



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Beyond limitations: the emergence of a musical relationship between a music therapy intern and a geriatric client diagnosed with schizophrenia

By

Karien de Witt

88543278

**Submitted in partial fulfilment of the requirements for the
Degree of M.Mus (Music Therapy)
in the Faculty of Humanities,
University of Pretoria,
PRETORIA.**

Supervisors:

Prof. M. Pavlicevic &

Ms. A. Dos Santos

October 2007



TABLE OF CONTENTS

ACKNOWLEDGEMENTS	vi
ABSTRACT	vii
OPSOMMING	viii

PART ONE

CHAPTER ONE: BACKGROUND AND CONTEXT

1.1. Background	1
1.2. The clinical context	2
1.2.1. The client	2
1.2.2. The institution	2
1.3. Aim of clinical enquiry	3
1.4. Conclusion	3

CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction	4
2.2. The nature of clinical musical relationships	4
2.2.1. Relating in early relationships	4
2.2.2. The musical basis in relating	6
2.2.3. Relevance of dynamic form in the musical relationship	7
2.2.4. Factors influencing the musical relationship	8
2.3. The developing musical relationship	10
2.3.1. In essence	10
2.3.2. Progressive nature of the developing musical relationship: Stages	12
2.3.3. Progressive nature of the developing musical relationship: Moments	13
2.3.4. Interactive features of the developing musical relationship	14
2.4. The developing music therapy intern	17
2.5. Conclusion	18

CHAPTER THREE: CLIENT REPORT AND OBSERVATION NOTES

3.1. Introduction	19
3.1.1. Consent	19
3.1.2. Chapter layout	19



3.1.3. Selectivity of focus of clinical enquiry	19
3.2. Clinical client report	20
3.2.1. Client details and general description	20
3.2.2. Client report narrative	20
3.2.2.1. Assessment summary	20
3.2.2.2. Music therapy process	21
3.2.2.3. Interpretation and conclusion	22
3.3. Observation notes	22
3.3.1. Emerging significant moments	22
3.3.2. The clinical material (Observation notes)	23
3.3.2.1. Description of clinical material	24
3.4. Conclusion	25

PART TWO

CHAPTER FOUR: ANALYSIS OF CLINICAL MATERIAL

4.1. Introduction	26
4.2. Preparation of clinical material	26
4.2.1. Preparation of Excerpts A, B and C	26
4.2.1.1. Step 1: Contextualisation	26
4.2.1.2. Step 2: Segmentation	29
4.2.1.3. Step 3: 'Thick' description and numbering	30
4.2.2. Preparation of Session notes A, B and C	32
4.3. Analysis of clinical material	33
4.3.1. Step 1: Coding	33
4.3.2. Step 2: Categorisation	35
4.3.2.1. Description and analysis of categories	36
4.3.3. Step 3: Emerging themes	44
4.3.3.1. Diagrammatical presentation of themes	44
4.3.3.2. Visual display of themes	45
4.4. Description of themes	46
4.4.1. Theme 1: Degrees of responsiveness	46
4.4.2. Theme 2: Autonomy	47
4.4.3. Theme 3: Therapist role	48
4.4.4. Interrelated themes	50
4.5. Conclusion	50



CHAPTER FIVE: INTERPRETATION AND DISCUSSION

5.1.	Introduction	51
5.1.1.	Focus of clinical enquiry	51
5.1.2.	Chapter layout	51
5.2.	Overview of a developing musical relationship	51
5.2.1.	Theme 1: Degrees of responsiveness	51
5.2.2.	Theme 2: Autonomy	53
5.2.3.	Theme 3: Therapist role	54
5.2.4.	Interrelated themes	54
5.3.	A developing musical relationship	55
5.3.1.	Characteristics	55
5.3.1.1.	Excerpt A	55
5.3.1.2.	Excerpt B	59
5.3.1.3.	Excerpt C	64
5.3.2.	Strategies in effecting the development of the musical relationship	70
5.3.2.1.	Early stages of the musical relationship	70
5.3.2.2.	Middle stages of the musical relationship	71
5.3.2.3.	Latter stages of the musical relationship	71
5.4.	Conclusion	72

