

**Mini-Dissertation in Partial Fulfilment for the degree of  
M.Mus (Music Therapy)**

**From Music Therapy to Community 'Musicking':  
Addressing Social Issues and Eliciting Potential within  
a Culturally Diverse Context**

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## Abstract

A pre-existing interview of a music therapist working in Heideveld in the Cape flats, South Africa, provides data for this research dissertation. The interview focuses on a project that the interviewee and her colleague initiated as a means of developing the potential of community members and addressing some of the many social issues faced by the community, such as gangs, violence, racial divisions and poverty. The project, *'Music for Life'*, included a choir of about 60 children from different schools in the area, and a concert held in the community at the end of 2004.

This qualitative study explores the experiences of the music therapists as they negotiated community 'musicking' with the Heideveld community through the *'Music for Life'* project, and highlights possible implications of these experiences for other music therapists working in similar contexts. Emergent themes suggest that the therapists experienced a constant movement, within themselves and the community. The therapists felt a need to move outwards from their clinical work into the community. Through community 'musicking', the therapists experienced how an often fragmented community was able to move together and to move forward by sharing a sense of hope as the potential of the community was celebrated and affirmed. The therapists also experienced a movement in themselves, personally and professionally. They had to move through the process, changing their thinking and plans constantly through negotiating their work with the community. Implications of these experiences are explored from the stance of Community Music Therapy. The importance, possibilities and difficulties of Community Music Therapy work in communities such as Heideveld are discussed. These hold relevance for music therapists working in similar contexts, where community work becomes a more socially and economically viable means of addressing issues that affect individuals and communities simultaneously.

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# Chapter 1

## Background and Context

### 1.1 Introduction

In my first year of music therapy study, I became a little disillusioned. I felt as if I was preparing for what appeared to be a 'disaster' scene, armed with a guitar and some drums shouting, 'Don't worry. I can help.' Prior to studying my masters degree, I was fortunate to be able experience work within a variety of contexts, all common in South Africa. I visited informal settlements and other communities struggling with poverty, unemployment and violence. I interacted with aids orphans living in child-headed households and children who had been abused. I encountered hospital, social welfare and law enforcement systems that could not adequately provide for those who had no other options for their health care or safety. Could music therapy have value within these contexts, or was it a luxury, an individual therapy that many would not be able to afford?

The introduction to Community Music Therapy, and particularly the work of two music therapists in the Heideveld community offered possibilities for addressing some of the many social needs in our country on a broader scale. As a music therapy student who had previously worked with people from similar communities to Heideveld and experienced some of the difficulties of this work, as well as the needs and potential of people in these communities, I was interested in how the music therapists negotiated a place for community 'musicking'<sup>1</sup> in Heideveld, as a means of addressing social issues and eliciting potential.

### 1.2 Heideveld<sup>2</sup>

Heideveld forms part of the 'Cape Flats' in the Western Cape, South Africa. This is a community of mostly coloured people who were forcibly relocated from the inner city to this area, as a result of Apartheid. The community struggles with overcrowding due to the inadequate provision of housing, unemployment, poverty, gangsterism (with gangs recruiting children from the age of twelve years), alcohol and drug abuse, violence and crime. Gugulethu is a Xhosa community neighbouring Heideveld. Many Xhosa children from Gugulethu attend schools in Heideveld and racial tensions between the two communities are a further cause of violence.

Other than projects initiated by the music therapists, the only music activities offered in Heideveld are the 'Kaapse Klopse' groups. It is a popular tradition that over the Christmas and New Year's

<sup>1</sup> 'Musicking' is a term used by Small (1998) to describe the act of doing music. I will expand on this definition in the literature review (Chapter 2).

<sup>2</sup> The background information about the Heideveld community and music therapy in Heideveld is taken directly from the interview material on which this research project is based – an interview of one of the music therapists working in this area, conducted on 29 January 2005.

holidays, members of various gangs and others from coloured communities in the Western Cape join together to perform in 'Kaapse Klopse' groups, playing music belonging to these communities (bringing a peace to Heideveld that only lasts for this period, as a child commented in a music therapy session). There is no music provision for children in schools, other than activities initiated by the music therapists.

### **1.3 Music Therapy and 'Music for Life'**

Two music therapists began to work in seven Primary Schools in the Heideveld community two years ago and have since expanded their involvement by initiating and developing '*Music for Life*', a programme aimed at addressing community needs on a broader scale. Music therapy sessions are based within one of the primary schools, in what is known as the 'safe room'. This is a space set up for children as a safe place for them to come for counselling and music therapy. The music therapists work together with teachers from the seven primary schools that make up the 'safe room' committee and all decisions are mediated by this committee. The 'safe room' was initially funded by the government, but a withdrawal of this funding led the music therapists to found a non-profit organisation, the 'Music Therapy Community Clinic', for which they raise their own funds.

The music therapy programme is offered for children who are referred by social workers or teachers. Referrals typically involve children who are traumatised or who have been abused, children whose parents have died or abandoned them or children with various behaviour problems. The therapists work with individual children or small groups of about six children.

At the time the material for this research was collected (in January 2005), the '*Music for Life*' project had been running for a year and consisted of a choir of about 60 children who met weekly to sing together and then worked towards a concert held in the community at the end of 2004. The therapists were in the process of negotiating and considering other projects. This research will be focused on the '*Music for Life*' project, specifically referring to the choir and concert.

### **1.4 Research Questions**

My interest in the '*Music for Life*' project was two-fold. Firstly, I was interested in how the music therapists experienced the process of negotiating and developing the project, in order to gain some insights into the complications and possibilities of this work. Secondly, I was interested in whether these experiences could hold implications and thus offer valuable ideas to other music therapists working to address social needs in similar contexts, especially in South Africa.

The research therefore describes some of the experiences of the music therapists as they interact



with various Heideveld community members to develop the project, *'Music for Life'* and explores implications or possibilities this case might offer music therapists working in similar contexts in the future.

The research questions are:

1. What are some of the experiences of the music therapists as they negotiate community 'musicking' within the Heideveld context?
2. What are the implications of this case for music therapists working within similar contexts?

Before considering these questions, I turn to review existing literature that will place this research in context.

## Chapter 2

### Literature Review

#### 2.1 A Silenced People

##### 2.1.1 Those Who Are Not Heard

There is an implicit violence within a system that decides that one person is of more value than another, and uses this assumption as a justification for the unequal distribution of wealth and rights, infrastructures and resources (Pavlicevic, 1994, 2002). As a result of the apartheid system in South Africa, families who were not white were forcibly relocated to areas outside inner cities, such as the Cape flats in the Western Cape (Kimes, 1996). These townships provided inadequate housing and were marked by high levels of unemployment and poverty. The unequal distribution of resources between the privileged few and those who were seen as 'lesser people' often led to further conflicts between coloured communities and their neighbouring black communities as there was competition over scarce resources such as jobs or housing (Caliguire, 1996).

While their neighbouring Xhosa communities rejoiced, the coloured communities in the Cape flats expressed cynicism about the new democratic system in South Africa (James & Caliguire, 1996). Nelson Mandela (1996: 8) explained that 'for some within the coloured community, perhaps the most pressing concern is the fear of being marginalised'. Coloured communities have experienced a loss of identity within the South African context (Kimes, 1996). They are neither black nor white and there is a fear that they will continue to be discriminated against and will not receive benefits granted to either of these groupings. Florina Serfontein, a founding member of the Forum for Coloured People of South Africa, highlights these concerns, saying:

Our people are losing their jobs. Our children cannot find work. Wherever you go, if you are not Xhosa speaking, people will not employ you. And I can say that it is something that is bugging our people because we are not being heard and that is what we want to see. We want to be heard.

(in Caliguire, 1996: 14)

A survey conducted in 2004 confirms that these feelings remain within coloured communities in the Western Cape. 66% of this community were shown to hold the belief that the government did not care about people like them (Hendricks & Hofmeyr, 2005).

Over time, it has not only been coloured communities that have felt they were not provided with what the new government promised. South Africa continues to grapple with the inequalities of the past. Poverty is still evident – 'South Africa may have political freedom, but economic apartheid is

very much in force.' (Hyde, 2004). The need to create jobs for an overwhelming majority of South Africans, excluded from the former economy means that certain inequalities remain as jobs are not available (Parenzee & Wilhelm-Solomon, 2004).

What happens to those who are not heard, those who have been excluded or treated with hostility?

### 2.1.2 Repeated Silences

Children who are raised in an atmosphere of fear, hostility, violence or neglect, ... have been silenced.  
(Austin, 2002: 234).

Through our primary caregivers, we learn how to negotiate, communicate and relate to an external, social world. Small infants depend entirely on their caregivers for nurture. They need to know that this caregiver can hold both their loving and their difficult feelings, that these feelings are tolerable. This nurturing in turn will allow these children to be able to tolerate the feelings of others around them, thus showing the capacity for empathy (Pavlicevic, 2002).

In South Africa, this basic nurturing is not available to many children (Pavlicevic, 2002). Poor community structures, violence or abuse within communities and fragmented families (often a result of parents having to search for work far from their homes) hamper parents' capacities to care adequately for their children. This inability to provide may cause parents to become depressed as they feel they have lost a sense of dignity or respect, which might further limit their capacity to care for their children (Trowell & Bower, 1995).

Children who do not experience adequate reciprocal and caring relationships will experience their environment as being unpredictable and out of control (which may not be far from the reality of this environment) (Pavlicevic, 2002). Even when parents are present for their children emotionally, the violence in their environment can negatively affect their development. As a result, these children may dissociate from intolerable feelings expressed within themselves or within others (De Zulueta, 1995). They may also experience a loss of self esteem as they feel unable to perform their identities or negotiate and communicate adequately within their communities. It is within these children that another cycle of violence might begin (Pavlicevic, 1994, 2002). Pavlicevic (1994: 4) explains:

The child's internalisation of the external world as persecuting becomes self-persecuting, giving rise to feelings of paranoia and of passive depression, and resulting in the child feeling helpless and powerless. However, the child's

identification with the aggressor, at both the unconscious and conscious level, provides a role model which enables some feelings of power to be generated, even if these are manifested in aggressive behaviour towards others.

In this way 'criminality and violence easily emerge as a response to the experienced violence of a heartless system' (Kimes, 1996: 18). In coloured communities young people join gangs either to find for themselves the sense of belonging and identity they lack or as a defence against the rejection they feel from their own families. Individual needs are connected to the social environment and so the violence continues, becoming a self-perpetuating cycle.

The situation perhaps begins to sound rather negative or even hopeless. Do these communities not hold the potential for change, for more positive ways of rebuilding their sense of identity and community? Coloured communities need to be able to recreate the values of respect for human life and dignity within their community. Members need to learn to tolerate difference and take some responsibility towards the welfare of their society (Kimes, 1996). Although over a decade has passed since the new democratic government was elected, many coloured communities still face the same issues within their communities. In a special report on the 2004 elections, recorded in the Mail & Guardian newspaper (26 March 2004), a resident from Westbury, a coloured community in Johannesburg, told a journalist that, 'it was difficult for coloured people to secure employment and housing while they had to deal with high electricity arrears, poverty and drug problems in the area.' The community also complained about a lack of discipline in schools and gangs. Tensions between black and coloured communities remain in the Western Cape due to the continued pressure to compete over social and economic resources (Hendricks & Hofmeyr, 2005). Social issues, violence and crime remain extensively in communities such as Heideveld in the Cape flats. There often seems to be little community movement towards social action or regeneration.

Sheila Miller (1999) worked as a child psychotherapist with children from the Katlehong township outside Johannesburg in South Africa. The children she worked with were hungry, lacked containment, experienced continual violence in their environment and were often traumatised, stressed and depressed, a situation possibly similar to that of Heideveld. Her work led her to consider some important questions. Was it valid to offer psychotherapy to children who required basic necessities such as food? Was this work ethical or should workers rather focus on political or economic projects such as feeding schemes? Was psychotherapy even suited to the South African context at all? (Miller, 1999).

The same questions need to be asked of music therapy work within similar contexts. What would the relevance of music therapy be in a community such as Heideveld? I hope to explore some of

the possibilities that 'musicking' and music therapy may offer as a means of addressing social issues and eliciting potential within an often silenced community.

## 2.2 'Musicking'

Whatever the function may be, I am certain, first, that to take part in a music act is of central importance to our very humanness, as important as taking part in the act of speech ... and second, that everyone, every normally endowed human being is born with the gift of music no less than with the gift of speech.

(Small, 1998: 8)

Our consumerist society might assume that music is something that a talented few participate in to create musical products for our consumption. But we all are born with an innate capacity to make music (Stige, 2002; Trevarthen, 2002). Infants are born with an inherent drive towards socialising with others and communicate with their caregivers through gestures and sounds that have musical features. The child's first relationships are developed as their caregivers attune to their communicative acts, giving them meaning within the relationship. It is through this relationship that a child learns to understand different feeling states and to perform themselves as they are in the world. This communicative musicality (Trevarthen, 2002) or protomusicality (Stige, 2002) is at the source of our abilities to communicate with others and to participate within the world. Even once verbal skills have been acquired, people attune to one another with non-verbal gestures when they communicate. In a meaningful relationship, two people may move in synchrony with one another, their movements taking on similar qualities (Pavlicevic, 1997). It is precisely this protomusicality that enables two or more people to make music with one another (Stige, 2002).

We all participate in music at some time, whether we are performers, listeners, composers or even perhaps ticket sales people (Small, 1998). Music is something that people do, an activity rather than an object or product. The value of any musical object (such as a piece of music) is inseparable from its value as an expression of human experience (Trevarthen, 2002). Every performance of music will be different as it brings into play a different set of relationships between those who participate.

'Musicking' (or 'doing' music) is a social act, a means of performing our personal narratives or identities in relationship with others, in context (Small, 1998; Ruud, 1998; Hargreaves, Miell & MacDonald, 2002). Music is thus a fundamental means of communication, a means through which people can share emotions, intentions and meanings (Hargreaves et al, 2002). Through 'musicking' we are able to make a statement about the social values we hold. We do this both

through the various 'musicking' contexts we choose to belong to and by the way we relate to others through our 'musicking'. When people make music together, a complex web of relationships, communicative acts and multiple meanings can be explored simultaneously, an experience that words cannot provide. We create a narrative that is personal and social, to do with who we are in relation to others (Small, 1998).

When we make music with others, we are not only stating who we are but we can creatively explore, affirm and celebrate both our present reality and those ideal relationships we may wish to bring into existence (Small, 1998). When we explore, we can learn about the nature of relationships. When we affirm these explorations, this means that we can teach what we have learned to one another and then, in celebrating, we can bring these all together in community. Music can then bring people together and may also transform the relationships between those who participate through the experiences it can generate (Ruud, 1998). Small (1998: 77) perhaps sums up the value 'musicking' may hold for a community, saying:

If musicking is an activity by means of which we bring into existence a set of relationships that model the relationships of our world, not as they are but as we would wish them be, and if through musicking we learn about and explore these relationships, we affirm them to ourselves and to anyone else who may be paying attention, and we celebrate them, then musicking is in fact a way of knowing our world ... and in knowing it, we learn how to live well in it.

Music may be a valuable tool that brings people together to explore their social issues. Music may also elicit a potential and creativity within people, helping them to explore, affirm and celebrate themselves as individuals and a community. But, if music requires that we perform our identities for others, how does a community that is fragmented, that feels no sense of communal identity, participate together in 'musicking'? How does a community that experiences violence instead of nurture learn to tolerate others enough to be able to celebrate and affirm these 'others' in music? How can a silenced people learn how to make music again?

## **2.3 Re-Discovering Music**

Creativity is resistance to oppression: it is the refusal of victimhood and helplessness. Creating something new is an act of defiance in the face of destruction.

(Smythe, 2002: 76)

Music therapy involves establishing a relationship through music with a client or group of clients in order to promote health. Health, in this sense, would pertain to a persons whole self (including

emotional, cognitive, physical and social aspects), being perhaps an experience of life as meaningful, a sense of self-esteem and the exploration of our possibilities and potential (Stige, 2002). By attuning to the dynamic forms (or the musical elements of our protomusicality) that a client plays out in music, a therapist can hold and challenge these expressions to help the client to access their creative potential and explore different ways of being in the world (Pavlicevic, 1998).

However, those who experience themselves as fragmented may seem to lack the potential for relating to others, perhaps even in music. In this case, the therapist needs to be able to meet the client within this fragmentation, to hold their possibly intolerable expressions or unacceptable aspects of themselves so that they feel accepted, and in time, enabled to begin to experience themselves and the world in new ways (Pavlicevic, 2002).

Mercedes Pavlicevic (1994) offered music therapy to a group of children from Alexandra township near Johannesburg (a similar context to that of Heideveld). In this work she was able to engage with the creative potential of these children. They could express themselves as they were in the music, no matter how unacceptable these expressions may have seemed to the outside world. Music therapy allowed these children to play in music, to create and recreate themselves, to revisit even painful experiences, which they could transform into more manageable realities. The music in music therapy is able to engage the whole child, accessing those parts that remain creative, that still hold potential for growth, despite difficulties that a child (or any person) may present (Pavlicevic, 1994, 2002).

In a personal correspondence (April, 2004) with a friend from Westbury, a coloured community in Johannesburg, I attempted to explain the benefits of music therapy in response to his curiosity as to why I had chosen this profession. As an outsider to his community, I knew a little of the gangs, violence, poverty and substance abuse. I felt music therapy could have much value for members of the community, helping them to discover their potential. My friend, however, decided that music therapy would simply have no use for his community. He explained how members of this community perceived those who went for therapy as weak people, unable to cope with their circumstances. Survival in Westbury required that you presented as a strong, independent individual. In this community, ruled through the fear of gang leaders, individual or even group music therapy may actually be a danger to those a therapist perceived he or she was helping. Music therapy in this context might even be considered as unethical as what would happen to these clients when they left the 'safe' clinical space? The health of any individual in Westbury is inextricably linked to the social, the communal.

If we understand identity and health as being socially mediated in context, we need to consider how clients may be influenced by their home environment. Pavlicevic (2002) comments that 'there



is an argument that questions the validity of addressing the effects of violence when clients return daily, to that environment, rendered more vulnerable by their therapeutic experiences' (p116). If we are to make meaningful changes within the lives of individuals, perhaps we need to look further, to consider context and community in our work.

## 2.4 A Place to Sing

### 2.4.1 Preparing a Stage...

The term 'community' has a number of different meanings. It could apply to a group of people within a specific geographical setting, or people with common interests, ideals or political stances. However, community seems to imply some sense of belonging or togetherness (Ansdell, 2004). The Norwegian philosopher Nina Karin Monsen suggests that when we see and hear others and are seen and heard by them we communicate and can be together. It is this communicating that forms a community (Stige, 2002). Perhaps then, a goal of music therapy could be community 'musicking', the bringing together of people into mutual, shared experiences within their social or cultural context using music (Ansdell, 2004). Through the act of community 'musicking', we may be able to experience together some of the ideals we wish to create within our community (Small, 1998).

The emerging discourse of Community Music Therapy includes any work that reaches further than the traditional therapeutic relationships formed between therapist and client or group of clients, to include the community or context when working with individuals and to consider the community as a client itself (Stige, 2004). It is both a continuation and a contrast to conventional music therapy as it could still involve a therapist working in a clinical setting with individuals or groups but may also encourage a therapist to take on different roles, such as becoming involved in arranging public performances to promote community 'musicking' (Ansdell, 2004). The music therapist then has the responsibility of promoting social welfare within an entire community. The community is not only a context to work in, but becomes a context to work *with*. Social change is a valid therapeutic goal (Stige, 2004). If health and identity are considered as being social, this implies that working to address issues and elicit potential within an entire community will also promote these changes within individuals (Stige & Kenny, 2002). Community Music Therapy is also a particularly valuable way of working in communities that struggle with poverty (such as Heideveld), as therapy moves from being a luxury available to a few people with resources to something that reaches a larger portion of the population and is thus far more economical (Stige, 2004).

But can we simply take all these ideas, all our concepts of music therapy and even music, and implant ourselves into a community to change it? Pavlicevic (2002a) mentions difficulties she experienced in conversing with an African colleague who did not understand the relevance of a



music *therapist* at all, feeling that music is healing in itself. Similar ideas or notions could be held by many communities in South Africa. As music therapists, we may feel able to respond to community needs, bringing people together into experiences of communal 'musicking', but we need to be flexible enough to respect social differences. We need to consider our context.

### 2.4.2 Fitting the Context

One of the central values of Community Music Therapy is that music takes place within a context, and this context needs to be taken into account (Ansdell, 2004). The meanings constructed about ourselves, others and the world are always mediated in context and are culturally informed (Stige, 2002). Culture could be understood as an accumulation of artefacts which help us to make sense of our personal and social identities. Although we may share in 'musicking' by accessing our protomusicality, this protomusicality has itself been formed within a cultural context. 'Musicking' always happens in a physical and social space, and these influence the meanings generated by a performance (Small, 1998). The context will define the 'musics', or culturally informed, socially constructed artefacts that any individual brings to an experience of 'musicking' (Stige, 2002). These might include a repertoire of songs, various instruments, or ways of thinking about music, and the meanings inherent in each of these.

