already grapple with issues of body image and self-esteem. Video recording could have placed additional and unnecessary pressure in light of these possible insecurities. This may have problematically heightened these concerns at the beginning of music therapy where feelings of containment and safety are of importance (Bruscia, 2014:31). I, therefore, decided it not to be a risk worth taking.

Audio excerpts for analysis were selected through supervision in relation to their meaningfulness in terms of the research questions. Selection and exclusion criteria were specifically established, as shown in Table 3.1.

Selection	Exclusion
Successfully recorded sections of the sessions	Unrecorded sessions
Song lyric discussions	Unclear recordings
Song-writing processes	Non song-based conversations
High frequency of verbal engagement from participants	Low to no verbal engagement from participants
Any other therapeutically significant events related to the song techniques	Non-therapeutically significant events

Table 3.1: Summary of selection and exclusion criteria

Excerpts were selected from sessions that were successfully recorded, contained song techniques and adequate participant responsiveness. The participant's song lyrics and song-writing discussions directly expressed how they experienced songs in music therapy, and this related directly to the research questions. Other therapeutically significant events related to the song techniques were included as well.

Sessions that did not record or did not record sufficiently clearly due to technical errors were excluded from the selection of excerpts. Conversations that were outside the frame of song discussion, for example welcome and "touching-base" discussions, were excluded as the research question concerned investigating song techniques specifically. Sections where the clients did not engage in much verbal exchange were also excluded as their responses were

paramount to understanding their experiences. The selected audio transcripts were transcribed verbatim.

3.6.2 Focus group

To collect additional data, I conducted a focus group. The focus group schedule (see appendix H) contained pre-determined open-ended questions allowing for the spontaneous exploration of issues that emerged (Noonan, 2013:30). The questions were developed with reference to the research question.

The focus group was appropriate (as opposed to using an interview) because participants' experiences in music therapy had taken place within the context of a small group. As Wilkinson (2003:188) described within focus groups participants can engage with each other in conversation, co-creating meaning together. The data from the focus group were transcribed verbatim by myself as the researcher. Some non-linguistic expressions were included in the text to get a clearer picture of the context of the conversations (Terre Blanche & Kelly, 2002:133).

3.6.2 Session notes

I wrote session notes after each music therapy session as is common practice in music therapy. These included descriptions of key therapeutic events and my personal reflections after each session. They captured my subjective understandings of the processes that, therefore, influenced the way I interpreted events. I selected sections from the session notes that addressed my research questions as well as provided more contextual information on the notable events that took place. Session notes provided supplementary data in situations where song techniques were used, but the audio excerpts could not be selected due to any of the exclusion criteria (such as poor recording). Session notes did not require preparation as they were already in written form. (Please see the full session notes in Appendix K).

3.7 Data analysis

In this study I used thematic analysis. Braun and Clarke (2006:79) defined thematic analysis as "a method for identifying, analysing and reporting patterns (themes) within data". In my analysis process, I followed Braun and Clarke's (2006:73), six stages of analysis. In the first stage, I familiarised myself with the data through transcription, reading the data a number of times and noting down initial ideas. The second stage involved generating a list of initial codes that captured the essence of a segment or element of the raw data. In the third phase, I searched for related codes and grouped them into categories. The fourth phase entailed

the refining of these categories by checking for coherence within them. In the fifth stage, I defined and named the themes. The final stage involved producing the written report.

3.8 Research quality

For ensuring quality in qualitative studies, Lincoln and Guba (1985:303) wrote of trustworthiness which involves ensuring the credibility of findings by prolonged engagement, persistent observation and triangulation (Lincoln & Guba, 1985:303). In this proposed study, prolonged engagement was difficult to ensure due to limitations relating to school regulations such as time-tables, exams and holidays. In an attempt to make the most of the limited time-frame, as suggested by Lincoln & Guba (1985:305), I tried to be actively observant and attuned to the elements and characteristics that were the most relevant to the issue being studied and focusing on them as much as possible. The eight sessions offered sufficient time to build relationships with the participants and for a relatively in-depth process of music therapy to take place, thus enhancing the credibility of the results. With regards to triangulation, I used multiple methods of data collection. This is a form of improving the quality of research findings (Lincoln & Guba, 1985:305). This variety added richness to the multiple layers of meaning that emerged (Lincoln & Guba, 1985:306).

To monitor the quality of this research I also engaged with Stige, Malterud and Midtgarden's (2009) system of EPICURE. The first half of the acronym, EPIC, refers to the researcher evaluating the richness of the accounts based on their Engagement with the phenomenon being studied, the Processing and Interpretation of the data and self-Critique throughout the process (Stige et al., 2009:1505). The second half, CURE, addresses the consequences of the study in relation to its social-Critique, Usefulness to the population being studied, its Relevance in adding knowledge to the existent canon of knowledge and Ethics (Stige et al., 2009:1512). Throughout the study, in different areas, I have mentioned how I have engaged with each of the areas of EPICURE. An example I can mention here is how I reflected on the quality of my engagement with the participants and their experiences. During my role as the music therapist I came to realise that I ran a risk of pre-empting the participants' communications by suggesting responses when they appeared to be unsure of what to say, spoke inaudibly or took a long time to respond. This could have possibly contaminated some of their responses. In my role as researcher I then had to be cautious in my analysis process to identify moments when this could have happened so as not to confuse my own perspectives as findings.

According to Ansdell and Pavlicevic (2001:103), the performance of dual roles is complicated as the roles may require different priorities at given times. These priorities may

conflict. For example, a pressing need for collecting data for the research and a hope that the process may generate useful findings may conflict with the needs and best interests of the client at a given moment. Being aware of these tensions helped me to be cognisant and reflective of the impact my decisions had on the participants (Ansdell & Pavlicevic, 2001:104). Reconsidering taking video recordings, as mentioned, served as an example of one of these occurrences.

3.9 Ethical considerations

I received ethical clearance from the Gauteng Department of Education and from the University of Pretoria's Faculty of Humanities' ethics committee. I also received consent to conduct the study from the high school's principal (see appendix C). The parents/legal guardians of the participants were asked to provide their consent and they did so (see appendix D and E). The participants received an information letter (see appendix F) and granted their assent (see appendix G). I needed to be particularly sensitive to issues of confidentiality by changing the names of participants and omitting material that may lead to the identification of the individuals, however, preserving the form and content of the case (Willig, 2008:82). Their right to withdraw at any stage in the process was explained. All data collected is stored safely and will remain in the possession of the University for 15 years. If any further researchers wish to use this data they will need to obtain assent from participants and consent from their parents/guardians in order to do so.

I am registered with the Health Professions Council of South Africa (HPCSA) as a music therapy student. I received constant supervision from a qualified music therapist who is also a competent research supervisor. I did not carry out any procedure that was out of my scope of practice and kept in mind that I would need to seek professional advice or assistance if the need arose. The study did not cause any harm to the participants. The research may have benefited the participants as they received music therapy that appeared to offer them some perceived support through alleviation of emotional and social problems, as they expressed in the focus group.

3.10 Conclusion

In this chapter I discussed how the research was placed within an interpretive paradigm and designed as a case study. The research methods employed in this research were also presented. The choice of purposive sampling was explained and how the data were collected from three sources, namely audio excerpts, session notes and focus group. This chapter also described how data analysis was conducted using thematic analysis. Descriptions of how quality was addressed and how ethical issues were considered were

included. The following chapter describes the process of data analysis and the themes that emerged.

Chapter 4: Data analysis

4.1 Introduction

This chapter gives a description of the stages that were engaged in for the analysis of data. I start by giving a description of the two girls who participated in this research. This is followed by a summary of the music therapy sessions. Thereafter, I describe the audio excerpts that were selected for analysis. I then outline the thematic analysis that took place. I explain in more detail, with the use of examples, how data were coded, grouped into categories and then into themes.

4.2 Participants

Participant A was 18 years old and in grade 12 (matric). She was six months pregnant at the start of music therapy and gave birth in July during the school holidays. She returned to music therapy after giving birth. She lived with both parents and a younger brother in a high density suburb near the school. She aspired to further her education and follow a career as a lawyer. The father of her baby was 25 years old and was a taxi driver in the area. She reported him to be consistently supportive emotionally and financially and that their relationship had developed into a stronger and more trusting one since the occurrence of the pregnancy. The pregnancy was unexpected. Her main concern at the commencement of music therapy was her high levels of anxiety related to impending exams and her ability to cope with the pregnancy and baby. A fear of the experience of labour pain was also of concern. She attended all eight music therapy sessions.

Participant B was 19 years old and also in grade 12. She was nearly three months pregnant at the start of music therapy in April and was expecting to deliver in November. She lived with her older brother, his wife and three children in a suburb located close to the school. At the commencement of music therapy, her main concerns included a tense relationship with her sister-in-law as well as her brother being highly protective of her. She had an intermittently troubled relationship with the father of her baby who was 27 years old. Like participant A, the pregnancy was unexpected and she also felt anxious about her ability to cope with the combination of pregnancy and exams. She experienced extreme fatigue, mood shifts and anxiety about her unclear future. She attended sessions two to eight.

4.3 Music therapy sessions

Eight group music therapy sessions were held weekly on Mondays at the selected high school. However, sessions were interspersed between April and August 2017 due to interruptions such as school holidays and examinations. This section gives an overview of how the music therapy sessions were structured as well as what typically occurred. Each music therapy session began with a verbal greeting that included 'touching base' with each participant regarding how they were and had been since the previous session. These discussions were flexible and were used by the participants to express any issue they were experiencing. Thereafter, we would listen to a song and discuss the lyrics. I frequently made song choices based on their level of familiarity, the lyrical content and relevance to the participants' stage in therapy. My aim of fostering a sense of familiarity for the participants was in order to establish a quicker acceptance of the process as well as a positive rapport from the onset. Selecting songs in this manner afforded a less intrusive way of starting therapy with teenagers while building trust, an essential ingredient for a therapeutic relationship (Pavlicevic, 2000:272).

Participants were also asked to make their own song suggestions that captured how they felt at that moment, represented something about themselves or simply that they liked. This invitation was extended so as to offer opportunities for them to represent who they were. Each group member's song was listened to by immediately streaming it from the internet and it was discussed with sensitivity in the session. According to suggestions by McFerran (2010:88), the discussions were based on the lyrics with the aim of the group members expressing or perhaps generating personal understandings of their songs in relation to their current life experiences.

Another song technique engaged in the sessions was song-writing. This process was aimed at promoting contemplation of and insight into their previous and current life experiences and sense of self. McFerran (2010:111) found this reflexive processing a particularly useful affordance of song-writing. In later sessions, the participants were asked to express their reflections on songs in the form of free art. The overall choice to use song techniques was to introduce the participants to a way that songs can be used as a personal reflective and expressive tool as they traverse through different aspects of life.

4.4 Selection and preparation of data

Data were drawn from audio excerpts from music therapy sessions, session notes and a focus group. In this section, I indicate how the data were selected, transcribed and prepared for analysis.

4.4.1 Data source A: Audio excerpt transcriptions

Three excerpts were selected for analysis from sessions one to three consecutively. These were chosen for their relevance to the research question and the richness of participant responses. However, no excerpts were selected from sessions four to eight. The reasons that formed the inclusion and exclusion criteria for each session are explained Table 4.1 below.

Session no.	Session summary	Inclusion criteria	Exclusion criteria
1	Song discussion – “Shake it off”, Taylor Swift	Good recording, contained song discussion, participant verbally responsive	
2	Song discussion – “Superwoman”, Alica Keys	Good recording, contained song discussion, participants verbally responsive	
3	Song discussion – “The way you make me feel”, Michael Jackson	Good recording, contained song discussion, participants verbally responsive	
4.	Song writing		Recording lacked clarity due to background noises and minimal responses from participants
5	Song-writing		Session did not record
6	Attempted song-writing turned into art process		Participants did not engage in song-writing. They felt more comfortable with listening to music while drawing. A discussion based on the images ensued. However, as it was not a song technique, the data was excluded from analysis.
7	Touching-base		We did not engage with music on this day. This was due to the participants not being responsive to song writing once again. We had a fully verbal session as a result. It was useful for the

			clients but not relevant for the research.
8	Song discussion turned into closing remarks		Lack of verbal engagement by participants in song discussion. They were quite lethargic and minimalistic with their responses. I suspect it may have been due to fatigue and it being their last day at school for the rest of the year. Perhaps they were also sad and withheld about the process coming to an end.

Table 4.1: Audio excerpt selection

Despite these limitations, data from the three sessions as well as session notes from the excluded sessions that did not record but did entail song techniques, and the focus group were sufficient in the attempt to answer the research question. This is discussed further in detail in chapter five.

The following sections contain descriptions of each of the three excerpts that were identified. A descriptive summary to contextualise these excerpts is also provided. Lyrics of the songs discussed are also added in order to provide additional contextual information necessary for understanding the discussions that then took place on the basis of these songs.

4.4.1.1 Audio excerpt one

The first excerpt was selected from session one, which was 31 minutes long. The excerpt begins at 24:16'-31:45'. Only the first participant was present as the school only identified a second girl the following week. In the beginning of the session, we engaged in a verbal introductory conversation. Afterwards, we listened to the song *Shake it off* by Taylor Swift, a song I selected due to its potential familiarity and positive lyrical content. In my view the song identifies and speaks of overcoming one of many typical challenges teenage experiences, namely judgement and persecution experienced in interpersonal relationships. The lyrics of the song are as follows:

Verse 1

I stay out too late, got nothing in my brain
That's what people say, that's what people say.
I go on too many dates, but I can't make them stay,
At least that's what people say, that's what people say.

But I keep cruising
 Can't stop, won't stop moving
 It's like I got this music in my mind
 Saying it's gonna be alright.