PART THREE

CHAPTER SIX: PROPOSED RESEARCH PROJECT

6.1.	Introduction	74
6.2.	Research questions	74
6.3.	Research paradigm	74
6.4.	Research design	75
6.5.	Ethical considerations	77
6.6.	Research method	77
6.6.1.	Data collection & selection (Data observation and identification)	78
6.6.1.1.	Data source A	78
6.6.1.2.	Data source B	78
6.6.2.	Data preparation (Describing and representing)	79
6.6.2.1.	Data source A	79
6.6.2.2.	Data source B	79



6.6.3. Data analysis (Interpreting)	80
6.7 Conclusion	80

PART FOUR

CHAPTER SEVEN: CONCLUSION	81
----------------------------------	----

REFERENCES	82
-------------------	----

APPENDICES

Appendix I	Letters of Consent
Appendix II	Thick description – Excerpt A
Appendix III	Thick description – Excerpt B
Appendix IV	Thick description – Excerpt C
Appendix V	Transcripts – Session notes
Appendix VI	Thick description and codes – Excerpt A
Appendix VII	Thick description and codes – Excerpt B
Appendix VIII	Thick description and codes – Excerpt C
Appendix IX	Transcripts and codes – Session notes
Appendix X	Collapsed codes – Excerpt A
Appendix XI	Collapsed codes – Excerpt B
Appendix XII	Collapsed codes – Excerpt C
Appendix XIII	Musical Interaction Rating Scales

TABLES

3.1.	Client details and general description	20
3.2.	Description of clinical material	24
4.1.	Segmentation of Excerpt A	29
4.2.	Segmentation of Excerpt B	30
4.3.	Segmentation of Excerpt C	30
4.4.	Example of thick descriptions and numbering system	31
4.5.	Example of Session notes extracts	32
4.6.	Coding example of Excerpt A	33
4.7.	Coding example of Session notes B	33
4.8.	Example of collapsed codes Excerpt C	34



4.9.	Example of collapsed codes overlaps	34
4.10.	Example of Category overlaps	35
4.11.	Excerpt categories	35
4.12.	Incongruence – collapsed codes	36
4.13.	Awareness – collapsed codes	38
4.14.	Client leads – collapsed codes	39
4.15.	Therapist leads – collapsed codes	40
4.16.	Client explores – collapsed codes	42
4.17.	Therapist reflects – collapsed codes	42
4.18.	Identification of Theme 1 - Degrees of responsiveness	47
4.19.	Identification of Theme 2 - Autonomy	48
4.20.	Identification of Theme 3 - Therapist role	49

FIGURES

4.1.	Diagrammatical presentation of themes	44
4.2.	Theme 1: Degrees of responsiveness	45
4.3.	Theme 2: Autonomy	45
4.4.	Theme 3: Therapist role	46
5.1.	Theme 1: Degrees of responsiveness	52
5.2.	Theme 2: Autonomy	53
5.3.	Theme 3: Therapist role	54



ACKNOWLEDGEMENTS

I would like to thank the following, without whose support I would not have been able to complete this journey:

God – for leading me onto this new journey and holding my hand all the way. I am grateful for your eternal love and blessings.

Pieter for your unfailing care, support and love – words cannot express my gratitude and love.

Mother in-law for your love and support and for letting me stay with you. You mean so much to me.

My Parents, for lending me your ears and shoulders over many long-distance phone calls. I love you dearly.

All my friends and family for enduring and understanding my absence from your lives.

My fellow student friends, especially Almarie, for your support and sharing your insights with me.

My friends Dinkie and Isolde for planting the seed of Music Therapy as career option.

Erna and Fiona for providing the much needed emotional support in times of crises.

My supervisors, Mercédès and Andeline, for your guidance - I admire you greatly.

The Music Therapy lecturers for guiding, advising and shaping me for my future career as a Music Therapist.

Linda – thank you for your time and hard work.



ABSTRACT

This dissertation explores the emerging musical relationship between myself as a music therapy intern and a geriatric client diagnosed with schizophrenia residing in a psychiatric institution at which I worked during the first six months of my clinical training. Two specific areas of focus are addressed, namely the characteristics of the developing musical relationship and the strategies employed by the music therapy intern to enable its optimal development.

Three excerpts, either audio or video recordings, were selected from the clinical material for analysis. The excerpts (numbered Excerpt A, B and C) were selected based on their demonstration of the emerging musical relationship between the client and myself. Corresponding written session notes also formed part of the clinical material that had to be analysed. The clinical material was coded and categorised, resulting in emerging themes being identified for interpretation in relation to the specific areas of focus of the clinical enquiry.

