Circles of Courage: Music therapy with adolescents in conflict with the law at a community based setting

By

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TABLE OF CONTENTS

SUMMARY / OPSOMMING

Page

TABLES

GRAPHS

SUMMARY

The context for this study is a community based organization known as the **National Youth Development Outreach (YDO)** in Eersterust, Pretoria. This organization caters primarily for adolescents who are in conflict with the law who have been referred to YDO by the courts. YDO offers what is known as the **Adolescent Development Programme** as a means of social rehabilitation. This programme is based on what is known as the **Circle of Courage** which has its origins in the Native American approach to child rearing. This Circle of Courage has four components, namely, **Belonging, Mastery, Independence and Generosity.**

Music therapy was introduced at the National Youth development Outreach in January 2003. My interest in the work of music therapy within this context gave rise to this dissertation. My aim in this study is to explore how music therapy can contribute to the Adolescent Development Programme and, in particular, how the Circle of Courage can inform the goals and practice of music therapy. In addition I wish to explore how music therapy practice needs to adapt in order to be relevant within such a context.

The study is conducted within the **qualitative research paradigm** and thus seeks not to prove one single truth. This explorative study is conducted in a naturalistic setting. Data collection is in the form of a semi structured interview with 3 personnel members from the organization, clinical session notes and video recorded excerpts from two music therapy sessions.
The clinical session notes form the basis of a description of the music therapy process at YDO from January to June 2003 and work with an individual client. These descriptions serve to contextualize the semi structured interview and video excerpts. The data are coded categorized and organized into themes. These **themes** highlight the social context in which YDO is situated which includes the individual, the organization and the community. The data highlights the primacy of the Circle of Courage within this specific context. Music as a tool for communication as well as a barometer of relationship is also discussed.

This forms the basis for **addressing the two research questions**. This discussion focuses on the role of the Circle of Courage in informing the goals of music therapy through considering this at a conceptual level as well as viewing clinical improvisation through the lens of the Circle of Courage. The response to the second research question is from the premise of community therapy and considers the possibility of a wider application of music therapy in such a context.

Music therapy is in its infancy in South Africa, especially with this client group. I am unaware of any published literature of music therapy work with adolescents in conflict with the law. Whilst this study has focused on a very small part of the whole, my hope is that it will stimulate further thinking and

research about music therapy with this client group and will contribute to a broader body of knowledge.

KEY TERMS:

National Youth Development Outreach (YDO)

Adolescent Development Programme (ADP)

Community Youth Development

Circle of Courage

Adolescents in conflict with the law

Youth at risk

Social re-integration

Social context

Improvisational Music therapy

Community Music Therapy

OPSOMMING

Die konteks van hierdie studie is 'n gemeenskap gebaseerde organisasie, onder die naam van **National Youth Development Outreach (YDO)** in Eersterust, Pretoria. Die gemeenskap maak primêr voorsiening vir adolesente wat in botsing met die wet gekom het en wat deur die geregshowe na YDO verwys is. YDO bied 'n sosiale rehabilitasie program aan bekend as die **Adolescent Development Programme**. Hierdie program is gebaseer op wat bekend staan as die Circle of Courage wat sy ontstaan gehad het in die inheemse Amerikaanse bevolkingsgroepe se benadering tot kinderopvoeding. Die Circle of Courage het vier komponente, naamlik om te **Behoort, Bemeestering, Selfstandigheid and Mededeelsaamheid**.

Musiekterapie is opgeneem in die National Youth Development Outreach in Januarie 2003. My belangstelling in die terrein van musiekterapie binne hierdie konteks het aanleiding gegee to hierdie proefskrif.

My doelstelling in hierdie navorsing is om na te gaan hoe musiekterapie kan bydra tot die Adolesente Ontwikkelingsprogram en spesefiek hoe die Circle of Courage die doelstellings en die praktyk van musiekterapie kan ondersteun. Bykomend wil ek ook navors watter aanpassings musiekterapie moet maak om relevant binne hierdie konteks to wees.

Die ondersoek word gedoen binne die **kwalitatiewe navorsingsparadigma** en probeer hierdeur om een enkele waarheid te bewys. Hierdie eksplorerende studie word gedoen teen die naturalistiese agtergrond. Data insameling is in die vorm van gestruktueerde onderhoude met drie personeellede van die organisasie, kliniese sessie-notas en video aangetekende uittreksels uit twee musiekterapie sessies.

Die kliniese sessie-notas vorm die basis van die omskrywing van die musiekterapie proses by YDO vanaf Januarie tot Junie 2003 en werk met 'n individuele klient. Hierdie omskrywings dien om die semi gestruktueerde onderhoud en video uittreksels to kontekstualiseer. Die data word gedekodeer, gekatagoriseer en volgens temas georganiseer. Hierdie temas lig die sosiale konteks uit waarbinne YDO gesitueer is, wat die indiwidu, die organisasie en die gemeenskap insluit. Die data beklemtoon ook die primêre rol van die Circle of Courage binne die spesifieke konteks. Musiek as 'n middel tot kommunikasie asook 'n barometer van menseverhoudings word ook bespreek.

Dit vorm die basis on die **twee navorsingsdoelwitte** aan te spreek. Hierdie bespreking fokus op die rol wat die CIrcle of Courage speel om die oogmerke van musiekterapie to ondersteun, deur dit op 'n konseptuele vlak te oorweeg en ook deur kliniese improvisasie te oorweeg uit die perspektief van die Circle of Courage. Die respons op die tweede navorsingsdoelwit is vanaf die standplaas

van gemeenskapsmusiekterapie en oorweeg die moontlikheid van 'n wyer toepassing van musiekterapie in 'n dergelike konteks.

Musiekterapie is in sy kinderskoene in Suid Afrika veral met betrekking tot 'n klientegroep. Ek is nie bewus van enige gepubliseerde navorsing oor musiekterapie met adolesente in botsing met die gereg nie. Terwyl hierdie studie gefokus het op 'n baie klein gedeelte van die geheel, vertrou ek dat dit verdere denke en navorsing oor musiekterapie sal stimuleer en tot 'n breër konteks van kennis sal bydra.

TREFWOORDE:
National Youth Development Outreach (YDO)
Adolescent Development Programme (ADP)
Gemeenskaps Jeug Ontwikkeling
Circle of Courage
Adolesente wat in botsing met die wet kom
Jeug wat risiko loop
Sosiale reintegrasie
Sosiale konteks
Improvisatoriese Musiekterapie
Gemeenskapsmusiekterapie

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CHAPTER 1

BACKGROUND AND CONTEXT

1.1   INTRODUCTION

The context for this dissertation is the National Youth Development Outreach (**YDO**) in Eersterust, East of Pretoria. YDO is a non-residential, community based organization which offers social rehabilitation to adolescents in conflict with the law. YDO is known as a Life Centre, and is one of seven such centres established in South Africa by the National Life Centre Forum. (Nghonyama, 2002).

1.2   TARGET GROUP

YDO caters primarily for adolescents who are in conflict with the law, having been referred to YDO by the courts. This is an alternative to prison and an attempt to rehabilitate them within their social context. In addition to court referrals, YDO responds to community referrals via social workers, schools, community organizations and parents. In this way YDO is catering for the broader category of adolescents at risk and not just those who are in conflict with the law.

1.3   ADOLESCENT DEVELOPMENT PROGRAMME

Adolescent development is one of the components of the National Child and Youth Care system (Nghonyama, 2002). YDO has incorporated this component by offering the Adolescent Development Programme (**ADP**) as part of the social rehabilitation of adolescents at risk.

The ADP is based on a model referred to as **The Circle of Courage** which has its origins in the Native American approach to child rearing (Brendtro et al, 1990). The Circle of Courage advocates an alternative approach to youth development with primary importance given to fostering self esteem. Traditional Native American educational practices addressed four bases of self esteem: a) Belonging, b) Mastery, c) Independence and d) Generosity and these then serve as the four components of the Circle of Courage. The Circle of Courage also underpins Child and Youth Care Work in South Africa at a national level (Allsopp and Thumbadoo, 2002).

1.4   MUSIC THERAPY

Music therapy was introduced at YDO in January 2003. This is in the form of an internship for the Masters Degree in Music Therapy at the University of Pretoria. Music therapy, as an intervention with this population in South Africa, is in its infancy. Many challenges and opportunities thus face practitioners in the field.

Since beginning my Music Therapy Clinical Internship at YDO, I have been questioning how music therapy can play a role within the ADP. Also, since the ADP is underpinned by the Circle of Courage, I wish to explore how the Circle of Courage could inform the goals and practice of music therapy?

In addition to the above questioning, it has become clear that the social and musical context of the ADP at Eersterust may require flexibility in music therapy approach and practice. Music therapy training at the University of Pretoria is within the Improvisational Music Therapy paradigm, which has its origins in the United Kingdom and Europe. When implemented within such a socio-economic context, such as the one at YDO, this approach may require adaptation.

1.5   CONCLUSION

With the above in mind I conclude this chapter by outlining the aim and research questions of this study:

Aim:

To explore how music therapy practice needs to adapt in order to contribute in a relevant manner to the Adolescent Development Programme, with specific reference to the Circle of Courage. A broader aim is to provide a basis for future Music Therapy work at the National Youth Development Outreach.

Research questions:

1)   How can the Circle of Courage serve as a model for music therapy within the Adolescent Development Programme?

2)   How does Music Therapy practice need to adapt in order to meet the needs of adolescents in conflict with the law at the National Youth Development Outreach?

CHAPTER 2

LITERATURE SURVEY

2.1   INTRODUCTION

This Literature Survey will firstly deal with adolescence as a developmental phase and then more specifically will consider the definition and ecology of adolescents at risk. Secondly attention will be given to adolescents in conflict with the law in South Africa with reference to alternate methods of rehabilitation. As stated in the previous chapter, the context of this dissertation is the Adolescent Development Programme (ADP) at YDO which is based on the Circle of Courage. This is the third main focus of this survey. Fourthly the role of music in identity development will be discussed. The remainder of the literature Survey will focus on Improvisational Music Therapy, music therapy interventions with at-risk youth abroad and Community Music Therapy.

2.2   ADOLESCENCE

Whilst this study is primarily concerned with adolescents at risk, and more specifically those who are in conflict with the law, a brief overview on adolescence as a developmental phase will be included. This is important as etis stage of development can impact the way one enters and fulfils adulthood roles.

Adolescence has been defined by many different theorists in many different ways over the years. According to the Penguin Dictionary of Psychology (1985) it is defined as "the period of development marked at the beginning by the onset of puberty and at the end by the attainment of physiological or psychological maturity." Berryman, Hargreaves, Herbert and Taylor (1994) view adolescence as beginning in biology and ending in culture. These terms are very difficult to define, as more often than not, the onset of puberty and/or the attainment of maturity is a very subjective definition, which is often culturally based.

Hall (1975) identifies adolescence as being a stage of development characterised by emotional turmoil and psychic disturbance or a period of stress and storm. Freud's psychoanalytic view of adolescence corresponds in many respects to Hall's viewpoint – the adolescent experiences a disturbance of the balance between the id, ego and

superego, and thus has to control his sexual drives to restore the balance and to resolve the emotional conflicts. This view has been carried over into popular thought over the years, and often adolescence is perceived as a period of extreme difficulty for the adolescent, and also for those who have to interact with the adolescent (Hoffman, Paris, Hall and Schell 1988). In contrast however, adolescence can also be discerned as a time of transition, or a bridge, between the irresponsibility of late childhood to the responsibility of young adulthood (Berryman et al, 1994; Hoffman et al, 1988).

2.2.1   Adolescent tasks

Adolescence may also be conceived as a period when developmentally the person has to complete a number of tasks before attaining the end of this period and being able to function optimally as an adult.

Louw (1993) enumerated these tasks as follows:
- Acceptance of changed physical appearance
- Development of a sex-role identity
- Development of a strong emotional bond with another person
- Preparation for marriage and family responsibilities
- Development of intellectual skills and concepts so that the individual will in due course be able to fulfil adult responsibilities
- Selection of, and preparation for a career
- Achievement of financial independence
- Development of independence from parents and other adults
- Acceptance of the self as a person of worth and the development of an own identity
- Development of socially responsible behaviour
- Development of moral values and concepts that can serve as standards for behaviour
- Development of a value system based on a realistic and scientific world view
- Development of a world-view of life.

2.3   ADOLESCENTS AT RISK

With the above in mind, Tumbleson (2001) defines at-risk adolescents as: "Adolescents who are at risk of failing in some major task that is necessary to assure a happy and

productive life and of being failed by one or more adults or adult driven system or institution" (Tumbleson 2001:1).