Chorus

Cause the players gonna play, play, play, play, play
 And the haters gonna hate, hate, hate, hate, hate
 Baby, I'm just gonna shake, shake, shake, shake, shake
 I shake it off, I shake it off
 Heartbreakers gonna break, break, break, break, break
 And the fakers gonna fake, fake, fake, fake, fake
 Baby, I'm just gonna shake, shake, shake, shake, shake
 I shake it off, I shake it off

Verse 2

I never miss a beat, I'm lightning on my feet
 And that's what they don't see, that's what they don't see
 I'm dancing on my own, I make the moves up as I go

And that's what they don't know, that's what they don't know

But I keep cruising
 Can't stop, won't stop grooving
 It's like I got this music in my mind
 Saying it's gonna be alright

Chorus

Cause the players gonna play, play, play, play, play
 And the haters gonna hate, hate, hate, hate, hate
 Baby, I'm just gonna shake, shake, shake, shake, shake
 I shake it off, I shake it off
 Heartbreakers gonna break, break, break, break, break
 And the fakers gonna fake, fake, fake, fake, fake
 Baby, I'm just gonna shake, shake, shake, shake, shake
 I shake it off, I shake it off

I, I shake it off, I shake it off
 I, I shake it off, I shake it off...etc.

The song describes how the main character, portrayed by the singer, bravely and confidently navigates through the experience of being judged and misunderstood by others. The character asserts her self-worth and diminishes the power of inflicted judgement upon herself. The first selected excerpt entails a discussion of these lyrics. The full transcription of this is included in Appendix I.

4.4.1.2 Audio excerpt two

The second excerpt was taken from session two, where we were joined by participant B. The session was 40 minutes long and the section selected for transcription was from 35:17' to 41:40 minutes'. Earlier on in this session, we had engaged in a conversation to get to know participant B's background. Afterwards, we listened to the song "Super Woman" by Alicia Keys. I selected this song as I believed it had the potential to contain difficult emotions while

at the same time providing encouragement through the fortification of inner strength. However, contrary to the song selected in the previous session, the participants were not familiar with this one. The lyrics in the song are as follows:

“Superwoman, Alicia Keys”

Everywhere I'm turning
 Nothing seems complete
 I stand up and I'm searching
 For the better part of me
 I hang my head from sorrow
 state of humanity
 I wear it on my shoulders
 Gotta find the strength in me
 Cause I am a Superwoman
 Yes I am
 Yes she is
 Even when I'm a mess
 I still put on a vest
 With an S on my chest
 Oh yes
 I'm a Superwoman
 For all the mothers fighting
 For better days to come
 And all my women, all my women sitting here trying
 To come home before the sun
 And all my sisters
 Coming together
 Say yes I will
 Yes I can
 Cause I am a Superwoman
 Yes I am
 Yes she is
 Even when I'm a mess
 I still put on a vest
 With an S on my chest
 Oh yes
 I'm a Superwoman

When I'm breaking down
 And I can't be found
 And I start to get weak
 Cause no one knows
 Me underneath these clothes
 But I can fly
 We can fly, Oh

The participants were given copies of the song lyrics and markers to highlight words and phrases that they felt resonated with them as they listened. After engaging in the song listening, we had a discussion which is included in the second excerpt (see Appendix I for the full transcript of this excerpt). The participants shared the lyrics they highlighted and we reflected on their contributions in the discussion.

4.4.1.3 Audio excerpt three

Excerpt three was selected from session three which was also 40 minutes long. The excerpt was selected from between 28:23'-36:40. In this session, we had a conversation about how the participants had been since the previous session. Afterwards, I invited them to make suggestions of songs they felt represented something about who they are, how they were feeling or simply a song they liked. Participant A chose "The Way You Make Me Feel" by Michael Jackson and Participant B chose "Bridge of Light" by Pink. We listened to both songs (by live-streaming them from the internet) and the participants were asked to write down lyrics that captured an aspect of relevance to them. However, we only managed to discuss the lyrics of participant A's song, "The Way You Make Me Feel" due to time constrictions. Unfortunately, we were required to move between two classrooms on this day and this consumed time. Participant B also chose not to reflect much on her song. As the conversation progressed the song that A had chosen was discussed as having relevance for both girls which made the conversation more inclusive.

This discussion is included in the third excerpt. This is a sample of the song lyrics we discussed (see Appendix I for full transcription of this excerpt).

"The Way You Make Me Feel"

Hey Pretty Baby With The
 High Heels On
 You Give Me Fever
 Like I've Never, Ever Known
 You're Just A Product Of
 Loveliness

I Like The Groove Of
 Your Walk,
 Your Talk, Your Dress
 I Feel Your Fever
 From Miles Around
 I'll Pick You Up In My Car
 And We'll Paint The Town
 Just Kiss Me Baby
 And Tell Me Twice
 That You're The One For Me

 The Way You Make Me Feel
 (The Way You Make Me Feel)
 You Really Turn Me On
 (You Really Turn Me On)
 You Knock Me Off Of My Feet
 (You Knock Me Off Of
 My Feet)
 My Lonely Days Are Gone
 (My Lonely Days Are Gone)

 I Like The Feelin' You're
 Givin' Me
 Just Hold Me Baby And I'm
 In Ecstasy
 Oh I'll Be Workin' From Nine
 To Five
 To Buy You Things To Keep
 You By My Side
 I Never Felt So In Love Before
 Just Promise Baby, You'll
 Love Me Forevermore
 I Swear I'm Keepin' You
 Satisfied

4.4.2 Data source B: Session notes

As is common practice in music therapy, I wrote session notes that described key therapeutic events and my personal reflections after each session (refer to appendix K for full transcript of session notes). I selected sections from the session notes that addressed my research questions as well as provided more contextual information on the significant

events that took place. In the session notes, the sections selected for analysis are highlighted in grey (refer to appendix N). Session notes were useful in providing information on the song-writing processes that failed to be included for analysis due to recording failures.

4.4.3 Data source C: Focus group

I conducted a 40-minute focus group at the high school after the final session. The entire focus group was transcribed verbatim and used for analysis (see Appendix J for the transcription). Both participants took part in the discussion. It occurred in the staff-room where some sessions were held. Before starting with the focus group, I tried to encourage the participants to feel comfortable by explaining how they could feel free to share any of their thoughts. I encouraged them to see me more as a researcher at this moment than the music therapist I had been up to this time. However, I do acknowledge how this was not necessarily an easy adjustment for the participants to make nor may it have been feasible in practice. Nevertheless, I felt it was still warranted to emphasise this. I pointed out that there would be no right or wrong answers, nor would there be any that would offend me. I reminded them that their responses would remain confidential in this dissertation as I would not be using their names and would not be including any identifying information. I also reminded them that they had the right to discontinue at any stage with no consequences.

4.4.4 Data preparation

I listened to all the selected audio recordings from the sessions several times to familiarise myself with their content. Thereafter, I transcribed each excerpt verbatim (see Appendix I for all transcriptions) and also included non-linguistic reactions such as laughs and sighs to provide enhanced contextual meaning. For purposes of confidentiality, I referred to the participants as "A and B" in the transcript accordingly. All their responses were labelled with their initial placed adjacently. The focus group was also transcribed in the same manner. Session notes did not require preparation as they were already in written form. Table 4.2 below shows a brief example of how all the audio excerpts from sessions were transcribed.

Excerpt two transcript (E2)	
T2:	What about the song made you feel better?
B2:	There are some lyrics here that actually really speak how I feel
T3:	Can you read them out?
B3:	Well yeah it's kind of motivating as well cause it says here "for all the mothers fighting for better days to come"
T4:	Uhm, and how are you relating with that line?
B4:	Yeah and she says here "even when I'm a Mess, I'm a Super Woman"

Table 4.2: Example of excerpt transcription

The focus group was transcribed similarly, as shown in Table 4.2.

Focus group transcript (FG)	
T2:	The first question would be how have you experienced the music therapy sessions? The experience of it...what was it like for you?
	<i>Silence</i>
A2:	It's like...somewhere where you can share your things like...Everything that is going on through your pregnancy...
T3:	True...hmm. So that was like a plus for you...a space where you could express yourself through the process.
A3:	Yes cause like...when like I am at home it is not like I can talk to my mum...like we were not in that relationship of talking yeah and asking me questions...we don't do that so...
T4:	Okay. You just sort of had to just be you and be the same person almost as though the pregnancy does not exist?
A4:	Yeah you just have to pretend that everything is fine

Table 4.2: Example of focus group transcription

4.5 Data analysis

At the start of the thematic analysis the transcriptions and session notes were read repeatedly to have an in-depth, internalised understanding of the data. After this the process of coding began.

4.5.1 Coding

All lines in the transcriptions and session notes were numbered on the left-hand side of the page in chronological order. All comments by the therapist were labelled with a "T" and those

by participants with an “A” or “B” respectively. The middle section on the page contained the transcribed text. Each line of text was then tagged with a code (label) that captured the essence of what the participant had shared. The developed codes were situated on the right-hand side. All excerpts, session notes and the focus group, were worked with in the same manner. Table 4.3 provides an example of a section of the transcript from excerpt three and the codes that were developed for this portion of the text. Please refer to Appendix L for the coding as well as Appendix O for a list of all the codes developed.

Excerpt three transcript (E3)		
Line number	Transcription text	Codes
T1	What do you like about this song?	
A1	(Sighs) You know, I just love the song like, I love this one cause...I just like it cause like, I like the way Michael Jackson is telling the girl everything	E3.A1 Song choice: likes the way man compliments the girl in the song
T2	How would you feel if you were the recipient of such words? How would it make you feel being the one being told all these things? If you actually put words to it how would it be like? (long silence from client) Like happy? Sometimes maybe shy or? How would it feel if you were receiving those words?	
A2	I would feel very good	E3.A2. Lyric identification: feels good to be complimented by a man
T3	Yes! (laughter shared by all)	
B3	No seriously, I would feel very good because honestly there is not a lot of guys who look at me...So obviously you wouldn't expect it from other guys... but I would obviously like i	E3.B3-1. Desires what lyrics express: attractive + noticed E3.B3-2. Feeling unnoticed + unworthy E3.B3-3. Desire to be noticed

Table 4.3: Example of coded excerpt

Line and transcription text	Codes
<p>T2: The first question would be how have you experienced the music therapy sessions? The experience of it...what was it like for you?</p> <p><i>Silence</i></p> <p>A2: It's like...somewhere where you can share your things like...Everything that is going on through your pregnancy...</p> <p>T3: True...hmm. So that was like a plus for you...a space where you could express yourself through the process.</p> <p>A3: Yes cause like...when like I am at home it is not like I can talk to my mum...like we were not in that relationship of talking yeah and asking me questions...we don't do that so...</p> <p>T4: Okay. You just sort of had to just be you and be the same person almost as though the pregnancy does not exist?</p> <p>A4: Yeah you just have to pretend that everything is fine</p> <p>T5: So at least we can say this space gave you a safe place to express yourself. That's great. Does that sound about correct?</p> <p>A5: yes</p>	<p>E4.A2. Music therapy: safe space to share pregnancy experience</p> <p>E4.A3. Relationship with mother not one to share everything freely</p> <p>E4.A4. Some non-disclosure to mother</p>

Table 4.4: Example of coded focus group

Line number	Transcription text	Codes
<p>SN 77: 78: 79: 80: 81: 82:</p>	<p>The session did not record. M sang the song with me with a very beautiful and confident voice harmonizing with me. N, who was a bit shy, preferred to read the lyrics out instead. N</p>	<p>Song-performance: apparent ease in performance of song</p>

83:	would read the words and then M and I would	
84:	reflect those lyrics back with a harmonized	
85:	melody. It was as though M was revealing a	
86:	side of her that she was confident about. She	
87:	did say she sings in the shower at home.	
88:		
89:		

Table 4.5: Example of coded session notes

4.5.2 Developing categories

The process of categorisation began with an overall review of codes from all the audio excerpts, session notes and the focus group. These were globally reviewed in one document. All codes sharing similar ideas were identified and grouped together to create categories. Seventeen categories emerged from the grouped codes. Table 4.6 shows all categories developed and offers a brief description as well as examples of codes that were included in each one. (Appendix O shows the full list of codes within each category).

Category and description	Example codes
Fear for the future Pregnancy poses a challenge regarding unknown future outcomes	FG.B21.1 (G.E) Shocked about pregnancy FG.B21.1 (G.E) Unclear about future outcomes
Emotional difficulties One can have feelings of despondency	E2.B7-2. (RWL): feeling broken, lost and weak E2.B7-3. (RWL): being misunderstood
Managing multiple responsibilities One can have difficulties managing multiple responsibilities associated with early pregnancy	FG.A23.1 (G.E) Pregnancy Challenge: coping with studies, handling baby, parental support
Challenges with family Pregnancy can create challenges with family relationships	FG.B32. (G.E) Challenge: Inability to handle family pressures FG.A3. (G.E) Relationship with mother not open to share freely
Perceived judgement One can experience being judged for the occurrence of pregnancy	E1.A4-3. (DEL) Feeling judged by people E1.A7-1. (DEL) Being looked at in a certain way E1.A5. (DEL) People passing judgement not directly identified
Self-judgement One judges themselves negatively in regards to appearance when pregnant	E3.B3-2. (DEL) Feeling unnoticed and unworthy

	E3.B4. (DEL) Felt noticed as more attractive before pregnancy
Desire to be valued One can have desires to be valued, noticed and feel attractive when pregnant	E3.A2. (RWL): feels good to be complemented by a man E3.A6. (RWL) Lyrics expressing desire to be seen as attractive
Safety Music therapy is a space to share with safety and freedom	FG.A2. (MT): safe space to share pregnancy experience FG.B10.1. (MT): safe to talk freely with no judgement
Shared experience Being in a shared space having similar experiences	FG.B10.2. (MT) Shared experience: No judgement from another pregnant girl FG.B11. (MT) Shared experience: not being isolated in experience
Expressed emotions Being able to express different kinds of emotions in the space of music therapy	FG.B16. (MT) Expressed emotions: Crying FG.B17. (MT) Expressed emotions: Laughter
Introspection An opportunity to engage in self-introspection with the use of song techniques and music therapy in general	FG.B14. (MT) Song lyrics: source for self-comparison + introspection FG.A15. (ST) Song lyrics: Resonating with self
Affirming resilience Expressing and ascertaining inner strength and resilience	E2.A10. (RWL): strength despite adversity E3.A7. (DEL) Not affected by public opinion of her appearance when pregnant E3.A8-2. (DEL) Does not define herself as "fat"
Developing resilience Developing coping strategies and building on a more positive outlook through lyric discussions and music therapy in general	FG.A15. (ST) Song lyrics: gaining coping strategies E2.B3. (DEL) Felt motivated by lyrics to fight through challenge of motherhood
Song discussion Specifically expressing difficulties engaging verbally in song discussions	FG.B37.1. (ST): Difficulty talking about songs FG.B37.3. (ST) Difficulty expressing in words FG.B39. (ST): Difficulty expressing with words in fear of sounding unintelligent SN.38-48. (ST): participant responses needing summoning SN.162-171. (ST): Lack of verbal responsiveness
Song-writing Expressing difficulty in contributing words in song-writing	FG.B42. (ST): Difficult to compose songs FG.B44.(ST): Difficulty expressing self with poems or written words SN.70-72. (ST): song lyrics mostly suggested by therapist SN.74-76. (ST): Engaged with lethargy and economy

	SN.95-98. (ST): A lack of response and motivation to engage SN.142-145. (ST): Lack of motivation and drive to engage SN.146-157. (ST): A lack of engagement despite prolonged guidance
Pervasive challenge The challenge of expressing oneself verbally is present in other contexts	FG.A45. (GE) Difficult to express with words in different contexts
Ease of expression when drawing Another means of non-verbal expression, art, was deemed much easier to engage with than expressing thoughts and feelings verbally	FG.B47. (AT) Found verbal explanation of drawings difficult to do FG.B48. (AT) Found drawing a little easier compared to being verbal

Table 4.6: Categories

4.5.3 Developing Themes

Once the 17 categories were established, they were grouped into themes. The four themes are described briefly in this section, however, more detailed discussions surrounding each theme are provided in the next chapter.