The findings reveal that the musical relationship developed from isolation and a high degree of non-responsiveness between the client and myself in Excerpt A towards moments of musical intersubjective relating in Excerpt C. Strategies employed by me include, *inter alia*, providing stability, predictability, simplicity and consistency in my musical input and progressing towards incorporating improvisations within a familiar musical structure, thus an increased flexible approach. These findings are important in light of the limited literature available regarding music therapy work conducted by interns, especially during the early stages of their clinical work.

KEYWORDS:

Developing musical relationship; music therapy; music therapy intern; student; geriatric client; schizophrenia; psychiatric client; musical responsiveness; therapist strategies; limitations.



OPSOMMING

Hierdie navraag ondersoek die ontwikkelende musikale verhouding tussen my, 'n musiekterapie-intern, en 'n bejaarde skisofreniese inwoner van die psigiatriese instelling waar ek die eerste ses maande van my kliniese opleiding voltooi het. Twee spesifieke fokusareas is ondersoek, naamlik die eienskappe van die ontwikkelende musikale verhouding en die strategieë wat gebruik is om optimale ontwikkeling daarvan te bewerkstellig.

Drie uittreksels uit klank- of video-opnames is vir analisedoeleindes uit die kliniese materiaal geselekteer. Die uittreksels is op grond van hul aanduiding van die ontwikkelende musikale verhouding tussen my en die kliënt gekies. Ooreenstemmende geskrewe sessienotas was ook deel van die kliniese materiaal. Kliniese materiaal is gekodeer en gekategoriseer om onderliggende temas, wat in terme van die spesifieke fokusareas geïnterpreteer kon word, te identifiseer.

Die bevindings dui daarop dat die musikale verhouding van 'n geïsoleerde en besonder nie-reaktiewe verhouding tussen my en die kliënt in Uittreksel A, tot een met oomblikke van intersubjektiewe begrip teen Uittreksel C ontwikkel het. Strategieë wat ek gebruik het, sluit onder andere die gebruik van stabiele, voorspelbare, eenvoudige en konsekwente musikale insette, sowel as die neiging na improvisasies binne 'n bekende musikale struktuur volgens 'n meer buigsame benadering, in. Die bevindings is belangrik gegewe die beperkte bestaande literatuur aangaande musiekterapie soos onderneem deur musiekterapie-interns, in veral die vroeë stadia van hul kliniese opleiding.

SLEUTELTERME:

Ontwikkelende musikale verhouding; musiekterapie; musiekterapie-intern; student; bejaarde kliënt; skisofrenie; psigiatriese kliënt; musikale reaksie; terapeutstrategieë; beperkings.



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

PART ONE



CHAPTER ONE

BACKGROUND AND CONTEXT

Dialogue is the heart of Creative Music Therapy because communication is the heart of music. But it is communication largely relieved of representation: instead music communicates communication itself, and music therapy uses this to show that in the most unlikely circumstances communication is still possible (Ansdell 1995: 220-221)

1.1 BACKGROUND

A substantial component of my training as a music therapist consisted of exposure to a variety of clients within a variety of contexts in order to gain clinical experience. Clients were of different age groups, gender, pathologies and some resided in institutions. Clinical training commenced halfway during the first year of internship with the purpose of learning through practical experience. Parallel to gaining experience in therapeutic work I was also learning a variety of musical and therapeutic skills necessary to implement within the therapeutic setting in order to address clients' needs.

A fundamental aim of music therapy is to form a relationship between client and therapist through jointly created music using acquired skills and techniques applicable to the client's needs. The therapist uses the music created between them to develop the abilities of the client to relate and respond not only to the therapist but also to others (Ansdell 1995; Pavlicevic 1997).

At the outset of my clinical work I perceived the development of a musical relationship with my clients as limited due to my lack of skills and the unfamiliarity of the contexts within which I had to work. I believed these aspects impinged on the capacity for the client and I to engage and develop a mutually responsive musical relationship. During the course of clinical work, however, I became aware of the development of a musical relationship through clinical supervision and by learning how to reflect on clinically improvised music with a client. Although musical contact was difficult to establish and identify at times, moments of mutual musical responsiveness and relating did occur. My preconceived notions regarding the

capacity to form a musical relationship with a client thus did not appear to hamper the development of such a relationship.