These youths are also referred to as juvenile delinquents and juvenile offenders. Michael (2003) states that labeling youth minimizes them as they are often treated according to the label assigned them. The term youth at risk or troubled youth is thus preferred. The term, adolescents in conflict with the law, falls under the broader category of youth at risk. These terms will be used interchangeably in this study.   Mendel (1996) identifies the following risk factors that contribute to youth's propensity for violence and delinquency:

- They are more likely to come from families where parents are abusive and neglectful and who provide harsh or erratic discipline;
- They tend to live in communities rife with drugs, crime, guns and poverty where positive role models and safe constructive recreational opportunities are scarce;
- They are likely to associate with peers who are delinquent or drug abusing;
- They are 'tracked' at school into classes dominated by low achieving and trouble-making students.

Brendtro, Brokenleg and Van Bockem (1990) identify four ecological hazards in the lives of at risk youth.

These four ecological hazards are:

- Destructive relationships
- Learnt irresponsibility
- Loss of purpose
- Climates of futility

2.3.1   Destructive Relationships

When caretakers fail to meet a child's basic needs, the child learns that they are unpredictable or unreliable. Some children reach beyond their families in search of substitute attachments with other adults or peers, whilst others may become relationship resistant, viewing even friendly helpful adults with deep distrust. In such cases these adolescents search for meaningful human bonds outside of their homes. For many their only option is to seek relationships with other outcast and unclaimed youth.

2.3.2   Learnt Irresponsibility

Brendtro et al (1990) refer to anthropologist Ruth Benedict who criticizes contemporary culture for excluding youth from responsibility and only blaming them for their irresponsibility. The irresponsibility of contemporary youth takes a number of forms:

- The learnt helplessness of those who see themselves as pawns of others
- The defiant rebellion of those struggling to break the chains of authority
- The narcissism of an affluent generation lacking a sense of social responsibility
- The negative peer sub-cultures of predatory gangs terrorizing our cities

Gang culture

Brendtro et al refer to Dr Carlos Canon, an educational psychologist from Bogota, Columbia, who first introduced the term "Machachos de la Calle", children of the streets. These children are known as "gamines". Sociologists attribute the greatest cause of "gaminismo" to the destruction of the family unit. The gamines are at the bottom of the ladder, outcasts in a very hierarchical society. Parental figures cannot care for them and their role models are adult criminals. "The gamines are a variation of negative youth subcultures and are young people who have embraced lifestyles of freedom without responsibility" (Brendtro et al, 1990:22).

2.3.3   Loss of Purpose

Brendtro et al (1990) identify two factors which contribute to at-risk youth questioning the meaning of existence.

Work without Meaning

Sociologists examining the role of work among teenagers have found that a job is no longer a rite of passage to adult responsibility but a way of celebrating the materialism of a selfish society.

Misery of Unimportance

Brendtro et al (1990) refer to Kurt Hahn who describes contemporary youth as suffering from the misery of unimportance. "In earlier times they were indispensable for the survival of the family unit. Experiences in extended families and cohesive neighbourhoods made cooperation an everyday occurrence "(Brendtro 1990:28).   Perhaps the most damaging

proof of a child's unimportance is the shrinking amount of attention from adults who don't have time.

2.3.4   Climates of Futility

Pessimism and negative environments are commonplace in contemporary approaches to troubled youth. Climates that are particularly hazardous to troubled youth can be summed up in four concepts – negative expectations, punitiveness, boredom and irresponsibility. In these environments adolescents are blamed, labeled and criticized.

Brentro et al (1990) refer to naïve theories of behaviour. This is based on social psychology research in attribution theory, specifically the process of attributing meaning to social behaviour. Usually our cognitions, feelings and behaviour are in balance. Thus, negative thoughts are accompanied by negative feelings and negative actions. Also, any part of this triad of cognitions, feelings and behaviour can affect other elements.

Adults working with difficult children have a strong tendency to revert to negative theories of behaviour when under stress. Table 2.1 illustrates how negative theories of behaviour employ demeaning and blaming labels and attribute cause to the adolescent (**cognition**), leading to negative feelings (**affect**) thus resulting in negative **actions** towards a youngster, shifting attention away from their strengths and potential.

THE IMPACT OF NEGATIVE PERSONAL

THEORIES OF BEHAVIOUR

COGNITION		
DEMEANING LABELS Negative traits attributed to youth • Inferior • Incapable • Impotent		**BLAMING LABELS** Cause attributed to fault of youth • Disrespectful • Disturbing • Indifferent
AFFECT		
REPULSION/APATHY		**DISTRESS/ANGER**
ACTION		
AVOID/NEGLECT		**PUNISH/COERCE**

Table 2.1 (Brendtro et al, 1990:16)

This rationale has partially contributed to punitive measures being adopted when dealing with adolescents in conflict with the law. The result has been overcrowded prisons and prisons failing in their task of intervening in the vicious circle of offending and re-offending (Dissel, 1997:1).

2.4   ADOLESCENTS IN CONFLICT WITH THE LAW IN SOUTH AFRICA

Historically, and until as recently as 1998, no separate statutes or procedures have existed in South Africa for youth in conflict with the law. They have been subject to the same criminal process as adults (Sloth-Nielson,2003).

The Centre for the Study of Violence and Reconciliation conducted a study with the hope to better understanding children who are incarcerated in South African prisons (Dissel, 1999). Five prisons in Gauteng were visited. Sixty one adolescents were interviewed. What was apparent from the study was the inconsistency of sentencing criteria and assistance given to the adolescents in the justice system (e.g. legal representation, community based sanctions and consideration of previous criminal history). It seemed that the courts were quite willing to imprison children under the age of 18 for a first offence even if the offence was regarded as a relatively minor economic offence.

In order to gain an understanding of the children who were in prison, the interviewees were asked questions to determine their backgrounds and education. The results yielded similar information to what was discussed under 2.3. What this study also revealed is that the factors which give rise to criminal and deviant behaviour are still present when the adolescent is released from prison. They re-enter the same community with largely unchanged circumstances.

2.5   AN ALTERNATE RESPONSE

Alternative methods have since been sought to keep youth in conflict with the law out of the criminal justice system, looking instead to communities to resolve the problem. This is part of the Restorative Justice framework which promotes the healing of the individual and society (Dissel, 1997). Rather than merely focusing on the establishment of guilt, adolescents in conflict with the law are encouraged to understand the harm they have

caused and take responsibility for it. This process involves the adolescent at risk, the family and the community in identifying the problem and in finding solutions.

This form of alternative sentencing is known as diversion. Diversion is sanctioned by Section 6 of the Criminal Procedure Act and can be used when the offence committed is relatively minor. The adolescent in conflict with the law will be referred by the courts to a rehabilitation programme and upon fulfillment of requirements will have their charges withdrawn. This process diverts the adolescent from the criminal justice system. This is within the framework of de-institutionalization. The context for this dissertation, namely the National Youth Development Outreach, is classified as a Diversion Centre working specifically with adolescents in conflict with the law.

Brendtro et al (1990) write of the need to create a reclaiming environment for at-risk youth. This is akin to the notion of restorative justice with the emphasis being on restoration through rehabilitation instead of punishment. In contrast to negative theories of behaviour (Table 2.1), positive theories of behaviour employ esteeming and empathizing labels which foster positive affect and action. Table 2.2 illustrates how ascribing both positive traits and attributing cause to the situation and not the person (**cognition)** results in positive feelings (**affect**) towards youngsters thus resulting in empowering **actions** essential to the helping process.

THE IMPACT OF POSITIVE PERSONAL
THEORIES OF BEHAVIOUR

	COGNITION	
EMPATHIZING LABELS Positive traits attributed to Youth: - Worthy - Competent - Strong		**ESTEEMING LABELS** Cause attributed to situation, youth - Rejected - Frustrated - Discouraged
AFFECT		
ATTRACTION / AFFECTION		**SYMPATHY / CONCERN**
	ACTION	
NURTURE/EMPOWER		**BEFRIEND / ENCOURAGE**

Table 2.2(Brendtro et al, 1990: 17)

Successful youth workers are those who can reframe cognitions to foster positive feelings and actions. German poet Goethe observed that one must look past the fault to find the germ of virtue and further stated that "when stubbornness can be recast as persistence then a liability becomes a potential asset" (Brendtro et al, 1990, 18).

2.5.1   The Circle of Courage

Brendtro et al (1990) propose an alternative approach to youth development and bases this approach on what is known as the Circle of Courage. As stated in 1.3 the Circle of Courage has its origin in the Native American approach to child rearing. This approach challenges both the European cultural heritage of child pedagogy and the narrow perspectives of many current psychological theories. Refined over 15000 years of civilization and preserved in oral traditions, this knowledge is little known outside the 200 tribal languages that cradle the Native Indian cultures of North America. Native peoples possessed profound child psychology wisdom which might well have been adopted by the immigrants to North America. Instead missionaries and educators set out to "civilize" their young "savages" with an unquestioned belief in the superiority of Western approaches to child care. Native American philosophies of child management represent what is perhaps the most effective system of positive discipline ever developed. These approaches emerge from cultures where the central purpose of life was the education and empowerment of children.

When working with adolescents at risk a primary goal is fostering a sense of self-esteem. Brendtro et al (1990) refer to Stanley Cooper Smith who outlined four basic components of self-esteem:

- **Significance** – found in the acceptance of others
- **Competence** – develops as one masters the environment
- **Power** – shown in the ability to control one's behaviour and gain the respect of others
- **Virtue** – worthiness judged by values of one culture and of significant others

To return to traditional Native American approaches, these four bases of self-esteem are addressed as follows:

- Significance was nurtured in a cultural milieu that celebrated the universal need for **belonging**.
- Competence was ensured by guaranteed opportunities for **mastery**.
- Power was fostered by encouraging the expression of **independence**
- Virtue was reflected in the pre-eminent value of **generosity**.

The Number Four has sacred meaning to Native people who see the person as standing in a circle surrounded by the four directions. The Circle of Courage contains four components which are the central values for fostering positive cultures for working with adolescents at risk.   Brendtro et al (1990) elaborate on the four components of the Circle of Courage.

Belonging

Child rearing was not solely the responsibility of biological parents but children were nurtured within a larger circle of significant others. Brendtro et al (1990) refer to research by Red Bird and Mohat which shows that belonging to a community continues to be the most significant factor in Sioux identity. American psychiatrist Dr Karl Meninger, observes that today's children are pursuing artificial belongings because this need is not being fulfilled. Amanda Dissel (1997), in her paper on youth street gangs and violence in South Africa, states that these marginalized youth find their home and sense of belonging on the street. She cites Pinnock (1996) who says of street gangs in the Western Cape. "They create structures and rituals that work for them, carve their names into the ghetto walls and language of popular culture, arm themselves with fearsome weapons and demand at gun-point what they cannot win with individual respect" (Dissel, 1997:2).

Mastery

The goal of Native education was to develop cognitive, physical, social and spiritual competence.   Success and mastery produced social recognition as well as inner satisfaction. Native children were taught to generously acknowledge the achievements of others and someone more skilled than oneself was seen as a model not as a competitor. Striving was for attainment of a personal goal not being superior to one's opponent.

Independence

Persons without a sense of autonomy come to see themselves as powerless in a world where others control their destiny. The Native view is that autonomy must be balanced by continuing social controls. Traditional Native culture placed a high value on individual freedom and   training in self management began in early childhood. In contrast to obedience models of discipline, Native children are reared by the principle of guidance without interference.   Independence is viewed as the ability to exercise inner control and self discipline.

Generosity

In Native American cultures the highest virtue was to be generous and unselfish. Prestige was accorded those who gave unreservedly. Children were instructed to always share generously and giving permeated all aspects of Native culture. Young people increase their sense of self worth as they become committed to the positive value of caring for others. Brendtro et al (1990) cite Elkind as saying that "helping others improves self esteem, and increased self esteem allows young people to 'de-centre' and contribute to others."

As previously stated, music therapy has recently been introduced as part of the ADP programme. We turn our attention now to the role of music during adolescence and take a closer look at music therapy.

2.6   MUSIC AND IDENTITY DEVELOPMENT

Macdonald et al (2002) refer to the media as providing important sources of information and advice upon which decisions about identity can be made. Adolescents' involvement with music in particular has attracted considerable attention in this regard. Popular music is especially prominent during adolescence as listening to music is the most preferred leisure activity and many regard music as one of their most important possessions. Macdonald et al (2002) quote Larson and Kubey (1983) as saying that "the appeal of music during adolescence stems from its ability to address salient developmental issues." Macdonald et al (2002) refer to Roscoe and Peterson (1984) as saying that these development issues include acquiring a set of values and beliefs, performing socially responsible behaviour, developing emotional independence from parents and achieving

mature relations with peers. In a study by North et al (2000), three factors were identified as to why adolescents listen to music.

a.   To fulfil emotional needs.

b.   To express oneself

c.   Impression management needs. (Listening in order to create a particular self image.)