4.5.3.1 Theme one: Challenges with pregnancy

The first theme was entitled “Challenges with pregnancy”. Table 4.7 lists the categories that were contained in this theme.

Theme one: “Challenges with pregnancy”
Categories: Fear for the future Emotional difficulties Managing multiple responsibilities Challenges with family Perceived judgement Self-judgement Desires to be valued

Table 4.7: Categories in theme one

These concerns were expressed in the context of group music therapy sessions with reference to song discussions and contributions in the focus group. This theme provides insight into how song techniques encouraged self-exploration and reflection on life challenges for these participants.

4.5.3.2 Theme two: “Music therapy as non-judgemental space”

“Music therapy as non-judgemental space” was the second theme that emerged. Table 4.8 lists all the categories that were contained in this theme.

Theme two: “Music therapy as non-judgemental space”
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Categories:

Safety
Shared experience
Expressed emotions
Introspection

Table 4.8: Categories in theme two

This theme describes how music therapy could be a space where these pregnant teenagers could share their experiences safely. The theme also indicates how they valued sharing a similar difficult experience with another in the context of group music therapy. The data in this theme also denote how music therapy and songs encouraged the free expression of emotions and the opportunity to engage in self-introspection in a contained space.

4.5.3.3 Theme three: Resilience

The theme encompasses how music therapy, with a focus on song techniques, provided a platform for these two participants to affirm their extant resilience. At the same time, it also demonstrates how the use of song techniques developed resilience in the participants. Table 4.9 below shows the categories within this theme.

Theme three: “Resilience”

Categories:

Affirming resilience
Developing resilience

Table 4.9: Categories in theme three

4.5.3.4 Theme four: “Difficulties in verbal expression”

The fourth theme contains data showing how these participants experienced difficulties in verbally expressing their experiences of songs. Within this theme it is also apparent how this difficulty was experienced as a pervasive challenge for them across other contexts outside of music therapy. Table 4.10 lists all the categories within this theme.

Theme four: “Difficulties in verbal expression”
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Categories:

Song discussion
Song-writing
Pervasive challenge
Ease of expression when drawing

Table 4.10: Categories in theme four

4.6 Conclusion

This chapter has provided an overview of the data analysis process that was undertaken. It included an overview of who the participants were, what occurred in the music therapy sessions and a description of each excerpt that was selected for analysis. The analysis procedure was presented. All codes were reviewed globally and 17 categories emerged. These were grouped further into four themes, namely “Challenges with pregnancy”, “Music therapy as a non-judgemental space”, “Resilience” and “Difficulties in verbal expression”. Each theme was introduced. The following chapter offers a discussion of the results as an attempt to answer the research questions with reference to literature.

Chapter 5: Discussion

5.1 Introduction

The four themes that emerged in the analysis stage of this research captured how group music therapy, and song techniques in particular, played a role in supporting the participants. The girls experienced the process as a space where they could express their challenges of pregnancy, share safely without judgement as well as affirm and develop resilience. However, they experienced difficulties in expressing themselves verbally during song discussions and song writing processes.

In this chapter, I discuss the research findings that emerged in the analysis of data while integrating these with relevant literature. In line with an interpretive paradigm (as explained by Durrheim (1999:36)), I aim to focus on the subjective experiences the participants had and expressed within the music therapy process. From this perspective, the chapter attempts to address the research question that was formulated: Can group music therapy, with a focus on song techniques, play a role as a supportive psychosocial and emotional intervention for pregnant adolescents and, if so, how?

5.1 Theme one: 'Challenges with pregnancy'

The challenges that were expressed by the participants in this research were largely related to those that were cited in the literature review. For example, Wilson-Mitchell, Bennett and Stennett (2014:4738) reported that a pregnant teenager who is in shock and is failing to come to terms with the reality of the situation can experience significant psychological distress. In this research, both participants reported being distressed about their future due to their pregnancy. Participant B shared about how she felt before the commencement of music therapy:

Well, at first when I found out I was pregnant it was just, I don't know, it was just different. It felt like a serious burden like what am I going to do next year? With a child my future is doomed and so whatsoever (FG.B21).

Participant A also shared similar sentiments, as well as concerns of coping with the multiple responsibilities of pregnancy, family and school in the following statement:

The time that I realised I was pregnant, like it was all, like it was a lot of words banging in my head like 'I don't know what to do. How am I going to study? How am I

going to handle the baby? How am I going to tell my parents? How are they going to handle this whole situation? How are they going to treat me?' (FG.A23).

The participants in this research had unintended pregnancies (in line with Maputle's findings (2006:88)) and this necessitated decisions surrounding the baby and the future. Sieving and Stevens (2000:26) concluded that pregnant teenagers who received parental support during the pregnancy would cope more effectively. The participants in this research were concerned about the impact of their families' responses, as seen in the quote above. They also expressed having challenges with family, for example, participant A felt that she was unable to share her pregnancy experiences fully with her mother (FG.A3) and they had many fights (FG.A34). She expressed how their relationship improved, however, as she now understood that her mother was upset upon hearing the news of her unexpected pregnancy (FG.A34). Participant B concurred, as shown in the following quote: "I had some challenges with my family and I never actually knew how to deal with it" (FG.B32).

These experiences were expressed in the focus group. Certain challenges were also expressed within song discussions specifically. Similarly to Saarikallio and Erkkila's (2007:22) study, participants in this research experienced song discussions as evoking certain life experiences into memory. An experience that was highlighted through song lyric discussion was feeling judged by onlookers. This concern surfaced from the song discussion of Taylor Swift's 'Shake it off', for example. Participant A expressed how she related to the lyrics of being judged for her every action and being misunderstood. She felt that she was watched and observed by people. This is reflected in her immediate response to the song:

Like they judge my life, like they already judge my life cause like now maybe some people like they were looking at me and say like or now they say maybe she, I was... (how can I say this...?) Uhm, like oh I was maybe making myself a perfect girl like staying at home and 'look where she is now' yeah. That's how people are, yeah, so now they see me pregnant they be like, 'just as we thought'. Like things like that (E1.A4).

Through song lyric discussion the participants also expressed self-judgement and a desire to be valued. Pregnancy often results in weight gain and increased fat stores in the body (Scholl, 2000:94). In Maputle's South African based study (2006:87), she found that pregnant teenagers could feel insecure and find it difficult to accept their changing body image. This was reflected by the responses of participant B in session three during a

discussion of Michael Jackson's 'The way you make me feel', a song that expressed a theme about attraction:

No seriously, I would feel very good because honestly there is not a lot of guys who look at me. So obviously you wouldn't expect it (comments such as the ones from the lyrics) from other guys. Like compared to the attention I got before I got pregnant. It's a challenge...it's a challenge (believing in one's attractiveness when pregnant) (E3.B3-7).

The participants also felt emotional challenges brought on by the experience of early pregnancy. This is seen in Participant B's response during a song discussion of Alicia Keys' song "Superwoman":

There are some lyrics here that actually really speak how I feel. In the bridge when she says "when I'm breaking down and I can't be found and I start to get weak because no one knows me like in these clothes" (E2.B7).

Participant B did not explain her associations with these particular lyrics further, despite being asked probing questions. This may be due to the challenges she experienced in verbal expression. This is discussed further in the last section of this chapter.

5.3 Theme two: "Music therapy as non-judgemental space"

The participants experienced music therapy as a space where they could share their pregnancy experiences safely. This was different to how they experienced other settings. This is reflected in the following comments by participant A:

[Music therapy] is like somewhere where you can share your things like everything that is going on through your pregnancy. 'Cause like when like I am at home it is not like I can talk to my mum. Like we were not in that relationship of talking yeah and asking me questions. We don't do that (FG.A2-3).

Participant B felt the same and added how she found the music therapy group to be a space where she would not be judged. She also valued sharing the experience with another girl who understood her situation:

Well, I found it very helpful because it's really a place where you talk and you get no judgement back. You talk freely. You are with someone who is going through the same stuff as you. Well it's good to know that you're not the only one who's going through something (FG.B10-11).

The pregnant adolescent participants in a study by Miller, Gur, Shanok and Weissman (2008:738) also found a shared group space to be valuable. In the current study music therapy was experienced as affording the expression of a variety of emotions, including crying, laughter, joy and displeasure with boyfriends (FG.B16,17,18; FG.A17). This experience of feeling safe to share one's feelings and vulnerabilities is in alignment with what Bruscia (2014:38) argues is key to how music therapy can be beneficial.

5.3 Theme three: 'Resilience'

Participant B shared how, through music therapy, she now felt a renewed hope for the future:

My attitude changed. Well, at first when I found out I was pregnant it was just, I don't know, it was just different. It felt like a serious burden like 'what am I going to do next year with a child, my future is doomed whatsoever'. Then therapy started. You see beyond that. You can still go on (FG.B20-21).

Participant A also felt an increased ability to cope within the context her early pregnancy. This is expressed in her response in the focus group:

How to handle myself. 'Cause like the time I realised I was pregnant, like it was all like it was a lot of words banging in my head like 'I don't know what to do, how am I going to study, how am I going to handle the baby, how am I going to tell my parents, how are they going to handle this whole situation, how are they going to treat me?'. Things like that so like when they said that therapy started, like, the way we were talking, I could now handle myself like when I'm in a bad situation, I could think of the things that we were talking about or listen to music (FG.A22-23).

The quote above also captures how A felt that reflecting on song lyrics was now a tool she could use to assist her in coping during times of distress. A explained: “Yeah ‘cause like some of them explained about us and some of them would give us solutions on what to do” (FG.A15).

Participant B felt encouraged and motivated by some of the lyrics, for example in Alicia Keys’ song ‘Superwoman’. She felt that the lyrics of the song motivated her to want to push through the challenges of motherhood (E2.B3).

In the process of music therapy, the participants also affirmed their already present resilience. This was reflected in song lyric discussions where they related to lyrics that expressed resilience or reminded them of their inner strengths. In session two participant A said:

Where it says, it's actually the chorus: “‘cause I'm a super woman, even when I'm a mess, I still put on A vest with an S on my chest, I'm a Superwoman”. I like it because it's like you are telling people that “even though I am pregnant, I know that I'm going to get through it no matter what because everything gets to its end” (E2.A10).

DeNora (2004:68) argues that music can play a role in affirming personal resources and this appeared to be the case for these participants as the both recognised and created more resilient identities through their engagement with the songs.

5.4 Theme four: ‘Difficulties in verbal expression’

In this research both participants experienced challenges engaging in verbal expression during song discussion and song-writing processes. In the focus group the participants explained how verbal engagement was difficult for them, as seen in participant B’s response:

Uhm, well it was a bit tough for me. I would know that that line suits me, but how to put it in words, I didn’t know...Looking at the line and highlighting it was really fine (FG.B37; FG.B40).

The participants also found it difficult to discuss images they drew. When asked to reflect on their experience of this, they made comments such as, “It wasn’t easier for me [than

discussing songs] because we still had to explain what was the meaning of the pictures so for me it's not different" (FG.B47).

When asked if this was a pervasive situation they experienced in other contexts, for example the classroom, they agreed (FG.A45; FG.B45). A factor that could have contributed to this struggle with verbal communication is that English was not their first language (although they had learned English as a second language since the commencement of their schooling). According to Erikson (1963:234), teenagers at this stage also place high importance on how they appear to others. The participants may have been reluctant to voice their opinions as part of this 'identity versus role confusion' stage.

In my observations, captured within session notes, I felt as though they were unwilling to engage in song-writing. In times when they did participate, their responses were minimalistic as reflected by the session notes:

The girls today (session four) were very quiet, lethargic and had flat affect. I found myself having to talk more than them...When they spoke, it was with a soft voice and low tone. Basically, they were not actively engaged and most lyrics were suggested by myself (SN70-74).

Despite trying to extend invitations, demonstrating and modelling as well as being patient for responses, the participants' engagement was very limited. The following is a quote from the sessions notes written after session seven:

This time I decided to just get into the song and see if they really would not dive into it or not still (song-writing). I reminded them how they came about the lyrics and I tried to ask them questions around the song to see if they would respond and we would turn that into lyrics. I was patient and gave them a lot of space to think and reflect in silences which I was now getting comfortable with. I went line by line reviewing each of the lyrics and reflecting on that. In the end, the participants just felt comfortable with expressing themselves outside the context of song writing (SN.146-157).

However, there were a few instances where participants did seem to be able to verbally reflect on their interpretations of a song's meaning. Participant B commented as follows:

Well, it kind of, there are some lyrics here that actually really speak how I feel. Well yeah it's kind of motivating as well cause it says here "for all the mothers fighting for better days to come". Yeah and she says here "even when I'm a mess, I'm a Super Woman". It's, yeah, and the bridge when she says "when I'm breaking down and I can't be found and I start to get weak because no one knows me like underneath these clothes". Yes, that is the motivating line saying that "you can fly we can survive" and that we can get through it (E2. B1-8).