When the opportunity for undertaking a critical review of clinical work arose, I found it appropriate to direct the broad focus of the clinical enquiry to exploring the development of a musical relationship in the early stages of my internship. I decided to explore the development of the musical relationship with a female geriatric client diagnosed with schizophrenia, residing in a psychiatric institution at which I worked during the first six months of my clinical training.

1.2 THE CLINICAL CONTEXT

1.2.1 The client

I chose this particular client as focus of the clinical enquiry because I experienced our musical relationship as limited. Now being in my second year of training, having acquired more experience in working with psychiatric clients, I am intrigued as to whether the musical relationship with this client was truly as limited as I initially perceived. At the time I was particularly concerned about the presence of a number of issues: the client was diagnosed with schizophrenia and had been residing in the institution for most of her adult life (she was seventy at the time I worked with her). Both of these aspects are known to potentially adversely affect a client's capacity for interaction with others (Kaplan & Saddock 1998; Kitwood 1990).

The client's behaviour in the ward also reflected an isolated and confined existence - she rarely initiated conversation or used communicative gestures. She mostly stayed in her room and when she did join other residents in the recreation room, she merely observed activities. I knew little of her personal background except that she was single and lived with her parents until being admitted to the institution.

In addition to the client's personal background and behaviour, the institutional environment further contributed to my notion of a limited musical relationship with her, as briefly explained below.

1.2.2 The institution

Weskoppies Hospital is a multi-cultural regional psychiatric hospital that provides psychiatric care for patients diagnosed with a variety of psychiatric conditions. The hospital houses

approximately 1, 400 patients assigned to wards according to their conditions (being long term, short term, chronic or acute), age and gender. The geriatric ward for females houses approximately thirty patients and their diagnoses include, *inter alia*, schizophrenia and dementia.

In addition to psychiatric treatment available to patients, the hospital also offers multi-disciplinary services such as occupational therapy, physiotherapy, the services of a pastoral psychologist and music therapy. Due to the nature of geriatric patients' psychiatric and physical conditions these services have to be offered at the ward, which in turn relies on the availability of staff resources for these services to be provided on a regular basis to individuals and groups. Except for music therapy, which occurs on a weekly basis, services conducive to the development of interactive abilities are consequently provided infrequently. The institutional environment may therefore further contribute to an isolated existence for some patients.

Combined with the clinical context, my lack of skills and limited prior experience in therapeutic work further contributed to my notion of a limited musical relationship with this particular client. I am, however, interested to explore how I was able to effect the development of a musical relationship considering my limited skills and experience. Furthermore, examination of the musical relationship with this client may also be of potential insight to fellow music therapy interns concerned with the same enquiries as I.

1.3 AIM OF CLINICAL ENQUIRY

In light of the background and context outlined above, the aim of the critical review of my clinical work is to explore the emergence of the musical relationship between myself as music therapy intern and a geriatric client diagnosed with schizophrenia.

1.4 CONCLUSION

This chapter sketched the context of the planned clinical enquiry. In the next chapter I will elaborate on literature relevant to the development of musical relationships in the context of this particular case. The purpose of the literature review is to assist in forming a more defined or specific focus to the clinical enquiry and to provide a substantial basis against which to discuss my clinical work with this particular client.



CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This clinical enquiry seeks to explore the emergence of a musical relationship between a music therapy student and a geriatric client diagnosed with schizophrenia. The literature review will therefore explore relevant material regarding the nature and development of musical relationships and how they may be affected by aspects such as pathology and institutionalisation. I will also address literature on music therapy work with geriatric clients diagnosed with schizophrenia. Finally I will refer to literature regarding the experiences of music therapy interns in clinical work.

2.2 THE NATURE OF CLINICAL MUSICAL RELATIONSHIPS

2.2.1 Relating in early relationships

It seems only appropriate to pay a brief visit to the relational nature of our earliest relationships, i.e. that between the mother and her infant, to discover the fundamental mechanisms of how humans relate to each other. The interactions between a mother and her infant require certain capacities to enable the partners to understand and relate to each other. These are also relevant to the development of a musical relationship and I will begin by briefly outlining literature on some of the significant concepts below. I want to point out that although these concepts are considered separately below they are intricately interrelated in how they manifest in relationships.