The power music has as a medium for both self and group definition implies that it may generate different meanings for different groups of people (Small, 1998). Music then becomes both an expression of ourselves in context, but can also define and serve as a boundary to our identity, saying this is who we are, but also, this is who we are not (Ruud, 1998). Music could become a source of differentiation, rather than integration, if it is not carefully negotiated in context, or if the various 'musics' of community members are not considered (Stige, 2002; Hargreaves et al, 2002; Ruud, 1998).

In order to remain true to our contexts of work, Proctor (2004: 229) suggests that 'the ideal is for music therapists to be of their community, to put their musical skills at the disposal of their community.' By being an integral part of the community, we will most likely not override community values with therapeutic values. In a community that is as diverse as that of Heideveld, I question the relevance of this statement. If the music therapists were residents in the Heideveld community with its many divisions according to race or gang membership, I would need to ask which group they belonged to, who's values would they hold and at who's expense, as it is quite possible that these conflicting groups would not hold the same values. Even if the community did hold the same values, I would then ask what values or ideas that may be important to promote change are not being addressed or heard? In this context, it is perhaps necessary that the therapists were outsiders to the community. What remains most important is their emphasis on becoming aware of

the community.

Context sensitive work implies that a therapist needs to consider his or her own world views and the meanings these generate, as well as those of the clients (Brown, 2002). If we simply assume that music is universal and neglect context, we may be acting under a false sense of security and possibly unethically. We need to be flexible and able to adapt the work we do in context if we do not want to impose our views on others (Stige, 2004).

An important aspect of Community Music Therapy is that it needs to be *negotiated* with the community, so that members of the community may at times play more important roles than the therapist (Stige, 2004). Relationships between the therapist and the community need to work towards empowering community members and should be as equal as possible within given circumstances to ensure that the values of the community are constantly upheld (Ansdell, 2004). The music therapists at Heideveld could not simply arrange concerts without careful negotiations with community members. They needed to consider that their views may not be held by the community. They also needed to negotiate between the different views of groups within the community such as the children and adults, or the coloured community and their Xhosa neighbours, many of whom formed a part of the community 'musicking' project.

Although some key values of Community Music Therapy are discussed, I have not proposed any definition, or offered a definition from existing literature (see Ruud, 2004; Stige, 2004a). This is firstly because the work is negotiated, and will change in context, and secondly that the discourse is still emerging and defining community music therapy work at this early stage may limit its possibilities (Stige, 2004a). The lack of definition, however, has ethical implications. Boundaries, limits and definitions were put in place in conventional music therapy practices to ensure the safety of clients and of the profession. Is it then ethical to negotiate our own directions along with our clients, moving out of these boundaries? Is it safe to practice as a Community Music Therapist at all?

### **2.4.3 Reflections on Safety**

In conventional music therapy, safety is linked to a clinical framework and definitions or guidelines of how work should be carried out. Community Music Therapy does not offer such guidelines as these will be negotiated differently in various contexts but therapists do still operate using their therapeutic skills. The work remains reflexive as therapists are required to think creatively and improvise in the moment, whilst constantly listening to communities and individuals and making sense of all that happens (Pavlicevic & Ansdell, 2004a). Pavlicevic (2004) describes an experience where she formed part of a team of therapists who visited a remote village in South Africa. Although she initially felt she had little to offer as community members already participated in

'musicking' to promote social health, she found that she used her therapeutic skills to read the musical qualities of the communities interactions, vocalisations and movements. Even though she was not operating in the role of therapist specifically she thus helped the team to understand this community better, to make sense of their needs and potential. It is perhaps this therapeutic thinking and reflexivity that remains in Community Music Therapy work and ensures that the work is ethical (Pavlicevic & Ansdell, 2004a). In reflecting, therapists critically examine their work and make necessary changes to ensure that the work is best suited to reach clinical goals and serve the needs of the client. Surely this implies that client safety must also be accounted for, whether the client is an individual or community. The fact that work is negotiated could even be considered as more ethical than simply imposing what therapy should be on a culture or client without considering their context or particular needs.

There are, however, a number of risks involved when therapeutic work moves to the public platform (Aigen, 2004). In a performance for instance, the safety nets of a private clinical space are taken away and the client is left open to the possibility of failure. Therapists may be tempted away from therapeutic work in favour of achieving accomplished levels of musicianship in their own music. Music therapists also take on new roles (such as concert coordinators) and may need to take precautions that these roles are appropriate in terms of their training. In this public work, ethical guidelines for conventional music therapy practice do not suffice. There is a need to think about supplementing such guidelines to accommodate the practice of Community Music Therapy.

## 2.5 The Music Has Begun

Community Music Therapy work is not new to many music therapists who seem to have been practising their work on a community level without necessarily labelling what they do as such (Ruud, 2004). Pavlicevic & Ansdell's book, *'Community Music Therapy'* (2004) offers a number of cases where music therapists have developed projects that include working with a community. Some of these have similarities to the work at Heideveld.

Zharinova-Sanderson (2004) works as a music therapist at a treatment centre for torture victims in Berlin. She worked with many refugees who felt isolated in their new community and encouraged some of them to perform at music concerts held by the centre. This helped to improve the confidence of her clients as well as encouraging the community to appreciate the diverse cultural heritages and 'musics' these clients brought with them. The community concerts became a space where those who had been silenced and neglected could be heard and celebrated through 'musicking'. This is similar to the work at Heideveld in that it is those often silenced in the community (the children in Heideveld), who use music to voice important social issues and reveal some of the potential of this community. The therapists working in Heideveld have also had to

manage difficulties between their own world views and those of the diverse community. It is in 'musicking' that these diverse communities can be brought together, brought to celebrate and share what each could bring to the experience.

Another case with similarities to the work in Heideveld involves Community Music Therapy work in Israel. Amir (2004) interviewed a music therapist who worked with individual clients in a school for students with severe emotional problems. Towards the end of each year, the therapist put therapy sessions aside and focused on preparing the students for participation in an end-of-year concert. This helped them to feel more accepted and respected within their school community. The music therapists at Heideveld also began to work in a more conventional clinical setting with children in schools and then extended their work outwards to include more members of the community into 'musicking'.

There are important differences noted in the work at Heideveld. The work at the school in Israel seems to engage the school community and does not extend further to include an 'entire' residential community. The concert also seemed to focus on positive changes in the relationships between the students that participated and their community. The focus was still mostly on those who had been through a process of music therapy and the involvement of the community seemed more a means of sustaining and emphasising the growth that happened through the therapy process by allowing the community to see changes in these individuals. Many of the cases in the literature have a similar focus. Music therapists working mainly within institutions such as hospitals, schools or care centres involve the surrounding community in order to improve relationships *between* those within the institution and the community (see Pavlicevic & Ansdell, 2004). Community work becomes a continuation to individual or group work.

In the Heideveld project, those who participate become a voice highlighting social issues, such as gangsterism, that affect the entire residential community directly, and offer the whole community a more positive alternative through 'musicking'. The whole community could then be considered as a 'client'. Although the music therapists at Heideveld gained the initial ideas for the '*Music for Life*' project through their music therapy sessions, much of this project was not simply an extension of music therapy work, but a different way of working within the community altogether. The music therapists had to find new ways of using their music therapy skills in order to use music to address social issues on this scale.

## **2.6 Conclusions**

The circumstances of a country such as South Africa call for economically viable methods of addressing the many social issues and eliciting the potential of this diverse country, bringing people together and helping us to heal our past and find new ways of creating our future. 'Musicking' can bring people into a shared experience where we can construct and re-construct our personal and social identities by exploring our relationships played out in music (Small, 1998) Through encouraging and negotiating acts of community 'musicking', music therapists have been able to address social issues and elicit potential within communities on a broad scale, sometimes within diverse contexts.

The Heideveld project is as interesting example of this work, as it involves working with issues that affect the entire residential community directly. There is little literature involving music therapists working in communities on this scale, with a focus on social issues. The experiences of the music therapists as they negotiated community 'musicking' with this community could therefore offer important guidelines for therapists working in a similar capacity, especially in developing countries such as South Africa.

## Chapter 3

### Methodology, Methods and Ethical Considerations

#### 3.1 Methodology

This research project is data driven. The data consists of a semi-structured interview with one of the music therapists working in Heideveld. Music therapy researchers often use interviewing techniques when conducting research. In one such study by Amir (1993) exploring the experiences of music therapy, music therapists and clients were interviewed to gain insight into their experiences. Amir (1993: 89) explains that 'because the experience during a music therapy process involves internal aspects that cannot be easily observed, in-depth interviewing was utilised as a method of data collection.' In a further research study, Arnason (2003) interviewed experienced music therapists in order to gain insight into their perspectives on listening during music therapy. She describes the usefulness of using interview techniques for eliciting information about the reflections music therapists have on their own work. Both these studies are grounded within the qualitative paradigm, offering descriptions of the music therapy process in order to discover meanings, rather than to prove a hypothesis.

The qualitative approach to research is based on certain assumptions about the world and reality, and these assumptions need to be taken into account (Aigen, 1995). In contrast to the quantitative or positivist paradigm which assumes a single generalisable truth, the qualitative or naturalistic paradigm involves the assumption that no such 'absolute truth' exists, but rather that multiple meanings can be generated or constructed from a single event (Bruscia, 1995). Meanings are bound to time and context, as well as personal or subjective experience, and cannot be generalised across contexts. These underlying assumptions suggest major differences in the way qualitative and quantitative research is carried out, as 'in rejecting positivism ... , qualitative psychologists put on one side concern with the idea of an unequivocal real world, in favour of attending to the accounts that people formulate of *their* reality' (Ashworth, 2003:11). Qualitative research focuses on process and subjective experience and the values inherent in these.

The interview is one of the central tools of data collecting for qualitative studies, precisely because interviews can be so helpful in obtaining detailed information pertaining specifically to one particular event, case or context, and exploring personal experiences of this event (Robson, 1993; Ansdell & Pavlicevic, 2001). The focus of this study and research questions also lend themselves to qualitative methods and the research is therefore based within the qualitative paradigm. I will briefly outline some characteristics of the research that ground it within this paradigm.

The research focuses on some of the experiences of the music therapists as they negotiated community 'musicking' with the Heideveld community. This negotiation involved a process, leading to the initiation of various music programmes. Instead of assessing the outcomes of their work, I focus on this process. The research will be holistic and process-centred, rather than reductionistic (Ansdell & Pavlicevic, 2001).

Qualitative research is inductive. This implies that the researcher explores data in order to find the meaning inherent in this data, rather than using data to support or reject a preconceived hypothesis that must be proved or disproved (Bruscia, 1995). This research project initially held a broad focus of enquiry. As data was analysed, the focus could be altered and refined. The research was therefore emergent, and dependent on the research process (Ansdell & Pavlicevic, 2001).

The findings generated by qualitative studies are context-specific, relating only to the context in which the research was conducted (Ansdell & Pavlicevic, 2001). This research involves the experiences of music therapists within the Heideveld context specifically, and no attempts are made to generalise findings to other contexts. Detailed information regarding this context is offered to allow others to make comparisons in order to apply findings in other contexts.

Qualitative research involves a detailed investigation into a phenomenon. Thick, or detailed descriptions are used to produce idiographic findings, findings that remain focused within a narrow context, but giving detailed information regarding this context and research focus (Bruscia, 1995). I focus only on the Heideveld context, but hope to offer detailed descriptions and interpretations of the experiences of the music therapists that may offer insight for those working in similar contexts.

Most qualitative researchers prefer to conduct research within a natural setting so that experiences and meanings are not distorted by experimental settings (Ansdell & Pavlicevic, 2001). An interview is not naturalistic in the sense that it is conducted specifically for research purposes. Yet, interviews are a way in which we can understand the feelings and experiences of others and as my focus is particularly on how the music therapists *experienced* their work, this is an appropriate data source. However, one needs to be aware of possible biases resulting from this setting, such as the interviewee answering questions in order to please the interviewer (a past supervisor). The fact that I was not the interviewer or present at the interview further removes me from this context, which may also influence or bias meanings I construct of the interview material. As the researcher, I was not able to gain clarification of statements or to observe the interviewee's body language, which may have been helpful to gain a sense of the meaning behind her words.



A further factor that grounds this research within the qualitative paradigm is that I, the researcher, was the primary instrument of data analysis (rather than a computer, or numerical analyses). The meanings constructed from the interview data are influenced by my own personal stance, values, context and history and are therefore personal and subjective (Ansdell & Pavlicevic, 2001). As I engaged with the data, I drew from my experiences of being a music therapy student and intern, and past experiences of working within similar communities to Heideveld. The advantages of the subjective stance were that as a human agent, I was able to respond to subtle details in the data, whilst still holding a picture of the whole in mind. I could also explore exceptions to any rule generated and the research direction was altered according to findings (Aigen, 1995). My own experiences also add richness to the data. This subjectivity may, however, distort or bias the research findings. In order to remain true to the data I have therefore taken steps to ensure that the meanings constructed of the data offer an informed and accurate description of one or more of the possible constructions of meaning. These steps included remaining reflexive and critical as well as sharing insights and findings with others (Ansdell & Pavlicevic, 2001).

Two disciplines that influence qualitative research methodology are those of phenomenology and hermeneutics. Phenomenology involves the study of events as they are experienced, based on the notion that human meanings are necessary in the study of experiences. Phenomenological research is descriptive of experiences as they are, whilst acknowledging that every description involves some form of interpretation (Ashworth, 2003). The answer to the first research question presents a description of the music therapists' experiences and thus will be phenomenological. Hermeneutics involves interpreting an experience as the researcher constructs meaning of the research data (Ashworth, 2003). The second research question offers an investigation into the possibilities these experiences might hold for other music therapists working in similar contexts and will therefore include a degree of interpretation.

### **3.2 Methods**

In qualitative research, the most common method for analysing interview data is a thematic analysis (Banister et al., 1994). This is a coherent way of organising interview material into specific thematic headings relevant to the research questions. It is important to note that any kind of analysis involves an amount of interpretation and construction of meaning that will be influenced by the stance of the researcher. I therefore remained reflexive and stayed as close to the raw material as possible throughout the study, to present an informed account of this material..

I began the interview analysis by fully transcribing the entire interview. From this transcript, I worked through the interview and coded every line with particular relevance to the research questions: data that focused on the experiences of the music therapists related specifically to their



'*Music for Life*' project in Heideveld. At a later stage I returned to code other sections of data that were found to have relevance. Coding is a means of labelling the data, describing what it is about or defining meanings within the data, thus breaking it down into units of meaning (Charmaz, 2003; Ansdell & Pavlicevic, 2001). Coding every line ensured that I remained close to the data without inserting my own assumptions too early.

From the codes I began to sort, organise and synthesize data by forming conceptual categories which linked various codes together (Charmaz, 2003). A category could be likened to a higher order code. In order to manage the data, it is most helpful if categories are mutually exclusive, so that a code belongs to only one category. Categories may arise directly from what has been said in the interview or from codes, or may be descriptions of what is happening in the data. Through organising and re-organising categories, I discovered emerging themes (or higher order categories) that form the basis for a discussion of the research questions (Ansdell & Pavlicevic, 2001).

As the first research question is primarily descriptive, I attempted to remain as close to the data as possible, describing the experiences of the music therapists in detail as portrayed through themes that emerged from this data. The second question includes more interpretation of the data as meanings of these experiences are constructed in order to offer some insights to other music therapists who may be working in similar contexts. In discussing this question, I integrated findings, linking themes from the findings with pre-existing literature and by continually referring back to the original data source. The theories or meanings generated continually evolved as I reflected on the data and brought my findings together to form a coherent whole (Ansdell & Pavlicevic, 2001). Interpretations are subjective, but informed.

### **3.3 Trustworthiness**

Trustworthiness is related to the concept of validity of quantitative research and is thus a way of ensuring that the findings of a qualitative study will hold value for others, being relevant, accurate and informed (Aigen, 1995). Qualitative research may not support the notion that an absolute truth exists but research still needs to present a valid account of one of the many possible constructions of reality to make this research credible (Lincoln & Guba, 1985). Qualitative researchers need to ensure that their findings are transferable by giving detailed contextual information so that a reader can make an informed decision as to the transferability of findings to their own context. Qualitative research also needs to be dependable, showing a logical and systematic process of data analysis and synthesis, and confirmable, or grounded in the data. In order to ensure trustworthiness, steps were taken to ensure that the research process produced findings that are credible, transferable, dependable and confirmable (Lincoln & Guba, 1985).

Persistent observation is a process of continually referring back to the raw data in order to ensure that the research findings remain true to this data, offering a credible account (Lincoln & Guba, 1985). As I viewed the data repeatedly I explored themes that emerged, whilst remaining close to the original data to ensure that my emergent themes and theories were informed by the data.

Triangulation, or the use of multiple sources of information gathering, is another tool for ensuring credibility (Lincoln & Guba, 1985). In the interpretation of the data, findings are compared with accounts provided in the literature that may confirm or differ from these findings. The discussion of the data reflects on these comparisons to ensure that meanings constructed are informed. I have also researched literature of cases where interview data has been analysed in a way similar to the analysis of this research, ensuring that these methods are credible (see Amir, 1993; Arnason, 2003). Another source of triangulation is peer debriefing, 'a process of exposing oneself to a disinterested peer in a manner paralleling an analytic session and for the purpose of exploring aspects of the inquiry that might otherwise remain only implicit within the inquirer's mind' (Lincoln & Guba, 1985:308). Through meeting regularly with a supervisor and exploring my work briefly with fellow students, I have been able to explore meanings, biases and emergent theories as well as gaining an acute awareness of personal feelings that could interfere with the research process.

The background and context chapter (Chapter 1) of the research provides a detailed description of the Heideveld context and the history of music and music therapy within this community. I also presented my own context and the relationship I have to the research, giving details of my particular interests in the study, and my own experiences that may influence the research. The literature review (Chapter 2) includes a background and history of coloured communities in South Africa. These thick descriptions place the research into context, which will allow an interested reader to make informed decisions regarding the transferability of the research study (Lincoln & Guba, 1985).

In this chapter, methods for data analysis have been documented. The process of analysing data is further documented in the data and analysis chapter (Chapter 4), offering extracts of primary data sources, coding, categories and personal notes made at various stages in the research. The raw data, transcript, full coding and categorising information and a research journal recording personal reflections through the research process have also been included in the appendices of the research. This allows a reader to ascertain that findings have been generated from the raw data through a logical, systematic process and that the findings were generated from the data and informed by the data and are thus dependable (Lincoln & Guba, 1985). Throughout the research process my research supervisor also had the task of ensuring that findings offered a systematically produced, legitimate account of what the raw data offers, making the findings

confirmable (Smith, 2003).

### **3.4 Ethical Considerations**

As this research has been conducted in a trustworthy manner, this ensures that the research design and process is ethical, that the research has been appropriate for the given data and has been done in such a way that is true to what was offered in the raw data (Ansdell & Pavlicevic, 2001). I also held an open stance and include a discussion of any possible flaws, difficulties experienced or biases that may affect the research in the data and analysis chapter (Chapter 4), allowing the reader to decide on the relevance of the research.

Informed consent has been obtained from the interviewee to use the interview material (Appendix I<sup>1</sup>). The research does not provide names or personal information pertaining to any of the community members mentioned in the interview, ensuring that their confidentiality and anonymity is held. The data will be used for this research project, stored safely at the university for seven years and then destroyed. Data has only been accessed by myself, as the researcher, and by those involved in the research process, such as supervisors, although some of this data is presented in the research. This information was made clear to the interviewee before she gave her informed consent. This ensures that the methods used are ethical, of no harm to the interviewee, or any of those referred to in the interview.

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<sup>1</sup> Appendix I is not included in the electronic copy of this dissertation

## Chapter 4

### Data Analysis

#### 4.1 Introduction

As noted in the methodology chapter, the interview data was analysed through a process of thematic analysis. The entire interview was transcribed and the transcript was then coded. Codes were arranged into groups to form categories. Through the process of forming categories I deduced thematic ideas on which the discussion of the research questions is based.

#### 4.2 Initial Impressions of the Interview Material

After reading through the interview transcript, my initial impression was that information relating to the Heideveld context was rather negative in contrast to the positive reflections given about music therapy and the *'Music for Life'* project. I felt that this was an unrealistic and an incomplete account, lacking a balance of negative and positive aspects within the community and with the projects the music therapists had initiated. I began to feel as if this could limit the value of the research and felt slightly unmotivated as a result. These feelings, recorded in my research journal (see Appendix II<sup>1</sup> for journal), were also influenced by the fact that I had not done the interview myself and felt distanced from the material. Although I was interested in the work in Heideveld I had not chosen this material and felt pressured to formulate research questions that could hold relevance to this material. Our student group also attended a mini-symposium where the therapists from Heideveld presented their work and later one of our lecturers gave a presentation on another aspect of this work. I felt there was little left for me to say. These feelings may have influenced the initial stages of the process of data analysis which I found to be draining and slow.