Macdonald et al (2002) refer to Social Identity Theory (Tajfel, 1981).   Social Identity Theory starts from the assumption that we are all members of social groups whether these are large scale social categories (example gender or race), to which one is automatically ascribed, or smaller scale categories for which membership is usually earned.   The categorization of the self as a member of the 'in-group' necessarily excludes individuals categorized as the 'out-group'. According to SIT this categorization instigates a sense of social identity which guides behaviour.

Macdonald et al (2002) suggest that engagement with music is one of the means by which adolescents portray their own peer groups more positively as well as sustaining positive self evaluation.

Pavlicevic (2003) refers to music as intimately connected with our sense of social self and drawing from social psychology says that "music contributes to our sense of being a part of a social group as witnessed not only by the music but also the dress code and behaviours" (Pavlicevic 2003:198).

Having briefly considered the role of music during adolescence, we turn now to the specific role of music therapy with adolescents at risk. I am unaware of any published literature on music therapy with this population in South Africa. There is, however, literature on music therapy being offered as part of the rehabilitation for at-risk youth in a number of settings abroad.   Before reviewing this literature a definition and discussion of Improvisational Music Therapy will be considered.

2.7   IMPROVISATIONAL MUSIC THERAPY

Improvisational Music Therapy, which is one music therapy technique, is the paradigm in which I am being trained at the University of Pretoria. Improvisational Music Therapy has as its departure point the innate capacity for each person to communicate in a musical way. "This innate musicality, often subsumed by the emergence, and eventual primacy, of words is tapped in music therapy, precisely because its essential nature is emotional" (Pavlicevic, 1997:118). Referring to Nordoff and Robbins (1977), Pavlicevic (1997) speaks of the 'music child'. "Music therapy improvisation addresses the music child – by inviting the person to express him or herself through sounds and by reading the child/adults capacity for flexibility in organising rhythm, melody, tempo-as portraying the person's expressive and communicative, reciprocal capacities" (Pavlicevic, 1997:118). Ansdell (1995) identifies specific processes in clinical improvisation.

2.7.1   Meeting

Ansdell (1995) draws from Martin Buber in his work on the nature of dialogue. He draws attention to the difference between what he terms 'I-it' and 'I-Thou' relationships.   In an 'I-Thou' relationship there is a real 'meeting' within an intimate relationship. Applying this to Improvisational Music Therapy the therapeutic relationship and process begins with client and therapist being very distinctly 'I' and 'You'. The goal is to move from "I"/"You" to "We" – a shared encounter where there is a flow of musical interaction and development of a therapeutic relationship which is characterized by mutuality and flexibility. The task of the therapist is, in providing the right music for the client, to enable the client's self expression in the music, and in relation to another.

2.7.2   Quickening

The effectiveness of music therapy is the fact that music moves us both emotionally and physically. Our human bodies are organized in terms of rhythm, pulse and cycles. What is important to understand about many clients is that the rhythm, phrasing and pulse of their bodies has been disturbed through their pathology. It is the basic elements of music, rhythm, melody and phrasing which help to give back to the client what was lost or weakened, or, in the case of adolescents at risk, under developed.

2.7.3   Creating

Pavlicevic (1997) refers to Winnicott who formulated the concept of 'primary creativity'. From birth humans begin creating their world. This innate capacity for creating includes spontaneous play and imagination. How the infant creates is largely dependent on the mother's ability to creatively adapt to the infant. Winnicott suggests, also that primary creativity is not confined to infancy but is part of life for the duration of one's life. How does this apply to Improvisational Music Therapy? "Winnicott's (1971) understanding of playing is a useful analogy for extending our understanding of clinical improvisation. When a music therapist and patient are able to create a shared musical space between them, then an intimate and dynamic intersubjective relationship is possible" (Pavlicevic, 1997: 150-151). Ruud (1998) who talks about improvisation as play and fantasy says that through play we enter into dialogue with outside reality, role play and change it symbolically. In clinical improvisation to use music metaphorically as representing an external reality can assist the client to face and deal with that reality within the context of a supportive relationship and being known in their musical metaphor.

2.7.4   Listening

The importance of listening in clinical improvisation cannot be emphasized enough. For the therapist, listening to the person and music of the client is perhaps more important than playing. The therapist tunes into the non verbal cues provided by the client, listens to the emotional and musical rhythm of the client in order to relevantly give expression to their vitality affects. This in turn will invite the client to listen in a new way, perhaps to themselves, but also to the therapist within the personal-musical relationship.

We turn now to four examples of music therapy with adolescents at risk.

2.8   MUSIC THERAPY INTERVENTION WITH ADOLESCENTS AT RISK

Ria and Tenney (2002): *Music therapy for troubled youth in a residential setting.*
Goal: To increase self expression and self esteem, improve social interaction and
                     decrease hostile, disruptive behaviour.
Programme:
Residents received a varied music therapy programme that consisted of improvisation, listening to recorded music, singing, movement to music, drumming and percussion, and

discussion. The music therapy treatment was organized according to five stages which could be applied to a single session or to the entire treatment process. (Focus; trust; leadership and identity; group cohesion; closure)

Rationale:

According to attachment theory, developing relationships using music as a catalyst offers adolescents new opportunities to form healthy attachments with another in that it allows for non threatening reciprocal interaction.

Cohen (1987): ***Music therapy as intervention for over-controlled offenders.***

Goal:　　　　Offer music as a creative vehicle for expression of anger;

Programme:

She employed the primitive nature of musical rhythms as the basis for providing a non-verbal pre-memory relationship with her clients. Once a sense of safety was established, music allowed the flexibility to introduce challenge while sustaining support. This could be achieved within a single musical piece alternating between steady consonants and syncopated dissonance.

Rationale:

Cohen (1987) cites Bruscia (1987) as saying that "Music therapy offers the language of creative musical expression as a vehicle for therapeutic growth and change. The work of therapy can take place in the actual process of playing music through associations to the music or in the relationships that develop as a result of the music" (Cohen, 1987:216). These clients have fewer socially acceptable outlets and that increased anxiety from non-expression of anger results in increased potential for violence.

Camilleri (2002): ***Music therapy with at-risk youth in Manhattan.***

Goal:　　　　To foster self esteem and self expression

Programme:

Drum circles are used as a valuable intervention with these adolescents. Examples of these drum circles include:

- Once a child becomes comfortable with the tools of drumming they can use the drum to introduce themselves. Each child says their name whilst drumming and the group listens and then mirrors back.
- Listening and imitating games where one person makes a sound on the drum and the group copies it back.

- The echo game. One person makes a drum sound and then one person at a time around the circle copies the rhythm. Every sound is accepted for what it is. There is no right or wrong.

Rationale:

"Drumming can give a student a voice, amplify emotions, such as anger and help them with assertiveness" (Camilleri, 2002:262).

Wyatt (2002): *Music therapy with juvenile offenders at Seattle Children's home*

Goal: To improve impulse control, challenge and stimulate thought, develop pro-social skills and encourage meaningful self-expression.

Programme: (Guidelines)

- Keep the attention and motivation of troubled youth by using a variety of interventions.
- Incorporate music listening into the sessions and use caution when selecting recorded music
- Adolescents generally enjoy percussive instruments such as the djembe, conga, and metellophone.
- Reframe negative exchanges to engage the adolescents in the therapeutic process and provide structure

Rationale:

Wyatt refers to Gardstrom (1996) who suggested using music therapy interventions with juvenile offenders including group song writing, listening to music with lyrics forming the basis of discussion and that performance groups encourage responsibility and cooperation thus improving pro-social skills. Group music therapy presents opportunities for at-risk youth to learn interpersonal problem solving and conflict resolution skills.

It would seem from the above-mentioned literature that Improvisational Music Therapy is used in conjunction with other techniques when working with offenders or adolescents at risk. This may suggest that the needs of this population as well as the context may demand of music therapy a broadening in approach.

There is an emerging movement in music therapy offering an alternate way of thinking about music therapy, known as Community Music Therapy. This will be the focus of the final section of this Literature Survey.

2.9   COMMUNITY MUSIC THERAPY

Ansdell (2002) suggests a working definition of Community Music Therapy:
Community Music Therapy is an approach to working musically with people in context: acknowledging the social and cultural factors of their health, illness, relationships and musics. It reflects the communal reality of musicing and is a response both to overly individualized treatment models and to the isolation people often experience within society. In practice Community Music Therapy encourages Music Therapists to think of their work as taking place along a continuum ranging from the individual to the communal. The aim is to help clients access a variety of musical situations, and to accompany them as they move between 'therapy' and wider social contexts of musicing.

Ansdell (2002) highlights a distinction between traditional Improvisational Music Therapy and Community Music Therapy. Improvisational Music Therapy works traditionally in a limited and protected manner, the work being mostly private and behind closed doors. These working practices are based mainly on psychoanalytic theoretical assumptions: The individual intra-psychic focus of therapeutic work, the ethics of confidentiality, the primacy of the therapeutic dyad and the metaphor of the containing space. The Community Music Therapist typically works wherever music or music making is needed. "The work can be 'closed door work' where a protected space is needed for the client but more commonly there is an 'open door' approach, with a natural yet safe 'permeability' to the therapeutic frame, the safety residing as much with the therapist as the 'space'. (Ansdell 2002:29). As such, Community Music Therapy involves extending the role, aims and possible sites of work for music therapists – not just transporting conventional Music Therapy approaches into communal settings. This will involve re-thinking not only the relationship between the individual and the communal in Music Therapy, but also taking into account how physical surroundings, client preferences and cultural contexts shape the work (Ansdell, 2002:12-13)

Stige (2002) does not regard community music therapy as a new *paradigm* for music therapy but considers community music therapy as a concern with real world challenges, related to questions such as "What is the relationship between music therapy, community, and society?" Stige (2002) offers a definition of community music therapy which is drawn from *Culture-Centered Music Therapy* (Stige, 2002b).

"Community music therapy: Music therapy practices that are linked to the local communities in which clients live and therapists work, and/or to communities of interest. Basically two main notions of community music therapy exist: a) music therapy *in* a community context, and b) music therapy *for change in* a community. Both notions require that the therapist be sensitive to social and cultural contexts, but the latter notion to a more radical degree departs from conventional modern notions of therapy in that goals and interventions relate directly to the community in question. Music therapy, then, may be considered cultural and social engagement and may function as community action; the community is not only a context for work but also a context to be worked with" (Stige 2002:2).

2.10   CONCLUSION

I conclude this chapter by revisiting my research questions in the light of the above discussion and to keep them before you, the reader.

Research questions:

2.10.1 How can The Circle of Courage serve as a model for music therapy within the Adolescent Development Programme?

2.10.2 How does Music Therapy practice need to adapt in order to meet the needs of adolescents in conflict with the law at the Youth Development Outreach?

I turn now to chapter three which deals with the research methodology employed for this study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1   INTRODUCTION

This study will be conducted within a qualitative research paradigm. This is the paradigm in which much music therapy research is conducted. In this chapter I briefly examine qualitative research, refer to my data collection and analysis and discuss how my data will be contextualized. I turn now to a definition of qualitative research.

3.2   QUALITATIVE RESEARCH

Ansdell and Pavlicevic (2001) cite Forinash and Lee's (1998) definition of qualitative research:

"Qualitative research has an emergent focus or design, in which the research methodology evolves, rather than having a preset structure or method, thus allowing the process to determine the direction of the investigation. This particular concept is appealing to many music therapists because of the parallel emergent focus in the creative process.   In qualitative research the aim is not to produce predictive generalizations, but rather a more concentrated and in-depth application of the findings.   Results generated are context bound" (Ansdell and Pavlicevic, 2001:134-135).

As stated in previous chapters, this study focuses on a new population for music therapy in South Africa. It is, thus, explorative and descriptive seeking not to prove one single truth but rather to examine the material openly and in its natural setting (Bruscia, 1995), in this case, YDO. As my data is collected from my clinical internship at YDO I would fall into the category of participant-observer researcher.

3.2.1   Participant - observer

This study includes a description of aspects of my clinical work with an individual client, a group and staff members at YDO. Having been part of the sessions I am, thus, a participant observer in the research and clinical process.

Robson (1993) states that a key feature of participant observation is that the observer seeks to become some kind of member of the observed group. Whilst this may result in subjectivity and seemingly 'bad science' it can be argued that when working with people scientific aims can be followed by explaining the meaning of the experiences of the observed through the experiences of the observer.