- ***Self-coherence***

Self-coherence refers to the capacity to convey multi-modal communicative utterances (e.g. vocalisations, facial gestures and body movements) as a coherent whole that can be read and interpreted by another (Pavlicevic 1997). Trevarthen (in Pavlicevic 1997) states that the human brain organises and regulates the coordination of actions to effect self-coherence. Condon and Ogston (1966) term patterns of intra-personal synchronous sustaining and changing of body movements and speech segments observed in the interaction between two partners as self-synchrony. For example, a person's speech consists of segments of sounds and while the person speaks, body parts such as the arms

or head move in ordered patterns relative to the changes in sound segments (Condon & Ogston 1966).

- ***Vitality affects***

Not only does a person's communicative actions have to come across as a self-coherent whole, but the individual also has to be able to perceive the communicative actions of another as a coherent whole (Pavlicevic 1997). Stern (1985) argues that this is possible through the concept of vitality affects, which refers to the qualities of our daily ways of being, our experiences or our feelings. The perceptual qualities of shape, motion, intensity level, frequency and rhythm of a person's communicative actions can be described in kinetic terms such as 'surging, fading or explosive' (Stern 1985: 54) and can be regarded as the vitality affects of the communicative actions. A gesture, for example, can be jerky or smooth (shape), have a sudden or gradual build-up (intensity), can fluctuate or go sideways (motion), can be repeated frequently (number) and can be smooth or fragmented (rhythm) (Pavlicevic 1997). The infant is able to perceive the vitality affects of the multi-modal communicative utterances of the mother as a whole and can recognise them in any of the modalities she uses in their communication (Stern in Pavlicevic 1997).

- ***Intersubjectivity***

Mother and infant abstract the vitality affects of each other's communicative actions, interpret them to assign a meaning with regards to each other's internal state and subsequently respond to each other by reflecting these vitality affects. They thus enter into an intersubjective relationship (Pavlicevic 1997).

Intersubjectivity refers to the ability of a person to read, interpret and respond to another's self-coherent communicative utterances, i.e. the 'knowing and interacting with another's internal state' (Trevarthen in Pavlicevic 1997: 109). Stern (1985) suggests this to be the stage in an infant's development where he/she realises that his/her intra-personal experiences (or mental state) can be shared with someone else. Through this emerging awareness, as well as learning interactive rules and procedures and the mutual creation of shared meanings, the mother and infant are able to communicate and understand each other in an intersubjective relationship (Stern 1985).

- ***Affect attunement***

Stern (1985) adds another feature of an intersubjective relationship, namely that of affect attunement. He argues that affect attunement is 'the performance of behaviours that express the quality of feeling of a shared affect state without imitating the exact behavioural

expression of the inner state' (1985: 142). The mother therefore abstracts the vitality affects of her infant's actions and reflects it via any modality, including vocalisation, facial gestures and/or body movements, thereby sharing the infant's internal state without imitating the precise behaviour of the infant. The infant recognises that his/her mother's response relates to his/her own, and in turn responds by changing his actions, thereby continuing the process. Stern contends that the mother can also misattune to her infant, often intentionally, 'to increase or decrease the baby's level of activity or affect' (1985: 148).

- ***Interactional synchrony***

When two people are communicating with each other through subtle attunement or synchronisation to the vitality affects of the other person, they are in interactional synchrony with each other (Pavlicevic 1997). This is also suggested by Condon and Ogston (1966) in their concept of interactional synchrony. During their study of interactive behaviour between two high functioning adults they observed that 'the speaker and the listener also display body motion organisations of change which are isomorphic with the articulated organisation of speech' (1966: 339). The patterns of change in the listener's body movements are synchronised with the change in sound segments used by the speaker.

To summarise, the relationship between the mother and her infant is formed, sustained and developed through the abstraction and interpretation of and constant reciprocal adjustment to the vitality affects of each other's communicative actions. Sustaining the intersubjective relationship requires various capacities, such as the capacity for self-coherence and interactional synchrony, the ability to abstract vitality affects from a communicative actions and to respond to the partner through the process of attuning to the other's vitality affects.