When asked what the most salient experience was in the process, participant B felt that song lyrics were valuable: 'The music. All the songs because with each one the lyrics of the songs, there's words that would each say something and you could compare yourself with' (FG.B14). She added how lyrics helped her articulate her feelings when she was not sure how to: 'I would know that that line suits me but how to put it in words...I didn't know' (FG.B39). In general, the participants experienced difficulties in verbal expression, but existing song lyrics were found to be useful in expressing thoughts and feelings on their behalf.

5.6 Conclusion

This chapter has discussed the study's findings as well as attempted to address the research question, which was:

Can group music therapy, with a focus on song techniques, play a role as a supportive psychosocial and emotional intervention for pregnant adolescents and, if so, how?

The four themes that emerged in the analysis were discussed and situated in terms of how they addressed the research question as well as related to literature. The main findings were that song techniques, especially song discussion, played a role in enhancing the experience of safety and containment, reflecting on experiences, provided a voice to release difficult emotions, offered coping strategies as well as encouragement and motivation. These findings resonated with those stated in the literature (by, for example, Gardstrom & Hiller, 2010:147; Saarikallio & Erkkila's 2007:22) regarding the potency of song discussion.

However, participants did not find it easy to express ideas for song-writing. This, as they cited, was due to a difficulty in finding the "right words" to say. While they found benefit in exploring existing songs they struggled to engage in song-writing.

Chapter 6: Conclusions

6.1 Introduction

In this final chapter I conclude the research I engaged in with the school-going pregnant adolescents. I summarise the findings, highlight the limitations as well as make suggestions for future studies.

6.2 Summary of findings

In this research I aimed to explore the use of song techniques (song discussion and song-writing) as a supportive psychosocial and emotional intervention for pregnant adolescent learners. It was my hope that the findings would contribute insight towards clinical practice and research with this client group. The main results were that the use of song techniques, especially song discussion, appeared to play the following role for the participants in this study:

- Enhancing the experience of safety through containment and acceptance
- Offering opportunities to reflect on their experiences
- Lyrics articulated their emotions and thoughts on their behalf
- The affordance of coping strategies
- Development of resilience
- Changes in perceptions and,
- Increased hope for the future

However, song-writing and verbal discussions in this research were particularly problematic in the following areas:

- The techniques relied on verbal processing
- Verbalising ideas was experienced as difficult

6.3 Limitations and future recommendations

The duration of the music therapy process was limited. Eight sessions, that could not always be conducted in consecutive weeks, were insufficient for developing and encouraging more free verbal communication. There were also frequent disturbances in the music therapy room and at times we were required to move to other venues mid-way through a session. While it would have been ideal to have a more suitable space for music therapy limitations at

the school precluded this. This would be the case at many schools in this country, however, and further research needs to be conducted to optimise the services that music therapy can offer within this context.

This research was also limited due to the inclusion of only two participants. More participants in the group could have enriched the findings. The group also only represented older teenage girls as the participants were 18 and 19 years old. Perhaps different outcomes would be observable with younger participants. There was also a limitation due to the recording failures. The audio recording device captured a lot of background noise on some days. There was no way of testing the sound quality being captured at the moment of recording. Sound quality could only be revealed after the recording was complete.

Another limitation of this study was in the facilitation of the song-writing intervention. In the process of song-writing we listened to songs and discussed them. We tried to make our own lyrics based on the participants' contributions. However, this was experienced as difficult. Perhaps using simpler song-writing techniques such as filling in the blank spaces in a sentence could have been more accessible. I had not anticipated this challenge and could have been more flexible in the moment. With more experience as a music therapist, in-the-moment adjustments become easier to facilitate.

Conducting the focus group as the researcher and music therapist was a limitation for this study. Drawing on the services of another researcher may have been more useful so that the participants could reflect on their experiences with a neutral facilitator.

Another limitation to this study was that the focus lay predominantly on the exploration of lyrics, as opposed to including greater exploration of musical material. In music therapy with high functioning individuals, such as those who participated in this research, verbal processing can form an important part of the therapeutic process. In light of the difficulties that emerged in terms of verbal processing, however, greater emphasis on musical engagement may have been more therapeutically valuable for them and may have elicited further depth in the data collected.

6.4 End notes

It is recommended that interventions such as this one can be used at schools to enhance the care of pregnant teenagers. While an emphasis on the prevention of teenage pregnancy is important, so too is support for those who do become pregnant. For the participants in this study, music therapy with a focus on song techniques appeared to contribute through offering psychosocial support.

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Appendix A: **Department of Education information letter**



**UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA**

Faculty of Humanities

DEPARTMENT OF MUSIC

Department of Education Information letter

Study title: Group Music Therapy song techniques as psychosocial and emotional support for pregnant adolescents

Dear _____

Music therapy is a profession that is registered with the Health Professions Council of South Africa. I am currently a Music Therapy Masters student at the University of Pretoria. Music therapy involves the clinical use of music to form a client-therapist relationship which aims at facilitating physical, mental, emotional, social and cognitive development in an individual client or group. I believe that music therapy can contribute in the area of adolescent pregnancy support and further research would be beneficial in this field.

I am studying the experience of music therapy with specific reference to song methods as supportive psychosocial and emotional support for adolescents who are undergoing a pregnancy. I hope to offer eight group music therapy sessions over a period of two months for the pregnant adolescents at Prosperitus High School, Eersterust. The intervention will entail making song choices, song discussions and song writing.

The anonymity and privacy of participants will be ensured by the use of pseudonyms in all the transcripts and in the dissertation. No sensitive and identifying information will be included to protect the participants' identity. Participation in this study is voluntary and can be discontinued at any stage. The school, participants and their legal guardian's will also receive consent and assent forms (in the case of minors) to sign after you have given your approval. All video clips and data collected will be stored safely and remain in the possession of the University for 15 years. No data collection will commence until all ethical clearance is attained. The music therapy sessions will occur at the school and will be called music workshops to minimise the possible stigma that may be attached to receiving therapy.

Your decision to allow this study to be executed will be greatly appreciated.

Kind regards,

Faith December

Researcher: Faith December

Supervisor:

0767492388 faith.december.fd@gmail.com

Appendix B: Principal information letter

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities

DEPARTMENT OF MUSIC

Principal Information letter

Study title: Group Music Therapy song techniques as psychosocial and emotional support for pregnant adolescents

Dear _____

Music therapy is a profession that is registered with the Health Professions Council of South Africa. I am currently a Music Therapy Masters student at the University of Pretoria. Music therapy involves the clinical use of music to form a client-therapist relationship which aims at facilitating physical, mental, emotional, social and cognitive development in an individual client or group. I believe that music therapy can contribute in the area of adolescent pregnancy support and further research would be beneficial in this field.

I am specifically studying song methods within music therapy sessions as a way of offering psychosocial and emotional support to adolescents who are pregnant. I hope to offer eight group music therapy sessions for the pregnant adolescents at your school. The intervention will entail making song choices, song discussions and song writing.

The anonymity and privacy of participants will be ensured by the use of pseudonyms in all the transcripts and in the dissertation. No sensitive and identifying information will be included to protect the participants' identity. All video clips and data collected will be stored safely and remain in the possession of the University for 15 years. Participation in this study is voluntary and can be discontinued at any stage. If there are any participants who agree to partake in the research the Department of Education, the school and legal guardians will sign consent forms and the participant will be given an assent form to read and sign.

Your decision to allow your pupils to partake in this study will be greatly appreciated.

Kind regards,

Faith December

Researcher: Faith December

Supervisor:

0767492388 faith.december.fd@gmail.com

Appendix C: Principal consent form

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities

DEPARTMENT OF MUSIC

Institution Consent form

Study title: Group Music Therapy song techniques as psychosocial and emotional support for pregnant adolescents

I _____, hereby give / do not give my consent for pregnant girls in this school to participate in this research through attending group music therapy sessions. I hereby give / do not give my consent for these sessions to be video-recorded, understanding that these recordings will only be used in order to describe and interpret the therapeutic process. No one other than the researcher and research supervisor will see the video material. All video clips and data collected will be stored safely and remain in the possession of the University for 15 years.

I understand that the following conditions:

- The participant's privacy, anonymity and confidentiality will be protected.
- The participant may choose to withdraw at any time.

With full acknowledgement of the above, I agree / do not agree for this study to be conducted at _____ high school. I consent to this on this _____ (day) of this _____ (month) and this _____ (year).

PRINCIPAL'S DETAILS:

Principal's name: _____ Signature: _____

Principal's contact number: _____ Date: _____

RESEARCHER AND SUPERVISOR SIGNATURE:

Researcher name: _____ Signature: _____

Supervisor name: _____ Signature: _____

Appendix D: Parent / Guardian information letter

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities

DEPARTMENT OF MUSIC

Parent / Guardian information letter**Study title: Group Music Therapy song techniques as psychosocial and emotional support for pregnant adolescents**

Dear parent/guardian,

Music therapy is a profession that is registered with the Health Professions Council of South Africa. I am currently a Music Therapy Masters student at the University of Pretoria. Music therapy involves the clinical use of music to form a client-therapist relationship which aims at facilitating physical, mental, emotional, social and cognitive development in an individual client or group.

Your daughter has been invited to join my research study to look at the experience of music therapy as a form of psychosocial and emotional support for pregnant adolescents.

Your teenager will be asked to attend eight group music therapy sessions at the school once a week for two months. Sessions will be about 40 minutes long. When the process is finished, she will be asked questions about her experience in an interview. Sessions will be audio-recorded. These recordings will be used for the sole purpose of understanding describing and interpreting the therapeutic process. Only I and my research supervisor will review the recordings. All recordings and data collected will be stored safely and remain in the possession of the University for 15 years.

Participation in this study is voluntary. Your teenager can stop participating at any time. Her name will not be used when I write up my report. The decision to let your teenager join in or not join in is up to you and her.

Kindly refer to the consent form to sign accordingly.

Kind regards,

Faith December

Researcher: Faith December

Supervisor:

0767492388 faith.december.fd@gmail.com

Appendix E: Parent / Guardian consent form

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities

DEPARTMENT OF MUSIC

Parent / Guardian consent form

Study title: Group Music Therapy song techniques as psychosocial and emotional support for pregnant adolescents

As parent or legal guardian, I give my consent for _____ (teenager's name) to take part in the research study through attending group music therapy sessions at the school.

I hereby give my consent for these sessions to be audio recorded, understanding that these recordings will only be used in order to describe and interpret the therapeutic process. No one other than the researcher and research supervisor will review the recorded material. All audio clips and data collected will be stored safely and remain in the possession of the University for 15 years.

I understand that the following conditions:

- The participant's privacy, anonymity and confidentiality will be protected.
- The participant may choose to withdraw at any time.

With full acknowledgement of the above, I consent to this on this _____ (day) of this _____ (month) and this _____ (year).

Parent / Guardian name: _____

Signature: _____

RESEARCHER AND SUPERVISOR SIGNATURE:

Researcher name: _____ Signature: _____

Supervisor name: _____ Signature: _____

Appendix F: Participant information letter

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities

DEPARTMENT OF MUSIC

Participant information letter**Study title: Group Music Therapy song techniques as psychosocial and emotional support for pregnant adolescents**

Dear learner,

I am currently a Music Therapy Masters student at the University of Pretoria and I am doing a research study about how music therapy could be helpful for teenagers who are pregnant.

If you decide that you want to be part of this study, you will be asked to attend music therapy sessions at the school once a week for three months. That will be a total of 8 sessions. Sessions will be about 40 minutes long. The sessions will include listening to songs, playing music and writing songs. I will be recording the sessions to help me keep track of the process. Only I and my research supervisor will review the recordings. All audio clips and data collected will be stored safely and remain in the possession of the University for 15 years.

At the end of the study you will be asked questions about how you experienced music therapy. I think the benefits of attending this study will be an opportunity for you to receive emotional and social support with other girls who join the study.

When I am finished with this study, I will write a report about what I learned. This report will not include your name or that you were in the study.

You do not have to be in this study if you do not want to be. If you decide to stop after we begin, that is okay too. Your parents and school principal know about this study too.

If you do want to be in this study, please read and sign the assent form.

Kind regards,

Faith December

Researcher: Faith December

Supervisor:

0767492388 faith.december.fd@gmail.com

Appendix G: Participant assent form



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities

DEPARTMENT OF MUSIC

Participant Assent form

Study title: Group Music Therapy song techniques as psychosocial and emotional support for pregnant adolescents

Please fill in the spaces and circle the relevant underlined phrases

I, _____ (your name) would like to take part in the research study through attending group music therapy sessions at the school.

I give my permission for these sessions to be audio-recorded, understanding that these recordings will only be used in order to describe and interpret the therapeutic process. No one other than the researcher and research supervisor will have review the material. All audio clips and data collected will be stored safely and remain in the possession of the University for 15 years.

I understand that the following conditions:

- My privacy, anonymity and confidentiality will be protected.
- I may choose to withdraw at any time.

With full understanding of the above, I give my permission on _____ (date).

Learner's signature: _____

RESEARCHER AND SUPERVISOR SIGNATURE:

Researcher name: _____ Signature: _____

Supervisor name: _____ Signature: _____

Appendix H: Interview schedule**Study title: Exploring improvisational and compositional music therapy methods as a supportive intervention for pregnant adolescents**

1. How have you experienced the music therapy sessions?
2. Are there any moments that stood out to you?
3. What feelings did you experience during the sessions?
 - Were you able to express these feelings in the sessions?
4. Are there any differences between what you were experiencing since music therapy started?
 - Do you feel any differently about yourself?
 - About your relationships?
 - About your pregnancy?
 - About what lies ahead in your future?
5. What do you think made you feel different?
6. How did you experience working with songs?
 - Listening to songs and discussing them?
 - Writing songs
 - Was there any aspect of the music therapy process you experienced as helpful?
 - As difficult?