3.2.2   Subjectivity and bias

The nature of this type of research could lead to bias on the part of the researcher as it is difficult for the researcher to detach from the process. Ansdell and Pavlicevic (2001) suggest that subjectivity should be treated as a resource and not a problem. They further suggest that the way to deal with this issue is through acknowledging bias, receiving regular supervision and peer debriefing and ensuring data triangulation. In addition, by adopting a self-reflexive and critical stance excessive bias is controlled and monitored. My video excerpts for analysis were selected through peer debriefing and supervision. Supervision has formed an integral part of the process of writing up this study in order to monitor bias and stimulate critical thinking.

3.2.3   Ethical considerations

There are ethical implications for both clients and interviewees to be considered when undertaking a study of this nature (Ansdell and Pavlicevic, 2001; Robson, 1993). These include confidentiality, protection of participant's rights, informed consent and accurate documentation of audio and video recorded music therapy sessions and interviews.

It is also necessary to ensure that, at no stage, do any of the participants feel obliged to take part in the study. Informed Letters of Consent (Appendix i) from parents of clients, and where parents were unavailable, the Director of YDO were obtained. In addition to this, I received a letter of consent from YDO granting me permission to conduct this research. The names of individuals within this study have been changed to protect their identity.

3.3   DATA COLLECTION

I have two data sources for this study which were collected at YDO.

3.3.1   Data Source 1

My first data source is a semi-structured interview conducted with the General Manager/Social Worker of YDO, The Administrative and Arts Manager and thirdly the ADP Manager. This is in order to obtain information regarding the Circle of Courage, ADP and YDO.

3.3.2   Data Source 2

My second data source is two video recorded excerpts from work done with an individual client, Themba. These two video excerpts were selected to illustrate two phases of our work. Bottorff in Morse (1994) discusses the advantages and limitations of using video tape recordings in qualitative research.

The two primary **advantages** are:

- Density - the density collected with video recordings is greater than any other kind of recording.
- Permanence - video recording makes it possible to review events as often as necessary in a variety of ways. Example: real time, slow motion, frame by frame etc.

The primary **limitation is**:

- The absence of contextual data beyond what is recorded.

It is for the above reason, inter alia, that I include a description based on detailed session notes to place these video excerpts in context. (See 3.5)

The above mentioned data sources fall into two types which are typical of qualitative research designs:

- **Naturally occurring data** (video recording)
- **Research-generated data** (semi-structured interview)

(Ansdell and Pavlicevic, 2001).

3.4   DATA ANALYSIS

3.4.1   Semi structured interview

Punch (1998) refers to Miles and Huberman's qualitative data analysis approach as having three main components:

- **Data reduction**

In the early stages of analysis this happens through editing, segmenting and summarizing the data. In the middle stages it happens through coding and associated activities such as

identifying themes. In the later stages it happens through conceptualizing and explaining. The semi structured interview and video excerpts are coded, categorized and organized into themes.

- **Data display** - organize, compress and assemble information.

Chapter 5 of this study displays the organized data and presents the data analysis.

- **Drawing and verifying conclusions**.

Chapter 6 of this study draws together the emerging themes from the data and discusses these with reference to the research questions and chapter 7 concludes the study. Data reduction and display assist in drawing conclusions. Possible conclusions may be noted early in the analysis but may only be finalized when all data have been analyzed.

3.5   CONTEXTUALIZING THE DATA

In order to situate the data in context, I include, as Chapter 4, two brief case studies. The first case study describes the longitudinal aspects (Ansdell and Pavlicevic, 2001) of my clinical work at YDO from January to July 2003. Detailed session notes form the basis of the data for this case study. These session notes were drawn from an improvisation session with staff members, sessions with individual clients, group sessions and an improvisation session with all clients and staff members.

The second case study describes work with an individual client over a period of 13 sessions. This case study is based on detailed session notes recorded after each session. The video excerpts analyzed in chapter 5 illustrate two phases of work with this client. Whilst these clinical session notes are not data in the strict sense of the word, as I do not code, categorize and organize into themes, they form the basis for contextualizing the data through describing these two aspects of work at YDO. Ansdell and Pavlicevic (2001) cite Aldridge (1996) who states that the case study method is one of the key methods in qualitative research. It is an idiographic approach designed not to establish the general but to characterize the individual. Case studies considered in relation to each other can build up a body of evidence on which to build a theory.

3.6   CONCLUSION

This chapter has outlined the methodology in conducting the research for the study as well as placing this study within the specific paradigm of qualitative research. I turn now to chapter 4 which will present the above mentioned case studies.

CHAPTER 4

CONTEXTUALIZING THE DATA

4.1   INTRODUCTION

Due to the novel nature of the work at YDO for music therapy in South Africa, I wish to place the data analysis presented in Chapter 5 in context. As previously stated, this will be in the form of two brief case studies. The first case study will sketch the context of music therapy at YDO from January to June 2003. The second case study will take a closer look at music therapy with an individual client, Themba. Appendix ii provides an example of clinical session notes. These are drawn from three situations: an improvisation with staff, a group session and a session with Themba.

4.2   MUSIC THERAPY AT YDO

As stated in Chapter 1, music therapy was introduced at YDO in January 2003. When my co-therapist and I began our work there, I realized that this was a placement different from any other on the training course.

Firstly, whilst 'culture' is not the scope of this dissertation, I make mention of the fact that YDO caters primarily for black and coloured male adolescents. These adolescents bring their own ethnic, musical and gender uniqueness to our music therapy sessions, which I regarded as necessary to acknowledge.

Secondly, at an orientation meeting the staff requested to be part of our sessions and displayed initial puzzlement at the fact that we conducted our sessions privately and without staff members present. In order to allay any misconceptions we conducted an improvisation session with all staff members before commencing our work with clients. Our rationale was to provide them with the experience of improvising together instead of merely providing information about music therapy. It was thus agreed that we would work in a private space for our clients but keep the staff informed of our work and involve them where we could. Throughout our work there, as with many such institutions, the space was a shared space and prone to disruptions.

Thirdly, YDO runs an indigenous arts programme which recently received a number of good quality instruments from a donor. Many of the instruments we used during our sessions belonged to the organization. These instruments such as djembe drums, conga

drums, marimbas and other percussion instruments enabled us to offer a variety of options to our clients. In a sense, our music therapy input was viewed by the staff as being part of a wider musical component within the organization.

This created both challenges and opportunities and, as a trainee music therapist, caused me to question what it means to be part of such an organization. Where do we fit in and how best can we contribute to the ADP and the wider community as music therapists. This questioning, and my interest in the work at YDO, gave rise to the subject matter for this dissertation.

Table 4.1 provides a synopsis of what was offered in the six months at YDO.

SYNOPSIS OF MUSIC THERAPY WORK AT YDO

Individual	Group	Organizational
• My co-therapist and I were assigned **two individual clients** each; • As there was a high turnover of young people and absenteeism we regularly conducted once- off sessions; • We each had **one long term client** (13 sessions)	• This was an **open group** consisting of the morning intake; • The attendance was erratic (4-9) although we did have a core membership of four; • We had weekly sessions of 30 minutes; • All members **black and coloured male adolescent** (13-18yrs)	**JAN 2003** • Improvisation with all staff members – **everyone from cleaner to director** attended; **JUNE 2003** • At the conclusion of this semester we facilitated a session with **staff and clients** together.

Table 4.1

Table 4.2 provides a synopsis of the type of music and activities we employed in our work with the adolescents at YDO.

SYNOPSIS OF MUSIC / ACTIVITIES

INDIVIDUALS	GROUP	ORGANISATION
• **Greeting** activity on **djembe** drum; • Use of pre-recorded music – *rap,kwaito, house and hip-hop*; • **Improvisations** with client and therapist both on **piano;** • Improvisations with client on drum and therapist on guitar; • Instrumental circles; • **Teaching** guitar skills; • **Song writing**;	• **Drumming circles** as greeting activity; • Drumming circle - *working concretely to e.g. develop listening skills, facilitate individual self expression;* • **Movement** with pre-recorded music or drums; • **Body percussion improvisations**; • **Songwriting** using *rap* genre; • **Music listening** and drawing	• **Free improvisation** • **Structured improvisation** *–turn taking, solos, playing in smaller groups;* • **Drumming circle**; • **Movement** – *turn taking in the centre*

Table 4.2

4.3   MUSIC THERAPY WITH THEMBA

Themba, as I shall call him, is 17 years old and was referred to YDO by the courts. He was arrested for assault. He was referred to music therapy because of his violent and aggressive tendencies. He was known to resort to violence when others did not listen to him and was known to lose control, often at the expense of others. At the time he was a school drop out. He was living with his mother and saw his father over weekends.

Themba and I had thirteen sessions over a period of six months. He initially presented as cautious, avoiding eye contact and only looking up when personally addressed. Themba displayed an inability to express how he was feeling or interpret feelings through music. There was an initial awkwardness is our relationship. I experienced Themba's aggressive tendencies more clearly in his music than at an interpersonal level.

4.3.1   Music Therapy process

My therapeutic aims with Themba were:

- Give him a sense of personal achievement;
- Develop listening skills
- Provide him with the experience of being in a reciprocal relationship.

Guitar skills

After the second session Themba displayed interest in the guitar. I then included guitar lessons as part of our therapy sessions. This was adapted in order to work within my therapeutic aims. Appendix iii illustrates the interactive manner in which I taught Themba to play basic guitar chords.

Improvised Music

This part of the work can be divided into three phases.

Phase 1 (sessions 1- 8)

During this first phase, Themba's music was very loud, displaying little fluctuation in his dynamic and tempo levels. Whilst his rhythms varied, the quality of his playing remained within a limited range and could best be described as a 'wall of sound'. I experienced him blocking me out with this sound and running ahead of me. He seemed not influenced by my music at all. Generally this phase of our work consisted of me attempting to reach Themba and make contact with him through the music, while he kept me at bay with his loud, forceful playing. In Chapter 5 I present a video excerpt from session 8 which illustrates the musical and relational dynamics between Themba and me.

Phase 2 (Session 9)

In session 9 I introduced something quite different. I wrote a piece of music and suggested that he play a strict ¾ rhythm on the conga while I played the refrain part of the song on the piano. When I moved to the B part of the song he was free to play as he wished but as

soon as he heard a descending glissando on the piano he should get ready to begin with the ¾ rhythm again. Upon reflection, and through supervision, it became clear that whilst this difference in approach from me did cause Themba to listen and concentrate and begin playing, albeit in a prescribed manner, in relation to my music, this was not his music or our music. I had written a waltz which was more my music than Themba's. It was as if the pendulum had swung from the first 8 sessions being on Themba's terms to this 9th session which was clearly on my terms.

Phase 3 (Sessions 9-13)

During these final sessions I impressed upon Themba that we should create our music and that we should listen to one another. I changed from playing the piano to playing the guitar and Themba continued to play the conga drums. During these four sessions there was a difference in our music making. The music was more varied and flexible and there was a sense that we were listening to each other. The music was neither Themba's nor mine but seemed to develop into 'our' music. There was also increasing warmth between us which had not previously been evident in our work together.

In Chapter 5 I present a video excerpt from session 13, our final session together.

4.4   CONCLUSION

Having created a backdrop of the work at YDO, in general, and the work with Themba, more specifically, I conclude this chapter and move on to chapter 5 where the analysis of a semi structured interview and two video excerpts will be presented.

CHAPTER 5

DATA ANALYSIS

5.1   INTRODUCTION

This chapter will deal with the following:

- The analysis of a semi-structured interview conducted with three staff members at YDO;
- The analysis of two video excerpts as pertaining to the work done with Themba as described in Chapter 4;

5.2   DATA A: SEMI-STRUCTURED INTERVIEW ANALYSIS

5.2.1 Description of interview

The interview was conducted with the General Manager of YDO, the Administrative and Arts Manager and thirdly the ADP Manager. These three interviews were conducted on the same day in the same office. The interviews were recorded onto mini disk player. The following questions (Table 5.1) were used with all three interviewees. I include my rationale for each question.

1*. How long have you been at the Youth Development Outreach and what is your role?*   This question was used firstly to establish the facts about each person being interviewed, and secondly, it fulfilled the role of a 'warm up' question.
2*. Can you elaborate on the Adolescent Development Programme and the Circle of Courage?*   Whilst I did have some information about the origin of the Circle of the Courage, I was interested in its specific application at YDO.
3*. How does the referral system from the courts work?*   I included this question as I wanted as complete a picture as possible about all aspects connected to the running of the ADP.
4. What assessment procedures do you employ with the adolescents referred by the courts at the Youth Development Outreach?   Assessment impacts on music therapy in that we consult the files which are based largely on the assessment. I required clarification as to how the assessment was executed.
5. Are there other such programmes being run elsewhere in South Africa?   This question related to the wider context and my interest really lay in placing YDO within this wider context, both historically and socially.
6. What are some of the difficulties you encounter in running the Adolescent Development Programme?   I asked this question to provide insight into the running and implementation of the programme.
7. How do you see the role of music therapy within the adolescent development programme?   As music plays a role at YDO, I was interested in the perspective of the staff members in terms of how they perceive music therapy.