Qualitative research, in its emergent focus, requires that a researcher begins with a broad focus, allowing the raw material and data to lead and guide the direction research takes. The research focus evolves through the process and can often cause anxiety, as a researcher has no defined procedure for obtaining findings or any clear picture of what the end result of the research may be (Ansdell & Pavlicevic, 2001). My initial negativity may well have been linked to the anxiety of not knowing where the research would lead. This stage of research can be valuable as this uncertainty forced me to remain close to the raw material, allowing this material to guide the direction of the research process.

As I began to code I became aware of new concepts and ideas emerging, though these initially

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<sup>1</sup> Appendix II is not included in the electronic copy of this dissertation

remained vague. I began to feel more positive, that this research project could lead to worthwhile and meaningful findings.

## 4.3 Coding

### 4.3.1 A First Attempt

As I began the process of coding I felt I may need to code the entire interview as any comments made by the interviewee regarding her work in Heideveld would be relevant to answering a research question asking about the experiences of the music therapists. In my research journal at this point, I noted my frustration saying 'I just seem to be coding everything. What is my *focus*?' I decided I needed to narrow my focus to the '*Music for Life*' project and only code sections of the interview that hold particular relevance to this project which was the main focus of the interview. Parts of the interview transcript giving background information on Heideveld and information on the other projects the music therapists are currently running in Heideveld have been excluded. This information does form an important part of the background to this project and has been summarised and included in the background and context chapter (Chapter 1). At a later stage in the research process I returned to code some of the background information that referred to issues faced by the community, as these issues were often noted as an influential factor in the way the therapists worked and experienced their work in the '*Music for Life*' project.

I numbered the lines of the transcript and chose to code each line rather than each sentence or phrase, as the interviewee tended to speak with long phrases or sentences, sometimes containing a large amount of information. At first I understood the codes as a means of sorting data into related groups so that I could note what ideas were referred to most in the text. Table 4.1 presents an example of this initial coding.

**Table 4.1 – Example of Initial Codes**

<i>Line</i>	<i>Transcript</i>	<i>Codes</i>
176	OK. We felt that, there was such an enormous need, um, in the	MTP's <sup>2</sup> view of community
177	community, especially with the children, um, and we decided that, well, you	
178	know, all the children don't necessarily need music therapy, they don't	
179	necessarily need to come for therapy, but, um, they're in this community,	
180	they've got a very, usually very, they're quite disempowered about the	reasons for MT <sup>3</sup> community work
181	violence, with all the violence going on around them. They get involved in	social issues - children
182	the gangs and they get involved in drugs, so we wanted to find some other	
183	way to, um, to draw them in and to, and music is such a powerful way of	goals for MTP's in community work
184	getting people together, and so we decided to firstly,	value of music for community
184a	to start a choir. Um,	MT programs
185	also, one of the reasons was to give the children something to do – very	goals for MTP's in community work
186	practical thing, to keep them off the streets. So every Wednesday afternoon	
187	between 2 and 4 they have something that they have to do and place,	
188	something that they have to commit to and it takes discipline, and, you	
189	know, motivation – that's the kind of, almost skills we wanted to give them	

As shown in Table 4.1, similar material is grouped together into codes. For example, material relating to violence witnessed by children, gang involvement and drug involvement is all grouped under the code 'social issues – children' (Lines 181, 182). In coding this way, entire paragraphs with similar content were often grouped together under the same code (even though I worked through the material line by line). Through supervision I realised that coding this way meant that I was interpreting too much, grouping large amounts of data together at this early stage and so losing a lot of meaning. The interviewee speaks a lot about gangs, violence and drugs throughout the interview, for instance, and by grouping the above information all under the code 'social issues – children', it is assumed that these issues would not need to be considered separately at a later stage. These assumptions may have limited options for analysing codes. I also found that as I looked over these codes, I had to constantly refer back to the text, to find what each code described. This made the codes quite unhelpful.

I therefore put these codes aside, holding the possibility in mind that some of these codes may offer helpful ideas for categories, and I re-coded the text.

<sup>2</sup> MTP – Music Therapist

<sup>3</sup> MT – Music Therapy

### 4.3.2 Repeating the Process

The new codes attempt to draw out and describe the meaning of the text. In remaining close to the text, I kept codes as detailed as possible, trying not to link up too many ideas and so interpret the data at this stage (keeping in mind that even the most detailed coding requires an element of interpretation) (Ashworth, 2003). The entire transcript and coding of this transcript is included in the appendix (see Appendix III<sup>4</sup>). Table 4.2 offers an example of the new codes given to the same excerpt as Table 4.1, so that the two can be compared.

**Table 4.2 – Example of a Coded Excerpt**

<b>Line</b>	<b>Transcript</b>	<b>Codes</b>
176	OK. We felt that, there was such an enormous need, um, in the	enormous need - community
177	community, especially with the children, um, and we decided that, well, you	need - children
178	know, all the children don't necessarily need music therapy, they don't	not all needing MT
179	necessarily need to come for therapy, but, um, they're in this community,	
180	they've got a very, usually very, they're quite disempowered about the	disempowered
181	violence, with all the violence going on around them. They get involved in	violence
182	the gangs	gang involvement
182a	and they get involved in drugs, so we wanted to find some other	drug involvement
183	way to, um, to draw them in and to, and music is such a powerful way of	draw children in
184	getting people together, and so we decided to firstly,	music as powerful to get people together
184a	to start a choir. Um,	MFL <sup>5</sup> - choir
185	also, one of the reasons was to give the children something to do – very	something to do
186	practical thing,	practical
186a	to keep them off the streets. So every Wednesday afternoon	safer (off streets)
187	between 2 and 4 they have something that they have to do and place,	(Background)
188	something that they have to commit to	commitment
188a	and it takes discipline, and, you	discipline
189	know, motivation – that's the kind of,	motivation
189a	almost skills we wanted to give them	skills given

In Table 4.2 it can be seen that codes such as 'disempowered' or 'violence' are taken directly from words in the text, as a means of retaining as much of the original meaning as possible. Other codes involve summing up a phrase in a few words or single word, sometimes involving some interpretation. An example of this is the code 'safer', which is used to code the phrase 'keep them off the streets'. In comparison with the initial coding, as shown in Table 4.1, similar codes, such as 'enormous need - community', relating to the whole community, and 'need – children' are

<sup>4</sup> The interview transcript included in the electronic copy of this dissertation does not show the coding, but codes are all included in Appendix IV

<sup>5</sup> MFL – 'Music For Life'



separated, in case I wished to view the children separately from the rest of the community in later analysis. This was in light of the fact that the children were involved in the choir and thus part of the process for a longer time than the rest of the community who would have only been involved in the concert.

As I coded the material a second time, I was careful not to exclude information and coded every line. Where lines offered more information than one code could define, I split these lines (e.g. 189, 189a). Repetitions of the same information given within a short space of time and background information have been excluded. Table 4.2 does not show a code for line 179 as the line repeats information given in lines 177 and 178. The line describing the day, or time of rehearsals (line 187) has also not been coded. This was considered as background information, not specifically related to the research questions, namely:

1. What are some of the experiences of the music therapists as they negotiate community 'musicking' within the Heideveld context?
2. What are the implications of this case for music therapists working within similar contexts?

I reviewed this background information as I composed a summary of the background for the *'Music for Life'* project, offered in Chapter 1.

The interviewer's questions have not been coded, other than when she offered suggestions, perhaps offering a possible direction for the interviewee's thoughts, to which the interviewee replied affirmatively.

## **4.4 Moving from Codes to Categories**

### **4.4.1 "Re-Coding" Codes**

Once the relevant sections of the interview transcript were coded, I typed out these codes, and was left with an extensive list. There was only a short list of codes that were repeated in the interview although some codes were quite similar. I attempted to "re-code" codes, linking them together with these higher order codes, so that the data became more manageable. The higher order codes seemed once again to hold similarities to the way I had initially coded the interview text. An example is given in Table 4.3.



**Table 4.3 - “Re-Coding” Codes**

<i>Lines</i>	<i>Code</i>	<i>'Higher Order Code'</i>
15	Going well	MTp Feelings about MFL
20	Good year 2004	MTp Feelings about MFL
21	Concert – good end to year	MTp Feelings about MFL
22	Exciting	MTp Feelings about MFL
32, 184a, 376	MFL - choir	MFL - established
33	Want other musical groups	Constantly evolving
34	Need funding	Obstacles
166, 173, 174	Raise Funds	?
170	Non-profit organisation (NPO)	MFL - established
176	Enormous need - community	Community issues, needs
177	Need - children	Community issues, needs
178	Not all needing MT	Differing levels of need

Table 4.3 gives the first few codes and the higher order codes assigned to each. Attempts to manage data in this way did not allow me to get further through the list than these few codes. The first four codes did not present problems as it seemed quite clear that these four codes all described feelings of the music therapists about the *'Music for Life'* project. Then the process became more difficult. As I worked down the list I constantly found codes I wished to group with earlier codes, but the nuances of the higher order code would not have allowed this. As a result I had to constantly change my higher order codes. For example, the code 'need funds' is given the higher order code, 'obstacles', referring to obstacles that limited what the music therapists could do in their work. I then wanted to group codes referring to funding together, linking 'raised funds' to 'need funding', but this would require forming a new higher order code such as 'funding', or perhaps 'overcoming obstacles'.

At this point, my research journal records feelings such as 'I am finding it so difficult to sort my codes into categories – I want to stick with the data, but I feel a bit like I can say whatever I want and prove that it holds true to the data!' I felt as if my coding was drawing meaning away from the interview material. The research questions did not help to focus my thinking, as in describing the experiences of the music therapists, I could incorporate a number of different angles of their experiences. My earlier negative feelings about this research were emphasised at this point.

#### 4.4.2 Grouping Codes

After supervision I left my attempts at assigning higher order codes to each code and simply began to group like codes together. Through this process, I constantly returned to the transcript, so that codes were not taken out of the context in which they had their meaning. Once I had about 20 separate groups of codes, groups were given category labels that I felt best described the different groups. Some of the category labels drew from words or phrases taken directly from codes or from the text, whereas other category labels offered a description of the codes in the category.

Initial categories were as follows:

1. Moving Outwards into the Community
2. Community Response
3. Music Therapists Changing Through the Process
4. MT – Obstacles, Difficulties
5. MTp Feelings
6. Sensing Needs and Possibilities to Direct Work
7. Requirements, Skills of MTp's
8. MT vs Music Performance
9. Concert as Building Relationships
10. Value of Using Music in Community Work
11. MTp & Community Feelings at Concert
12. Individual Needs Addressed in Choir
13. Community Needs
14. Children's Response to MFL
15. Song Lyrics to Address Issues
16. Concert – Groups, Arrangements
17. Future Ideas
18. How MFL Helped - Practical
19. How MFL Helped – Individual
20. MFL as Initiating Social Growth, Change

Table 4.4 presents an example of one of the initial groups of codes that was later given the category label, 'Value of Using Music in Community Work'.

**Table 4.4 – Codes for the Category Labelled 'Value of Using Music in Community Work'**

<b>Code</b>	<b>Lines</b>
Music – powerful to get people together	184
Through music	252, 309a
Naturally develop through music	310
Music generating social collaboration	626
Music to bridge obstacles	638
Music – non-threatening way to bring people together	645
Music - accessible	235
Music - status	650
Music - powerful	652
Music – people believe in	651

Some codes such as 'through music' do not seem to give a full impression of the text. I therefore kept returning to the text and changed the wording of these codes. The code 'through music' was split into two codes namely 'part of the group through music' and 'self-esteem developed through music'.

Table 4.5 presents a further example of the codes I grouped together into the category 'Moving Outwards'.

**Table 4.5 – Codes for the Category Labelled 'Moving Outwards'**

<b>Code</b>	<b>Lines</b>
Not all needing MT	178
Open to all 7 schools	190
Let children join	228, 243, 244
Concert – goal for choir	354
Open to whole community	357
Community invited to perform	358, 370
Attendance more than ticket sales	393, 396
Community invited to join	444
Response from wider community	449
Wider community involved	484, 496
Gangsters involved	488-491
Children inviting others to perform	493
Impacts larger community	498
Focus moved from children to include others	565
Extend to concert	575
MT goes to public platform	577
Role of MTp's moves into community	593

This category includes any codes that present an idea of movement outwards into the community. This includes the music therapists moving beyond music therapy clients to those who did not need music therapy; inviting more children and community members to participate in *'Music for Life'*; a responsiveness from a widening sector of the community, as well as a move the music therapists experienced in their roles, moving out into the community.

Some categories, as the category presented in Table 4.4, seemed to be mutually exclusive and quite easily separated – these codes did not belong in another category. Other categories presented more difficulties. As I looked through categories initially labelled as 'Moving Outwards' as presented in Table 4.5, 'Music Therapists Changing Through the Process' and others, I became aware of ideas relating to the therapists' experiences of playing a number of different roles through the process of initiating *'Music for Life'*. These ideas repeated through categories and I considered them to be important. I therefore formed a new category, 'Changing Roles of Music Therapists', as presented in Table 4.6.

**Table 4.6 – Codes for the Category Labelled 'Changing Roles of Music Therapists'**

<i>Code</i>	<i>Lines</i>
Raise Funds	166, 173, 174
NPO (Non-Profit Organisation)	170
Music Therapists doing work – not Music therapy	503
MT goes to public platform	577
MT as 'social work'	583
Role of MTp's moves into community	593
MTp role	678
MTp's organising concert	691
MTp's initiating concert	692
MTp's – minor role	696

Codes such as 'Role of MTp's moves into the community' or 'MT goes to public platform' initially belonged to the category labelled 'Moving Outwards'. By moving them to this category I was focusing on the importance of the changing roles of the music therapists. Decisions to regroup these codes required some amount of interpretation around how codes could be best grouped together in order to describe some of the experiences of the music therapists as they negotiated community 'musicking' with the Heideveld community. The process of grouping codes took some time as I continually re-grouped codes, moving codes that fitted better alongside other codes, and finding a mutually exclusive category for each code, without taking meaning away from codes.

By working with the codes in this way, I allowed the data to lead the research process. I was not trying to prove any preconceived ideas but rather exploring the data and allowing concepts to form out of the data (Bruscia, 1995). This did mean that I began with no clear notion of where the research would lead, but as ideas began to emerge from the data, the research process became focused and I felt positive about this process. Slowly, the data became more manageable and fitted together better, even if I still did not feel completely clear of my how I could make meaning of this data. I began to find that the data contained some interesting and relevant information that I would be able to discuss and that this research would therefore have value and meaning.

## 4.5 Moving from Categories to Themes

### 4.5.1 Emergent Thematic Ideas

As I continued to organise categories, I became aware of new ideas that seemed to repeat throughout different categories. These included the therapists working with individuals in the community and then moving outwards to include others in this community; an idea of music being something positive to counteract the negativity within the community (the idea that came across most clearly when the material was first transcribed); music as bringing together an often fragmented community; music as able to voice issues and how *'Music for Life'* was able to elicit the potential within the community. Further ideas included the therapists needing to change roles through the process, and not being sure how to talk about what they were doing as it seemed to step outside the boundaries of conventional music therapy practice. Some of these ideas described exclusive categories whereas others repeated over many categories. I initially felt I would need to regroup the data into these categories but this would mean that a lot of data would be grouped into a few categories. These ideas were therefore viewed as emergent thematic ideas.

Through a cyclical process, where I constantly returned to the original data, I continued to shift codes within categories while developing thematic ideas further. Movement was a concept that came through the data quite clearly as the therapists and community constantly changed and adapted through negotiations around the *'Music for Life'* programme. Through supervision discussions, I used my initial thematic ideas to form four themes, namely *'Moving Outwards'*, *'Moving Together'*, *'Moving Forward'* and *'Moving Through'*, whilst I continued to formulate these ideas. The themes could be likened to higher order categories, a further means of making the data more manageable. Themes had emerged from the categories and some categories belonged to one theme exclusively. Other categories belonged to two themes, however. As I continued regrouping codes and categories I found that many categories contained codes describing different ideas and could thus be split into separate categories. By splitting, combining and re-arranging categories whilst developing the concepts of emergent themes, I created 21 categories, each belonging exclusively to one theme. As I continued to form these categories, my themes

became more clearly defined.

#### **4.5.2 Final Categories**

The Categories decided on in order to best organise the data are as follows:

1. Moving Outwards into the Community
2. Future Plans
3. Is This Music Therapy?
4. Community Fragmentation
5. Music Brings People Together
6. Concert Items
7. 'Music For Life' Bringing Community Together
8. Building Relationships between Music Therapists and Community
9. Negative Aspects of Heideveld Environment
10. Community Responses to Their Environment
11. Individual Needs of Children
12. Positive Qualities of Music
13. Song Lyrics to Address Issues
14. Value of 'Music for Life' for Children
15. Value of 'Music for Life' for Community
16. Children's Responses to 'Music for Life'
17. Community Responses to 'Music for Life'
18. Community Needs Steering Direction of 'Music for Life'
19. Music Therapists – Changing Through Process
20. Changing Roles of Music Therapists
21. Music Therapist's Feelings Through the Process

Although the Heideveld children form part of this community, codes referring to the children and to the community as a whole are separated as the children were involved for a larger part of the programme and process. Appendix IV gives a complete list of categories and the codes belonging to each of these categories.

It was difficult to regroup some categories so that they belonged exclusively to one theme, especially a category that was initially labelled 'Community Issues'. This category included a large number of codes that described various negative aspects of the community such as poverty; violence; the community being fragmented; and making little effort to do anything about these negative aspects. As I noticed thematic ideas emerging, I found that codes in this category helped to describe both of the two themes '*Moving Together*' and '*Moving Forward*', which related to important aspects of the experiences of the music therapists. If I placed these two themes

together I would take away from some of this importance. I therefore felt I needed to split the 'Community Issues' category. I eventually decided to split the category into three categories labelled, 'Community Fragmentation' (to be included in the thematic idea of '*Moving Together*'), 'Negative Aspects of the Environment' and 'Community Response to the Environment' (both included into the thematic idea of '*Moving Forward*'). These aspects are considered as starting points from which the therapists experienced the community beginning to move together and to move forward towards change and positive growth. Table 4.7 presents these categories.

**Table 4.7- Splitting the Category 'Community Issues'**

<i>Initial Category: Community Issues</i>		
<i>Community Fragmentation</i>	<i>Negative Aspects of Heideveld Environment</i>	<i>Community Responses to Environment</i>
Fragmented Community	Heideveld – negative environment	Heideveld - hopeless
Not strong sense of identity	Heideveld – hard for children	Community silence about issues
Identity – music, religion etc.	Drug involvement	Disempowered
Community disintegration	Drug abuse	Despondent police - violence
Not strong sense of community	Drug problems	Gangs as worst fear
Not supportive	Drug trafficking - income	Community – talk about gangs
No lead to get together	Gang involvement	Complain about gangs
Not standing together to solve problems	Gangs	Just coping through every day
Police socially isolated	Gangs protect	No initiative to make circumstances better
Gangs part of community	Gangs – high profile	
Strong sense of community - gangs	Gangs – big influence	
Gangs vs rest of community	Child gang	
Gangs split up families, community	Gang fighting	
Identity – gang structure	Violence	
Fighting over territory	Dagga abuse	
Racial violence	Alcohol abuse	
Black vs coloured	Poverty	
Race issues	Overcrowded	
Heideveld – danger for Xhosa children	Unemployment	
Cultural issues		
Different race contexts		
Racial discrimination		
Different races		

The difficulty of splitting these categories was that some aspects, such as gangs or violence, are

both negative aspects of the community and also serve to fragment the community (which could be interpreted as negative itself). I did not want to complicate the data analysis by placing the same codes in two separate categories, so I decided to place them in an exclusive category according to the meaning they held in the context of the text. For example, when the interviewee talks about gangs as causing fear in the community or as some of the issues the children face, this is categorised under 'Negative Aspects of the Heideveld Environment' but where she specifically focuses on the gangs splitting up family units these codes are coded under 'Community Fragmentation'. The code 'violence' is placed under the 'Negative Aspects of the Community' category as I felt it was often referred to as negatively influencing the community. However, codes referring to racial violence (which specifically implies a divide in different groupings of people) are placed under the category 'Community Fragmentation'.

Grouping the data into themes was not a direct or simple process and involved an amount of interpretation as thematic ideas are interrelated and work together in order to give a detailed account of some of the music therapists experiences as they negotiated the process of *'Music for Life'* in Heideveld. Despite difficulties, this process helped to highlight important aspects of the data, which will be discussed in the discussion and findings chapter.