Appendix I: Transcript of excerpts

Excerpt one (E1): Music therapy session one

Date: 24 April 2017

Text of section selected for verbatim transcription [24:16-31:45]

T = Therapist;

A = Participant 1

- T1a: So what do you think of the song?
- A1b: Uhm, Okay, as it starts...something uhm...like as it starts...it says a lot of things cause like that's what people think...about...
- T1b: About who you are?
- A1b: yeah...like as they talk...cause you know as people they will never stop talking...so like the things that you do they already judging you but they don't know like what you are going through and what you are doing in your life...so yeah.
- T2: Do you feel there is anything like that that's happening in real life?
- A2: Yes...yeah
- T3: Would you like to say more about that?
- (Laughter shared)
- A3: Uhm, okay, I feel like even though like...the way, maybe the way they think it's not like that...like maybe they think...how can I say it...uhm...(slightly softer voice) like they judge my life, like they already judge my life cuz like now maybe some people like they were looking at me and say like or now they say maybe she, I was...how can I say this... uhm... like...oh I was maybe making myself a perfect girl like staying at home and "look where she is now"...yeah. That's how people are, yeah, so now they see me pregnant they be like...'just as we thought'...Like things like that.
- T4: Are these people actually like at school or at home?

- A4: "Let me say, things like this are being said by maybe all the people and young people maybe...(unadible) not all of them.
- T5: Ok. Do you actually know people who have actually said that or it's a suspicion?
- A5: Yes, I suspect that.
- T6: Okay, but you have never heard someone who has actually come to you and said...
- A6: No like maybe just the way maybe they look at me, yeah it's like that but I won't let them maybe stop me or.
- T7: True, like the chorus says, "haters are gonna hate, hate",
- A7: "Hate". Yes (laughter shared). Yes, people never stop talking. You do good - they talk, you do bad - they talk. You don't do anything - they talk so that's how it is. That's what my mum always told me.
- T8: True, okay. So no one came to you directly gossiping.
- A8: No.
- T9: So it's just the way people are looking at you. Yea and it's almost like voices...in your mind maybe like when you are walking past people you hear these voices in your ...head?
(Both laugh)
- A9: Yes, (laughs)
- T10: Okay, but how does it make you feel...personally when you are in that moment and you feel people are watching and talking...how does it actually feel if you were to stop at that moment and think?
- A10: Sometimes it makes me angry but sometimes I will be like, okay, you know what I'm just glad that maybe I am a topic of discussion they can talk but as long as that person can't come to me and say it in my face then I don't care, its fine.
- T11: It stays in their mind...
- A11: Yes.

- T12: if it actually is existing in their minds, the good thing is it stays there. They will just be “haters that are gonna hate, hate, hate, hate”. And, of course like she says (BELL RINGS)... aah is that the bell saying the period is over?
- A12: Yes.
- T13: In the second verse...my brain just froze because of that bell.. anyway, you keep on cruising and going on with your day, you can't stop moving...you keep going. It's like the music is going to be in your mind saying “It's gonna be alright” Cuz they are gonna hate, they are gonna play and what not but it doesn't matter. In the second verse she talks about things that “they don't see”, how she “has lightning on her feet, how she never loses the beat” and that's what they don't see. Is there something positive about you that you think they don't necessarily see?
- A13: Uhm, for me its like a lot of girls who are in my situation they left school, they are at home. My positive thing is that I still continue with school and I wanna study further.
- T14: I was about to say exactly like you already told me, you want to finish school, you have plans afterwards to go back and do law and find a job. “That is what they don't see” (Share laugh). You “have lightning on your feet and that's what they do not know”! Like you said, many people take different paths in this situation and you are taking a good one. So I guess this song could be reminding you this week and the next week when those voices come.... (signals shaking off with hands).

EXCERPT TWO (E2): Music therapy session two**Date: 8 May 2017****Section selected for verbatim transcription [35:17-41:40]**

T = Therapist, A = Client 1 B = Client 2

T1: Nice. What do you think?

Long silence

B1: Well, it kind of...(inaudible)

T2: What about the song made you feel better?

B2: There are some lyrics here that actually really speak how I feel

T3: Can you read them out?

B3: Well yeah it's kind of motivating as well cuz it says here "for all the mothers fighting for better days to come"

T4: Uhm, and how are you relating with that line?

Laughter

B4: Yeah and she says here "even when I'm a Mess, I'm a Super Woman"

T5: Uhm, yeah, true. Yes, because you are going to be a mum fighting for better days to come Fighting for your matric. You are joining the team of mothers fighting for better days to come. You are actually a super woman. How does it make you feel feeling knowing that you're going to be a mother who's actually "fighting for better days to come"?

B5: It's... (Inaudible)

T6: It's a bit also overwhelming right?

B6: Yeah

long silence

T7: Like right now so the feelings of being in a mess and you are fighting. That's what you are feeling from the song?

B7: And the bridge when she says “when I'm breaking down and I can't be found and I start to get weak Because no one knows me like underneath these clothes”.

T8a: Uhm..“Because no one knows how I feel underneath these clothes”...Does that feel like your family and your brother who is forcing you to do things you don't like? It's like no one knows what's underneath. They don't understand.

Silence

T8b: “So when I'm breaking down and I can't be found and I start to get weak

no one knows me underneath these clothes”. So is that you are now actually starting to get weak because no one understands that you are tired? And then it falls apart...and then we look at the next two lines...

B8: Yes that is the motivating line saying that you can fly we can survive and that we can get through it.

T9: So that is the line you have highlighted. That is where you are and it is ok to be there. There's no need to rush to be able to fly right now (...) The good thing is in this song she is showing us where we want to go, where we can get to eventually. But right now it is totally fine to feel down and out like in the lines you highlighted.

T10: What came out for you? (directed to client A)

A10: Okay, uhm. Where it says...It's actually the chorus...uhm... “Cause I'm a super woman, even when I'm a mess, I still put on A vest with an S on my chest, I'm a Superwoman”. I like it because it's like it tells people that even though I am pregnant but I know that I'm going to get through it no matter what because everything gets to its end.

T11: True and then that's when you have your “S on your vest, on your chest” I mean. So that's where we want to go. The chorus has motivational lines and the verses are acknowledging your current state of mind right now, our situations right now so no pressure. You don't have to fly right now, you don't have to wear your “S” on your chest now but at least it reminds you, like a small mustard seed, where you want to be. It's going to be a process that takes long so as it will not

just happen that you are now flying like super woman. The song reminds us of the process and comforts us with its motivational lines. So how are you feeling now?

B11:

I'm feeling good actually.

EXCERPT THREE (E3): Music therapy session three**Date: 15 May 2017****Section selected for verbatim transcription [28:23-36:40]**

- T1: What do you like about this song?
- A1: (sighs) You know, I just love the...I just love the song like...I love this one cuz...I just like it cuz like... I like the way Michael Jackson is telling the girl everything.
- T2: How would you feel if you were the recipient of such words? How would it make you feel being the one being told all these things? If you actually put words to it how would it be like? (long silence from client) Like happy? Sometimes maybe shy or? How would it feel if you were receiving those words?
- A2: I would feel very good
- T3: Yes!
- (Laughter shared by all)*
- B:3 No seriously, I would feel very good because honestly there is not a lot of guys who look at me...So obviously you wouldn't expect it from other guys (inaudible)...but I would obviously like it
- T4: True. So for you it's about body image that you feel maybe that other guys would not say that about you because of the pregnancy?
- B4: Like compared to the attention I got before I got pregnant... (inaudible)
- T5: Ok so it's actually kind of ringing up that the experience of your body changing...
- B5: Yeah...(inaudible)..
- T6: And for you anything?
- A6: Of course I'll be happy...Yeah cuz like none of us get such words so I would like it but unfortunately...
- T7: If I may say from my perspective you look very beautiful and nothing seems to have changed...well it's because I don't know you from before but you look lovely all the same. But anyway, I understand that there is a concern about how you feel your image is like to people.

What if we could pretend that Michael Jackson's words were true to us even though there's this experience you have of your body changing. But what if the words were true? Can you get to a place where you actually believe these words and accept them and own them as describing something about you?

- B7: It's a challenge...it's a challenge
- A7: (inaudible)...when your partner says you're beautiful and then he tells you so when anyone comes and says "Ey, you're fat" you will be like urgh
- T8: I know what I am and it starts with me
- B8: I'd just go over there... (inaudible)
- A8: I always tell my mum I don't like being told that I'm fat. I don't think that I'm fat it's just my stomach...that's it
- T9: Yes which has a reason, a very beautiful one
- B9: I would just go to them and say listen man keep your comments to yourself!
- T10: Yes...How about pretending that Michael Jackson is yourself and you are saying these words to yourself?
- B10: Is what?
- T11: Yes...like changing the lyrics to say something like "the way *I Make Me Feel, I sweep me off my feet*". Instead of saying "you" you say *me* or *I*.
- B11: Yes like you're encouraging yourself. Yes if no one else is gonna tell you, you have to say this to yourself
- T12: Yes...so it would be interesting to say this to yourself...it doesn't have to come from someone else, it can start with you. Oh I love myself... When someone says I'm fat, well there's a reason. I'm carrying the most beautiful thing that God has created.
- B12: Yes cause t's not like we're fat by choice. We are not getting fat by eating it's because there is something growing inside and afterwards you can still get your body back
- T13: Yes and believe these words. You create love for yourself and that's the place where you get the energy and motivation to exercise and get your great body back so yes we can sing this song to ourselves. After all it all starts from within us.

Appendix J: Focus group transcription**FOCUS GROUP (FG): Focus Group****Date: 14 August 2017****Entire discussion transcribed**

T1: This interview is for me to understand how you experienced this process and what it was like for you. Thank you for doing this with me. Actually, for a moment erase me being a therapist and look at me as someone who's just asking questions. You can be as honest as you like even if it is saying something like you didn't benefit from it or didn't agree with a certain thing. You are more than welcome to say anything. (Laughter). There is no wrong or right and I won't be failed because you said something. When they invented airplanes it did not always work in the beginning but eventually they did. That is the nature of research so no pressure. (Laughter).

T2: The first question would be how have you experienced the music therapy sessions? The experience of it...what was it like for you?

Silence

A2: It's like...somewhere where you can share your things like...Everything that is going on through your pregnancy...

T3: True...hmm. So that was like a plus for you...a space where you could express yourself through the process.

A3: Yes cause like...when like I am at home it is not like I can talk to my mum...like we were not in that relationship of talking yeah and asking me questions...we don't do that so...

T4: Okay. You just sort of had to just be you and be the same person almost as though the pregnancy does not exist?

A4: Yeah you just have to pretend that everything is fine

T5: So at least we can say this space gave you a safe place to express yourself. That's great. Does that sound about correct?

A5: yes

T6: Cool. So you managed to talk about your pregnancy in a safe place...yeah...In a different environment you would not have been able to say some of the things you managed to share here.

A6: Yes.

T7: Do you think that has helped you?

A7: A lot

T8: That's great...what about...there is something I observed throughout our journey that some teachers eventually knew that we were having therapy or at least something private. Our space was invaded a lot with interruptions as well... How did you experience that? The idea of them coming to know something about this...what was that like for you?

A8: It's not a bad thing cause they already know that we're pregnant so it's not like something new

T9: Did it make you feel embarrassed or something?

A9: No...not for me

T10: Well that's great that is part of your strength and how you are coping with this experience. What about you? (referring to client B)

B10: Well...I found it very helpful because it's really a place where you talk and you get no judgement back...you talk freely...you are with someone who is going through the same stuff as you

T11: That's great. You were not alone. Nice. So do you feel like you supported each other also?

B11: Well it's good to know that you're not the only one who's going through something

T12: True. So just by being here together it has just made it not too big a burden to carry by yourself. Just knowing that you are not alone. Have there ever been moments where you feel one of you has said something that has helped or matched with what you were feeling yourself? Like a shared experience?

Interruption via intercom announcement

Has there been moments where you feel someone has said something that has helped you?

B12: She (referring to client A) speaks sense all the time...(Laughter) so when she says something I'm like yeah! (Laughter by Client A)

T13: Okay! Are there any moments that stood out to you in this entire process?

B13: The music. (giggles)

T14: The music itself. That's great and that's why I believe in music and its power and abilities. Do you like have a particular song that stood out to you? What are you referring to when you say the music?

B14: All the songs because with each one the lyrics of the songs...there's words that would each say something and you could compare yourself with

T15: True...the lyrics...

Interruption by a walk-in.

A15: Yeah cause like some of them explained about us and some of them would give us solutions on what to do

T16: True. So they were like saying what you were experiencing and others even moving you forward in a way. That's cool. Ok. So were you able to express your feelings in the sessions?

B16: Obviously we were crying! (*Laughter*)

T17: Sorry, the actual question I actually wanted to ask was what feelings did you experience and I guess crying the response to that!

B17: There was laughter (*Laughter*)

A17: (*Spoken Softly*) anger from boyfriends

T18: True! Who were just not stepping up and being on the same level as you. Yeah.

Do you have any other feelings you can think about that you experienced?

B18: Well we expressed joy... We expressed...you know this whole thing...the purpose of the whole thing stayed on the point...you are getting a child

T19: True. So when you say the purpose of the whole thing, Sorry, please say that again?

B19: The point was still clear...no matter what...The child is still there. The child is gonna bring you joy (*inaudible*)

T20: So it was almost like preparing yourselves for the child who is coming...Are there any differences between what you have been experiencing before music therapy started and now after having gone through this journey? Have you noticed anything different about yourself or about anything?

B20: My attitude changed.

T21: Your attitude about?

B21: Well, at first when I found out I was pregnant it was just...I don't know... it was just different...It felt like a serious burden like "what am I going to do next year...with a child my future is doomed and so whatsoever...then therapy started...you see beyond that...you can still go on.

T22: True there is a whole life beyond...So your ability to see beyond the challenge is what stretched for you. The challenge looked like the Great Wall of China but you have sort of climbed a part of it and can see a little beyond it! (*laughter*) That is great. And for you (*referring to client a*), anything that changed for you?

A22: How to handle myself...

T23: Like how?

A23: Cause like... the time that I realised I was pregnant...like it was all...(sighs) like it was a lot of words banging in my head like "I don't know what to do...how am I going to study...? how am I going to handle the baby? How am I going to tell my parents? How are they going to handle this whole situation...How are they going to treat me...Things like that so like... When they said that therapy started...like...The way we were talking...I could now handle myself like when I'm in a bad situation...I could think of the things that we were talking about or listen to music or...

T24: That's great so you could use that to help yourself cope like listening to music...Great. Did you actually look for songs?

A24: Yes some of them I have them in my phone so yeah

T25: So when you were looking for music to listen to did you look for a song that had particular lyrics that supported you in some way?