Table 5.1

5.2.2   Resume of interviews

Interview A – Conducted with Social Worker/ General Manager at YDO

This interview was relaxed, although it felt rushed. We had set aside half an hour for the interview as the interviewee was due at another appointment. This interview was informative and flowed easily, generating a great deal of information, most of

which was relevant to this study. The interviewee answered her questions confidently, although they were not always easy to follow as English is not her first language. I experienced her has helpful, interested and passionate about the work she is involved in.

Interview B – Conducted with the ADP Manager

This interview was more difficult to conduct. The interviewee, whilst understanding English well, struggles to convey what he wants to say in English. His answers regarding the ADP itself were more substantial than answers requiring e.g. information about the wider South African context. This could be due to the fact that he explained that he is the newest member of the management team. I experienced him as helpful and willing to the answer the questions as fully as possible.

Interview C – Conducted with Administrative and Arts Manager

This interview was very much like the first. It generated a lot of information. This interview was conducted in a relaxed manner. It was easier to follow the interviewee's answers and it was clear that the information he provided came from an extensive involvement in the organization as well as the wider context. What I appreciated about this interviewee was that if he was unable to answer an aspect of a question he would clearly state that I suggest I clarify the answer with another member of the team. This, however, had been covered in the first interview, in which case I did not seek further clarification. The interviewee is a musician himself, very passionate about the role of music and the arts in adolescent development and committed to the Music programme offered at YDO. I, therefore, had the sense that his answering of my final question was through this lens.

5.2.3   Transcription of interview

The interview was then transcribed from the mini disk recording. Table 5.2 is an example of the transcription. (For full transcript see Appendix iv)

Interview 1: (Social Worker/General Manager) SHEET A: Lines 1-5
RENEE, HOW LONG HAVE YOU BEEN AT YDO?
Okay I started to work here in 1993, so this is ten years already.
AND YOUR ROLE HERE?
I am, my official role is general manager, but I am actually the head of the social

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development department…you know, all the social projects.
Interview 2: (ADP Manager) SHEET K: Lines 11- 12   **TELL ME, HOW DOES THE REFERRAL SYSTEM TO YDO WORK, FROM THE COURTS?**   Basically these are probation officers who are sending us most of the kids, who are arrested and went to court and stuff like that. And they are referred straight to our centre.
Interview 3 (Administrative / Arts Manager) SHEET O: Lines 16-18   **OKAY, CAN YOU ELABORATE ON THE ADP AND ALSO ON THE CIRCLE OF COURAGE…FROM YOUR PERSPECTIVE?**   I think, um, because my background is also that I was a teacher, I think the ADP is a wonderful model of prevention and intervention where we could impact the lives of young people

Table 5.2

5.2.4 Segmenting the data

The transcript was segmented along the combination of alphabetically labeled pages and numbered sentences as per Table 5.3. (Appendix iv)

SHEET B

1(others will look at Teenage Moms; others will look at Drug Dependency.**)2(**You know so everybody's looking at a different target group, but within the same age group**),3(** but it's quite nice to see that the curriculum of the ADP can be so flexible.**)4(** So the idea of the ADP is that it is a twelve week programme and non-residential where we work with a developmental curriculum**)**…**5(** and how do we get this curriculum is when the children come here we first do the Developmental Assessment**).6 (.** where we sit with the children and do, ..and the Developmental Assessment is based on the Circle of Courage so you would now look at areas in this child's life where we need to give

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4.

Table 5.3

5.2.4.1 Participant – researcher bias

It would be important, at this point, for me to address the issue of participant – researcher bias. My first attempt of organizing the data into codes and categories was done, not as researcher, but as clinician where my pre-existing knowledge of the organization and my role as therapist was imposed upon the data. Peer supervision clarified that I was coding according to my clinician's knowledge of YDO. For purposes of trustworthiness and through the process of supervision and adopting a reflexive, critical stance, it was thus necessary for me to revisit the data. I systematically went back to the data allowing the codes and categories to emerge out of the data instead of imposing my personal bias and pre-existing knowledge upon the data. In other words, I coded as a researcher. The next section presents the re-coding of the interview transcripts.

5.2.5   Coding the interview data

Each segmented sentence was labeled according to a code as in Table 5.4. (Appendix v illustrates the coding in progress)

Transcript: Interview (Social Worker) Sheet B	Line	Codes
Others will look at Teenage Moms, others will look at Drug/Dependency	1	Other programmes
You know so everybody's looking at a different target group, but within the same age group	2	Target groups/age groups
But it's quite nice to see that the curriculum of the ADP can be so flexible.	3	Curriculum – flexible
So the idea of the ADP is that it is a twelve week programme and non-residential where we work with a developmental curriculum…	4	Non-residential/Developmental curriculum
And how do we get this curriculum is when the children come here we first do the Developmental Assessment,	5	Developmental Assessment
Where we sit with the children and will do,..and the Developmental Assessment is based on the Circle of Courage so you would now look at areas in this child's life where we need to give attention,	6	Circle of Courage
And according to that we will then get everybody together, and then um base, look at the curriculum	7	Curriculum

Table 5.4

The coding process culminated in approximately 120 codes. This was clearly too many codes. Many of these codes were synonyms. I then revisited the coding process and collapsed these synonyms under one code as per Table 5.5

Transcript	Line	Codes	Collapsed Code
...*how does the referral system from the courts work* (Interview social worker/Sheet D)	8	Referral	REFERRAL
The community would send children (Interview: ADP Manager, Sheet K)	17	Community Referral	REFERRAL
Schools send children you know, like Child Welfare (Interview: ADP Manager, Sheet K)	18	School Referral Child Welfare	REFERRAL

Table 5.5

In addition to this, there were a few instances where I felt it was more appropriate to group a cluster of codes under a Head Code as illustrated in Table 5.6

Codes (Sheet and line number)	Collapsed Code	Head Code
Example 1: Taking responsibility L2, L3, L4 Life planning M11	LIFE SKILLS	COMPONENT
Music programme C10 Indigenous Arts Programme T19, T20, U1,2	ARTS PROGRAMME	COMPONENT

Example 2: Correct training G13, S11 Inadequacies of mentorsG15, S23 Inadequacy H3	TRAINING	NEEDS
Challenge of special problems H1 Challenge of extra cases G10	SPECIAL CASES	NEEDS

Table 5.6

5.2.6   Organising codes into categories

The final step in this section is to construct categories which emerge out of the codes. It is necessary to ensure that these codes are mutually exclusive. Each code is placed into a corresponding category. The table below (Table 5.7) names the category, provides a brief description of the category, two quotes from the interview transcript and an example of several codes. (See appendix vi for full document: codes, collapsed codes, head codes, categories)

CATEGORY	DESCRIPTION	INTERVIEW QUOTES	CODES
BACKGROUND	This is a general overview of the Wider South African context and what gave rise to the development of such programmes	**Sheet A: line 14** "it was just after the new election, looking at the crisis of, 1995 when Nelson Mandela decided that,…there's too many children in jail, we need to get them out" **Sheet P: line 5** "It (Circle of Courage) is also indigenous and seeing that we are constantly in South Africa, searching for…where we come from in terms of our history in the South African context, but also its got an indigenous component with reference to Koi San"	Diversion Life Centres Historical context
COMMUNITY PROFILE	The interview generated information regarding the community in which YDO is situated.	**Sheet A: line 20-21** " the same age group, say 13-21yrs. We focus on Youth in conflict with the law, or high risk youth that are expelled from school…" **Sheet B: line 14 – 16** " ja, like the previous group we had a lot of drug dependency..this group had a lot of anger management..the majority of them are here for assault… if you look at their family context …"	Target group Family context Social disorder Economic
INDIVIDUAL PROFILE	The interview provided insight into the individual lives and problems that these adolescents are facing. I am intentionally presenting the community and individual profiles separately although I am aware that both may impact on each other.	**Sheet H: line 13** " …you know, that especially with children that has given up hope, I think they are the most challenging to work with" **Sheet M: line 11/12** " when you are investing all that you have in this child, so that he should improve, he should realize…. I need to do and plan my life ahead and look at other issues…. they don't do that and they go back and do another crime"	Hopelessness Disconnection Follow through Behavioural problems
ORGANISATIONAL ASPECTS	All three interviewees made reference to aspects of the	**Sheet O: lines 3-7** " I am one of the managers at YDO responsible for the Arts	Administration Staff

Table 5.7

This concludes the analysis for Data Source A. Emerging themes from this data will be discussed in Chapter 6.

5.3   DATA SOURCE B: VIDEO EXCERPTS

5.3.1   Description of video excerpts

The video material was recorded as part of clinical training for reflection, record writing and analysis purposes. These two excerpts were selected in the context of a peer debriefing session facilitated by a supervisor. They are drawn from two sessions (session 8 and 13) from my work with Themba as described in Chapter 4.

Video Excerpt 1

This excerpt is an improvisation which took place during session 08. Themba is playing the conga drums and I am playing the piano. Themba is standing to the side and slightly behind me. I thus have to turn around each time to look at his instrument. His playing is loud, harsh and energetic and my playing is softer and tentative. There is little variation in the music as far as tempi, dynamic level and quality is concerned. There also seems to be a lack of fit in the interaction between Themba and me as the improvisation contains a number of stops and starts. Towards the latter part of the improvisation, although characterized by Themba playing loud drum rolls one after the other, when I do play with him there is more of a sense of our playing together.

Video Excerpt 2

This improvisation takes place at the end of the final session. Themba is playing the conga drums and I am playing the guitar. We are facing each other. I invite Themba to begin playing and he signals that I should begin. When I begin playing a guitar chord sequence he does not play, but lightly rubs his hands on the drum, and then joins in with me. There seems to be a fit in the interaction between Themba and me. We make eye contact, and through body language move towards each other during quieter moments within the music. There is variation in the music.

5.3.2   Transcription of the video excerpts

The first step in the analysis of the video excerpts was to transcribe each video excerpt as illustrated in Table 5.8. A detailed account of the improvisation along a time line was done,

providing a description of the improvisation referring to the therapist and the client. In the video excerpt I started the video counter at zero and for video excerpt 2 I transcribed as per real time displayed on the excerpt. (See appendix vii for full document)

Example taken from video excerpt 1

Time	Therapist	Client
00:30	Plays 4 chords per bar	
		Changes rhythm -
00:37		Plays drums alone
	Watches clients instrument -	Difficult to determine tempo:
	Does not play	Rhythm irregular - not sure
00:40	Plays one staccato chord and then plays a chord	to count multiples of the beat
	Sequence	mf-f
	Does not match client	
00:41		Suddenly stops playing and rubs hands together

Table 5.8

5.3.3   Segmenting the data

The transcript was segmented line by line and the sheets were numbered:

VE1 SHEET A-D (Video excerpt 1) and **VE2 SHEET A-D** (Video excerpt 2). This is illustrated in Table 5.9 (Appendix vii)

Example taken from video excerpt 2 (VE2: Sheet A)

REAL TIME	THERAPIST	CLIENT	NO
11:00:54	Invites C to start		1
		Looks at T and says 'No you start'	2
11:01:00	Asks C whether he is sure		3
		Nods	4
11:01:01	Begins playing a guitar chord sequence		5
	D2, Am, E, Dm2, Am, Em E7 (126 bpm, *mp)*		6
		Stands looking down at congos	7
		lightly rubbing his hands across	8
		the drums, as if waiting and	9
		Listening	10
		Pp	11

Table 5.9

5.3.4 Coding the data

Each segment was labeled according to a code as illustrated in Table 5.10

This example is taken from Video Excerpt 2

Real time	Therapist	Client	Line No	Code
11:01:20		Introduces rhythm change:	21	Rhythm change
	Strums full bar on guitar	Goes back to playing:	22	Play together
			23	
			24	
11:01:27	Watches C's drums - continues	Begins playing on both drums	25	T watches C
	To strum the chord sequence	accentuating the first beat	26	Dynamic level (mf)
		Dynamic level increases to mf	27	Tempo (126bpm)
		126 bpm	28	C introduces accent
			29	
11:01:29		Lifts leg onto drum stand -	30	Body language
		comfortable position (looks	31	Relaxed

Table 5.10

The codes were listed along with the data references in table form for each excerpt. Table 5.11 illustrates this. (See Appendix viii for full coding sheet)

VIDEO EXCERPT 1

Code	Data reference
C plays irregular rhythms	A6, A22, A36, B10, B13, B25
C's rhythm more steady	A51, B20,C10
C plays in bursts	B16, B31, B36, B37, B41, B43, C3
T varies playing	A19, A32, B18, B28, C1, C20, C23
T tries to match	C A9, A10, A43, B33
C changes rhythm (lack of fit)	A 34, B3, B15, B26, C21, C39

VIDEO EXCERPT 2

Code	Data reference
C's rhythm steady and unhesitating,	A40, A41, A44, A50, B2, B48, B49 ,C5, C54, C55
C matches T's rhythm	A14, A15
C's rhythm steady and unhesitating	A40, A41, A44, A50, B2, B48, B49, C5, C54, C55
C plays in varied way	B19, B27, C43, C36
C plays drums in variety of ways	A28, C4
C introduces change	A21, B7, B31, B52, C8, C20, C27

Table 5.11

5.3.5   Organizing codes into categories

The final step in this section is to construct categories which emerge out of the codes. It is necessary to ensure that these codes are mutually exclusive. Each code is placed into a corresponding category (See Appendix ix for full document: codes, sub categories and categories). The following table (Table 5.12) names the categories, under which are sub categories. The table provides a brief description of each sub category, two references from the transcript and an example of several codes.