## 4.6 Themes

The first theme, *'Moving Outwards'*, includes categories one, two and three (see Appendix IV for themes, categories and codes). The theme gives a sense of the music therapists experiencing a need to move outwards. They had to move outwards from conventional music therapy practice as informed by their training to different ways of working that they found difficult to describe using music therapy or other discourses. The theme also includes the way the music therapists work moved outwards from working with individual children and small groups to a larger choir and then to a concert that seemed to include an extended group of performers and audience from the community.

*'Moving Together'* includes categories four to eight and describes a process that the therapists experienced as taking place between community members and between the therapists and the community. They experienced the community as being quite fragmented in many ways, but through music, and by incorporating music belonging to different sectors of the community, the music therapists were able to bring often conflicting groups together into one setting, where relationships could be built. The concert also helped the community to recognise and trust the therapists who were initially seen as outsiders and excluded from the community in some ways. I include the category 'Community Fragmentation' in this theme, as these feelings about the community become the starting point for a movement together.



Besides helping to bring the community together, the music therapists felt that the journey of *'Music for Life'* helped to move the community forward in some ways. The theme *'Moving Forward'* includes categories nine to seventeen and describes the experience of the Heideveld environment as very negative and how community members seemed quite apathetic and did not move to bring about any change. These negative impressions of the Heideveld environment again serve as a starting point from which the music therapists could encourage the community to move forward. This theme also describes how the music process was experienced as helping children to voice important issues to the community and show how much potential the community held. The process of the choir seemed to change many of the children involved as they found a positive group they could belong to and their self esteem was raised as a result. Also, the concert brought a feeling of hope to the community as they experienced positive emotions and were surprised at the potential of the children and those who performed. There was an experience of moving forward, from quite negative to more positive feelings within the community, from apathy to social action. This theme also includes, however, those who chose not to or were unable to move forward at various points through the process.

The last theme is *'Moving Through'* and includes categories eighteen to twenty-one, focusing on the personal experiences of the music therapists as they moved through the *'Music for Life'* process. The therapists themselves had to change and adapt their work through negotiations with the community. Relationships had to be built with community members as the therapists learnt how to work within this community. This theme includes how they changed their direction and roles in order to address community needs and their feelings about this work as they moved through the process.

In the discussion of the data I refer to these thematic ideas. These themes form the basis from which I will offer answers to the research questions by describing the experiences of the music therapists as they negotiated community 'musicking' with the Heideveld community. Interpretations of this data are then offered, providing implications this research may hold for music therapists working in similar contexts.

## Chapter 5

### Discussion

#### 5.1 Introduction

As I worked through the process of analysing the interview material by transcribing, coding and categorising this material, I found themes emerging from the data. By returning constantly to the original interview transcript, thematic ideas were gathered to form four main themes that run through the data, describing the experiences of the music therapists as they negotiated community 'musicking' with the Heideveld community. In answer to the first research question, the experiences of the music therapists will be discussed, based on the four themes, namely: *'Moving Outwards'*, *'Moving Together'*, *'Moving Forwards'* and *'Moving Through'*. The discussion then offers some implications this case may have for other music therapists working in similar contexts in answer to the second research question. Here, I will draw both from the literature and from the experiences noted by the music therapists to formulate points for consideration.

#### 5.2 Discussion of the Experiences of the Music Therapists in Heideveld

##### 5.2.1 Movement

The notion of movement is reflected throughout the interview material, highlighting some of the experiences of the music therapists as they negotiate the *'Music for Life'* project in Heideveld. The work is experienced as a process, involving constant shifts and changes. I could argue that movement is inevitable in any process of music therapy as music itself involves a constant shifting, a moving of sounds, and music therapists use this medium to promote health, change or movement within clients. The movement noted in the *'Music for Life'* project, however, is movement on a different level. The project involves movement on a broader scale, movement that challenges and questions the boundaries of music therapy. Included in the idea of movement, I want to consider that there needs to be some imagined or real starting point where there was possibly no movement or movement in a different direction, a new direction to move towards and an incentive to move. Through the process, this movement takes place at different rates and may include moments where there is no movement.

Each of the four themes, *'Moving Outwards'*, *'Moving Together'*, *'Moving Forwards'* and *'Moving Through'* notes a starting point (often where the therapists experienced a lack of movement or movement in an unhelpful direction within the community), goals to move towards and points where certain goals are reached even though the project continues to move on. Some of the themes include experiences of members of the community that did not move along with the project in contrast to the movement that took place in other parts.

### 5.2.2 Moving Outwards

The music therapists in Heideveld began working within the boundaries of conventional music therapy practice. They worked in a clinical space in schools with individuals or groups of children referred to them by social workers or teachers. But in this community, with such blatant social needs, it simply did not seem sufficient to focus only on this small group of children. The need was great, the resources few, as the interviewee comments, 'We felt that there was such an enormous need in the community, especially with the children, and we decided that ... all the children don't necessarily need music therapy ... but they're in this community ... they're quite disempowered ... with all the violence going on around them.' (p7, lines 176-181).

In responding to these needs, the music therapists moved outwards from their clinical space to initiate '*Music for Life*', beginning with a choir. The choir drew children from all seven schools in the community, who required no referrals (as music therapy sessions required) and in this way involved a larger sector of the community. Children responded enthusiastically and the choir continued to move outwards as children who were not initially chosen for the group attended rehearsals and were invited to join. The choir needed a goal to work towards and so the project expanded further as the therapists began to organise a community concert. This included the participation of teachers, parents, and members of the community who wished to perform or help in hiring out a hall or setting up for the concert. Thus, through the process, the music therapists began to reach an ever widening portion of the community. As the music therapists moved outwards, so children and others responded by moving outwards themselves, inviting members of the public to join the concert, so that the concert included community members who had no relation to those performing, as the interviewee says, '... that was quite interesting to me, to see the people who are usually not part of what we are doing ..., just the community outside, joining in' and 'how it really impacts on more than just the people we're directly in contact with.' (p16, 17, lines 494-498).

Through the concert, the music therapists were able to build relationships with community members such as the police and some responded by offering the therapists further opportunities to extend their work into other areas within the community. In this way, their work continues to move outwards.

The move outwards includes a move away from what the music therapists could confidently call music therapy practice. When asked whether this is music therapy, the interviewee answers, '... it's definitely not, it's not therapy.' (p9, lines 257-258). She emphasises this throughout the interview. At the same time she clearly states that they worked in a very different way to a music teacher, their goals for the choir had to do with the process and how it could change children,

rather than focussing on accomplishing an aesthetically pleasing product of a certain standard. These goals seemed more similar to music therapy goals. The project is a move outwards from the conventions of music therapy but still holds a basis of therapeutic thinking, leaving the therapists unable to adequately describe their work using the discourses of music therapy, music teaching or music performance.

### 5.2.3 Moving Together

The interviewee struggles to answer the questions about whether there is a sense of community or a sense of identity within the Heideveld population. She explains that 'I think as an outsider looking at the community, I can see – this is who they are, this is the music they listen to or this is their religion ... but there's not really a sense of support or of people standing together to solve problems...' (p5, lines 121-126). The community seems fragmented, split into a number of groupings predominantly according to gang membership or race. Gangs hold a powerful role in the community. They are part of this community and serve to protect certain community members, but family members might belong to different gangs and families are split as a result. The police are also an isolated group in the community and could be viewed in some ways as a 'gang', on the side of the law. Although Heideveld consists mostly of coloured people, many children come to schools in the community from the neighbouring township, Gugulethu. This is a Xhosa community, and there is often much tension between these neighbours. The music therapists themselves are outsiders, not belonging to the community but only coming to work there, forming yet another group that is isolated from the community in some ways.

In contrast, the therapists experienced music as a powerful medium for bringing people together and generating social collaboration in a non-threatening way. The interviewee explains that 'we decided to use music and not something else because it just seems to bridge a lot of obstacles ... it's a non-threatening way for *the community* to come together ... and it's an easy way, and it's accessible ... it's something important.' The community reflected their own feelings about music to the therapists, saying, 'music is so powerful, music can ... heal things.' (p21, lines 638, 639, 645-648, 652, 653, *italics: mine*). Through the '*Music for Life*' project, the music therapists were able to bring together children from seven different schools, also bringing together Xhosa and coloured children. These children did not naturally form one unified choir but being part of the choir required that they worked together. Children were encouraged to deal with racial and other issues as they came together to sing, sharing their cultures as they learnt a combination of African songs belonging to the Xhosa children and songs that belonged to the coloured community. The choir was a group that children could belong to, offering a sense of community or togetherness that many of these children seemed to lack in other areas of their lives.

As the choir moved outwards to perform, the concert brought together a larger group of

community members. Besides the choir, the concert included a mixture of items presented by community members, music therapy groups or individuals. These performances included a range of different music, incorporating the cultural 'Kaapse Klopse' music of the coloured people and African songs, belonging to the Xhosa community. This impacted the community, 'bringing these coloured and Xhosa communities together – because they were sitting together and clapping and singing to the same songs.' (p16, lines 472, 473). The interviewee explains how other community members were drawn to the concert, with an example of some young gang members who were asked to help set up chairs and who later performed their own item at the concert, so becoming part of the event.

The music therapists, who were initially viewed as outsiders, were also drawn into relationship with the community. Through the process of negotiating the concert, they were able to build the trust of community members and had an opportunity to talk about music therapy so it became something that was known in the community and part of the community. The music therapists and community moved together so that they became able to work together towards the shared event of the concert.

#### **5.2.4 Moving Forward**

In music therapy sessions with individuals and groups of children in the Heideveld schools, the therapists heard of numerous community struggles ranging from poverty, unemployment and overcrowding due to an insufficient provision of housing, to issues such as violence (mostly linked to the feared gangs) and abuse of alcohol or drugs. These issues made Heideveld appear to be a difficult environment that influences children negatively as they grow up in the community. Instead of taking social action to promote change in this environment the community was silent about these issues. They did complain about the gangs occasionally, but seemed despondent and disempowered, resigning themselves to the belief that there is no hope for Heideveld. The therapists observed that 'they just seem to be coping with their everyday situation and nobody seems to take a kind of lead to get people together and to do something to make circumstances better or just take some kind of stand on what's happening.' (p5, lines 127-130). These social needs were added to the individual needs the therapists sensed in children as they auditioned them for the choir.

The therapists experienced how they were able to work simultaneously on a social, or community and individual level. As individuals, the process of being in the choir was a practical alternative for children so often drawn to participating in gangs or taking drugs. The choir offered children a sense of self esteem as they were valued by others, and gave them hope. Children were also able to learn life skills such as discipline or motivation within a positive group experience.

Music is something positive that community members appreciate and that they feel has power. As the community attended the concert, they noted the potential of the children who performed, potential which they had been unaware of. The concert also offered the community a message, as the interviewee explains, 'we wanted to give the children a chance to give their message to the community of how they felt about what was happening in their community.' (p15, lines 434-436). Children were given opportunities to sing about issues in the community that impacted their lives and yet were often avoided by their parents and elders. The therapists also included songs with messages of hope or with positive lyrics in the repertoire of the choir, thus challenging the community to move forwards to new ways of thinking.

Through '*Music for Life*', the music therapists were able to encourage the community to take some social action, to move forward by beginning to acknowledge and perhaps consider dealing with their issues. The concert also offered a sense of hope by allowing the community to witness the potential of some of their members. The project evoked a range of responses. Most children involved in the choir responded eagerly and those who remained in the choir showed commitment as they made considerable efforts to attend rehearsals despite difficulties. These children were able to deal with issues that arose and grow in understanding of one another. There seemed to be a deep appreciation of the opportunity to sing in a choir, expressed through the devotion of these children to the process. In contrast, there were the children that were unable or unwilling to move with the process. They were not used to being committed, disciplined or motivated. As a result, there were children that left the choir or failed to attend rehearsals.

The community showed an interesting movement in terms of their responsiveness. Possibly due to a lack of relationship with the therapists, the community did not initially support the '*Music for Life*' project and did not respond to the therapists pleas to get members involved. Yet, as the therapists found means of communicating with the community, there was a move forward as members of the community became involved and took ownership of the concert.

The music therapists experienced an energy and vibrancy amongst the concert participants and audience. The community further expressed their enjoyment of the event with positive feed-back. There seemed to be a positive, hopeful feeling amongst the community, a contrast to the negativity and hopelessness the therapists often experienced within Heideveld. In this way, the concert may have encouraged some kind of change within this community, a move forward.

### **5.2.5 Moving Through**

The '*Music for Life*' project led the music therapists on a personal journey as they found ways to meet the community and negotiate a process where the community was able to address needs and explore their potential through music. The needs the therapists experienced in the community



became the driving factor in initiating *'Music for Life'*. They heard stories about Heideveld in music therapy sessions and used these descriptions as a basis for forming project goals and aims. Throughout the process the music therapists sensed where needs were and moved by changing their planning to accommodate and address these needs. In the choir, they initially hoped to get a group of children who could sing well together. As they moved through the auditions, they changed these criteria, feeling the choir needed to be there for children who could benefit individually and socially from the process of this group experience.

*'Music for Life'* was a process, through which the therapists had to make changes in their own ways of working as much as they hoped to encourage movement or change within the community. Negotiation was a key factor in this work. As the therapists built relationships with community members, learning how the community worked and allowing members to gain knowledge of music therapy, negotiations could take place. Through discussions with teachers, failures and positive experiences and constant negotiations, the music therapists moved through the process. Negotiations often left the therapists feeling uncertain or unsure, as the interviewee comments: 'We really saw how we had to adapt to the communities way of doing things ... we started planning months ahead, and we were just always delayed.' (p12,13, lines 361-363).

In remaining sensitive to the community, the music therapists found themselves broadening their roles to include more than working as therapists. A need for funding led them to become fundraisers. They initiated the *'Music for Life'* program and organised the concert, their roles naturally moving outwards into the community, into the public sphere. Yet, when the community began to take ownership of the concert, the therapists eventually stepped down and played only a minor role in the final event. The interviewee explains, 'K. and I were very involved in the organisation and we kind of ... planted the seed for this whole concert ... and at the end of the day the teachers of the "safe room" and the children really took the concert ... and we played a very minor role at the night, which I think was exactly what we had in mind.' (p23, lines 691-697).

Even though the *'Music for Life'* project was not considered to be music therapy, the therapists found themselves naturally using many of their music therapy skills in order to guide their work. As they auditioned children, they observed and listened to more than the aesthetic qualities of a child's voice. They listened to what they sensed from a child, their potential and need. They also listened to the community with similar skills as they interacted with various members. Their use of these skills was again on a broader level, not in exactly the same way as these skills would be applied in music therapy sessions with individual children or groups. The interviewee describes her experiences of using music therapy skills in the community, saying, 'I think we're constantly ... reflecting on what we're doing' and 'we had to really listen, but not just listen to what they have to say, but also look at their body language and their way of saying things ... almost a way of reading

the community, which I think our music therapy skills helps us to do.' (p18, lines 545-547, 550-553). The therapists remained sensitive to the community, improvising or trying new ideas but also constantly reflected on their work to make sense or meaning of what they were doing.

At the time of the interview, the interviewee expressed mostly very positive feelings towards the project and its success at that point. This may be due to the fact that the interview was conducted shortly after the concert and she was able to convey some of the elation and excitement of this concert and of how this made the community aware of the possibilities of music within this community. The responsiveness of the community suggested that the *'Music for Life'* project really was able to offer the community (and the therapists) a sense of hope. Through the process of arranging the concert, the interviewee does note some difficult experiences, such as having to deal with race issues in the choir. Constant referrals to the need to change their ideas or adapt to the community as they moved through the process may also suggest feelings of uncertainty or discomfort as the therapists had to discover new ways of working in negotiation with the community.

It was not only the community that moved as a result of the *'Music for Life'* project. The therapists had to move through the process so that the concert and choir were products of a combined community effort, not simply the work of two therapists.

### 5.2.6 On Moving

'I think how the process works for me is we do therapy, or whatever, and then we kind of see a gap where the music needs to go, and it's not even necessarily a conventional way of doing it, and we just do it, and ... then reflect.'  
(p22, lines 669-672).

Perhaps this statement serves to sum up the experiences of the music therapists as they negotiated community 'musicking' with the Heideveld community, through the *'Music for Life'* project. The therapists worked in a conventional music therapy setting, whilst also keeping in mind the greater social context and the needs and potential within this context. Where they sensed that music had the potential of addressing community needs or eliciting potential, the therapists moved outwards, at the same time encouraging the community to move together and to move forward by addressing pertinent issues. By continually adapting, negotiating and reflecting, the therapists moved through a process of learning about the community and so found ways of initiating community 'musicking'.



## **5.3 Implications for Music Therapy**

### **5.3.1 Introduction**

South Africa's political history has left many communities struggling with poverty, with a lack of resources and often also with violence and division in response to past ill-treatment (Caliguire, 1996; Kimes, 1996). The circumstances presented in Heideveld can be found in many communities throughout this country. Only a fifteen minute drive from the spacious, green suburb where I stayed in Johannesburg, I could visit three communities with many similarities to Heideveld. Can we assume that the framework of music therapy training and the clinical tools it teaches will hold relevance for these communities or does our work need to adapt? If we work as music therapists in South Africa, perhaps we need to consider possibilities and implications of work within these communities. The experiences of the music therapists as they worked in Heideveld hold valuable implications for music therapists working in similar contexts.

I have chosen to view the work of the music therapists in Heideveld from the emerging discourse of Community Music Therapy. The reasons for this are firstly that the music therapists still work using music therapeutic principles and thinking, making this work different to what other music professionals may do. Secondly, this case has many similarities to other cases described as Community Music Therapy projects (see Pavlicevic & Ansdell, 2004), and thirdly, their work serves to emphasise some of the important principles of community music therapy work.

### **5.3.2 Moving to the Community**

In communities struggling with violence, poverty and gangs, individual needs could be considered difficult to separate from the social or communal context. I have noted in the literature how violence perpetuates within a hostile environment as individuals who experience violence on a daily basis instead of nurturing often respond through violent acts of their own (Kimes, 1996, Pavlicevic, 1994, 2002). This violence may be turned outwards in aggressive acts towards those considered as different. Violence may also be turned inwards, shown through a loss of self-esteem, despondency or a loss of hope (Pavlicevic, 1994). These needs, exhibited in individuals, find their origin in the social environment, and simultaneously contribute to this environment.

Community Music Therapy involves stepping out of a relatively safe and defined clinical space, expanding boundaries to the public arena to include the community as a client (Stige, 2004). The music therapists in Heideveld began working in this community with individuals and groups of children from community schools. The social needs witnessed outside the therapy room then drew them out into the community as they wanted to find a way to address these needs. Where individual health is strongly connected to the social environment there is a challenge to consider moving outwards to work within the social sphere a necessity rather than an optional addition to

more conventional ways of working.

Another reason for working with entire communities could be that in impoverished communities, therapy becomes a luxury available only to those who can afford it financially or those considered as a 'strong enough' case for referral (Stige, 2004). Individual therapy may then be considered as an inconsiderate use of scarce resources and a project such as *'Music for Life'*, aimed at addressing social needs directly, seems far more viable. In these contexts, perhaps community projects should then take priority over individual work, or work with small groups, as therapists aim to address both individual and social needs simultaneously by promoting social change.

This does not imply that work with smaller sections of the community or with individuals needs to be excluded as there may always be those who could benefit from individual work. Therapists simply need to keep in mind that promoting change in individual clients alone becomes questionable when these individuals return to the same deprived environments (Pavlicevic, 1994).

In much of the literature on Community Music Therapy, music therapists have moved outwards towards performance or other community events, noting that their individual clients have important social aspects of their growth that need to be attended to, and that these needs could be addressed in a social setting, such as a through a performance. Performance becomes a means of integrating an isolated individual into community, thus empowering them by expanding their relationships and revealing some of their potential to others (see Pavlicevic & Ansdell, 2004). As the therapists moved to work in the Heideveld community, they reinforced therapeutic work with individuals by including them in the choir or by encouraging them to perform at the concert. In this way, the therapeutic growth of these children was witnessed by the community and may have encouraged growth in this community.

The aims for the *'Music for Life'* project, however, were not predominantly centred on how this project may aid past or present music therapy clients, but rather, aims were set to promote change within the children in the choir and the entire community. The children had voiced community issues in music therapy sessions, but these issues were rooted in the community as a whole and belonged to each member, whether acknowledged or not. The music therapists then viewed the community as a 'client', hoping to promote social change, as Stige (2004) proposes as a valid goal for Community Music Therapy work. The therapists' focus on promoting social change meant that individual growth might be held within this social change.