A25: Yes

T26: Is that something you have always done even before music therapy started?

A26: Yes and through the sessions

T27: So it is something you've always done before and you continue to do also having experienced it as part of this process.

A27: Yes.

T28: So both of you have come a long way. With you (referring to client b), you have gained some ability to be able to see beyond the obstacle and you are seeing that there is more beyond the wall and for you (referring to client a), you have strengthened yourself through listening to music and recalling some of our discussions. That is great.

B28: Even with people...you know at first I was so bothered at what people are gonna say but...afterwards I'm like...what are their words gonna do to me...I don't care. You eventually get over what people are gonna think about you...

T29: Yes and then you see that your life does not change...Actually it improves because you were carrying the burden called caring about what people are thinking and you take down the load...And you come to realise that they do not have power over you so you can "shake it off" (referring to song discussed in session 1). They cannot do anything...They cannot touch you.

B29: Yes people are gonna talk whether you fail or whether you succeed in life they are always going to talk.

T30: True so this is another attitude change for you...it is not only the obstacle of the pregnancy itself but also getting around people's opinions about you and minimising the power and hold they have over you. That's great. And about yourself? Do you feel any differently about yourself?

B30: Well I still feel pretty though

T31: That's great and you really are! Lovely.

Disruption as a teacher walks into the room

T32: Is there anything that has evolved in your relationships with your family members since starting music therapy?

B32: I had some challenges with my family and I never actually knew how to deal with it...

T33: How do you deal with it now?

B33: I shake off the negativity...shake it off

T34: Yes you don't need any more negativity so that's how you take care of yourself. And for you (referring to client A)?

A34: Then we were like... I would say me and my mum were fighting a lot...so...As days go we are now better...and like...Yeah...We get each other a lot. I now understand that she was upset and didn't expect this so... yeah

T35: Great so it got better because you understood your mum's reaction to the situation and got past it.

Setting up back up recording

How did you experience working with songs like listening to them and talking about them? What was that like for you? And like you said earlier, you were relating to what the lyrics were saying. Were there other times where it actually changed your emotions?

B:35 yeah it does change your emotions

T36: What about when we were talking about them. Did you find it easy to talk about the songs? Like when we were discussing them, how was that for you?

(laughter)

B37: Uhm... well it was a bit tough for me... I would know that that line suits me but how to put it in words... didn't know

T38: Ok so that was a part you found difficult. It was difficult to find the words but you knew what it was you wanted to say. Well words by nature are hard to find so music can do that for us a lot of the times.

B38: yeah

T39: What else do you think that could have been about not being able to find the words and discuss the songs easily. Do you feel there may be another reason why it was

difficult to discuss the songs? Perhaps feeling pressure to have something to say that sounds good or something? (laughter by all)

B39: yeah like what if it just sounds dumb or something

T40: how about when you were highlighting lyrics on a piece of paper? Was that easier?

B40: Looking at the line and highlighting it was really fine

T41: Ok that's cool. so highlighting was easier as you did not really have to say something. Was that the same for you as well (referring to client a)?

A41: Yes

T42: And then that time when we started to write a song, was it easy for you or difficult?

B42: uhm uhm...difficult

T43: True. I can imagine because it required you to come up with words and you have just said it was difficult to find the right words to say. Was it at least easy in your mind to know what kind of content or ideas you wanted to go into the song?

B43: uhum...yes.

T44: Was it also similar with the time I asked you to write down a poem or a few lines of ideas you got while listening to a song?

B44: uhm yoh!

T45: So if you were to be asked to write a poem or a similar thing in class would you still find it difficult in that context to answer? Or it is just the therapy space where it was difficult to share using independent words?

A45: For me it's the same

B45: Yeah it's the same

T46: Ok that's fine. So in general it would have just been difficult in any context. When we drew images of our perfect selves was that difficult or easy?

A47: I think it was easier

B47: It wasn't easier for me because we still had to explain what was the meaning of the pictures so for me it's not different.

T48: But the drawing part of it was easy?

B48: Yeah.

T49: So that would be it. thank you so much girls it was a lovely journey. You are very strong individuals and I wish you all the best with your exams, your birth and your futures etc.

Appendix K: Session notes transcript

SESSION NOTES (SN)

Session 1 notes - 24 April 2017

The intention of today's session was to introduce the song and discuss her experience of it and she did have a lot to share about it in relation to her.

I was nervous as I was not sure what to expect. Perhaps the participant may have felt the same way. However, we developed a good rapport quite quickly.

I was thinking about how I had limited experience working with high-functioning clients. This experience was new to me and I wanted to try my best to stay on course as much as possible.

The bell went off and I was now in a rush to conclude the session so as not to delay her for her next class.

I felt like there were moments that I put words into her mouth interjecting or making suggestions about the meaning of the song.

1 May – public holiday

Session 2 notes – 8 May 2017

There was not enough time for the actual intervention in the session so the song discussion was very short. That reduced the quantity of their responses to the song. This was due to the long discussion collecting background information from the new participant who had joined.

The new participant speaks softly it was difficult to hear her a few of the times.

The intervention was to listen to the song "Super woman" and highlight lines of lyrics that resonated with them.

The new participant expressed that most of the challenges she is facing are coming from the physical fatigue from the pregnancy itself and the pressures she is getting from her family at home. She says her brother is hard on her and her relationship with her sister in law is stressed. There is a lot of pressure put on her to study despite the fatigue and to eat healthy despite her not liking the type of foods.

I felt like I had to speak a bit more and try to fish out how the girls experienced the song in relation to their own experiences. I found myself trying to help them draw the links from what they shared about their lives to the lyrics of the song when they struggled to share. In the process of getting economic responses, and myself phishing, I feared that I was going to

collect biased data from the suggestibility factor. In the end, I did not have a lot of responses as I wanted to limit being suggestible.

Session 3 – 15 May 2017

In today's session the participants were asked to make their own song suggestions based on songs they like. Initially I had asked them to choose one which they felt represented who they are or how they feel at the moment. That prove to be difficult so I simplified it to a song they liked. Client A chose "The way you make me feel" by Michael Jackson. Client B chose "The bridge of love" by Christina Aguilera. Thereafter we listened to the songs and had a discussion on client A's song. Time did not allow for discussing the second participant's song. However, the discussion integrated both participants and what they reflected on the song which balanced the experience for both.

Session 4 - 22 May 2017

This session did not record clearly. However, we started with the song-writing process deriving the concept for lyrics from their experience of the songs they have listened to and discussed previously. I pointed out to them the main themes of concern that surfaced from the song discussions. The girls today were very quiet, lethargic and had a flat affect. I found myself having to talk more than them and trying to milk out lyrics from them but it did not happen much. When they spoke, it was with a soft voice and low tone. Basically, they were not actively engaged. Why could this have been? Fatigue? Exams?

Session 5 - 29 May 2017

The session did not record. M sang the song with me with a very beautiful and confident voice harmonizing with me. N, who was a bit shy, preferred to read the lyrics out instead. N would read the words and then M and I would reflect those lyrics back with a harmonized melody. It was as though M was revealing a side of her that she was confident about. She did say she sings in the shower at home.

Exams started – no sessions

Session 6 – 26 June 2017

The girls have written their exams. There was a bit of break from the last session. They reported to still feel tired physically. They still felt stressed about the impending due dates for delivery even though exams were done. They were feeling scared and anxious about that.

This session was aimed at finishing off the song they had started writing the previous session. I was hoping M would join me in singing the song again, however, she did not. I had

to change the goal for the day seeing that there was no motivated response to wanting to work on the song again.

I spontaneously decided to do an art-based intervention addressing the idea of self-concepts. I asked them try and draw what they thought would represent their “perfect self”. At first they were confused and were not directly willing to do it. I explained the idea to them and then they climbed into the exercise as they understood it better from the explanation.

Drawing the perfect self

The first song I played was “the crisis” by Ennio Morricone. This was played as they drew their image that represented their perfect self. The music was soothing, had a repetitive theme over a changing base which I believed provided grounding and containment needed for them to feel safe enough to draw their image.

Destroying the image

I asked them to destroy their image. M responded with laughter and shock. N remained quiet. I played a piece of punk rock: “I don’t have to try” by Avril Lavigne. When I asked them how they experienced the process, they did not respond probably because they did not know what to say. I decided to engage in self-disclosure to model for them what it could have been like for them. I explained how I once reacted to that process when I went through it myself. I explained how I made sense of it. It is then when they started sharing how they experienced it themselves.

In the discussion I could have asked a few more questions to understand A’s image. For example, I could have asked if she was the flower and what rain would really encompass. This could have helped her further draw meaning from her image. I guess I was under the usual pressure of feeling that time would go out at any point.

School holidays commenced

Session 7 – 7 August 2017

This session occurred after a school holiday and Client A had given birth to her healthy baby girl. She got into a prolonged labour on the 21st July and eventually had a C-section the next day. She She said she was happy to be herself again and she did indeed look beautiful with a little make-up on and a new hair-do. It was almost like a re-birth. My agenda when I started this session was, once again, to try and work on the song-writing. I pitched it to them but, like last time, they did not respond positively or at all to that. This time I decided to just get into the song and see if they really would not dive into it or not still. I reminded them how they came about the lyrics and I tried to ask them questions around the song to see if they would

respond and we would turn that into lyrics. I was patient and gave them a lot of space to think and reflect in silences which I was now getting comfortable with. I went line by line reviewing each of the lyrics and reflecting on that. In the end, the participants just felt comfortable with just expressing themselves outside the context of song writing.

Nothing went towards song-writing in the end. The session was just a verbal one and there was no music used. It became more like a touching-base session.

Session 8 – 14 August 2017

I tried to engage the participants in yet another song lyric discussion session today seeing that it was more successful in the beginning and it was part of my research. However, I found myself doing most of the talking and the participants were just not responsive. They were very quiet so I found myself having to engage in a lot of self-disclosure to try and help them find their thoughts through the modelling. It was mostly a one-sided conversation. Client A did not say much if she actually spoke at all today. However, she was just smiling and looking calm. Perhaps this was a result of the ending of our process. They may have not felt up to engaging with song discussion as it was the last session. I felt they needed a different way of closing the process so I did not insist further. We just had a free conversation. Thereafter we had the focus group.

Appendix L: Audio excerpt coding document sample

EXCERPT ONE (E1)

From Music Therapy Session One: [24:16-31:45] Date: 24 April 2017

Line and transcription text	Codes
<p>So what do you think of the song?</p> <p>A1: Uhm, Okay, as it starts...something uhm...like as it starts...it says a lot of things cuz like that's what people think...about...</p> <p>T2: About who you are?</p> <p>A2: yeah...like as they talk...cuz you know as people they will never stop talking...so like the things that you do they already judging you but they don't know like what you are going through and what you are doing in your life...so yeah.</p> <p>T3: Do you feel there is anything like that that's happening in real life?</p> <p>A3: Yes...yeah</p> <p>T4: Would you like to say more about that? (Laughter shared)</p> <p>A4: Uhm, okay, I feel like even though like...the way, maybe the way they think it's not like that, like, maybe they think...how can I say it...uhm...(slightly softer voice) Like they judge my life, like they already judge my life cuz like now maybe some people like they were looking at me and say like or now they say maybe she, I was...how can I say this... uhm... like...oh I was maybe making myself a perfect girl like staying at home and "look where she is now"...yeah. That's how people are,</p>	<p>E1.A2-1. Perception of people always talking E1.A2-2. Being judged about actions</p> <p>E1.A2-3. Being misunderstood</p> <p>E1.A4-3. Feeling judged by people E1.A4-4. Feeling observed</p> <p>E1.A4-6. Feeling shamed for the pregnancy occurrence</p>

<p>yeah, so now they see me pregnant they be like...'just as we thought'...Like things like that.</p> <p>T5: Are these people actually like at school or at home?</p> <p>A5: "Let me say, things like this are being said by maybe all the people and young people maybe...(unadible) not all of them.</p> <p>T6: Ok. Do you actually know people who have actually said that or it's a suspicion?</p> <p>A6: Yes, I suspect that.</p> <p>T7: Okay, but you have never heard someone who has actually come to you and said...</p> <p>A7: No like maybe just the way maybe they look at me, yeah it's like that but I won't let them maybe stop me or.</p> <p>T8: True, like the chorus says, "haters are gonna hate, hate",</p> <p>A8: "Hate". Yes (laughter shared). Yes, people never stop talking. You do good - they talk, you do bad - they talk. You don't do anything - they talk so that's how it is. That's what my mum always told me.</p> <p>T9: True, okay. So no one came to you directly gossiping.</p> <p>A9: No.</p> <p>T10: So it's just the way people are looking at you. Yea and it's almost like voices...in your mind maybe like when you are walking past people you hear these voices in your ...head? (Both laugh)</p>	<p>E1.A5. People passing judgement not directly identified</p> <p>E1.A6. Judgement not explicitly experienced</p> <p>E1.A7-1. Being looked at in a certain way E1.A7-2. Not allowing to be stopped by it</p> <p>E1.A8-1. Human nature of people always talking</p> <p>E1.A8-3. Draws strength from her mother</p>
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<p>A10: Yes, (laughs)</p> <p>T11: Okay, but how does it make you feel...personally when you are in that moment and you feel people are watching and talking...how does it actually feel if you were to stop at that moment and think?</p> <p>A11: Sometimes it makes me angry but sometimes I will be like, okay, you know what I'm just glad that maybe I am a topic of discussion they can talk but as long as that person can't come to me and say it in my face then I don't care, its fine.</p> <p>T12: It stays in their mind...</p> <p>A12: Yes.</p> <p>T13: if it actually is existing in their minds, the good thing is it stays there. They will just be "haters that are gonna hate, hate, hate, hate". And, of course like she says (BELL RINGS)...aah is that the bell saying the period is over?</p> <p>A13: Yes.</p> <p>T14: In the second verse...my brain just froze because of that bell.. anyway, you keep on cruising and going on with your day, you can't stop moving...you keep going. It's like the music is going to be in your mind saying "It's gonna be alright" Cuz they are gonna hate, they are gonna play and what not but it doesn't matter. In the second verse she talks about things that "they don't see", how she "has lightning on her feet, how she never loses the beat" and that's what they don't see. Is there</p>	<p>E1.A11-1. Anger at perceived judgement</p> <p>E1.A11-2. Not caring of judgement when not confronted</p>
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<p>something positive about you that you think they don't necessarily see?</p> <p>A14: Uhm, for me its like a lot of girls who are in my situation they left school, they are at home. My positive thing is that I still continue with school and I wanna study further.</p> <p>T15: I was about to say exactly like you already told me, you want to finish school, you have plans afterwards to go back and do law and find a job. "That is what they don't see" (Share laugh). You "have lightning on your feet and that's what they do not know"! Like you said, many people take different paths in this situation and you are taking a good one. So I guess this song could be reminding you this week and the next week when those voices come.... (signals shaking off with hands).</p>	<p>E1.A14-1.Girls in similar situation discontinuing school</p> <p>E1.A14-1.Girls in similar situation discontinuing school</p>
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Appendix M: Focus group coding document