2.2.2 The musical basis in relating

Malloch and Trevarthen formulated the concept of 'communicative musicality' (2000: 6) to explain the innate ability of infants to communicate with their mothers. This process is regulated by neuro-biological processes of the mind and body. Mothers and infants communicate with each other through the use of the parameters of pulse, pitch and timbre of their communicative actions to 'create vocal narratives of shared emotion and experience' (Malloch & Trevarthen 2000: 6). Together they shape (i.e. imitate, contrast or elaborate) the pitch contours of their vocalisations through a succession of utterances (i.e. pulse) that, when combined, form jointly created gestures that express or communicate feeling states (or narratives of expression) to each other (Malloch & Trevarthen 2000).

Aldridge refers to communication as a means to transmit information as well as being 'concerned with the establishment and management of relationships' (1996: 51). He suggests that the establishment of a dialogic structure is 'the first important step in communication' to enable the parties to create meaning in conversation (1996: 36). For two partners to co-create meaning in communication requires them to maintain a 'coherent identity' within their 'personal and interpersonal milieu' (1996: 51). The partners communicate through dialogue, information exchange, regulation of distance and boundaries, expression of emotions and the sharing of ideas (1996: 51).

Aldridge (1996) also argues that the distinctive elements of musical form, such as sequence, order and phrasing, maintain coherence in communicative systems. Phrasing refers to 'accented differences in a rhythmic context' (Aldridge 1996: 53). When two people interact, their synchronised phrasing patterns (as explained through the concept of interactional synchrony) occur in a rhythmic context. The importance of rhythm can be observed in all human activity. Aldridge also refers to a 'hierarchy of rhythmic entrainment' (1996: 57) that can be observed in the self-synchrony and interactional synchrony between communicating partners.

Nordoff and Robbins (in Pavlicevic 1997) refer to the 'music child' to describe the innate capacity of humans to musically communicate intersubjectively. The 'music child' refers to the individual's 'capacity for flexibility in organising rhythm, melody and tempo - as portraying the person's expressive and communicative, reciprocal capacities' (Pavlicevic 1997: 118). Ansdell describes this as the innate musicality that indicates 'a quality of a person's relationship to music' (1995: 108). It is a musicality that 'comes from the whole person, a balance of thought and feeling' (Ansdell 1995: 108).

2.2.3 Relevance of dynamic form in the musical relationship

The mother-infant dyad's ability to read each other's internal emotional states by abstracting the vitality affects of their multi-modal communicative utterances (Pavlicevic 1997) was mentioned earlier. Vitality affects are therefore linked to the qualities of the emotional state of a person (Stern 1985). Its relevance to music therapy is that vitality affects contain the musical elements of tempo, pitch, timbre and volume. Music can thus reflect the vitality affects of a person's actions and therefore something about the person's internal emotional state (Pavlicevic 1997).

Pavlicevic (1997) formulated the concept of 'Dynamic Form' to refer to the musical qualities of vitality affects. Consider the example of a jerky gesture: the jerkiness is the vitality affect of

the gesture because it describes the shape of the gesture. In musical terms, the jerkiness can be described as a 'sforzando', indicating the dynamic form of the gesture. The dynamic forms of a person's playing signify something about his/her way of being in the world (Pavlicevic 1997).

Pavlicevic (1997) suggests that the quality of the client's dynamic forms and therapist's musical input reflect the quality of the relationship between them and their 'capacity for forming an intimate, intersubjective relationship with another' (1997: 121). When the two partners respond mutually to the dynamic forms of each other's musical input, they are able to form an intersubjective relationship characterised by 'knowing and interacting with another's internal state' (Trevarthen in Pavlicevic 1997: 109), as referred to earlier.

The quality of the musical relationship presents itself across a continuum between isolation and intimacy, the latter representing an intersubjective relationship. The dynamic forms of the client's playing may vary between being fragmented or rigid (which represents isolation in the relationship), or flexible (thus resembling the capacity for intimacy or intersubjectivity in the relationship) (Pavlicevic 1997).

Various factors may influence the quality of the musical relationship unfavourably. Although not the only aspects to be considered in terms of the quality of a musical relationship, three factors, namely the client's pathology, age and long-term institutionalisation, are particularly relevant to the therapeutic relationship that forms part of my clinical enquiry. I have already briefly touched upon how the qualities of a person's feelings and whole way of being are portrayed within the musical relationship (Ansdell 1995; Pavlicevic 1997), where each partner brings his/her whole way of being or feelings and respond to each other in many intricate ways; the factors discussed below are relevant in terms of how they impact on a person's capacity for interaction.