CATEGORY 1:   RELATIONSHIP

This category refers to the non musical elements of the relationship between the client and therapist. This has to do with actions, such as the client playing without being invited to, the client interrupting the therapist or conversely the client inviting me to play, or making more frequent eye contact. Whilst these actions may occur in the context of music making, they are non – musical, by definition.

CATEGORY 2:   MUSIC

This second category refers to the musical aspects of and musical interaction within the improvisations. The quality of the music, the degree to which the client and therapist are playing together and how the music sounds are all features of this category.

CATEGORY: RELATIONSHIP (T=therapist / C=client)			
SUB CATEGORY	**DESCRIPTION**	**TRANSCRIPT REFERENCE**	**CODES**
SEPARATE	This sub category refers to the interaction between therapist and client which suggests distance and lack of interaction	**VE1A: Lines 1-3** Client begins playing on congas before being invited, looks down at congas; **VE1B: line 34** T joins client – no eye contact	C plays uninvited Minimal eye contact
MOVING TOWARDS	This sub category refers to interaction between client and therapist which suggests a movement towards establishing contact	**VE1A29** T Looks at C's drum, does not play – as if watching and listening **VE2A2** C looks at T and says "No you start"	T initiates contact C initiates contact
BETWEEN	This sub category refers to the interaction between client and therapist which suggests closeness and contact	**VE2D5** C looked up at T and smiled **VE2C25** Crouches even lower, eye contact with T, plays even quieter – face almost touching the drums, inviting T to play softly	Increasing eye contact More engaged body language
CATEGORY: MUSIC (T=therapist; C=client)			
SUB CATEGORY	**DESCRIPTION**	**TRANSCRIPT REFERENCE**	**CODES**
FIXED	This sub category refers to the music where the music could be described as stuck or repetitive	**VE1A: Line 12-15** T &C repeat, T repeats, C repeats, T repeats, C repeats **VE1A(A38,B5,C8,C15,C49)** Dynamic range for whole improvisation mf-ff	**Repetition** **Monotonous**
FLEXIBLE	This sub category refers to the music reflecting variety and where both the client and the therapist are contributing to the variation	**VE1B Lines 28, 40** Plays Dm chord in higher register, plays chords (crotchet beats) while looking at C's drum **VE2C Line 36** Plays on same drum using the sides of his hands	**T introduces change** **C plays in varied way**

Table 5.12

The above table refers to both video excerpts and is a summary thereof. Table 5.13
provides a comparative view of the two excerpts within the ***RELATIONSHIP* category.**

VIDEO EXCERPT 1	VIDEO EXCERPT 2
CATEGORY: RELATIONSHIP	**CATEGORY: RELATIONSHIP**
SUB CATEGORIES	**SUB CATEGORIES**
Separate	**Separate**
C plays uninvited A1, C8	**No data**
No-minimal eye contact A52, A53, B34, C7, C12	
Moving towards	**Moving towards**
T initiates contact A4, A5, A29	C initiates contact A2
T waits for C A8, A30, B35, B38, C38	C indicates for T to play first A5
Between	**Between**
Eye contact D9	Increasing eye contact A25, A49, B3, B29, D5, D6, D9
	More engaged body language A4, C1, C2, C12, C13, C16, C24, C25, C32

Table 5.13

Table 5.14 provides a comparison of the two excerpts within the ***MUSIC* category.** (See
Appendix ix for full table)

Video Excerpt 1	Video Excerpt 2
CATEGORY: MUSIC	**CATEGORY: MUSIC**
SUB CATEGORIES	**SUB CATEGORIES**
Flexible	**Flexible**
T varies playing A19, A32, B18, B28, C1, C20, C23	C plays in varied way B19, B27, C43, C36
T introduces change A21, B1, B9, B40, C32, C41, D3	Dynamic level varied A29, C26,C33,C44
	Tempo varied B16, A10, B55, C45
Fixed	**Fixed**
Repetition A14, A17, A24	**No data**
Dynamic level range limited A38, B5, C8, C15, C49,	
Rhythm	**Rhythm**
C plays irregular rhythms A6, A22, A36, B10, B13, B25	C's rhythm steady and unhesitating A40, A41, B2, C5, C54
C plays in bursts B16, B31, B36, B37, B41, B43, C3	
Separate	**Separate**
T does not match C A26, A40, B46, B50	**No data**
C changes rhythm (lack of fit) A34, B3, B15, B26, C21,	
C plays alone A35	
Between	**Between**
Minimal musical contact B21, B22, B53	C matches T's rhythm A14, A15
T matches C A50, C9	C introduces change A21, B7, B31, B52, C8, C20, C27
T tries to match C A9, A10, A43, B33	Musical contact mutual A22, B13, B24, B43, B44, B51, C47,

Table 5.14

5.3.6   Rating the video excerpts

The Musical Interaction Rating (MIR) Scale was designed by Prof. M Pavlicevic (1991). Whilst it was designed for schizophrenic patients, its use is not limited to this client group. The MIR describes and assesses the client's capacity to be flexible and responsive to another person, in the context of musical improvisation. The MIR takes into account a) the Partner's (Client's) performance, b) the Therapist's response, c) the Quality of the Partner's response, d) the Musical Interaction, e) Shared Musical Content and f) Clinical Adjustment. It describes the interaction between client and therapist according to nine levels and uses rhythm rather than melody as its basis. The nine levels move from **No musical contact** on **Level One** through **One-sided Contact on Level Three** and **Tenuous Musically Directed Responsive Contact on Level Five** to **Musical Partnership on Level Nine**. A score is placed on the relevant levels and this yields a global score, reflecting the quality of interaction within the improvisation. I include a rating based on the MIR for each video excerpt. (See Appendix x for MIR Score Sheet) For the purposes of brevity I include in Tables 5.15 and 5.16 only the levels which are being scored and the essential features of each level.

Video Excerpt 1   T=Therapist   P=Partner (Client)

LEVEL	SCORE	MIR SCALE	Score x level
		DESCRIPTION	
1	4	**NO MUSICAL CONTACT**	**4**
		i) P's performance is unpredictable and/or disorganized; pulse may be irregular or only fleetingly regular;	
		ii) P's performance may appear to be more organized and predictable;	
		T does not mirror, match or reflect any aspect of P's playing;	
		No common pulse between T and P	
2	4	**ONE-SIDED CONTACT - NO RESPONSIVENESS FROM P**	**8**
		P's performance may be disorganized or more organized as in level 1;	
		T meets some or all aspects of P's performance with varying degrees of accuracy;	
		Musical contact is **apparently** established in the sense that musical components are shared…but T does all active meeting	
3	2	**ONE-SIDED CONTACT - NON-MUSICAL RESPONSIVENESS OF P**	**6**
		P's performance could be disorganized or more organized as in level 1 and 2	
		If and when T intervenes P responds by faltering by playing in a chaotic manner, then stopping and continuing as before	
		T is doing all the active meeting , P's responses to T's interventions suggests awareness of the intervention but responses are not musically directed; one-way contact - P's	**Total: 18**

		performance gives no sign of being aware of the other musical partner	

Table 5.15

SCORE: Total/10 =1.8

This score places the improvisation between levels 1 and 2 which reflect elements of both **no musical contact** and **one sided contact.**

Video Excerpt 2

LEVEL		TENUOUS MUSICALLY DIRECTED RESPONSIVE CONTACT	
5	2	As in levels 2-4, T is able to match, mirror or reflect aspects of P's performance; When T intervenes P's musical response shows the beginnings of musical awareness	10
		Will be able to alter musical utterance in response to T's intervention	
		P's response is musically directed towards T's intervention	
6	3	MORE SUSTAINED MUSICALLY DIRECTED RESPONSIVE CONTACT	18
		P may hold a basic beat while T improvises against it.	
		Patterns more consistently formed	
		Some flexibility in the use of tempo, dynamics and timbre may emerge;	
		P's increased flexibility means T can intervene more frequently than level 5 - danger that P becomes over-dependent on T. T may cease to intervene to encourage P to begin initiating	
7	4	ESTABLISHING MUTUAL CONTACT	28
		P able to hold their own musically, flexible enough not to restrict	
		T's playing, reflecting rather than imitating T, can play around the	
		basic pulse	
		Use of shared pulse is increasingly flexible	
8	1	EXTENDING MUTUAL CONTACT	8
		P's response to T may extend T's musical idea, P's initiative is assertive	
		T and P become increasingly attuned to one another's musical improvisation	
		T's role is to support P in musical initiative and increasingly become P's partner	Total: 64

Table 5:16

SCORE: Total/10 =6.4
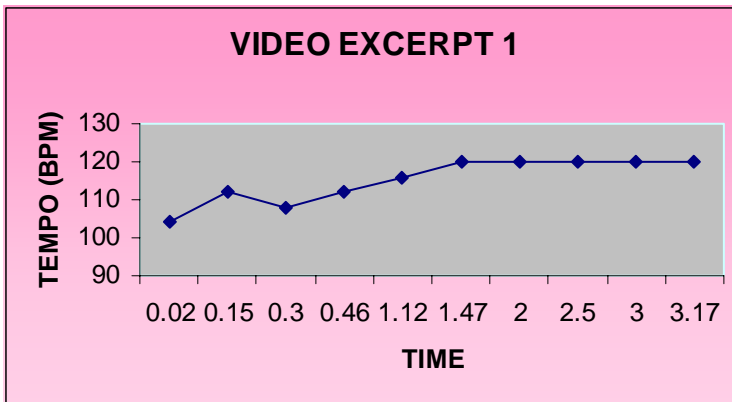
This score places the improvisation between levels 6 and 7 which reflect elements of both establishing and extending mutual contact.
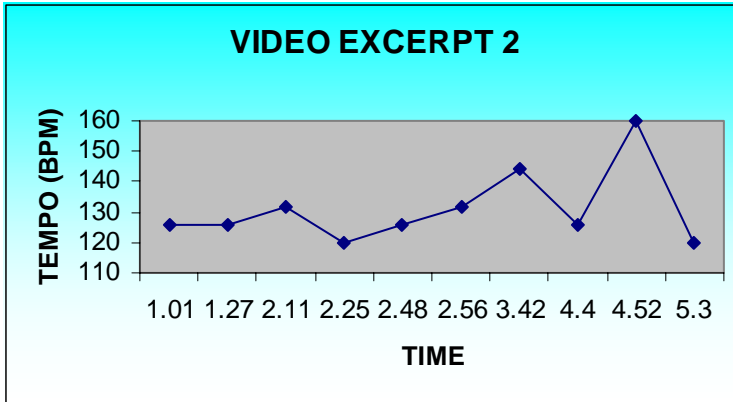
5.3.7   GRAPHIC REPRESENTATION OF VIDEO EXCERPTS

Before concluding this chapter I include a graphic representation of the tempo range (Graph 5.1 and 5.2) and the dynamic level range (Graph 5.3 and 5.4) of each video excerpt.
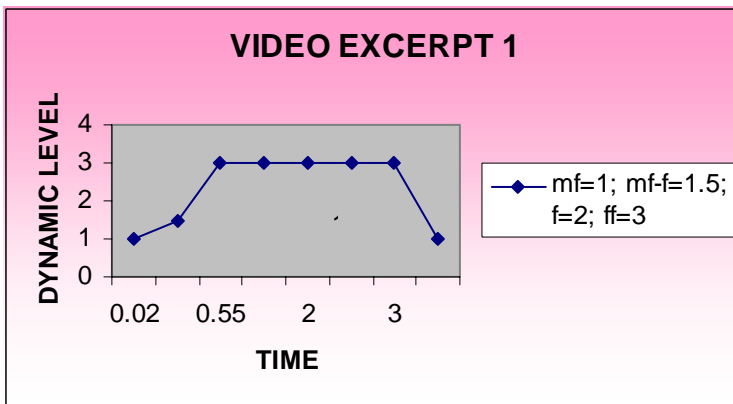
TEMPO RANGE

Graph 5.1

Graph 5.2

DYNAMIC LEVEL RANGE
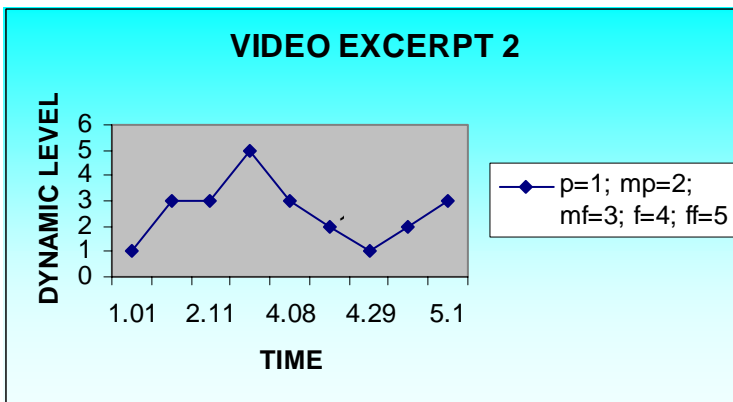
Graph 5.3

Graph 5.4

5.4   CONCLUSION

This chapter has presented the analysis of the semi structured interview conducted at YDO, as well as two video excerpts from my clinical work at YDO. I turn now to Chapter 6 where the emerging themes from the data will be discussed within the context of what was described in chapter 4.