FOCUS GROUP (FG)

Date: 14 August 2017

Line and transcription text	Codes
<p>T1: This interview is for me to understand how you experienced this process and what it was like for you. Thank you for doing this with me. Actually, for a moment erase me being a therapist and look at me as someone who's just asking questions. You can be as honest as you like even if it is saying something like you didn't benefit from it or didn't agree with a certain thing. You are more than welcome to say anything. (Laughter). There is no wrong or right and I won't be failed because you said something. When they invented airplanes it did not always work in the beginning but eventually they did. That is the nature of research so no pressure. (Laughter).</p>	
<p>T2: The first question would be how have you experienced the music therapy sessions? The experience of it...what was it like for you?</p>	
<p><i>Silence</i></p>	
<p>A2: It's like...somewhere where you can share your things like...Everything that is going on through your pregnancy...</p>	<p>E4.A2. Music therapy: safe space to share pregnancy experience</p>
<p>T3: True...hmm. So that was like a plus for you...a space where you could express yourself through the process.</p>	
<p>A3: Yes cause like...when like I am at home it is not like I can talk to my mum...like we were not in that relationship of talking yeah and asking me questions...we don't do that so...</p>	<p>E4.A3. Relationship with mother not one to share everything freely</p>
<p>T4: Okay. You just sort of had to just be you and be the same person almost as though the pregnancy does not exist?</p>	
<p>A4: Yeah you just have to pretend that</p>	<p>E4.A4. Some non-disclosure to mother</p>

everything is fine

T5: So at least we can say this space gave you a safe place to express yourself. That's great. Does that sound about correct?

A5: yes

T6: Cool. So you managed to talk about your pregnancy in a safe place...yeah...In a different environment you would not have been able to say some of the things you managed to share here.

A6: Yes.

T7: Do you think that has helped you?

A7: A lot

T8: That's great...what about...there is something I observed throughout our journey that some teachers eventually knew that we were having therapy or at least something private. Our space was invaded a lot with interruptions as well... How did you experience that? The idea of them coming to know something about this...what was that like for you?

A8: It's not a bad thing cause they already know that we're pregnant so it's not like something new

T9: Did it make you feel embarrassed or something?

A9: No...not for me

T10: Well that's great that is part of your strength and how you are coping with this experience.

What about you? (referring to client B)

B10: Well...I found it very helpful because it's really a place where you talk and you get no judgement back...you talk freely...you are with someone who is going through the same stuff as you

T11: That's great. You were not alone. Nice. So do you feel like you supported each other also?

B11: Well it's good to know that you're not the only one who's going through something

E4.B10.1. Music therapy: safe to talk freely with no judgement

E4.B10.2. Shared experience: No judgement from another pregnant girl

E4.B11. Shared experience: not being isolated in experience

T12: True. So just by being here together it has just made it not too big a burden to carry by yourself. Just knowing that you are not alone. Have there ever been moments where you feel one of you has said something that has helped or matched with what you were feeling yourself? Like a shared experience?

Interruption via intercom announcement

Has there been moments where you feel someone has said something that has helped you?

B12: She (referring to client A) speaks sense all the time...(Laughter) so when she says something I'm like yeah! (Laughter by Client A)

T13: Okay! Are there any moments that stood out to you in this entire process?

B13: The music. (giggles)

T14: The music itself. That's great and that's why I believe in music and its power and abilities. Do you like have a particular song that stood out to you? What are you referring to when you say the music?

B14: All the songs because with each one the lyrics of the songs...there's words that would each say something and you could compare yourself with

T15: True...the lyrics...

Interruption by a walk-in.

A15: Yeah cause like some of them explained about us and some of them would give us solutions on what to do

T16: True. So they were like saying what you were experiencing and others even moving you forward in a way. That's cool. Ok. So were you able to express your feelings in the sessions?

B16: Obviously we were crying! (Laughter)

T17: Sorry, the actual question I actually wanted to ask was what feelings did you experience and I guess crying the response to that!

E4.B10.1. Music therapy: safe to talk freely with no judgement

E4.B10.2. Shared experience: No judgement from another pregnant girl

E4.B11. Shared experience: not being isolated in experience

E4.B16. Expressed emotions: Crying

E4.B17. Expressed emotions:

<p>B17: There was laughter (Laughter)</p> <p>A17: (Spoken Softly) anger from boyfriends</p> <p>T18: True! Who were just not stepping up and being on the same level as you. Yeah.</p> <p>Do you have any other feelings you can think about that you experienced?</p> <p>B18: Well we expressed joy... We expressed...you know this whole thing...the purpose of the whole thing stayed on the point...you are getting a child</p> <p>T19: True. So when you say the purpose of the whole thing, Sorry, please say that again?</p> <p>B19: The point was still clear...no matter what...The child is still there. The child is gonna bring you joy (inaudible)</p> <p>T20: So it was almost like preparing yourselves for the child who is coming...Are there any differences between what you have been experiencing before music therapy started and now after having gone through this journey? Have you noticed anything different about yourself or about anything?</p> <p>B20: My attitude changed.</p> <p>T21: Your attitude about?</p> <p>B21: Well, at first when I found out I was pregnant it was just...I don't know... it was just different...It felt like a serious burden like "what am I going to do next year...with a child my future is doomed and so whatsoever...then therapy started...you see beyond that...you can still go on.</p> <p>T22: True there is a whole life beyond...So your ability to see beyond the challenge is what stretched for you. The challenge looked like the Great Wall of China but you have sort of climbed a part of it and can see a little beyond it! (laughter) That is great. And for you (referring to client a), anything that</p>	<p>Laughter</p> <p>E4.A17. Expressed emotions: Displeasure with boyfriends</p> <p>E4.B18. Expressed emotions: Joy</p> <p>E4.B19. Music therapy: Focus of therapy remained about the child</p> <p>E4. B20. Music therapy: Brought attitude change</p> <p>E4.B21.1. G.E: Shocked about pregnancy</p> <p>E4.B21.1 burdened, unclear + doomed future</p> <p>E4.B21.2. Music therapy: built capacity for hope</p>
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<p>changed for you?</p> <p>A22: How to handle myself...</p> <p>T23: Like how?</p> <p>A23: Cause like... the time that I realised I was pregnant...like it was all...(sighs) like it was a lot of words banging in my head like "I don't know what to do...how am I going to study...? how am I going to handle the baby? How am I going to tell my parents? How are they going to handle this whole situation...How are they going to treat me...Things like that so like... When they said that therapy started...like...The way we were talking...I could now handle myself like when I'm in a bad situation...I could think of the things that we were talking about or listen to music or...</p> <p>T24: That's great so you could use that to help yourself cope like listening to music...Great. Did you actually look for songs?</p> <p>A24: Yes some of them I have them in my phone so yeah</p> <p>T25: So when you were looking for music to listen to did you look for a song that had particular lyrics that supported you in some way?</p> <p>A25: Yes</p> <p>T26: Is that something you have always done even before music therapy started?</p> <p>A26: Yes and through the sessions</p> <p>T27: So it is something you've always done before and you continue to do also having experienced it as part of this process.</p> <p>A27: Yes.</p> <p>T28: So both of you have come a long way. With you (referring to client b), you have gained some ability to be able to see beyond the obstacle and you are seeing that there is more beyond the wall and for you (referring to client a), you have strengthened</p>	<p>E4.A22. Music therapy: advancing ability to self-manage</p> <p>E4.A23.1 Pregnancy Challenge: Coping with studies, handling baby, parental support</p> <p>E4.A23.5. Music therapy: Song discussions referred to for coping</p>
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yourself through listening to music and recalling some of our discussions. That is great.

B28: Even with people...you know at first I was so bothered at what people are gonna say but...afterwards I'm like...what are their words gonna do to me...I don't care. You eventually get over what people are gonna think about you...

T29: Yes and then you see that your life does not change...Actually it improves because you were carrying the burden called caring about what people are thinking and you take down the load...And you come to realise that they do not have power over you so you can "shake it off" (referring to song discussed in session 1). They cannot do anything...They cannot touch you.

B29: Yes people are gonna talk whether you fail or whether you succeed in life they are always going to talk.

T30: True so this is another attitude change for you...it is not only the obstacle of the pregnancy itself but also getting around people's opinions about you and minimising the power and hold they have over you. That's great. And about yourself? Do you feel any differently about yourself?

B30: Well I still feel pretty though

T31: That's great and you really are! Lovely.

Disruption as a teacher walks into the room

T32: Is there anything that has evolved in your relationships with your family members since starting music therapy?

B32: I had some challenges with my family and I never actually knew how to deal with it...

T33: How do you deal with it now?

B33: I shake off the negativity...shake it off

T34: Yes you don't need any more negativity so that's how you take care of yourself. And

E4.B28.1. Pregnancy challenge: worrying of people's reaction to pregnancy

E4.B28.2. Music therapy support: Minimising effect of people's opinion

E4.B30. Still feels pretty

E4.B32. Challenge: Inability to handle family pressures

E4.B33. Copes by avoiding the negativity from family

for you (referring to client A)?

A34: Then we were like... I would say me and my mum were fighting a lot...so...As days go we are now better...and like...Yeah...We get each other a lot. I now understand that she was upset and didn't expect this so... yeah

T35: Great so it got better because you understood your mum's reaction to the situation and got past it.

Setting up back up recording

How did you experience working with songs like listening to them and talking about them? What was that like for you? And like you said earlier, you were relating to what the lyrics were saying. Were there other times where it actually changed your emotions?

B:35 yeah it does change your emotions

T36: What about when we were talking about them. Did you find it easy to talk about the songs? Like when we were discussing them, how was that for you?

(laughter)

B37: Uhm... well it was a bit tough for me... I would know that that line suits me but how to put it in words... didn't know

T38: Ok so that was a part you found difficult. It was difficult to find the words but you knew what it was you wanted to say. Well words by nature are hard to find so music can do that for us a lot of the times.

B38: yeah

T39: What else do you think that could have been about not being able to find the words and discuss the songs easily. Do you feel there may be another reason why it was difficult to discuss the songs? Perhaps feeling pressure to have something to say that sounds good or something? (laughter by

E4.A34. Relationship with mother previously strained now better.

E4.B37.1. Song discussion: Difficulty talking about songs
E4.B37.2. Song discussion: related with lyrics, however, difficulty expressing in words

E4.B39. Song discussion: Difficulty

<p>all)</p> <p>B39: yeah like what if it just sounds dumb or something</p> <p>T40: how about when you were highlighting lyrics on a piece of paper? Was that easier?</p> <p>B40: Looking at the line and highlighting it was really fine</p> <p>T41: Ok that's cool. so highlighting was easier as you did not really have to say something. Was that the same for you as well (referring to client a)?</p> <p>A41: Yes</p> <p>T42: And then that time when we started to write a song, was it easy for you or difficult?</p> <p>B42: uhm uhm...difficult</p> <p>T43: True. I can imagine because it required you to come up with words and you have just said it was difficult to find the right words to say. Was it at least easy in your mind to know what kind of content or ideas you wanted to go into the song?</p> <p>B43: uhum...yes.</p> <p>T44: Was it also similar with the time I asked you to write down a poem or a few lines of ideas you got while listening to a song?</p> <p>B44: uhm yoh!</p> <p>T45: So if you were to be asked to write a poem or a similar thing in class would you still find it difficult in that context to answer? Or it is just the therapy space where it was difficult to share using independent words?</p> <p>A45: For me it's the same</p> <p>B45: Yeah it's the same</p> <p>T46: Ok that's fine. So in general it would have just been difficult in any context. When we drew images of our perfect selves was that difficult or easy?</p>	<p>expressing with words in fear of sounding unintelligent.</p> <p>E4.B40. Song discussion: Highlighting lyrics easier than discussing lyrics</p> <p>E4.B42. Song-writing: Difficult to compose songs</p> <p>E4.B44. Song-writing: Difficulty expressing self with poems or written words</p> <p>E4.A45. Difficult to express with words in different context E4.B45. Difficult to express with words in different context.</p> <p>E4.A47. Found drawing a little</p>
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<p>A47: I think it was easier</p> <p>B47: It wasn't easier for me because we still had to explain what was the meaning of the pictures so for me it's not different.</p> <p>T48: But the drawing part of it was easy?</p> <p>B48: Yeah.</p> <p>T49:</p>	<p>easier compared to words.</p> <p>E4.B47. Found verbal explanation of drawings difficult to do.</p> <p>So</p> <p>E4.B48. Found drawing a little easier compared to being verbal.</p>
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Appendix N: Session notes coding document

SESSION NOTES (SN)

Session 1 notes - 24 April 2017

Line no.	Session notes transcript	Codes
(SN)1: 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	<p>The intention of today's session was to introduce the song and discuss her experience of it and she did have a lot to share about it in relation to her.</p> <p>I was nervous as I was not sure what to expect. Perhaps the participant may have felt the same way. However, we developed a good rapport quite quickly.</p> <p>I was thinking about how I had limited experience working with high-functioning clients. This experience was new to me and I wanted to try my best to stay on course as much as possible.</p> <p>The bell went off and I was now in a rush to conclude the session so as not to delay her for her next class.</p> <p>I felt like there were moments that I put words into her mouth interjecting or making suggestions about the meaning of the song.</p>	

Session 2 notes – 8 May 2017

18 19 20 21 22 23 24 25	<p>There was not enough time for the actual intervention in the session so the song discussion was very short. That reduced the quantity of their responses to the song. This was due to the long discussion collecting background information from the new participant who had joined.</p> <p>The new participant speaks softly it was difficult to hear her a few of the times.</p>	
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<p>26</p> <p>27</p> <p>28</p> <p>29</p> <p>30</p> <p>31</p> <p>32</p> <p>33</p> <p>34</p> <p>35</p> <p>36</p> <p>37</p> <p>38</p> <p>39</p> <p>40</p> <p>41</p> <p>42</p> <p>43</p> <p>44</p> <p>45</p> <p>46</p> <p>47</p> <p>48</p>	<p>The intervention was to listen to the song “Super woman” and highlight lines of lyrics that resonated with them.</p> <p>The new participant expressed that most of the challenges she is facing are coming from the physical fatigue from the pregnancy itself and the pressures she is getting from her family at home. She says her brother is hard on her and her relationship with her sister in law is stressed. There is a lot of pressure put on her to study despite the fatigue and to eat healthy despite her not liking the type of foods.</p> <p>I felt like I had to speak a bit more and try to fish out how the girls experienced the song in relation to their own experiences. I found myself trying to help them draw the links from what they shared about their lives to the lyrics of the song when they struggled to share. In the process of getting economical responses, and myself phishing, I feared that I was going to collect biased data from the suggestibility factor. In the end, I did not have a lot of responses as I wanted to limit being suggestible.</p>	<p>Song discussion: participant responses needing extensive summoning.</p>
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Session 3 – 15 May 2017

<p>49</p> <p>50</p> <p>51</p> <p>52</p> <p>53</p> <p>54</p> <p>55</p> <p>56</p> <p>57</p> <p>58</p>	<p>In today’s session the participants were asked to make their own song suggestions based on songs they like. Initially I had asked them to choose one which they felt represented who they are or how they feel at the moment. That prove to be difficult so I simplified it to a song they liked. Client A chose “The way you make me feel” by Michael Jackson. Client B chose “The bridge of love” by Christina Aguilera. Thereafter we listened to the songs and had a discussion on</p>	
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59	client A's song. Time did not allow for discussing	
60	the second participant's song. However, the	
61	discussion integrated both participants and what	
62	they reflected on the song which balanced the	
63	experience for both.	