This case offers an interesting example of community work at this level. Once the therapists moved outwards to initiate working with the larger community, the community responded, taking initiative so that the project eventually began to expand outwards naturally. Children invited others

to perform at the concert, which was attended by a large group of community members, including those who had no direct relationship with the therapists or children involved. Through the complex web of relationships that were played out in the choir and concert, the music therapists empowered children to call the community together to address their issues.

I could critique work on such a broad scale, suggesting that individuals may not be significantly impacted (it is easy to be unnoticed and unheard in a crowd). The concert experience may not suffice to produce change that is in any way sustainable as members of the community may not take responsibility for acting towards change. In individual work, at least the individual is heard, and the responsibility for growth cannot be shifted onto another person. Does this work then still hold value?

### **5.3.3 'Musicking' Towards Social Change**

From music therapy literature, it is noted that basic human communication has musical features and we can thus communicate something of our identity, who we are, to others by making music together (Trevarthen, 2002; Miell & Macdonald, 2002). We are also born with an innate capacity for these communicative acts and therefore every human being is able to participate in the act of making music with others, or 'musicking' (Small, 1998, Trevarthen, 2002, Stige, 2002).

In 'musicking' we are forming relationships with others and are able to creatively explore, affirm and celebrate these relationships as we may like them to be, and in this way we can find ways of living well together (Small, 1998). The *'Music for Life'* project is based on a similar understanding of the power music can have within a community. The therapists realise how music can bring people together into a positive and powerful experience. The community also believes in music as a medium that holds status, that can create change (or 'heal things', see interview, Appendix III, p21). The therapists further worked to ensure that each member of this diverse community would be able to identify with some of the wide variety of music performed at the concert, so that by sharing in one another's music, people may be unified, rather than accentuating the divisions of this community.

I am not sure how many people in the Heideveld community would have voluntarily attended workshops or meetings to discuss their issues. A music concert was something different, non-threatening and enjoyable. 'Musicking' offered a contrasting experience for the Heideveld community. It brought the community together and the children were able to voice issues and concerns about drugs, gangs and violence through the powerful medium of song. Through music, the community came together, they heard the children's message and witnessed their potential. For a time, hope could replace despondency, unity could replace animosity and violence. The community could experience moving together and moving forward by confronting and addressing

pertinent issues and exploring new ways of being in the community.

The community may well have returned to their lives as usual. Yet, the mere fact that people normally in conflict with one another congregated together in a non-violent, exuberant concert atmosphere, the mere fact that people began to sing one another's music and could experience this positive event as a unified community is powerful.

If this is what can be achieved by bringing people together in an act of community 'musicking', we perhaps need to place far more emphasis on this medium. Many health professionals are limited to working with individuals (e.g. medical doctors who must attend to one client at a time). This leaves those who are able to work on the community level with a powerful tool and perhaps even responsibility for working to build communities, working simultaneously with the individual and the community by initiating projects to encourage social change. In projects such as *'Music for Life'* the limits to how many people the message and music can reach are extended beyond those therapists have direct contact with.

In the interview, the interviewee reflected on a comment made by one of her music therapy clients. He explained that over New Year's celebrations, members of different gangs would come together, joining the same 'Kaapse Klopse' groups to perform the traditional music of the Cape coloured communities. As a result, the only time there was ever peace in Heideveld seemed to be over this brief holiday period. Heideveld already has musicians and music of its own, music that brings peace to the community each year. Why did the music therapists then still feel a need to step out of their clinical boundaries and into the community? Are they not infringing upon the space of other musicians in this work? I could bypass this question with an explanation that in fact there is very little musical activity in Heideveld, and no music is offered for the children in schools. However, I want to consider this question, reflecting on the implications community work has for music therapists working in communities where there are other community 'musicking' events.

#### **5.3.4 Not Just a Performance**

Most music concerts or performances I have experienced bring together a group of people with similar musical preferences and often many other similarities, perhaps tied in with a notion of their musical and social identities being related (Hargreaves, Miell & Mac Donald, 2002). Concert aims are often commercial or for entertainment. The Heideveld concert was different. Here was a diverse group of people, divided not only according to gang membership (most gang members would probably have similar cultural backgrounds and musical preferences), but also by race. The community was also often driven to despondency or hopelessness by the constant violence and poverty in their community. These difficulties were held in mind by the music therapists as they initiated the Heideveld community concert. The concert was an attempt to bring together gangs as

well as Xhosa and coloured people so often in conflict with one another. The purpose of this concert was partially to offer something positive for the community (as any 'musicking' event might be), but also to promote change in the community, to address issues directly and foster an awareness of the potential of the community. Heideveld was experienced as a particularly difficult environment for the children who were often quite disempowered and the therapists sought to give these children a voice in the community, allowing them to express their feelings about community issues. The concert empowered these children, allowing them to feel valued by their community and giving them an important role in challenging change within this community.

The choir and concert were intentional efforts on the part of the therapists as they worked towards certain goals. Choir members were not chosen based on skill or voice quality but were chosen according to how much the therapists thought the process of being in the choir could benefit them. Children who may have been isolated or excluded socially were given the opportunity of being part of a positive group experience. Through the process of the choir and the concert, the therapists had to carefully manage sensitive issues such as racism between coloured and Xhosa community members. The music therapists also initiated the concert but then stood back, allowing community members to be empowered as they could take ownership of the concert. The therapists chose songs that would allow the children to voice issues in their community. This was a concert with a message, a concert with goals beyond the mere enjoyment of the performance. The interviewee explained that their goals were more similar to music therapy goals than to goals that a music teacher might have in working with a choir. Their focus was on how being a part of the choir or concert process could promote change within the community, encouraging community members to move together and to move forward.

Although the focus of Community Music Therapists differs to that of musicians or perhaps music teachers, our work could be enhanced by co-operation or the initiation of joint projects with other music professionals. The music therapists in Heideveld encouraged a 'Kaapse Klopse' group to perform at the concert. By working alongside these and other community musicians, the therapists provided in the concert something the community could identify with and own. The concert was a performance of music that belonged to the community, not simply a show-case of the therapists work within the community.

### **5.3.5 Finding a Fit**

It may seem presumptuous, if not quite arrogant to step into a community suggesting that we therapists have come to change everything for the better. One of the most important values for the music therapists in Heideveld, as with most Community Music Therapy practice, was to work in a way that was sensitive to their context (Ansdell, 2004). The therapists altered their work in order to address needs they became aware of, and were guided both by these needs and by the

possibilities and potential they sensed within the community as they moved through the process.

Proctor (2004) questions whether an outsider to a community (such as the music therapists in Heideveld) has enough sensitivity to the complex workings of this community and suggests that music therapists should preferably belong to the communities in which they work. In Heideveld, the music therapists were outsiders but this seemed to be an advantage as they were not biased towards a particular belief or race group within the diverse community. However, in keeping work context sensitive, the practice of Community Music Therapy assumes that we may not know exactly how to meet the needs of a client and that clients themselves hold valuable insights into what could aid their own growth process. Therefore our work needs to be carefully negotiated with clients (Stige, 2004). The therapists in Heideveld held this value throughout the *'Music for Life'* project. Decisions around initiating the choir and concert were negotiated with teachers from the 'safe room' committee, who helped in further negotiations with the community. In the choir, as the therapists listened to children, they adapted their programmes and ways of working according to their sense of children's needs.

Negotiations involved a process, as relationships were built, where the therapists and community learnt to communicate and so work together towards their first community concert for the *'Music for Life'* project. As they moved through the process, the therapists often had to change their thinking, to plan and then adapt their plans, requiring a constant flexibility and sensitivity to the community. As their work moved from the private clinical space to the public concert, the therapists experienced a need to step out of their accustomed roles. Therapists became concert organisers, fund raisers, negotiators and performers and were ready to step down from their leading roles to take less significant roles as the community felt ready to take over.

The expectations placed on therapists to adapt roles and plans in context can be demanding. As we move away from accustomed thinking patterns and roles, this may involve moments of discomfort or uncertainty, both personally and professionally. As the music therapists in Heideveld made sense of the community dynamics, they were required to make changes and try new ideas without any certainty of what would work or how their ideas would be met in the community. The value of working this way is that the music therapists initiated a project that the community could later make their own as they had played an important role throughout the process. At the same time, however, it begins to sound as if Community Music Therapists simply follow clients where they may lead, regardless of the consequences for themselves, the clients, or even music therapy as a profession.

### **5.3.6 Movement in Music Therapy**

Community Music Therapy expands beyond the boundaries of conventional music therapy and yet



is not clearly defined, even if important characteristics of this work are noted (Stige, 2004a). From a conventional perspective of music therapy practice, this work may seem unethical, perhaps even dangerous. In Heideveld, the therapists take their work out of a safe, clinical space, into the public arena. Individuals and group music therapy clients now have the opportunity of being part of a choir or performing for others in their community. How does this affect the boundaries of the therapeutic relationship? Could the therapists be biased towards those past clients who have now joined the choir? These are important issues to consider. Pavlicevic & Ansdell (2004a) comment on the ethics of Community Music Therapy, saying how it may seem that there are no rules in this new discourse. In documented cases of community music therapy, however, there do seem to be ethical standards underpinning this work, in that clients are considered with sensitivity to their needs and values, and therapists do not neglect clinical or therapeutic thinking when working with communities.

Different solutions may need to be considered for working sensitively within different contexts, whilst in continual negotiation with clients as the therapist makes meaning of these negotiations. Perhaps this negotiated, client-sensitive work is even more ethical than work where the therapist holds the power, assuming a superior notion of what a client's health should entail (Pavlicevic & Ansdell, 2004a).

The therapists in Heideveld may have negotiated work with the community, but still held certain music therapy skills in mind that influenced how their work was understood or carried out. Although they suggest that the *'Music for Life'* project is not music therapy, the interviewee refers to the use of music therapy skills, therapeutic thinking and reflexivity throughout the *'Music for Life'* process. The therapists found themselves listening to the community and to individuals to gain a sense of the meaning behind events inside and outside of the music. They set certain goals and moved purposefully towards these goals whilst constantly reflecting on the process. Perhaps these skills are more similar to conventional music therapy work than initially assumed. In a session, a therapist may lead the music or meet a client's music, allowing the client to lead. The therapist will constantly reflect and adapt her way of working with individual clients according to set yet flexible goals.

In the *'Music for Life'* project, these music therapy skills were simply used in a different way, in a broader sense. This experience holds similarities to an experience described by Mercedes Pavlicevic (2004). She found herself thinking therapeutically, reading a community by listening to the qualities of their songs, verbal interactions and movements and offering valuable contributions to a multidisciplinary team working in the community, even though she was not doing music therapy (as it is conventionally understood) with the community at all. Could this suggest that the importance of music therapy should lie in how we think about what we do, in the reflexivity and

therapeutic thinking behind events, rather than the practical steps we take to reach goals? Is ethical work really linked to a clinical space and time-frame or should it have more to do with solid clinical thinking forming a basis to our work? This would mean that we would be accountable to using therapeutic skills such as reflexivity and listening skills whilst negotiating the practicalities of our work space and boundaries with clients and communities, considering both their social and individual health.

As music therapy practice broadens, ethical boundaries and the use of music therapy skills in community contexts need to be re-addressed, to incorporate work that extends beyond the boundaries of conventional practice (Aigen, 2004). It may be helpful to conduct further studies into how therapeutic skills are adapted and what skills are still fundamental to Community Music Therapy practice. This would hold much value in enhancing ethical community work, grounded in theory, whilst not limiting the work with a definition necessarily.

## 5.4 Conclusions

The experiences of the music therapists in Heideveld, as described in the interview material, centre around a theme of movement. As we work in South Africa, in communities similar to Heideveld, music therapy needs to move to find a place where we can offer something of value, something that reaches people in a way that is meaningful and economically viable.

By moving outwards into working with the Heideveld community to promote social change, the therapists discovered music as a powerful tool for moving a diverse and fragmented people together into relationship. Community 'musicking' offered a positive experience where the community could move forward by addressing issues, discovering their potential and exploring ways of living together more harmoniously. In the move outwards, the therapists experienced a need to adapt and change their work and thinking. They moved through the process, negotiating with the community to ensure that their work held meaning within this community. In this way, 'musicking' became a valuable means of promoting change at a community level.

Whether Community Music Therapy is considered as a continuation of conventional music therapy practices or a completely new discourse altogether and whether we choose to define this work or leave it open to adapt within a context may become an important issue as similar work expands. I propose that what is most important, however, is that we have skills and reflexive ways of thinking that we can offer not only in conventional music therapy settings, but also in communities and possibly even in working alongside other musicians. We have skills that can help us to listen to a community with sensitivity to their needs and potential, and sense direction as we work towards negotiating social change through the valuable and powerful medium of community 'musicking'.



## Chapter 6

### Conclusion

South Africa is a diverse country, a country with complex social needs and many communities who do not have the resources to adequately provide for their needs. Our country needs to move forward and to move together from our divided past. In the introduction to this study, I asked whether music therapy could hold value within these contexts or whether it would become another individual therapy many would not be able to afford. This research has highlighted possibilities of music within communities struggling with social issues. Through community 'musicking' diverse communities can move together and can be encouraged to move forward by addressing and giving a voice to social issues. Through music we can also explore our potential, we can create those ideals we hope for our community (Small, 1998).

In order to promote social change, music therapy needs to move outwards, to move towards communities, to negotiate with community members and adapt as we move through the process. Moving is not comfortable and moving involves a risk. The move through the process of Community Music Therapy is not easy. There is no set definition for this work and not yet many practical or ethical guidelines to follow. And yet, through negotiations with community members, through constant changes and reflexivity, the music therapists in Heideveld have been able to promote social change through 'musicking'. The interviewee comments: 'We kind of see a gap where the music needs to go, and it's not even necessarily a conventional way of doing it, and we just do it, and ... then reflect.' (p22, lines 669-672). It is only as more music therapists begin to move outwards towards what is unknown that the profession can move on to begin to offer guidelines for this work.

This study has limitations and further studies may be helpful to gain deeper insights into Community Music Therapy projects in similar contexts. Firstly, the research material only explores the experiences of the music therapists. An exploration of how members of communities such as Heideveld view the '*Music for Life*' project may be interesting to add depth to the work. If work is negotiated with community members, their views and reflections of the work should perhaps hold as much value as those of the music therapists.

Secondly, the movement towards the community and Community Music Therapy in contexts such as Heideveld could be supported by quantitative studies helping to find commonalities and differences through a survey of this work in a number of similar contexts. Quantitative studies could provide useful, generalisable information in order to ground this discipline, offering ethical guidelines and practical skills that aid music therapists as they move into new contexts.

This study forms a beginning to thinking about the necessity and value of Community Music Therapy work in contexts where social issues affect individuals as found in Heideveld and throughout much of South Africa. Further studies may serve to challenge and guide music therapists in South Africa and similar contexts to move from working in small sectors to promoting and negotiating social change within entire communities through community 'musicking' . .

## References

- Aigen, K. (2004). Conversations on Creating Community: Performance as Music Therapy in New York City. In M. Pavlicevic & G. Ansdell (Eds). *Community Music Therapy*. London: Jessica Kingsley: 186-213
- Aigen, K. (1995). Principles of Qualitative Research. In B. Wheeler (Ed). *Music Therapy Research: Quantitative and Qualitative Perspectives*. Phoenixville: Barcelona: 283-311
- Amir, D. (2004). Community Music Therapy and the Challenge of Multiculturalism. In M. Pavlicevic & G. Ansdell (Eds). *Community Music Therapy*. London: Jessica Kingsley: 249-266
- Amir, D. (1993). Moments of Insight in the Music Therapy Experience. *Music Therapy*. **12**(1): 85-100
- Ansdell, G. (2004). Rethinking Music and Community: Theoretical Perspectives in Support of Community Music Therapy. In M. Pavlicevic & G. Ansdell (Eds). *Community Music Therapy*. London: Jessica Kingsley: 65-90
- Ansdell, G. & Pavlicevic, M. (2001). *Beginning Research in the Arts Therapies: A Practical Guide*. London: Jessica Kingsley
- Arnason, C. (2003). Music Therapists' Listening Perspectives in Improvisational Music Therapy. *Nordic Journal of Music Therapy*. **12**(2): 124-138
- Ashworth, P. (2003). The Origins of Qualitative Psychology. In J.A. Smith (Ed.). *Qualitative Psychology: A Practical Guide to Research Methods*. London: Sage: 4-24
- Austin, D. (2002). The Voice of Trauma: A Wounded Healer's Perspective. In Sutton, J. (Ed). *Music, Music Therapy and Trauma: International Perspectives*. London & Philadelphia: Jessica Kingsley: 231-245
- Banister, P., Burman, E., Parker, I., Taylor, M. & Tindall, C. (1994). *Qualitative Methods in Psychology*. Buckingham: Open University Press

- Brown, J. M. (2002). Towards Culturally Centred Music Therapy Practice. In C. Kenny & B. Stige (Eds). *Contemporary Voices in Music Therapy: Communication, Culture and Community*. Oslo: Unipub: 83-93
- Bruscia, K.E. (1995). Differences Between Qualitative and Quantitative Research Paradigms: Implications for Music Therapy. In B. Wheeler (Ed). *Music Therapy Research: Quantitative and Qualitative Perspectives*. Phoenixville: Barcelona: 65-76
- Caliguire, D. (1996). Voices From the Community. In W. James, D. Caliguire & K. Cullinan (Eds). *Now That We are Free: Coloured Communities in a Democratic South Africa*. Cape Town: Idasa: 9-15
- Charmaz, K. (2003). Grounded Theory. In J.A. Smith (Ed.). *Qualitative Psychology: A Practical Guide to Research Methods*. London: Sage: 81-110
- De Zuluetta, F. (1995). Children and Violence. In J. Trowell & M. Bower (Eds). *The Emotional Needs of Young Children and Their Families: Using Psychoanalytic Ideas in the Community*. London: Routledge: 264-271
- Hargreaves, D. J., Miell, D. & MacDonald, R. (2002). What are Musical Identities, and Why Are They Important? In R. MacDonald (Ed). *Musical Identities*. Oxford: Oxford University: 1-20
- Hendricks, C & Hofmeyr, J. (2005). Race Tensions Rise Again in the Cape. *Mail and Guardian On Line*. <http://www.mg.co.za>, accessed on 15/10/2005
- Hyde, J. (2004). The New South Africa in Black and White. *Mail and Guardian On Line*. <http://www.mg.co.za>, accessed on 15/10/2005
- James, W. & Caliguire, D. (1996). Introduction. In W. James, D. Caliguire & K. Cullinan (Eds). *Now That We are Free: Coloured Communities in a Democratic South Africa*. Cape Town: Idasa: 1-5
- Kimes, I. (1996). The Struggle for the Cape Flats. In W. James, D. Caliguire & K. Cullinan (Eds). *Now That We are Free: Coloured Communities in a Democratic South Africa*. Cape Town: Idasa: 16-20

Lincoln, Y. & Guba, E. (1985). *Naturalistic Inquiry*. London: Sage

Mail and Guardian On Line (2004). Coloured 'Stepchildren' Complain to NNP. *Mail and Guardian On Line*. <http://www.mg.co.za>, accessed on 15/10/2005

Mandela, N. (1996). Citizens of a Single Rainbow Nation. In W. James, D. Caliguire & K. Cullinan (Eds). *Now That We are Free: Coloured Communities in a Democratic South Africa*. Cape Town: Idasa: 6-8

Miller, S. (1999). Home Thoughts from Abroad. Psychoanalytic Thinking in a New Setting: Work in South Africa. *Journal of Child Psychotherapy*. **25**(2): 199-216

Parenzee, P. & Wilhelm-Solomon, M. (2004). The Unfinished Business of Equality. *Mail and Guardian On Line*. <http://www.mg.co.za>, accessed on 15/10/2005

Pavlicevic, M. & Ansdell, G. (Eds). (2004). *Community Music Therapy*. London: Jessica Kingsley

Pavlicevic, M. & Ansdell, G. (2004a). Afterword. In M. Pavlicevic & G. Ansdell (Eds). *Community Music Therapy*. London: Jessica Kingsley: 298-303

Pavlicevic, M. (2004) Learning from Themba lethu: Towards Responsive and Responsible Practice in Community Music Therapy. In M. Pavlicevic & G. Ansdell (Eds). *Community Music Therapy*. London: Jessica Kingsley: 35-47

Pavlicevic, M. (2002). Fragile Rhythms and Uncertain Listenings: Perspectives from Music Therapy with South African Children. In Sutton, J. (Ed). *Music, Music Therapy and Trauma: International Perspectives*. London & Philadelphia: Jessica Kingsley: 97-117

Pavlicevic, M. (2002a). Music Therapy in South Africa – Compromise or Synthesis? In C. Kenny & B. Stige (Eds). *Contemporary Voices in Music Therapy: Communication, Culture and Community*. Oslo: Unipub: 179-182

Pavlicevic, M. (1997). *Music Therapy in Context: Music, Meaning and Relationship*. London: Jessica Kingsley