CHAPTER 6

DISCUSSION

6.1   INTRODUCTION

In this penultimate chapter I discuss the emerging themes from the data analysis. The data provided, inter alia, a profile of YDO and serves as a basis for addressing the research questions. I wish to remind you, again, of the research questions:

Question 1:
How can The Circle of Courage serve as a model for music therapy within the Adolescent Development Programme?
Question 2:

How does Music Therapy practice need to adapt in order to meet the needs of adolescents in conflict with the law at the Youth Development Outreach?

Table 6.1 provides a synopsis of the emerging themes with corresponding categories as per the data analysis in Chapter 5.

THEME	CORRESPONDING CATEGORIES
SOCIAL CONTEXT IN THE FOREGROUND	Background Community profile Individual profile
UNDER-RESOURCED/DISADVANTAGED LIFE CONTEXT	Background Community profile Individual profile Organizational Aspects Programme
PROGRAMMES GEARED TO SOCIAL RE-INTEGRATION	Background Organisational Aspects Procedures Programme Ethos
PRIMACY OF THE CIRCLE OF COURAGE	Background Procedures Programme Ethos
THE INDIVIDUAL IN RELATIONSHIP	Individual Profile Community profile Ethos Relationship
MUSIC AS TOOL AND BAROMETER	Music Therapy outside view Music

Table 6.1

6.2   EMERGING THEMES

6.2.1   Theme 1:   Social context is in the foreground

This theme features prominently through the interview data. Three categories (**background, community profile and individual profile),** in particular, highlight this theme. What is clear is that the social context cannot be ignored. Community based programmes such as the ADP originated because of and in response to this social context. The wider social context impacts local communities and it is within these local communities, with their unique contexts, that Life Centres such as YDO are based.

One cannot view this study in isolation from the wider social context. Although this study is honing in on a small part of the whole, the whole informs the part.

The above theme has been discussed in general terms. This is intentional as it serves as a backdrop for further themes which are related to and elaborate on theme one.

6.2.2   Theme 2:   Under-resourced /disadvantaged life context.

If one takes a closer look at **theme one** in terms of what characterizes this social context, the predominant feature highlighted through the interview was the under-resourced or disadvantaged nature of this context both collectively and individually. Economically, there is a high level of unemployment, resulting in poverty and hunger which leads to social disorder, such as crime, violence and substance abuse. Socially, most families consist of single parent families, where there is often the absence of a male role model. Domestic violence, crime and alcohol abuse characterizes family life for many of these adolescents. All of this could result in these adolescents being individually disadvantaged. This is reflected in the **individual profile category** which highlights behavioural problems, a sense of hopelessness and disconnection and the inability to make decisions and follow through. In chapter 2 adolescence as a developmental phase was discussed with reference to adolescent tasks as outlined by Louw (2.2.1). Considering the above, it is likely that this disadvantaged life context could affect the ability of or even possibly deny these young people the opportunity to fulfill these adolescent tasks, thus entering adulthood from a disadvantaged position. This further reinforces learnt irresponsibility, a lack of purpose and motivation and possible association with other unclaimed youth through gang membership, (2.3.1-2.3.4) thus perpetuating a cycle of *discourage* and disadvantage.

6.2.3   Theme 3:   Programmes are geared to social reintegration

The Life Centre model is about working from within the community in order to socially rehabilitate these young people, the goal being to reintegrate them into society. Chapter 2 outlines the historical view with regards to children and the justice system and 2.5. outlines this alternate way of responding to the problem of adolescents who are in conflict with the law. The ADP focuses on adolescent development in order that they may function more optimally upon re-entering the community, through the inclusion of life skills training with the emphasis on taking responsibility for their actions.   This is emphasized from the assessment process, through the implementation of the curriculum to the follow up stage. Everything that is done within the ADP is about developing these adolescents to function responsibly in society.   This falls within the ethos of the restorative justice framework referred to in 2.5 where emphasis is placed on rehabilitation rather than punishment.

6.2.4   Theme 4:   The primacy of the Circle of Courage

My knowledge concerning the Circle of Courage prior to conducting this study was based on an orientation interview at the beginning of my work at YDO. I then read up on the Circle of Courage whilst conducting my literature search and this enlightened me as far as origin, definitions and rationale as detailed in 2.5.1. What I **did not know** was the specific application and impact of the Circle of Courage at YDO. What the data highlighted was the primacy of the Circle of Courage within the ADP. By this I mean that, according to the data, the Circle of Courage is pivotal at a number of levels.

Firstly, the Circle of Courage has been contextualized and developed into a model **indigenous** to both the wider (South African) and specific (each Life Centre) context.

Secondly, the Circle of Courage is the blueprint for the ADP and really is the essence of the ADP's **ethos**. Thirdly, the Developmental Assessment is based on the Circle of Courage as is the Developmental Curriculum arising out of the Assessment. Fourthly, the life skills component of the **programme** has, as its point of reference, the Circle of Courage.

If we think about **theme two** which focuses on the under-resourced nature of the individuals, the community and the wider social context, the Circle of Courage offers a response which approaches work with these adolescents from a strengths based perspective. This seeks to 'resource' the young people in order to, as theme 3 states, reintegrate them into their community. Chapter 2 (2.5) refers to an alternate response in working with these young people, where the emphasis is based on positive personal

theories of behaviour (table 2.2) where self esteem is fostered (2.5.1) through the four components of the Circle of Courage (2.5.1.1-2.5.1.4). It would seem that, in contrast to viewing the individual as being under-resourced, the Circle of Courage views the individual as a resource with potential. As an example, where the **individual profile** states the sense of disconnection and hopelessness that characterizes these young people, the Circle of Courage would seek to address this by focusing on the components of belonging and mastery (2.5.1.1 and 2.5.1.2).

6.2.5   Theme 5:   The individual in relationship

As previously stated, the Life Centre concept works within the restorative justice framework, which works from the premise that the individual, the family and the community are part of identifying problems and finding solutions as stated in 2.5. This model for community youth development views the individual as a social being. The individual is part of a greater whole. The data illustrates the inter-relationship between the community and the individual. The **ethos**, at its essence, views rehabilitation of the individual in the context of being in relationship with others. The Circle of Courage endorses this through *belonging* (2.5.1.1) which stresses the need for young people to be nurtured within a circle of significant others and *generosity* (2.5.1.4) where emphasis is placed on helping and contributing to others.

The discussion, until now, has focused on the data generated by the interview. We turn now to the data generated by the video excerpt analysis and discuss the individual in relationship with reference to music therapy (refer Table 5.13 and Appendix ix).

Table 5.13 is a comparison of the video excerpts within the **relationship category.** One can see that, generally, Video excerpt 1 is characterized by a sense of client and therapist being **separate** from one another. There is little sense of relationship between client and therapist. Video excerpt 2 is characterized more by a **moving towards** one another and more engaged body language which would suggest a different level of **relationship between** client and therapist.

If one then looks at Tables 5.15 and 5.16 and compare the MIR ratings for each video excerpt it is clear that in video excerpt 1 the relationship between client and therapist, in the context of clinical improvisation, is at a level of **minimal contact** with a global score of

1.8. Video excerpt 2 yields a score of 6.4 placing the interaction between client and therapist on a level of more **mutual contact** where the relationship reflects partnership.

Music therapy places primary importance on the therapeutic relationship, always viewing the individual in relationship and not in isolation. Ansdell (1995) refers to the goal of music therapy as a shared encounter where there is a flow of musical interaction and development of a therapeutic relationship which is characterized by mutuality and flexibility. Group music therapy also stresses the centrality of this theme and therapeutic goals would include "creating group/social bonding and enhancing a sense of belonging" (Pavlicevic, 2003: 94).

6.2.6   Theme 6   Music as tool and barometer

In chapter 2 (2.6) reference was made to the role of music in social identity where MacDonald et al (2002) suggests that music is a tool through which adolescents portray their own peer groups more positively as well as sustaining positive evaluation. Returning to the interview data, the category, **music therapy: outside view** reflects music therapy, inter alia, as another level of intervention, as a means for self expression, skill acquisition and something which taps into an innate resource i.e. creativity. Improvisational Music therapy (2.7) places great importance on the innate musicality of individuals stressing the fact that music, not necessarily in the conventional sense, is a communicative tool for both self expression and interaction.

Not only is music a tool but it also acts as a **barometer** of the relationship between client and therapist. If we now compare table 5.13 with table 5.14 we see that, in Video excerpt 1, where the relationship between client and therapist is characterized by distance and lack of fit, so the music is characterized by a sense of being fixed with little variation and flexibility. The same comparison for Video excerpt 2 suggests that where the relationship displays a moving towards and interaction between, so the music seems to suggest greater flexibility and mutuality. This is further confirmed by the MIR scores where the quality of the relationship is reflected in the quality of the music between client and therapist.

Finally, graphs 5.1-5.4 illustrate both the tempo and dynamic ranges for the two video excerpts. In Video excerpt 1 the dynamic range and tempo range is limited whereas in Video excerpt 2 the graphs suggest a wider range and greater variation. This illustrates

the musical development within the context of a therapeutic relationship. This development is characterized by greater flexibility, as is the relationship. Music is both the tool through which we communicate interpersonally as well as the barometer to gauge the development of the relationship.

With the above discussion as a basis, I turn to my two research questions.

6.3   ADDRESSING THE RESEARCH QUESTIONS

6.3.1   Question 1:
How can The Circle of Courage serve as a model for music therapy within the Adolescent Development Programme?
In the above discussion, reference was made to the primacy of the Circle of Courage. I wish to consider this research question in two ways.

Circle of Courage and Music Therapy –wider application
It would seem, from the data and literature survey that music therapy and the Circle of Courage adhere to a similar value system. The Circle of Courage is a strengths based approach where individual attention, in the context of other relationships, is central to the social rehabilitation of these adolescents. There is emphasis on flexibility where 'working in the moment' is stressed. How is this similar to music therapy? I would suggest that both music therapy and The Circle of Courage are holistic; strengths based approaches which focus on the whole person. Emphasis is not placed on labeling according to diagnosis or behaviour (2.3.4, Table 2.1), but stresses the innate human potential for growth and creativity. "Music therapy improvisation appeals not only to the symptoms but to the whole person, including those aspects that are not 'ill'…it cannot restrict itself to the medical axis of health-illness. In music therapy, 'ill-health' becomes meaningful in a new way, and music therapy becomes an experience which does not necessarily point directly towards the 'illness'" (Pavlicevic, 1997: 93). Many music therapy clients are under-resourced or disadvantaged in the area of physical or mental health and music therapy seeks to address that part which is not ill, whilst still working with the whole person. Both the Circle of Courage reframe the concept of being under-resourced and disadvantaged as opportunity for tapping innate potential because of their shared belief in the individual as a resource. This is akin to the sentiment of Goethe referred to in 2.5: "when stubbornness

can be recast as persistence than a liability becomes a potential asset" (Brendtro et al, 1990, 18).