Session 4 - 22 May 2017

64	This session did not record clearly. However,	
65	we started with the song-writing process deriving	
66	the concept for lyrics from their experience of the	
67	songs they have listened to and discussed	
68	previously. I pointed out to them the main themes	
69	of concern that surfaced from the song	
70	discussions. The girls today were very quiet,	Song-writing: song lyrics
71	lethargic and had a flat affect. I found myself	mostly suggested by
72	having to talk more than them and trying to milk	therapist
73	out lyrics from them but it did not happen much.	
74	When they spoke, it was with a soft voice and	Song-writing: Engaged with
75	low tone. Basically, they were not actively	lethargy and economy
76	engaged and most lyrics were suggested by	
	myself.	

Session 5 - 29 May 2017

77	The session did not record. M sang the song	Song-performance:
78	with me with a very beautiful and confident voice	apparent ease in
79	harmonizing with me. N, who was a bit shy,	performance of song
80	preferred to read the lyrics out instead. N would	
81	read the words and then M and I would reflect	
82	those lyrics back with a harmonized melody. It	
83	was as though M was revealing a side of her that	
84	she was confident about. She did say she sings	
85	in the shower at home.	

Session 6 – 26 June 2017

<p>86</p> <p>87</p> <p>88</p> <p>89</p> <p>90</p> <p>91</p> <p>92</p> <p>93</p> <p>94</p> <p>95</p> <p>96</p> <p>97</p> <p>98</p> <p>99</p> <p>100</p> <p>101</p> <p>102</p> <p>103</p> <p>104</p> <p>105</p> <p>106</p> <p>107</p> <p>108</p> <p>109</p> <p>110</p> <p>111</p> <p>112</p> <p>113</p> <p>114</p> <p>115</p> <p>116</p> <p>117</p> <p>118</p> <p>119</p> <p>120</p>	<p>The girls have written their exams. There was a bit of break from the last session. They reported to still feel tired physically. They still felt stressed about the impending due dates for delivery even though exams were done. They were feeling scared and anxious about that.</p> <p>This session was aimed at finishing off the song they had started writing the previous sessions. I was hoping M would join me in singing the song again, however, she did not. I had to change the goal for the day seeing that there was no motivated response to wanting to work on the song again.</p> <p>I spontaneously decided to do an art-based intervention addressing the idea of self-concepts. I asked them try and draw what they thought would represent their “perfect self”. At first they were confused and were not directly willing to do it. I explained the idea to them and then they climbed into the exercise as they understood it better from the explanation.</p> <p><u>Drawing the perfect self</u></p> <p>The first song I played was “the crisis” by Ennio Morricone. This was played as they drew their image that represented their perfect self. The music was soothing, had a repetitive theme over a changing base which I believed provided grounding and containment needed for them to feel safe enough to draw their image.</p> <p><u>Destroying the image</u></p> <p>I asked them to destroy their image. M responded with laughter and shock. N remained quiet. I played a piece of punk rock: “I don’t have to try” by Avril Lavigne. When I asked them how they experienced the process, they did not</p>	<p>Song-writing: A lack of response and motivation to engage</p>
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121	respond probably because they did not know	
122	what to say. I decided to engage in self-	
123	disclosure to model for them what it could have	
124	been like for them. I explained how I once	
125	reacted to that process when I went through it	
126	myself. I explained how I made sense of it. It is	
127	then when they started sharing how they	
128	experienced it themselves.	
129	In the discussion I could have asked a few more	
130	questions to understand A's image. For example,	
131	I could have asked if she was the flower and	
132	what rain would really encompass. This could	
133	have helped her further draw meaning from her	
134	image. I guess I was under the usual pressure of	
	feeling that time would go out at any point.	

Session 7 – 7 August 2017

135	This session occurred after a school holiday and	
136	Client A had given birth to her healthy baby girl.	
137	She got into a prolonged labour on the 21 st July	
138	and eventually had a C-section the next day. She	
139	She said she was happy to be herself again and	
140	she did indeed look beautiful with a little make-up	
141	on and a new hair-do. It was almost like a re-	
142	birth. My agenda when I started this session was,	Song-writing: Lack of
143	once again, to try and work on the song-writing. I	motivation and drive to
144	pitched it to them but, like last time, they did not	engage
145	respond positively or at all to that.	
146	This time I decided to just get into the song and	Song-writing: A lack of
147	see if they really would not dive into it or not still.	engagement despite
148	I reminded them how they came about the lyrics	prolonged guidance
149	and I tried to ask them questions around the	
150	song to see if they would respond and we would	
151	turn that into lyrics. I was patient and gave them	
152	a lot of space to think and reflect in silences	

153	which I was now getting comfortable with. I went	
154	line by line reviewing each of the lyrics and	
155	reflecting on that. In the end, the participants just	
156	felt comfortable with just expressing themselves	
157	outside the context of song writing.	
158	Nothing went towards song-writing in the end.	
159	The session was just a verbal one and there was	
160	no music used. It became more like a touching-	
161	base session.	

Session 8 – 14 August 2017

162	I tried to engage the participants in yet another	Song discussion: Lack of verbal responsiveness
163	song lyric discussion session today seeing that it	
164	was more successful in the beginning and it was	
165	part of my research. However, I found myself	
166	doing most of the talking and the participants	
167	were just not responsive. They were very quiet	
168	so I found myself having to engage in a lot of	
169	self-disclosure to try and help them find their	
170	thoughts through the modelling. It was mostly a	
171	one-sided conversation. Client A did not say	
172	much if she actually spoke at all today. However,	
173	she was just smiling and looking calm. Perhaps	
174	this was a result of the ending of our process.	
175	They may have not felt up to engaging with song	
176	discussion as it was the last session. I felt they	
177	needed a different way of closing the process so	
178	I did not insist further. We just had a free	
179	conversation. Thereafter we had the focus group.	

Appendix O: Complete table of codes, categories and themes

Themes	Categories	Codes
A. Challenges with pregnancy	Fear for the future	FG.B21.1 (G.E) Shocked about pregnancy FG.B21.1 (G.E) Unclear about future outcomes FG.B21.1 (G.E) Doomed future FG.B21.1 (G.E) Burdened
	Emotional difficulties	E2.B7-2. (RWL): feeling broken, lost and weak E2.B7-3. (RWL): being misunderstood
	Managing multiple responsibilities	FG.A23.1 (G.E) Pregnancy Challenge: Coping with studies, handling baby, parental support
	Challenges with family	FG.B32. (G.E) Challenge: Inability to handle family pressures FG.B33. (G.E) Copes by avoiding the negativity from family FG.A3. (G.E) Relationship with mother not one to share everything freely FG.A4. (G.E) Some non-disclosure to mother FG.A34. (G.E) Relationship with mother previously strained now better
	Perceived judgement	FG.B28.1. (G.E) Worrying of people's reaction to pregnancy

		<p>E1.A2-2. (RWL) Being judged about actions</p> <p>E1.A2-3. (RWL) Being misunderstood</p> <p>E1.A2-1. (RWL) Perception of people always talking</p> <p>E1.A4-4. (DEL) Feeling observed</p> <p>E1.A4-3. (DEL) Feeling judged by people</p> <p>E1.A7-1. (DEL) Being looked at in a certain way</p> <p>E1.A5. (DEL) People passing judgement not directly identified</p> <p>E1.A6. (DEL) Judgement not explicitly experienced</p> <p>E1.A11-1. (DEL) Anger at perceived judgement</p> <p>E3.A8-1. (DEL) Dislikes being called "fat"</p>
	Self judgement	<p>E3.B3-2. (DEL) Feeling unnoticed + unworthy</p> <p>E3.B4. (DEL) Felt noticed as more attractive before pregnancy</p> <p>E3.B7. (DEL) Challenge believing in one's attractiveness when pregnant</p>
	Desire to be valued	<p>E3.B3-3. (RWL) Desire to be noticed</p> <p>E3.B3-1. (RWL): attractive + noticed</p> <p>E3.A1-2. (RWL) Song choice:</p>

		<p>Likes way man complements the girl in song</p> <p>E3.A2. (RWL): feel good to be complemented by a man</p> <p>E3.A6. (RWL) Lyrics expressing desire to be seen as attractive</p>
B. Music therapy as non-judgmental space	Safety	<p>FG.A2. (MT): safe space to share pregnancy experience</p> <p>FG.B10.1. (MT): safe to talk freely with no judgement</p>
	Shared experience	<p>FG.B10.2. (MT) Shared experience: No judgement from another pregnant girl</p> <p>FG.B11. (MT) Shared experience: not being isolated in experience</p> <p>FG.B12. (MT) Shared experience: Concurring with the other participant's contributions</p>
	Expressed emotions	<p>FG.B16. (MT) Expressed emotions: Crying</p> <p>FG.B17. (MT) Expressed emotions: Laughter</p> <p>FG.A17. (MT) Expressed emotions: Displeasure with boyfriends</p> <p>FG.B18. (MT) Expressed emotions: Joy</p>
	Introspection	<p>FG.B14. (MT) Song lyrics: source for self-comparison + introspection</p> <p>FG.A15. (ST) Song lyrics: Resonating with self</p>

		FG.B37.2. (ST) Song discussion: relating with lyrics
C. Resilience	Affirming resilience	<p>E2.B4-1. (RWL): inadequate but also strong</p> <p>E2.A10. (RWL): strength despite adversity</p> <p>E3.A7. (DEL) Not affected by public opinion of her appearance when pregnant</p> <p>E3.A8-2. (DEL) Does not define herself as "fat"</p> <p>E3.A8-3. (DEL) Locus of fatness is on her stomach</p> <p>E3.B9. (DEL) Would confront person who insults her appearance</p> <p>E3.B12-1. (DEL) Weight gain not by choice</p> <p>E3.B12-2. (DEL) Optimistic about regaining body shape</p> <p>E1.A7-2. (DEL) Not allowing to be stopped by it</p> <p>E1.A8-1. (DEL) Understands human nature of people always talking</p> <p>E1.A11-2. (DEL) Not caring of judgement when not confronted</p> <p>E2.A10-3. (DEL) Strength to pull through challenge of pregnancy</p> <p>E1.A14-2. (GE) Has desire and determination to continue education</p>
	Developing resilience	FG.A23.5. (ST) Music

		<p>therapy: Song discussions referred to for coping</p> <p>FG.A15. (ST) Song lyrics: gaining coping strategies</p> <p>E2.B3. (DEL) Felt motivated by lyrics to fight through challenge of motherhood</p> <p>E2.B8. (DEL) Encouraged by lyrics to get through the challenge</p> <p>E3.B11. (DEL) Identification with lyrics: Self-encouragement</p> <p>FG.B28.2. (MT) Music therapy support: Minimising effect of people's opinion</p> <p>FG. B20. (MT) Music therapy: Renewed hope for the future</p> <p>FG.B21.2. (MT) Music therapy: built capacity for hope</p> <p>FG.A22. (MT) Music therapy: advanced ability to self-manage</p>
D. Difficulties in verbal expression	Song discussion	<p>FG.B37.1. (ST): Difficulty talking about songs</p> <p>FG.B37.3. (ST) Difficulty expressing in words</p> <p>FG.B39. (ST): Difficulty expressing with words in fear of sounding unintelligent</p> <p>SN.38-48. (ST): participant responses needing summoning</p> <p>SN.162-171. (ST): Lack of verbal responsiveness</p>
	Song-writing	<p>FG.B42. (ST): Difficult to compose songs</p> <p>FG.B44.(ST): Difficulty expressing self with poems or</p>

		<p>written words SN.70-72. (ST): song lyrics mostly suggested by therapist SN.74-76. (ST): Engaged with lethargy and economy SN.95-98. (ST): A lack of response and motivation to engage SN.142-145. (ST): Lack of motivation and drive to engage SN.146-157. (ST): A lack of engagement despite prolonged guidance</p>
	Pervasive challenge	<p>FG.A45. (GE) Difficult to express with words in different context FG.B45. (GE) Difficult to express with words in different context</p>
	Ease of expression when drawing	<p>FG.A47. (AT) Found drawing a little easier compared to words. FG.B47. (AT) Found verbal explanation of drawings difficult to do FG.B48. (AT) Found drawing a little easier compared to being verbal</p>