Pavlicevic, M. (1994). Between Chaos and Creativity: Music Therapy with 'Traumatised' Children in South Africa. *Journal of British Music Therapy* **4**(2): 5-9

Helen Krige (24272524)

- Proctor, S. (2004). Playing politics: Community Music therapy and the Therapeutic Redistribution of Music Capital for Mental Health. In M. Pavlicevic & G. Ansdell (Eds). *Community Music Therapy*. London: Jessica Kingsley: 214-232
- Robson, C. (1993). *Real World Research*. Oxford: Blackwell
- Ruud, E. (1998). *Music Therapy: Improvisation, Communication and Culture*. Saint Louis: MMB Music
- Ruud, E. (2004). Defining Community Music Therapy. *Voices: A World Forum for Music Therapy, Moderated Discussions*. <http://www.voices.no>, accessed on 16/03/2005
- Small, C. (1998). *Musicking: The Meanings of Performing and Listening*. Hanover: Wesleyan University Press
- Smith, J.A. (2003). Validity and Qualitative Psychology. In J.A. Smith (Ed.). *Qualitative Psychology: A Practical Guide to Research Methods*. London: Sage: 232-235
- Smythe, M. (2002). The Role of Creativity in Healing and Recovering One's Power after Victimization. In Sutton, J. (Ed). *Music, Music Therapy and Trauma: International Perspectives*. London & Philadelphia: Jessica Kingsley: 57-80
- Stige, B. (2004). Community Music Therapy: Culture, Care and Welfare. In M. Pavlicevic & G. Ansdell (Eds). *Community Music Therapy*. London: Jessica Kingsley: 91-113
- Stige, B. (2004a). On Defining Community Music Therapy. *Voices: A World Forum for Music Therapy, Moderated Discussions*. <http://www.voices.no>, accessed on 16/03/2005
- Stige, B. (2002). *Culture-Centred Music Therapy*. Gilsum, New Hampshire: Barcelona
- Stige, B. & Kenny, C. (2002). Introduction – The Turn to Culture. In C. Kenny & B. Stige (Eds). *Contemporary Voices in Music Therapy: Communication, Culture and Community*. Oslo: Unipub: 13-31
- Trevarthen, C. (2002). Origins of Musical Identity: Evidence from Infancy for Musical Social Awareness. In R. MacDonald (Ed). *Musical Identities*. Oxford: Oxford University: 21-38

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Trowell, J. & Bower, M. (1995). Introduction: The Social Context. In J. Trowell & M. Bower (Eds). *The Emotional Needs of Young Children and Their Families: Using Psychoanalytic Ideas in the Community*. London: Routledge: 1-11

Zharinova-Sanderson, O. (2004). Promoting Integration and Socio-Cultural Change: Community Music Therapy with Traumatized Refugees in Berlin. In M. Pavlicevic & G. Ansdell (Eds). *Community Music Therapy*. London: Jessica Kingsley: 233-248

# APPENDIX I

## CONSENT FORM<sup>1</sup>

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<sup>1</sup> This appendix has not been included in the electronic copy of the dissertation



# APPENDIX II

## RESEARCH JOURNAL<sup>1</sup>

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<sup>1</sup> This appendix has not been included in the electronic copy of the dissertation

## **APPENDIX III**

### **INTERVIEW TRANSCRIPT AND CODING**

## Interview

1 M: This is the 29 January 2005 and I'm going to do an interview with S. on  
2 the work in Heideveld.

3 M: Let me tell you a bit about why I'm interviewing you.

4 S: Yes

5 M: Partly, as you know, there's this project that I'm involved with, this  
6 international collaboration and I'm tracking your project, um, but the other  
7 thing is that the students have got to do their dissertations, and the idea is  
8 that this is going to be data – this interview. I'm going to interview you and  
9 they're going to analyse this data, what you say, as one of the mini  
10 dissertations. So is that OK with you?

11 S: Yes, that's fine.

12 M: Uh, can you say something a bit more so that I can....

13 S: OK

14 M: How's it going with your project?

15 S: It's going well, it's going very well with our project, we just started this  
16 Thursday

17 M: We can talk quite freely because, as you know from data, they're also  
18 going to have to work out what to leave out and what to keep. So tell me  
19 generally how its going?

20 S: Um, it's going, very well, we had a good year last year and we got, we  
21 ended with our concert which I think was very, a good way to end the year,  
22 and it was a very exciting event, um...

23 M: That's really what I want to talk to you about a lot

24 S: Yes, ja...

*Going well*

*Good year, 2004  
Concert - good end to year  
Exciting*

25 M: – the concert and the choir.

26 S: OK.

27 M:OK. But generally tell me, what other projects have you got?

28 S: OK. We still going, we still have our music therapy program which is just  
 29 children who have been referred for trauma, or different kinds of trauma, or  
 30 behavioural problems, which is still going on, and we have two Dutch  
 31 students now, as you know, helping with that. And then we are, we have a  
 32 music for life program, which is part of the choir, is, is – at the moment, and  
 33 the only..., um, part of that project. We are still wanting to have other  
 34 musical groups as well, but we need funding before we can do that. And  
 35 then, we've just last week spoken to a policeman that was in school, and  
 36 they were just so despondent about what's happening in the area, and  
 37 there's a lot of shooting going on, not in Heideveld where we're working, but  
 38 just the next door or neighbouring suburb, and, um, the policemen are now  
 39 also maybe also going to come for music therapy sessions, and they also  
 40 have a project where they – instead of (once young children has gone  
 41 through the court system, if they've been arrested or something), instead of  
 42 sending them to jail - they've formed different kinds of rehabilitation  
 43 projects and this police station in Mannenberg had a project where they  
 44 taught children the marimbas, and they had a whole band. But now the  
 45 person who co-ordinated that has disappeared, so we said, well, we can  
 46 take that over. So that's also something.

47 M: And is Mannenberg also in that area?

48 S: Yes. The Mannenberg police station covers Mannenberg and Heideveld

49 M:OK

50 S: So its right next to each other, very much the same type of community,  
 51 but the violence is worse, at this stage, in Mannenberg than it is in  
 52 Heideveld – the gang fighting.

BACKGROUND

MFL-Choir

Want other Musical Groups  
 Need funding

Despondent police- violence  
 violence

BACKGROUND

BACKGROUND

→ gang fighting

53 M: Maybe you should fill us in a little bit on Heideveld, and Mannenberg, I

54 mean what kind of area's are they?

55 S: OK, the suburb... It is... both areas where were, people were moved  
 56 there during apartheid, so the older people, older generation in both  
 57 Mannenberg and Heideveld are still, you know, people who remember  
 58 being moved from the city to Heideveld, and Heideveld is about 20km from  
 59 the city centre, and its in the Cape flats. Um, there's, it's not, there's  
 60 houses, small houses, we just got very interesting statistics about the whole  
 61 area that was done by, I'm not sure who, some...Um, there, I think they said  
 62 there lives about an average of 14 people in a one or two room house. So  
 63 very overcrowded, high, very high unemployment rates. They've got  
 64 extreme drug problems, and well, alcohol and dagga abuse problems, um,  
 65 the older people, the adults, and the children, specially. There's a new drug  
 66 out now in the Cape flats – 'Tik', and it's just taken over.

BACKGROUND

BACKGROUND

overcrowded 63a Unemployment

Drug problems 64a Dagga abuse  
 64b Alcohol Abuse

Background

67 M: 'Tik'

68 S: Yes. 'Tik'. Yes, that's what they call it.

69 M: T-I-K?

70 S: Ja, and what makes it different from other drugs – its manufactured in  
 71 the Cape flats. It's very dangerous, very chemical, and it's a huge problem.  
 72 The police and the parents just don't know what to do because the children  
 73 are just, and it's cheap, so they can afford it. And then, I think the most  
 74 prominent thing about Mannenberg and Heideveld's the gangs, which has  
 75 been part of that community. It's mostly Coloured people that live there,  
 76 Coloured community, and it's been part of that area for many years, many  
 77 generations, and there's lots of different gangs. Um, the thing that's  
 78 changed over the past five years I think is the age that the children start  
 79 getting involved in gangs and now it's at the age of twelve years.

BACKGROUND

Gangs

BACKGROUND

80 M: Is it boys?

81 S: Boys, yes, mainly boys, but girls...mainly boys, but girls also get  
 82 involved. Probably more as girlfriends or, you know, kind of used as  
 83 prostitutes or whatever by the gang members, but they don't really get

BACKGROUND

84 involved. I mean, they're not part of the main structure, I think, of the gangs.  
 85 So there's lots of different gangs, there's the Americans and the Cat  
 86 Pounds. The Cat Pounds is a child gang.

87 M: Cat Pounds?

88 S: Yes. Um, and, well, what the police said to us the other day, was that the  
 89 gangs that's giving them the most problems now are the children's, children  
 90 with guns at the age of twelve, shooting at the police, and it's, it's a very...

91 M: Anarchy.

92 S: Yes.

93 M: I mean, is it kind of a break down of law and order, or was there never  
 94 law and order?

95 S: No I think it's, but it's not a total breakdown. There's gangs, but then  
 96 there's also the rest of the community, and the gangs obviously form part of  
 97 these communities. What often happens is that what the, what they built –  
 98 the low cost housing projects in the area are these flat buildings which they  
 99 call the courts – and that's usually where a lot of gang fighting goes on  
 100 because that's usually the very poor people that live in those areas and  
 101 they'll, you know, this court will belong to the Cat Pounds and that court will  
 102 belong to the Americans and it's a fight over territory and territory also for  
 103 where they sell their drugs because the, I think the main source of income  
 104 is drug trafficking, and so on.

105 M: Um, may I ask you, would you say that in Heideveld and Mannenberg,  
 106 there's a strong sense on community?

107 S: (pause) Um, it's a difficult question, if I need to answer, because in some  
 108 sense, I think there is a strong sense of community. If you read about, well,  
 109 what I've read articles that's been written specifically focusing on the gangs,  
 110 there seems to be a strong sense of community because the people protect  
 111 each other, and are quite aware of who they are, but in terms of the whole  
 112 gang structure. But on the other hand, if you move, you know, if you, like  
 113 we are in the school, where you don't really come into contact with the

→ child gang

BACKGROUND

Gangs vs rest of community  
 Gangs part of community

Gang fighting  
 Poverty

Fight over territory  
 Drug trafficking - income

strong sense of community - gangs

Gangs - protect  
 Identity - gang structure

MT not in contact with gangs

114 gangs, there doesn't seem to be a sense of community. People don't talk to  
115 each other, they don't really support each other, they don't talk about what's  
116 happening in their community as well. If I think of the staff at the school.  
117 Um,... ja, it's difficult, and I don't think there's a strong sense of community,  
118 um...

119 M: Ok, if I were to ask you, does it have a strong sense of identity?

120 S: (pause) Um, no, I don't think so. (pause). Um, that's so, its difficult for  
121 me to answer, but I don't, they seem to be, um, I think as an outsider  
122 looking at the community, I can see – this is who they are, this is the music  
123 they listen to or, this is their religion, this is the way in which they talk and  
124 the things they talk about. But if you listen to conversations, or listen to  
125 what's happening in the community, there's not really a sense of support or  
126 of people standing together to solve problems or, I don't know if that really  
127 answers the question. They seem to be just kind of coping with their  
128 everyday situation and nobody seems to take a kind of lead to get people  
129 together and to do something to make the circumstances better or just take  
130 some kind of stand on what's happening. I think also, the gangs, because it  
131 has such a big influence, that also splits up family units, and splits up  
132 neighbourhoods and people living in the same street because people in one  
133 family – children may belong to different gangs – so that also kind of, I  
134 think, causes a lot of disintegration in the community.

135 M: So would you say the gangs are the most high profile members in a way,  
136 of the community

137 S: Yes. Its very prominent. It's, um, it's difficult to see as an outsider,  
138 because, especially the times of the day that we go in there, you don't, well  
139 you do see them, you do see them, but it's, if you start talking to people in  
140 the community, that's always something that comes up and that's their  
141 worst fear, or, um, you know, that's the things they will complain about, so it  
142 seems to be a, ja, I think...

143 M: OK. I think lets move on to music therapy. <BREAK> Right, so we're  
144 going to move on to music therapy. You've been there for how long?

not strong sense of community  
not supportive  
115a - community silence about issue  
- not strong sense of community

not strong sense of identity  
MT as outsiders  
Identity - music, religion etc.

not supportive  
not standing together to solve problems  
just copying through every day  
no lead to get together  
no initiative to make circumstances  
better  
gangs - big influence  
gangs split up families,  
community

community disintegration

gangs - high profile  
MTs - don't see gangs

Community - talk about gangs  
gangs as worst fear  
complain about gangs - 141a

145 S: Um, I have been there now for two years but we've been functioning  
146 under our clinic for one year.

147 M: So tell us about your clinic, tell me everything

148 S: OK, we work at one of the schools in Heideveld. It's a primary school,  
149 and we started with just doing music therapy sessions. We're there two  
150 days a week, and we see children from all seven primary schools in the  
151 area. Up until now we've only seen Primary school, but hopefully this year  
152 we'll start seeing High School children. Um, and children are referred by the  
153 teachers or by social workers in the area, um, and they refer for mostly,  
154 things related to trauma, children who've witnessed violent crimes or who's  
155 parents have been killed, um, but also who's parents have died of aids or  
156 children who's parents, um, has abandoned them; and then children who  
157 have been physically or sexually abused and, um, just, children with  
158 behaviour problems, cases where the teacher can see that something's  
159 wrong but she doesn't really know what's going on, with children that are  
160 very aggressive or very withdrawn. So that's the kind of referrals we get,  
161 and we do group music therapy sessions with about six children in a group  
162 (between five and six children), and then individual music therapy sessions,  
163 um...

164 M: And that's you and K.?

165 S: Yes. Um, Should I say more?

166 M: No, I think that's enough. I'm more interested in your music for life  
167 project, um which you fund-raised for.

168 S: Yes. Well it's part of the...

169 M: And you're an NGO, or what?

170 S: We're a Non-Profit Organisation

171 M: And what are you called?

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*Raise Funds*

*NPO*



172 S: The music therapy community clinic, yes. We're a non-profit  
173 organization, so all, we have to raise the funds for all the music therapy and  
174 for the music for life program.

~ background.  
Raise funds

175 M: Now what inspired your music for life program?

176 S: OK. We felt that, there was such an enormous need, um, in the  
177 community, especially with the children, um, and we decided that, well, you  
178 know, all the children don't necessarily need music therapy, they don't  
179 necessarily need to come for therapy, but, um, they're in this community,  
180 they've got a very, usually very, they're quite disempowered about the  
181 violence, with all the violence going on around them. They get involved in  
182 the gangs and they get involved in drugs, so we wanted to find some other  
183 way to, um, to draw them in and to, and music is such a powerful way of  
184 getting people together, and so we decided to firstly, to start a choir. Um,  
185 also, one of the reasons was to give the children something to do – very  
186 practical thing, to keep them off the streets. So every Wednesday afternoon  
187 between 2 and 4 they have something that they have to do and place,  
188 something that they have to commit to and it takes discipline, and, you  
189 know, motivation – that's the kind of, almost skills we wanted to give them  
190 in the choir. So we, um, opened this choir for all the children in the seven  
191 schools. We went round to the schools and said we're going to start a choir,  
192 and then we had to do 500 auditions. Everybody was interested to sing in  
193 the choir, but...

enormous need-community  
need- children  
not all needing MT

disempowered  
violence  
gang involvement <sup>182a</sup> Drug involvement  
draw children in <sup>183a</sup>  
music as powerful to get people together  
something to do <sup>184a - choir</sup>  
practical <sup>186a safer (off-street)</sup>

commitment <sup>188a discipline</sup>  
motivation <sup>skills given - 189a</sup>  
Open to all 7 schools

wide interest

194 M: How did you audition?

195 S: Um, well, first, we thought, you know, we, it's going to, this is not going to  
196 be, it's going to be a choir, its not a music therapy group – it's a choir, and  
197 obviously the children have to, you know, they have to be able to sing. But,  
198 once we started doing the auditions, we changed our whole idea about what  
199 was needed because children would come in and we could just see that the  
200 choir would be perfect for them, but they don't necessarily have a choir  
201 voice, but they need to be in the choir. So we changed our criteria.

choir - not MT  
skill requirement  
changed idea's  
choir good for children  
lack of skills  
need <sup>201a - changed</sup>  
criteria

202 M: What do you mean, 'they need to be in the choir'?

203 S: Um, you could just see, I'm thinking of a girl who is extremely  
204 overweight, and you could just see she was always lonely on the  
205 playground, um, you know, always by herself, she doesn't have friends, and  
206 she came into the choir audition with her mom, and she was just so eager  
207 to be part of this group, and, she, you know, she doesn't, she can't really  
208 sing, but we just knew that this would be her best place, a good place for  
209 her to be, a good group to belong to, and it was, she just blossomed at the  
210 end of year concert. So that's the kind of thing, also children that has been  
211 in music therapy with us and that we know that being part of this group that,  
212 you know, could be good for them, so we had to change our whole criteria,  
213 and we ended up with a choir of eighty children. But as the rehearsals went  
214 on, as the weeks went on, um, a lot of them dropped out, um, because I  
215 think it's almost as if they're not used to something that they have to commit  
216 to, um, and the discipline of being there on time and sitting there for two  
217 hours and conc..., you know, concentrating and learning words of songs,  
218 um, it's quite, I think it's hard for some of them, so a lot of them kind of  
219 dropped out along the way, but we ended up with about 60, I think, at our  
220 choir concert, and these were 60 children that were there every week, and  
221 they were really committed. Um, so, ja, that's our choir, we...

222 M: Didn't you also say, I just remember when you spoke about this once,  
223 you auditioned children that you turned down, and then...

224 S: Yes. And they showed up at the choir rehearsals. Yes, that's the other  
225 thing that happened. We auditioned children and we sent letters to all the  
226 schools to say these children are in the choir and one the first day of our  
227 choir rehearsals, there were just many more than we invited. But we, you  
228 know, we decided to let them stay because they obviously really wanted to  
229 be there and it takes a lot for them to come to choir rehearsals because  
230 they often have to walk from their schools which is quite far. It could be 5km  
231 away, and they have to walk there and back and they have to make special  
232 arrangements with transport and so on, so the children that comes every  
233 week, you know, they're quite committed and they go through a lot of hassle  
234 to actually be there.

235 M: So some of the sixty that stayed, were they part of the original 80 that  
236 you accepted, or are some of them some that you didn't and that snuck in?

unattractive (overweight)  
lonely  
eager  
wanting part of lack of skill:  
good for them  
group belonging  
concert-potential (blossomed)  
MT children 211a -being part of  
good for them 212a -changed  
process criteria  
dropped out  
not used to commitment  
" discipline m.f.  
" concentrating 217a.. learning song  
difficult words  
dropped out  
commitment

children not accepted coming  
children not accepted coming  
let children join 228a -eager  
commitment  
difficult

237 S: Yes, and also, what happened is that we would accept, um, there was  
 238 one girl who was, I think she's about 13, and she was in the choir, but her  
 239 little brother, I don't think he even came for a choir audition, he was in  
 240 grade 1, but he had to wait for her every week, so he would listen to every  
 241 choir rehearsal, and the week before our concert I saw him sitting there,  
 242 and he just knew all the words, so we put him in, you know, he also joined  
 243 the choir the week before the concert, so... There were children that always  
 244 were kind of hanging around the rehearsal room that we also invited in to  
 245 be there.

*children waiting around rehearsal room*

*let children join*

246 M: So ages, what are we talking about?

247 S: From 6 to 13. Um, also we had to kind of change our idea of how this  
 248 choir was going to sound or what we would be able to accomplish because  
 249 it turned out not to really – it wasn't really about the music, you know, the,  
 250 the um, the skills they were learning, it was more about just the fact that  
 251 they were there and singing and being part of a group, um, with, through  
 252 music. So, it's not a choir that could take part in competitions, or so..

*changed idea's  
 accomplishments  
 not about musical skills*

*being part of group 251 a part of  
 accomplishments through music*

253 M: So you mean product – I'm just thinking product and process...

254 S: Yes, the product – it's more about process, definitely much more process  
 255 focus than product focus

*process rather than product*

256 M: OK, but it's not therapy? So...

257 S: Well, no. We were talking about this the other day, and it's definitely not,  
 258 it's not therapy but, I think, for many of those children it's a very therapeutic  
 259 experience um, and, I think, having the concert and looking at them at the  
 260 concert was a good way for us to kind of see where they started and where  
 261 they, you know, how they changed through the process, not really changed,  
 262 but just, um, I think, ja, maybe changed.

*choir-not MT  
 therapeutic experience*

*concert-good  
 change through process*

263 M: So, um, I'm just trying to think of how to, OK I need you to elaborate on  
 264 this process business. Because, you know, as therapists we think of  
 265 process, but I know it's not what you're talking about. Give me some stories  
 266 maybe in line with...