It would be within this view of music therapy, that I suggest one work with these adolescents, within the Circle of Courage as the broader framework. How so? As stated in 6.2.4 the Developmental Assessment and Curriculum is based on the Circle of Courage. What this assessment does, is attempt to ascertain the gaps in a child's life or reasons for their referral and behaviour using the components of the Circle of Courage as the framework. Say for example, a child's assessment reveals that the child's family environment is dysfunctional and the parents offer the child little support. The starting point for a child such as this would be to focus on the **component of belonging**. Another child may present as well cared for and their assessment reveals that the child lacks confidence in performing tasks. The focus for this child would then be the **component of mastery**. I wish to suggest that I, as music therapist, should work within this same framework for the formulation of my goals. In this way I am working towards the same goals as the rest of the ADP team. My means of getting there is to use my specific tool which is music, according to the specific paradigm in which I have been trained. For example, if a child lacks in the area of mastery then I should begin to think what therapeutic goals would be required to work in this area. This may require teaching a musical skill in order to give the adolescent a sense of achievement or broadening their musical vocabulary as a means of self expression. This specific detail will differ from client to client and is not within the scope of this dissertation. What is important for this discussion is to consider how the Circle of Courage may inform the way I, as music therapist, apply my knowledge and training within such a context.

Within the music

I wish to zone in on the work with Themba (4.3) as a means of illustrating this point. The work of clinical improvisation is the work of music therapy and happens in many contexts with many client groups. The improvisational work which Themba and I did together could quite easily have happened in a hospital or school setting. What I wish to suggest is thinking about our work, and indeed clinical improvisation, through the lens of the Circle of Courage. As stated in 6.2.5 music therapy places the therapeutic relationship as being of primary importance. Having this as a starting point I wish to suggest the following:

Belonging

Music therapy can accompany an adolescent through **belonging** i.e. the therapeutic relationship. The work of making music together happens first and foremost within a predictable, safe relationship. I discussed the development of the therapeutic relationship in 6.2.5.

Mastery

As stated in 4.3.1, I gave guitar lessons to Themba from the second session. This was addressing the component of mastery at a practical level, and this may well have motivated him to come each week. In terms of the Circle of Courage, mastery is understood though, as both the attainment of goals and the development of various competencies (2.5.1.2). In the early part of our work together Themba's music and relational abilities were limited. In providing him with a wider musical and emotional vocabulary, he began to express himself both musically and relationally in a far more flexible and varied way. I wish to suggest that, at a more significant level, than merely providing Themba with a musical skill, he began to master aspects such as self expression and communication.

Independence

The Circle of Courage understands independence (2.5.1.3) as self management, the ability to exercise inner control and self discipline, where one has control over one's environment instead of being powerless and swept along by others. In clinical improvisation, as the client begins to give expression to their inner world through music and as this expression is supported by the therapist, it may be that the client moves to a new way of experiencing himself in the world and in relation to others. In addition to this, the fact that the client is encouraged to lead as well as follow, i.e. influence the improvisation may provide the client with the experience of exerting control over his environment. If one thinks about Themba, this process seemed to facilitate his sense of agency. Apart from the development within the relationship, our music making reflected this (6.2.6). He was able to both lead and follow and play something quite different from what I was playing yet we were completely together in the music.

Generosity

The final component of the Circle of Courage understands generosity (2.5.4.1) as key to fostering self esteem. This is about the adolescent taking responsibility for his/her actions and giving back to society. It completes the circle with regards to reintegration into society (6.2.3). If one thinks about generosity within clinical improvisation, one is focusing on what the MIR would regard as a higher level of relating where the music making reflects mutuality and flexibility. This would be where the client becomes an equal partner in the music making and is able to give as easily as receive, support as well as initiate and play as well as listen. Themba and I were moving to a place of increasing mutuality in our music making where he was able to wait, listen, initiate and support.

It would seem then, from the above discussion that the Circle of Courage could be a valuable frame of reference for informing the goals of music therapy. This could be applied at two levels. The first would be at a conceptual level (6.3.1) and the second, with specific reference to clinical improvisation, where music serves as both tool and barometer in addressing the four components of the Circle of Courage (6.3.2).

I move now to my second research question.

6.3.2   Question 2:
How does Music Therapy practice need to adapt in order to meet the needs of adolescents in conflict with the law at the Youth Development Outreach?
In considering this question I refer you back to 2.8 where four different examples were provided of music therapy as an intervention with adolescents at risk abroad. All four examples illustrate the work of music therapy being done, but the application thereof is specific to the context and needs of the client group. It could be argued that music therapists everywhere are faced with the challenge of working with different populations demanding from them an awareness of and willingness to adjust practice to meet the needs of these various populations. So why is this question asked of this specific context if it is as simple as adapting our work to meet the needs of each new context within which we work.
I wish to address this, firstly, at a personal level.

The 'how' or the 'why'?

The work at YDO resulted in my grappling with the issue of what music therapy has to offer in such a context, and as theme 1 would suggest, one cannot escape the reality of the social context. This was different from my experience in the other placements, to which I had been exposed during my training. In these other placements I would go in and do weekly music therapy sessions with groups and individuals, and the adapting that was required was, perhaps, in the types of activities or music required for a particular person or client group. The more I have reflected on this question, it is as if the answer does not lie in the weekly, 'what should I do with my client/s', but rather in the way one thinks about a wider application of music therapy within the organization. In a sense, the data generated, confirms this in that the data has not yielded a set of guidelines or 'programme' to follow. The data has not provided an answer to the question **how**, but, has perhaps highlighted **why** this question has been asked. The study has highlighted an overall picture of the wider context, the specific community in which YDO is situated and the individual as impacted by the community. It has further highlighted the response of YDO to the individual needs by working from within a community development model. The ethos of the programme clearly promotes working with the individual in the context of community to eventually reintegrate them back into society. Having a sense of the 'why' of this question leads me to consider the 'how' with reference to chapter 2.

Extending the parameters

The concluding section of chapter 2 dealt with an emerging movement in music therapy known as community music therapy. Here reference is made (2.9) to definitions and rationale for this new way of thinking about music therapy. In essence, as Ansdell (2002) states, community music therapy involves extending the role, aims and possible sites of work for music therapists- not just transporting conventional Music Therapy approaches into communal settings.

This encapsulates my response to this research question in that the how of adapting music therapy practice at YDO, in my opinion, is not as much about adapting conventional music therapy practice within sessions, but it is about clearly formulating the role of the music therapist, the role of music therapy and defining global and specific aims for music therapy within the culture and framework of the organization.

Chapter 4 provided a synopsis of the work my co-therapist and I did between January and June 2003. Table 4.1 illustrates that, apart from doing conventional music therapy work with individuals and an open group, we also facilitated a session with the staff (everyone from cleaners to directors) and then later in the process, facilitated a session with the staff and adolescents together. During this session, the door was physically left open, people were free to come and go, and, in fact, some folk even wondered in from off the street. These two sessions were experimental but seemed, in this context, appropriate. It would seem then that, in addition to offering conventional music therapy, the possibility exists for music therapy to offer something else at YDO.

I referred, in 5.2.2, to my interview with the Administrative /Arts manager who communicated a belief in and passion for the role of music at YDO. YDO offers, as part of the ADP, an Indigenous Arts programme, with music being the key component and where music therapy is regarded as a component thereof. The Arts programme also includes African Drumming and a performance component. There is a sense that music therapy is a part of the whole and therefore not regarded only as a weekly contribution. The question then is: how can music therapy become a more integrated part of the whole? I am not suggesting that music therapy loses its identity and become enmeshed with the other music programmes, but I am suggesting that music therapy has a wider role to play within the organization as a whole.

Ansdell (2002) refers to community music therapy as an approach to working musically with people in context and suggests that one thinks of the work as taking place along a continuum ranging from the individual to the communal. My understanding of this is that the client has an opportunity to experience a range of musical situations. The starting point could well be individual music therapy, where emphasis on boundaries and the therapeutic relationship is fundamental. The client could also experience musicking in the context of a music therapy group, which could be open or closed, depending on the context. This too would take into account more conventional music therapy aims. In addition to this, the client could be exposed to other forms of music making within the context, such as explained above where clients and staff make music together. In this context the boundaries may not be as clear and the frequency of the group sessions may be less predictable. Then there could be opportunity for participation in more performance orientated contexts.

In the specific context of YDO, what is interesting to note is that three of the individual clients with whom my co-therapist and I worked were included in the African Drumming group, who, in turn, played with the performance group at a concert at which these adolescents received remuneration.

I, therefore, suggest that the role of the music therapist at YDO includes partnering with those responsible for other components within the Indigenous Arts programme. In this way music therapy could contribute to the organization being permeated with a culture of music reflecting the innate, resourcefulness and creativity of the individual and collective, albeit in the midst of a community characterized by disadvantage and social disorder. In this way music therapy could facilitate a variety of musical experiences for the individual.

Community music therapy and the Circle of Courage

In concluding this discussion I wish to suggest, that it may be possible to view community therapy through the lens of the Circle of Courage. Community music therapy suggests the journey of the individual along a continuum from the **individual** to the **communal**. The Circle of Courage regards this journey as moving from **belonging** to **generosity**. Framing this in community music therapy terms, belonging could be viewed as the starting point for the individual on the journey where generosity completes the cycle as they move towards the communal. Along the way different levels of these components (of the Circle of Courage) would be experienced through varied opportunities of music making. As the adolescent makes the journey from the individual to the communal he/she does so with an increased sense of belonging, whilst mastering both internal and external aspects of their world, enabling them to exert self control and control over their environment to ultimately give back to their community. The notion of viewing Community Music therapy through the lens of the Circle of Courage endorses one of the pillars of the ADP which is to socially reintegrate the adolescents that go through the programme, thus transforming cycles of discourage into circles of courage.

This concludes the discussion chapter and I move to Chapter 7 where I make some concluding remarks and recommendations in taking leave of this study.

CHAPTER 7

CONCLUSION

As I conclude this dissertation I do so with a personal comment before providing recommendations and summing up.

7.1   A personal journey

The process of conducting this study and writing up this dissertation has been invaluable. It has enabled me to think deeply about my work as a newly trained music therapist and challenged me to frame my work theoretically whilst considering its application in a specific context. I am richer for the experience and trust that I will continue to think about my work as I am confronted with new challenges and contexts.

7.2   Framing the work

As far as I am aware there is no published literature in South Africa that deals with music therapy and adolescents in conflict with the law. In addition to this, music therapy is in its infancy as a profession in South Africa, especially with regard to this population. Chapter 1 refers to the fact that, at a national level, the Circle of Courage has been adopted as a model for Child and Youth Care in South Africa. In making known our new profession to other similar institutions working with this client group, is it not feasible to consider framing music therapy within a model such as The Circle of Courage to provide a rationale and modus operandi for our work? Would this not a) contribute to the credibility and promotion of the profession of music therapy, b) enable prospective employers to relate to our work within their framework and c) create opportunities for future employment and research with this specific client group? It is my hope that this discussion may have contributed to thinking about music therapy in this way.

7.3   Limitations of the study

- A study of this nature zooms in on a minute part of the whole and cannot be generalized to the whole. It is hoped, though, that focusing on the part will contribute to knowledge at a broader level.

- My rationale for asking research question 2 was in order to work towards eventually developing a model and clinical resources for work with this client group in the future. The data generated did not provide the information I anticipated. It, instead, highlighted why adaptation may be necessary. In order to answer the question 'how', at a practical level, may require lengthy research through documentation of clinical work over a period of time. I would suggest that much research is needed in working with this population in South Africa.

- In chapter 4 I briefly referred to culture and stated that this was not the scope of this dissertation. I do, however, believe that culture does impact on the work of music therapy and that it needs to be addressed, especially with regard to possible community music therapy work. This, however, requires careful definition.

7.4   Conclusion

The title of the study includes the term "***Circles of Courage".*** One of the main foci of this study has been the Circle of Courage and its impact on music therapy. It is my hope that working as a music therapist in a context such as YDO, within the empowering framework of the Circle of Courage will contribute to building circles of courage within an individual and group music therapy setting and that this will have a ripple effect into other domains of music making within the organization as a whole. This may seem naïve and unrealistic given the reality of the social context in which YDO is situated. As a music therapist I believe in the power of music as a tool in making a difference in the lives of individuals and groups. I conclude with the following quote:

"Music therapy in South Africa is developing different social, musical and spiritual sensibilities ….. and must offer something rich, complex and acutely inspired to group music making across the boundaries of healing, teaching, learning, relaxing, performing and – simply – living in music" (Pavlicevic, 2003:16-17).

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