267 S: OK. I'll give you a story, and then there's another thing, another way that  
 268 I'll be able to explain it. There's the one little boy, S. who joined the choir,  
 269 and he was, he's a little rebel, at school he gives his teachers a very hard  
 270 time. He is extremely aggressive and, um, always talking and fighting in the  
 271 classroom and um, he's also, he's a a black boy in a coloured school. Um,  
 272 there was definitely some of those issues that also came out in the choir  
 273 because children would fight with each other, and parents would say they  
 274 can't send their children into a Coloured community because the people will  
 275 be rude, so that was some of the issues that we had to address in choir,  
 276 and talk about. So, but S., and in the first choir rehearsals he was also, you  
 277 know, the kind of naughty one, and giving us a lot of trouble and, um, he  
 278 just, through the whole process, I have my picture of him in my mind, or the  
 279 choir concert where he was just the leader of the choir. He just took charge  
 280 of the whole choir, and he's one of the youngest members, but he just, this  
 281 was just his, um, you know, almost, it provided him with a space where he  
 282 could show, you know, what he has to give. And the children really valued  
 283 his input, which, I think was new to him, because I don't think he's really  
 284 experienced that. So that's what I mean with the process, you know, for him  
 285 it wasn't really, I don't think S. knew half the words that we were singing. He  
 286 also had a special role in one of the songs, he had to play on the drums, so  
 287 that, just for him I think that was a, just for his self esteem and his sense of  
 288 self worth I think that was a very good experience which is similar goals that  
 289 we'd address in music therapy sessions. This is just a different way of  
 290 getting to these goals.

291 M: How old is he?

292 S: He's about 9.

293 M: And he's a black child, he'd be a Xhosa child then?

294 S: Xhosa, yes.

295 M: And lives in that community?

296 S: No. He lives outside the community, just next door. The neighbourhood  
 297 just next to Heideveld is Gugulethu, which is a Xhosa community, so there  
 298 are many Xhosa children in the Heideveld schools.

rebel 269a difficult child / group  
 aggressive  
 black vs coloured  
 race issues  
 racial violence  
 racial discrimination  
 choir - discuss race issues

change through process  
 choir leader  
 youngest member  
 show potential  
 valued  
 new experience  
 change through process  
 Lack of skills  
 special role  
 self esteem  
 sense of self worth  
 288a - good experience  
 similar to MT goals  
 Different approach to MT

BACKGROUND

299 Um, what I was also thinking about the choir, was, um, if I think of a school,  
300 where a teacher, a music teacher would have to run a choir, she would  
301 have certain goals which would be, um, you know, more product goals – the  
302 choir will have to be able to sing, harmonise in three voices or whatever,  
303 and they'll be, they'll have to sing songs of this standard, which was very  
304 different from how we approached this whole choir thing. We kind of had to  
305 learn as we went along, but it was more about, um, not the musical skills  
306 that the children was going to learn, but more the other, almost life skills  
307 that the choir was going to give to them through this whole process, being  
308 part of this process, it was more about, um, enhancing their self esteem  
309 and their sense of self worth, and, um, but doing it through music, um,  
310 which is almost a natural way for these things to develop

311 M: But, do you think also, giving them a sense of belonging?

312 S: Yes, definitely. I think that's a very important part of the whole choir, is,  
313 um, giving them a group that they could belong to, and also a positive  
314 group experience which is very difficult, I think, for them to find, in their, um,  
315 neighbourhood, in Heideveld. The groups that function in Heideveld are  
316 gangs or drug, you know, children getting involved with drugs, so we  
317 wanted almost to provide an alternative to that kind of lifestyle, um, not on  
318 such a conscious level, but almost to, um, ...

319 M: Yes, you don't sort of say this is a drug free group

320 S: No. Definitely not. Um, and also a kind of a sense of hope, because  
321 Heideveld, it's a very hopeless place, and I think when we talk about the  
322 concert I can say more about that, so...this was a group that was, you  
323 know, music, singing and being part of a...we also chose the songs and we  
324 spoke about the content of the songs. One of the songs was um, about  
325 singing and how singing makes you feel better, makes you feel less blue or  
326 something, and when you're feeling blue you must sing a song, and the  
327 other song was 'Tomorrow', then which is about, you know, tomorrow the  
328 futures going to be better. And we also chose a song which is about district  
329 six, but also about a Coloured community and the content of the song's  
330 also, you know, has lots to do with the Coloured community, which I think is  
331 obviously, you know, they could relate to that song, but it's also a hopeful

music teacher - product goals  
musical skills  
standards  
different approach to music teach  
learning through process <sup>305A</sup> not about musical  
life skills  
part of process  
self-esteem  
sense of self-worth  
self-esteem naturally developed th.  
music

belonging  
positive group experience  
H - negative environment  
gang involvement 316a - drug inv.  
alternative

hope  
H - hopeless place  
being part of  
discuss song content  
positive lyrics  
hope for future - lyrics  
coloured community - lyrics  
identification  
331a - hope

332 song, so that's, um, .... The music we chose was also not really about the

333 musical value of the, but more about the words and the emotional value

334 M: So the kind message?

335 S: Yes. The emotional value I think of the music.

336 M: And social, it sounds to me

337 S: Yes.

338 M: So you practiced with them, leading up to a ...concert?

339 S: To a concert, yes.

340 M: Now how did this concert happen, who asked you, or...

341 S: No. We decided, well, there's, I should maybe just explain this. We work

342 at this school, in what they call the safe room. And the safe room was

343 started, it was by the safer schools, which was a government department

344 of education organization, and they donated money to Heideveld to set up a

345 safe room at one school, and this is a place where the children can come

346 and receive music therapy and counseling. And then, the 'safer schools'

347 withdrew their funding, so that's why we as the music therapists had to find

348 our own money. Um, but also, there's a safe room committee and we meet

349 with these teachers – it's one teacher from all the seven Primary schools

350 and we meet with them about once every six weeks, and they refer children

351 to us. So we then, and every decision that we make we have to first discuss

352 with them, so we said that we would like to start a choir and what would

353 they think and, you know they said yes it would be a good idea and we

354 started from there. And then we said, OK, well we need the choir to work

355 towards something, so we want to do a concert, and we decided to call it

356 the Heideveld community concert. Our idea was, the choir was going to

357 perform, but also, we wanted to open it up to the whole community so we

358 wanted members from the community to come and perform something at

359 the concert. And we started to organize this concert, um, and it was a very

360 interesting process because it just, and we learned a lot from it, because we

361 really just saw how we had to adapt to the communities way of doing things.

*not about musical value*

*emotional value 333a - words*

*Social value*

**BACKGROUND**

*Discuss decisions with safe-room committee*

*choir as good idea  
concert - goal for choir*

*Heideveld Community concert  
356a - choir performance  
open to whole community  
community invited to perform*

*learn through process  
adapt to community*



362 One thing was time. We started planning months ahead, and things were  
363 just always delayed, we... I think, two weeks before the date, the actual  
364 date of the concert we sent out the tickets and a week before the concert,  
365 the lady from the church hall that we hired phoned and said, well it's 90%  
366 sure that we can have the hall on that day. So those were the kind of things  
367 that we had to, you know, work with, and also, we – K. and I, could not  
368 find anyone in the community to take part in the concert. We would send  
369 out messages through the children and say please, we're looking for a  
370 Kaapse Klopse band or if you know of someone who sings or plays  
371 something or dances, please, here's our numbers, contact us, and we didn't  
372 get any response from the community. And then we said to the teachers of  
373 the safe room committee we can't find anyone and within two weeks they  
374 organized the whole program. So, obviously, you know, they had a, you  
375 know, they were the connection to the community, and so the concert was,  
376 we had the choir, and we had a dance group, from one of the schools, and  
377 we had a Kaapse Klopse group – the Heideveld, it's one of the, the Kaapse  
378 Klopse works in area, so that was the Heideveld Kaapse Klopse group, one  
379 of their groups. Then we had a children, well, we had five children from  
380 Gugulethu, but they're at Heideveld schools, so it's Xhosa girls who sang  
381 one of their African songs; and, I think that was it. And the choir, and we  
382 also had a, our masters of ceremonies also performed a few songs.

383 M: On his own?

384 S: Yes. On his own, which the community loved. And so we, um, sent, oh –  
385 that was the other thing that we had to sort out with the people in the  
386 community was, we felt that the concert should be free of charge so that  
387 every body can take part, and the people of the safe room just immediately  
388 said no, because then everybody will come and we do not want those kind  
389 of people at our concert.

390 M: Our concert?

391 S: Yes. So we had to charge R10 per ticket, and we sold, before the  
392 concert, I think we sold about 100 tickets, but there were about between  
393 300 and 400 people at the concert.

394 M: And they all paid did they?

*adapt planning  
delayed*

*uncertainty*

*no community response  
communicate through children  
community invited to perform*

*no community response  
discuss decisions with safe room  
committee  
safe room teachers organized program  
community connection  
choir 376a dance group  
Kaapse Klopse group*

*African songs - Xhosa girls - Gugulethu*

*community enjoyment  
negotiation  
concert charge*

*who is invited/included  
ownership*

*concert charge  
attendance more than ticket sale*

395 S: So, they, um, I think some of them paid, and some of them snuck in. I  
 396 don't think all of them paid. The other important thing that we had at the  
 397 concert was one of our music therapy groups, and also another little girl  
 398 who had, who was in music therapy, and she performed a song at the  
 399 concert, and their whole process (K. did music therapy with her), their  
 400 whole process was also working towards practicing this specific song and  
 401 working towards performing it at the concert. And it was such a wonderful  
 402 experience for her. And then the other music therapy group was also  
 403 K's group, they were older children, between 14 and 16 – a very  
 404 difficult group, um, very adolescent, going through difficult times and, but  
 405 the way, the group kind of shifted when K. asked them if they would  
 406 like to write a rap about Heideveld. So they, she took a familiar song – it's  
 407 the 'Black Eyed Peas' song, 'Where is the Love?', and they wrote their own  
 408 words and used the chorus of the original song, so it's a wonderful song  
 409 about um – they don't want violence and they don't want fighting and they  
 410 want peace in their lives and loving. So that was the words of their song,  
 411 and they also performed at the concert, but what happened was that the  
 412 group disintegrated just before the concert. Two children were moved um,  
 413 to another area in the Cape Flats, to Phillipi, and one of the children was in  
 414 a court case at that stage, because he stabbed someone, so he was out of  
 415 school. So at the end it was only two of the children in the group that  
 416 performed it, but it was also such a good thing, I think, to be part of that  
 417 concert – especially the one girl. She was really difficult through the whole  
 418 process, very quiet, nothing could impress her, difficult, and doesn't really  
 419 talk and doesn't really take part in the group, the whole group process, but  
 420 at the night of the concert she asked if she could please tell the people  
 421 what their rap song was about, and we were just amazed, because she's so  
 422 shy and she just stood up there and took the microphone and said these  
 423 are the words that they wrote themselves.

424 M: And did people sort of respond, I mean were they tuned in – the  
 425 audience?

426 S: Yes. Our whole idea with the concert was to kind of give a message of  
 427 what, I think one of the ways or things that also inspired the concert was the  
 428 stories that we were hearing in music therapy. Children telling the stories  
 429 about the gangs and the violence and the, um, I think the poverty and the

attendance more than ticket sales  
 MT groups  
 MT child performed  
 process towards product

wonderful experience  
 MT group

difficult child/group  
 404a adolescent group  
 Group shift- work on product

song against violence

words-peace 409a words-loving  
 performed  
 group disintegrated

good thing  
 be part of concert 417a-difficult  
 child/group  
 quiet 418a-unimpressed  
 unparticipative  
 participating  
 amazement  
 show potential

audience response

MT stories inspired concert  
 Gangs 429a violence  
 429b poverty



30 unemployment and the drug abuse. These were all things that we were  
31 hearing in the music therapy sessions that the, almost the adults in the  
432 community almost never really told, they didn't even always speak to us  
433 about the gang violence. They would sometimes, but not really in depth like  
434 we heard from the children, so we felt that this message had to, we wanted  
435 to give the children a chance to give their message to the community of  
436 how they felt about what was happening in their community. Um, now I can't  
437 remember, what did you ask me?

438 M: Were the audience kind of involved?

439 S: Oh, yes. So, in the beginning, right in the beginning of the concert when  
440 we had to do all the introductions, K. and I briefly spoke about music  
441 therapy and said, we hear all these stories in music therapy and it seems  
442 that Heideveld can be a very hard place for children to grow up in, but, um,  
443 these children also have this enormous potential, and that's what they're  
444 going to show you tonight, and you're welcome to join in, and they were so  
445 responsive. Through the whole evening the community, they would, you  
446 know, if children sang or danced, they would stand up and clap, and if they  
447 knew the song they would sing with them. Yes, so I think it was, and also  
448 the response we got from the adults and the parents and the, well all the...,  
449 you know it wasn't only parents, it was just people from all over who came,  
450 the people who hired us or rented the church hall. The comments they gave  
451 us, it sounded to me as if they did get the message and did get the idea of  
452 what we were trying to put across, because they'd say things like, um, one  
453 of the things that I was quite shocked about was many people said we  
454 didn't know that our children could do this, we didn't know that they had this  
455 potential, um, and also, you know, just saying how wonderful it is to hear  
456 these stories from the children, to see that these children can blossom on a  
457 stage, or, so I think that they did get the idea

458 M: Because I'm also thinking about what you're saying about being a  
459 member of the choir and enhancing their self worth and sense of belonging  
460 and hope, and I'm just thinking that maybe that's also what happened for  
461 the audience

462 S: Yes. That's also something K., well, we spoke about afterwards, was  
463 that a choir can be, ag a concert is such an energetic, vibrant thing, um,

unemployment 430, drug abuse  
hearing issues - MT  
community silence about issues  
hearing issues - MT  
message to community  
children's feelings about issues

MT knowledge  
hearing issues - MT  
H - hard for children  
show potential  
community invited to join  
responsive

response from wider community  
positive feedback  
heard the message

MT's - shocked  
concert-awareness of children's  
potential

heard message

energetic 463, vibrant

464 and we experienced it just through the rehearsals and when we had our  
 465 dress rehearsal and all the teachers were there and seeing it for the first  
 466 time and looking at the children and you get this kind of exhilarating, this  
 467 hopeful feeling, and I think, also that evening, there was this feeling of hope  
 468 and energy in the community and in the audience. Um, and also, I mean the  
 469 music that the children were performing was their music, it was Kaapse  
 470 Klopse music and Xhosa songs and, um, things that they could relate to,  
 471 and they joined in, so I think definitely it also had an effect on them. And  
 472 also bringing these Coloured and Xhosa communities together – um, cause  
 473 they were sitting together and clapping and singing to the same songs.

*exhilarating feelings -  
rehearsals*

*hope  
energetic  
identification*

*responsive 471a - had effect  
bringing together xhosa and  
coloured communities*

474 M: And that you wouldn't find in daily life?

475 S: No. No. There's quite a lot of difficulties around that, there's been many  
 476 incidences where Black children walking to the choir would be thrown with  
 477 stones or...

*racial difficulties  
racial violence*

478 M: Is that coming into the Coloured area?

479 S: Yes, yes, and the parents of the Xhosa children phoning us and saying  
 480 that they can't let their children come to Heideveld because it's too  
 481 dangerous in that area. And the you know, concert just, I think, there was  
 482 nothing of that at the concert. What also was interesting to me was the,  
 483 how the, I almost want to say the, (pause) how people that weren't directly  
 484 involved, that weren't part of the choir or parents of the choir children, kind  
 485 of just people moving around the church hall, around the physical area of  
 486 the church hall also got involved in the concert, because when we had to, in  
 487 the afternoon before the concert, we had to bring in all the chairs and pack  
 488 the chairs out, and we asked high school boys outside, who were really kind  
 489 of gangsters, to come in and join us, and, um, ag, to help us to pack the  
 490 chairs out and in the evening, they suddenly formed part of the Kaapse  
 491 Klopse group, so they got involved in this whole concert and they took part  
 492 in the concert, you know, at the end. Also how the children kind of just  
 493 invited people from the streets to perform acts with them – it was a very  
 494 impromptu thing, um, so I think that was quite interesting to me, to see the  
 495 people who are usually not part of what we're doing, of the whole music  
 496 therapy or music for life program, just the community outside, also joining in  
 497 even though they don't have children performing there or, but how it really

*H-danger for xhosa children*

*concert-non-violent  
wider community involved*

*gangsters involved*

*children inviting others to perform  
Impromptu  
wider community involved*

498 impacts on more than just the people we're directly in contact with, but it

499 seems to kind of, you know, the circle seems to... 'kring uit.'

500 M: yes, so it's the kind of ripple effect

501 S: Yes.

502 M: To quote a good book. I'm just thinking about something, I don't know if,

503 I know how to formulate this. You see, there you are music therapists, and

504 you're doing this work which is not music therapy. I'm wondering if you can

505 say something about, are you using music therapy skills, even though

506 you're not doing music therapy? And not just are you yes or no, but I'm

507 thinking how would you, if I were to say to you I think you are using music

508 therapy skills, how would you sort of think about that?

509 S: I think, first of all, the way in which we handle certain situations is

510 definitely, we wouldn't have been able to, well, I wouldn't have been able to

511 handle them if I wasn't trained as a music therapist. Just difficult situations

512 for instance like the kind of cultural issues that would come up in choir, that

513 could be very explosive, um, you know, has the potential to kind of become

514 a...

515 M: Could you give an example?

516 S: One of the boys, there was kind of a lot of things that just building up,

517 some of the children complained, some of the Black children complained

518 that the Coloured children 'threw them with stones', and then in one of our

519 choir rehearsals the Coloured and the Black children started saying

520 derogatory names to each other, um, and so we, you know, this thing

521 happened and we had to deal with it, and we were very sensitive with how

522 we approach this and what we say and that was definitely, our music

523 therapy skills, I think, that helped us to handle that situation.

524 M: So what did you do?

525 S: Well, we just spoke about it, and said, well, now we do come from

526 different places. Some of you live in Heideveld, and some of you live in

527 Gugulethu, and some of you are Black and some of you are Coloured, but

*Impacts larger community*

*MT's as initiators  
concert- not MT  
use MT skills*

*handling of situations*

*use MT skills in difficult  
situations  
cultural issues  
explosive*

*cultural issues  
black children complained  
racial violence  
racial discrimination*

*sensitivity in dealing with  
situations  
use MT skills  
handling of situations*

*discuss issues  
different racial contexts  
different races*

528 now we have one choir, and we're singing the same songs and we're doing  
 529 the same movements, and we cannot function as a choir if we don't all work  
 530 together, and it was something that, we didn't have to, you know, kind of  
 531 convince them of this, they actually really understood it. I think, once we  
 532 kind of aired the whole thing and everybody kind of got a chance to say  
 533 what they think, we could, um... I think also including the different, because  
 534 we had African songs, and we had Coloured songs and you know, sharing  
 535 in each others culture and I think for children it's actually very easy to kind  
 536 of work through. But in any way, so I think that's one way. Also just to, um,  
 537 the way in which we selected the choir was not about musical skills or, was  
 538 really, you know, it was more about what we saw from a child and what we  
 539 could hear in their voices I think, when we did the audition, um, to kind of  
 540 get a sense of who this child is and what he needs, which I don't think we  
 541 would have been able to do if we weren't trained as music therapists, to  
 542 kind of look beyond just the voice or to hear what's behind this singing  
 543 voice, or look at the child's posture, or the way that he walks into the room.  
 544 Ja, I think, um, also, being sensitive to the community, um, because this is  
 545 a, you know, a community project and we, um, I think we're constantly kind  
 546 of reflecting on what we're doing which I think is also part of, you know,  
 547 being trained as a music therapist, so we can think what happened now and  
 548 what does this mean, just how we had to approach this whole thing, and we  
 549 couldn't force, obviously, you know, we weren't going to force anything onto  
 550 this community, we had to really listen, but not just listen to what they have  
 551 to say, but also look at their body language and their way of saying things to  
 552 know if we're going along the right track or not. Almost a way of reading the  
 553 community, which I think our music therapy skills helps us to do

554 M: OK, Um, let's kind of, well, I'll ask you one more question about the  
 555 choir, and then we can kind of wrap it up. Where to from here? Are you  
 556 continuing, what are your plans?

557 S: Yes. We're definitely continuing, and we, um, I think, our plan would be  
 558 that in our next concert there should be even more community involvement,  
 559 even a bigger audience. And what was very interesting for me to see was,  
 560 after the concert this year when we went back to the school, the people in  
 561 the community a seemed to know who we were, and who we... It also was  
 562 a way for us to say, um, to give them a chance to show them what music  
 563 therapy is about, what we are doing there, um, so I think our plan would be

*choir - working together*

*understanding - children learn quickly*

*hearing different views*

*sharing in cultures - songs  
easy for children to work through issues*

*not about musical skills  
perception of child*

*sense of child's needs*

*use MT skills*

*look beyond voice*

*body language*

*sensitive to community*

*reflecting*

*use MT skills*

*reflecting 548a - approach*

*sensitive to community*

*listening*

*body language 551a - perception of child*

*sensitive to  
community*

*553a - use MT  
skills*

*Future - increased community  
involvement*

*concert - recognition of MT*

*MT - knowledge*

564 to extend the whole program and involve, you know, at the moment it's very  
 565 focused on school children, and to get other people involved, like the police,  
 566 um

*extend program*

*focus moved from children to  
include others*

567 M: Are the police from the community?

568 S: Yes. And that's another thing that we would like to, cause at the moment,  
 569 the police in the community members are very, um, you know, they...

*police, community - lack of trust*

570 M: Don't trust each other?

571 S: They don't trust each other, not at all. So our plan, in music therapy, with  
 572 the police, would be to, what I was thinking is having sessions with children  
 573 in a community that's kind of, you know, in gangs, or whatever, and the  
 574 police in sessions so that they can get, and meet each other on a different  
 575 level, but then also extend this to our concert, um, I think we're always  
 576 looking at how what happens in music therapy, almost what that is  
 577 happening in our music therapy sessions needs to go onto the public  
 578 platform almost, what does the community need to know about, obviously,  
 579 there's also a lot of things that the community doesn't need to know that's  
 580 happening in music therapy, but I think our music therapy sessions always  
 581 gives, shows us, you know, what needs to happen next on a kind of music  
 582 for life level.

*MT - police & children in gangs  
together in groups*

*extend to concert*

*MT goes to public platform  
sharing with community*

*MT - direction for MFL*

583 M: Yes. I'm also thinking of Brynjulf's thing of music therapy as social work,  
 584 I don't mean social work, but social - work, which it sounds to me like  
 585 you're doing

*MT as social work*

586 S: Yes. There's a ja, there's a, I think we need to, we're more aware of the  
 587 community, or what's happening outside the music therapy room. We need  
 588 to be aware of how and who the community is outside the therapy room, on  
 589 the one hand, because we have to understand where the children are  
 590 coming from and that's the only way to really understand that. But also, um,  
 591 ja, our role just seems to be, the role that we're playing there, that we could  
 592 play, seems to be bigger than just even the therapy room - it seems to kind  
 593 of naturally move out into the community.

*community awareness*

*understand children's context*

*Role of MT's more into  
community*



594 M: I'm also thinking that you've been there a while now, so you're kind of  
 595 established, you're not 'fly by nights'

596 S: Yes. I think that's one of the very important things about our whole  
 597 project, was, um, it took a very long time to build that trusting relationship,  
 598 um, which I think we have now, and it's easy to get with the school teachers  
 599 or the children, because you see them every day and they know who you  
 600 are, but we had an incident with the hall that we wanted to hire for the  
 601 concert, where the people were really rude and made it very difficult for us  
 602 to get the venue, and in the end, we had a whole discussion, and it was  
 603 actually their way of saying, you know you're not from our community, and  
 604 you're not going to come in here and say, and show us how to do things.  
 605 Um, so, ja, that's, you know, and after the concert they came, these same  
 606 people from that, and said well, you know, this was so wonderful, and if you  
 607 just told us what you did before you wanted to rent the hall, then this whole  
 608 this could have...but I think that just shows how it takes a long time to build  
 609 up trust, especially if you have to kind of get the trust of the whole  
 610 community, not just a part of it

611 M: OK, let's wrap up. So you're doing what we would call so called  
 612 conventional music therapy – private and confidential, closed space etc.  
 613 And then you've got you music for life projects with the choir that you've  
 614 spoken about a lot, the policemen – you're starting a project with the  
 615 marimba's, you spoke about other music groups. I remember you saying  
 616 something about a music day, have you still got that in mind?

617 S: Yes, definitely, and I think we'll start implementing that soon. Um, We,  
 618 the choir is on a Wednesday afternoon, but we want to make Wednesday  
 619 afternoons music day, so we want to have a drumming circle, or a marimba  
 620 group or something else the children can be part of, and like a recorder  
 621 ensemble, smaller music ensemble, and a Kaapse Klopse group and so the  
 622 children have different options of where they could go to, and we'll also, you  
 623 know, we'll start and see how it goes, and maybe we'll have to do  
 624 something else, but that would be our music afternoon

625 M: I just want you to comment on something that we've been thinking about  
 626 in terms of, you know, music as sort of generating, I suppose, social  
 627 collaboration. Because I'm thinking what you're saying about the police,

*Important to become established  
 trusting relationship-time  
 relationships easy with those  
 seen every day*

*unsupportive community*

*MT as outsiders  
 lack of trust  
 MT knowledge*

*concert building trusting  
 relationships*

*trust of community*

*future project ideas - music day*

*see how it goes  
 changed ideas*

*music generating social  
 collaboration*

628 which in a way are also a gang, you know, but they're kind of sanctioned by  
 629 the law, but it sounds like they're quite isolated, also socially in a way and it  
 630 sounds like a community that's got lots of splinter groups, you know, there's  
 631 the gangs, and there are the people who are afraid of the gangs and the  
 632 victims of the gangs, and then the people who're victims in other ways  
 633 because they're children might be, so they're implicated in another way, and  
 634 then you've got police, and then you've got the community at large. I'm  
 635 thinking about, well I don't know if you want to say something about music  
 636 generally as

*police socially isolated  
 fragmented community*

637 S: Um, I think, what we've experienced as was our plan initially, you know,  
 638 we decided to use music and not something else because it just seems to  
 639 bridge a lot of obstacles, you know, a very practical thing – in our choir, it's  
 640 the first time that this community had a choir where children from all the  
 641 schools could take part, so, it usually was, you know, each school on it's  
 642 own, which is really also kind of shows what happens in the community, it's  
 643 all these little...

*music to bridge obstacles*

*choir - bringing different schools  
 together*

644 M: It's like fragmentation

645 S: Yes. Um, and the music also provides, I think it's a non-threatening way  
 646 for them to come together, and I also think that it could work with the police  
 647 and the children because it's such a non-threatening way, and it's an easy  
 648 way, and it's accessible

*music - non-threatening way to get  
 together  
 music as bringing people  
 together  
 music as accessible*

649 M: And it's got status, hasn't it?

650 S: Yes. It's something important. And it's something also, I think, that  
 651 people believe in, you know, and we hear that in the community as well – ja,  
 652 music is so powerful, music can make, heal things or, I think people  
 653 believes in the power of music

*music - status  
 music - people believe in it  
 music - powerful  
 music - heal things (652a)*

654 M: Is there music provisions in the schools?

655 S: Not at all

656 M: Nothing?

*BACKGROUND*

657 S: Nothing, no, there's nothing. The only music that really happens in  
 658 Heideveld are the Kaapse Klopse, which is an interesting thing, because in  
 659 the Kaapse Klopse all the different gang members would be part of the  
 660 same group, Kaapse Klopse group, so one of the children in a music  
 661 therapy session said once that during their festival at the end of the year,  
 662 that's the only time when there's peace in Heideveld, because then all the  
 663 gangs have to make music together, and that's when it becomes quiet –  
 664 over Christmas and New Year, but apart from that there's nothing else,  
 665 there's no choir, there's no music education at schools, nothing else

BACKGROUND

666 M: Goodness. And what does it feel like to talk about all this, I mean when  
 667 you listen to yourself and your story, as a music therapist

668 S: I think, (pause) what I'm always trying to do is to make sense. I think how  
 669 the process works for me is we do the therapy, or whatever, and then we  
 670 kind of see a gap of where the music needs to go, and it's not even  
 671 necessarily a conventional way of doing it, and we just do it, and kind of  
 672 then reflect and say, OK why did we have to do it this way and did it work or  
 673 did it not work, so it's an interesting way of working I think, because we're  
 674 always really thinking about what this means and finding – it's not so much  
 675 finding new ways of doing your work – but, um, almost just kind of seeing  
 676 the possibilities, um,. It's almost as if all these, the music and everything is  
 677 there, someone just needs to kind of bring it all together um, and I think  
 678 that's how we see our role there in Heideveld. It's not starting something  
 679 new or, it's really just bringing things together

making sense  
 process  
 need for music-direction for MT  
 unconventional improvise  
 reflecting - 671a  
 interesting  
 constructing meaning  
 not new way of working  
 seeing possibilities <sup>676a-potential</sup> for music is there  
 MT's bring it together  
 MT role  
 not new way of working  
 MT's bring it together  
 context sensitive

680 M: That's very much context sensitive, isn't it?

681 S: Yes, Yes. Definitely

682 M: Which is, I suppose, where I always feel that an improvisational  
 683 approach works, in the sense that what it teaches you as a music therapist  
 684 is literally to improvise, and not just music

685 S: Yes. Just to think on your feet and kind of go with your gut feeling. But  
 686 also with a kind of, you know, eye on what you're doing, not just plunging in,  
 687 but so that you can, I think also know where the boundaries are of what you  
 688 can and cannot do, but they're not that fixed, they're quite flexible

improvise  
 reflecting  
 boundaries  
 flexibility



689 M: Anything else?

690 S: <BREAK> Um, just about the concert, um, what was interesting to see  
 691 was how the community, K. and I were very involved in the organization  
 692 and we kind of, you know, planted the seed for this whole concert and did  
 693 all the organizing and so on, and at the end of the day, the teachers of the  
 694 safe room and the children really took the concert, and it was their concert.  
 695 It wasn't about something that we've organized and they're just taking part  
 696 in, it was definitely their concert, and we played a very minor role at the  
 697 night, which I think was exactly what we had in mind. It was really a  
 698 community initiative. Um, also the other thing was, the teachers really, they  
 699 said that music therapy is making such a big difference in these children's  
 700 lives which was interesting for me to hear because that's not something that  
 701 we can see actually happening, and they, you know, they said this so often  
 702 that I'm sure they really mean it, but it was just interesting to get that  
 703 feedback from the community side, um...

704 M: When they were saying music therapy, did they mean your music  
 705 therapy, or the choir?

706 S: I think they mean the whole thing. They use music therapy for a kind of  
 707 generic term for everything that we do there. But I think they mean, you  
 708 know, they, ja, they specifically mean the choir, so they could actually see  
 709 how this was changing the children in their everyday lives, which is  
 710 something that we don't get to see. We just see them that hour, which  
 711 quite, ja, its good actually to hear

*interesting*

*MT's - organising concert*

*MT's - initiating concert*

*community ownership*

*MT's - minor role*

*MT goals*

*community initiative*

*MT - changing children's lives*

*Don't see changes outside MT*

*feed-back from community*

## **APPENDIX IV**

### **LIST OF THEMES, CATEGORIES AND CODES**

## List of Themes, Categories and Codes

### THEME 1: Moving Outwards

#### Category 1: Moving Outwards Into the Community

Open to Whole Community (357)	Impacts Larger Community (498)
Community Invited to Perform (358, 370)	Focus Moved from Children to Include Others (565)
Attendance More than Ticket Sales (393, 396)	Extend to Concert (575)
Community Invited to Join (444)	Not all Needing MT (178)
Response from Wider Community (449)	Open to all 7 Schools (190)
Wider Community Involved (484, 496)	Let Children Join (228, 243, 244)
Gangsters Involved (488-491)	Concert – goal for choir (354)
Children Inviting Others to Perform (493)	

#### Category 2: Future Plans

MT <sup>1</sup> – Police and Children in Groups Together (571-574)	Extend Programme (564)
Future Project Idea's – Music Day (619)	Future – Increased Community Involvement (558)
Want Other Musical Groups (33)	

#### Category 3: Is This Music Therapy?

Choir – not MT (196, 257)	Different Approach to Music Teaching (304)
Concert – not MT (504)	Not About Musical Value (332)
Skill Requirement (197)	MT Goals (697)
Accomplishments (248, 252)	Similar to MT Goals (289)
Not about musical skills (249, 250, 305, 537)	Approach (548a)
Process rather than Product (254, 255)	Unconventional (671)
Process rather than Product (254, 255)	Not New Way of Working (675, 679)
Musical Skills (302)	Different Approach to MT (290)
Standards (303)	

<sup>1</sup> MT – Music Therapy

## THEME 2: Moving Together

### Category 4: Community Fragmentation

Fragmented Community (630)	Gangs vs rest of community (95)
Not strong sense of identity (120)	Gangs split up families, community (131)
Identity – music, religion etc. (122)	Identity – gang structure (111)
Community Disintegration (134)	Fighting over territory (102)
Not strong sense of community (114, 117)	Racial Violence (273, 476, 518)
Not supportive (115, 125)	Black vs Coloured (271)
No lead to get together (128)	Race Issues (272)
Not standing together to solve problems (126)	Heideveld – danger for Xhosa children (479)
Police Socially Isolated (629)	Cultural Issues (512, 516)
Police, Community – lack of trust (569)	Different Race Contexts (526)
Gangs part of community (96)	Racial Discrimination (274, 519)
Strong sense of community – gangs (108)	Different Races (527)

### Category 5: Music Brings People Together

Music as powerful to get people together (184)	Music generating social collaboration (626)
Music as bringing together (646)	Part of group through Music (251a)
Music to bridge Obstacles (638)	Music as Non-Threatening way to get together (645)

### Category 6: Concert Items

Choir Performance (356a)	Dance Group (376a)
Heideveld Community Concert (356)	African Song – Xhosa girls – Gugulethu (380)
MT Groups (397, 402)	Heideveld Kaapse Klopse Group (377)
MT Child performed (398)	MT Children (211)
Adolescent Group (404a)	MFL <sup>2</sup> – Choir (32, 184a, 376)

### Category 7: MFL Bringing Community Together

Social Value (336)	Be part of concert (417)
Sharing in Cultures – songs (534)	MTP's <sup>3</sup> Bring it Together (677, 679)
Choir – bringing different schools together (640)	Concert – non-violent (482)
Choir – working together (528, 529)	Choir – discuss race issues (275)
Group Belonging (209)	Hearing different views (532)
Part of process (307)	Children's feelings about Issues (436)
Being Part of (207, 211a, 251a, 323)	Discuss Issues (525)
Belonging (312)	Bringing together Xhosa and Coloured Communities (472)

<sup>2</sup> MFL – 'Music for Life'

<sup>3</sup> Mtp – Music Therapist

### Category 8: Building Relationships between Music Therapists and Community

MTp as outsiders (603, 121)	Trust of Community (609)
MTp not in contact with gangs (113)	Important to become established (596)
MTp's – don't see gangs (138)	Trusting Relationship – Time (597)
MT Knowledge (440, 562, 605)	Relationships easy with those seen every day (598)
Concert – Recognition of MT (560)	Communicate through Children (369)
Sharing with Community (578)	Community Connection (375)
Concert Building Trusting Relationships (607)	

## THEME 3: Moving Forward

### Category 9: Negative Aspects of Heideveld Environment

Heideveld – negative environment (314)	Gangs – big influence (130)
Heideveld – hard for children (442)	Child gang (86)
Drug Involvement (182a, 316a)	Gang fighting (52, 99)
Drug Abuse (430a)	Violence (37, 181, 429a)
Drug Problems (64)	Dagga Abuse (64b)
Drug Trafficking – income (103)	Alcohol Abuse (64a)
Gang Involvement (182, 316)	Poverty (100, 429b)
Gangs (74, 429)	Overcrowded (63)
Gangs protect (110)	Unemployment (63a, 430)
Gangs – high profile (137)	

### Category 10: Community Responses to Environment

Heideveld – hopeless (321)	Community – talk about gangs (140)
Community Silence about issues (115a, 432)	Complain about gangs (141a)
Disempowered (180)	Just coping through every day (127)
Despondent police – violence (36)	No initiative to make circumstances better (129)
Gangs as worst fear (141)	

### Category 11: Individual Needs of Children

Quiet (418)	Aggressive (270)
Lonely (204)	Difficult Child/Group (269a, 404, 417)
Unattractive (overweight) (203)	Rebel (269)

### Category 12: Positive Qualities of Music

Music as accessible (648)	Music - Status (650)
Self-esteem naturally developed through Music (309a, 310)	Identification (331, 469)
Music – people believe in it (651)	Music – Heal Things (652a)
Music – powerful (652)	

### Category 13: Song Lyrics to Address Issues

Words (333a)	Hope for future – lyrics (328)
Words – loving (410a)	Song against violence (409)
Positive Lyrics (325)	Coloured community – lyrics (329)
Words – Peace (410)	

### Category 14: Value of MFL for Children

Skills Given (189a)	Sense of Self worth (288, 309)
Safer (off streets) (186a)	Choir Leader (279)
Something to do (185)	New Experience (283)
Practical (186)	Change Through Process (261, 278, 284)
Draw Children In (183)	Process (213)
Alternative (317)	Commitment (188)
Emotional Value (333)	Life Skills (306)
Good for them (208, 212)	Discipline (188a)
Hope (320, 331a, 467)	Motivation (189)
Therapeutic Experience (258)	MT – changing children's lives (Community) (699)
Valued (282)	Choir good for children (199)
Youngest Member (280)	Positive Group Experience (313)
Concert – Potential (Blossomed) (210)	Good experience (288a)
Special Role (286)	Group shift – work on product (405)
Self-esteem (287, 308)	Discuss song content (324)

### Category 15: Value of MFL for Community

Concert – awareness of children's potential (454)	Message to Community (435)
Show potential (281, 422, 443)	

### Category 16: Children's Responses to MFL

Committed Children (220, 229-234)	Dropped Out (214, 219)
Performed (411)	Group disintegrated (412)
Participating ( 420)	Unimpressed (418a)
Children waiting around rehearsal room (240)	Unparticipative (419)
Wide Interest (192)	Difficult (218, 233)
Children not accepted coming (224, 227)	Black children complained (517)
Eager (206, 228a)	Not used to learning song words (217a)
Lack of skills (200, 207a, 285)	Not used to commitment (215)
Easy for children to work through issues (535)	Not used to discipline (216)
Understanding, Children learn quickly (531)	Not used to concentrating (217)

### Category 17: Community Responses to MFL

No Community Response (368, 372)	Heard Message (451, 459)
Unsupportive Community (601)	Community Ownership (694)
Lack of Trust (604)	Community Initiative (698)
Choir – as good idea (352)	Feedback from Community (703)
Saferoom Teachers Organised Programme (374)	Energetic (463, 468)
Community Enjoyment (384)	Vibrant (463a)
Ownership (389)	Exhilarating Feelings – rehearsals (466)
Audience Response (426)	Impromptu (494)
Responsive (445-448, 471)	Had effect (471a)
Positive Feedback (450)	

### THEME 4: Moving Through

#### Category 18: Community Needs Steering Direction of MFL

Need (201)	MT – Direction for MFL (580)
Need – children (177)	Need for Music – Direction for MT (670)
Enormous need – community (176)	Seeing Possibilities (676)
MT stories inspired concert (427)	Potential for Music is there (676a)
Hearing Issues – MT (431, 434, 441)	Need Funding (34)
Perception of Child (538, 551a)	Racial Difficulties (475)
Sense of Child's Needs (540)	Difficult Situations (511a)
Look Beyond Voice (542)	Explosive (513)
Body Language (543, 551)	

#### Category 19: MTp's – Changing Through Process

Use MT Skills (505, 511, 522, 541, 547, 553a)	Sensitive to Community (544, 549, 553)
Reflecting (546, 548, 672, 686)	Listening (550)
See How It Goes (623)	Community Awareness (586)
Making Sense (668)	Understand Children's Context (589)
Improvise (Just Do It) (671a, 685)	Context Sensitive (680)
Constructing Meaning (674)	Changed Idea's (198, 247, 624)
Adapt to Community (361)	Changed Criteria (201a, 212a)
Negotiation (385)	Adapt Planning (362)
Concert charge (386, 391)	Flexibility (688)
Who is invited/included (388)	Boundaries (687)
Discuss decisions with saferoom committee (351, 373)	Learn Through Process (305, 360)
Handling of Situations (509, 523)	Process Towards Product (399)
Sensitivity in dealing with Situations (521)	Process (669)

### Category 20: Changing Roles of MTp's

Raise Funds (166, 173, 174)	Role of MTp's Move Into Community (593)
NPO (170)	MTp role (678)
MTp's as Initiator's (503)	MTp's Organising Concert (691)
MT Goes to Public Platform (577)	MTp's Initiating Concert (692)
MT as Social Work (583)	MTp's – minor role (696)

### Category 21: MTp's Feelings Through the Process

Going Well (15)	Wonderful Experience (401)
Good Year 2004 (20)	Good Thing (416)
Concert – Good end to year (21)	Amazement (421)
Exciting (22)	MTp's – Shocked (453)
Concert – Good (260)	Don't See Changes Outside MT (701)
Uncertainty (365)	Interesting (673, 690)
Delayed (363)	