2.2.4 Factors influencing the musical relationship

Schizophrenia is characterised by the presence of delusions, hallucinations, disorganised thoughts and speech, disorganised or catatonic behaviour, flat or inappropriate affect, avolition (lack of motivation) and alogia (poverty of speech) (Kaplan & Saddock 1998).

Deficits in social interaction, which include superficial interpersonal contact, lack of initiative to interact and social isolation, are also present (Kaplan & Saddock 1998).

Jensen suggests general problems psychiatric patients experience to include:

- problems with interaction, such as ‘the fear of being together with other people, fear of closeness, autistic withdrawal and paranoia’ (1999: 47);
- impairments in the extent of awareness and expression of emotions;
- low self-esteem; and
- psychosis, thus revealing distortions of reality and ‘feelings of fusion with the surroundings’ (1999: 47).

Condon and Ogston (1966) presented findings relating to the capacity for self and interactional synchrony in a chronic schizophrenic patient. The self-synchronous patterns of change between the patient’s body movements and speech segments were lacking. The patient’s body movements, facial patterns and speech also lacked the ‘variability and rhythmic mobility’ (1966: 345) observed in normal interactive behaviour, resulting in a monotonous or flatness in behavioural appearance. This was indicated for instance, by a noticeable lack of head movements, ‘gaze fixity’ (fixation of gaze for a lengthy period of time), or lack of the normal sag of relaxed posture. A lack in the range of variation of pitch, stress and length of speech, restricted use of speech inflections and a ‘marked cadence quality’ (Condon & Ogston 1966: 345) of pause separations in speech were also observed.

Although late adulthood forms part of the normal course of life and is therefore not a pathological disorder, it is accompanied by various biological, cognitive, personality and social changes that may impact on the individual’s interaction with another (Louw et al. 1998). Changes occur, inter alia, in physical appearance and functioning, motor functions, memory and self-concept. Self-concept may be influenced by social psychological issues such as the immediate environment in which the person lives and society’s views of the elderly (Kitwood 1990; Louw et al. 1998). Aldridge asserts that the loss of self-esteem and independence is ‘one of the central problems of the elderly’ (1996: 196). These accompanying problems may contribute to social isolation and unfavourably impact on social skills (Aldridge 1996).

There appears to be limited research conducted on music therapy work with geriatric clients diagnosed with schizophrenia. In a study by Dahle et al. (2006), as well as one by Duncan, Pavlicevic and Trevarthen (1994), clients were in early to middle adulthood, except for one trial (Dahle et al. 2006) that included clients in late adulthood. The literature I was able to find on music therapy with geriatric clients involved work with the elderly mentally ill, most of which were diagnosed with dementia. Although the two studies mentioned in this paragraph related to music therapy work with schizophrenic patients they focused on the benefits of

music therapy with this client population, rather than the process of establishing a musical relationship with the client.

Institutionalisation refers to ‘any extra disablement that might result from acquiescence in a poor social regime, at its most complete when the patient lost interest in self-improvement’ (Wing 2000: 8). The effects of institutionalization are most noticeable in long-term psychiatric patients and include depression, depersonalization, decreased self-esteem and self-concept and decreased psychological well-being (Heliker 1999). Kitwood holds that the ‘maintenance of self-esteem is essential for good learning, efficacy and constructive relationships with others’ (1990: 181) and refers to the tendency of the institutionalised setting to ‘deprive individuals of their former identity and to reconstruct them within the institutional frame’ (1990: 184).

From what I have outlined above it is apparent that a client’s capacity for forming an intersubjective relationship may be adversely affected by *inter alia*, his/her pathology, impairments intrinsic to the ageing process and the impact of social circumstances such as institutionalisation. Pavlicevic refers to the ‘profound isolation’ (1997: 110) such individuals may experience by being excluded from intimate interpersonal relationships.

To return to the discussion about the dynamic forms of the therapist’s and client’s musical input portraying the quality of the musical relationship, Pavlicevic (1997) argues that an isolated musical relationship may for instance be portrayed by the client’s rigid or fragmented playing. The aim of music therapy in such a case would be to shift the musical relationship from being characterised by isolation to being one in which the client could experience intersubjectivity and intimacy.

2.3 THE DEVELOPING MUSICAL RELATIONSHIP

2.3.1 In essence

The therapist may effect the beginning of a musical relationship with a client by reading the dynamic forms of the client’s musical (or non-musical) input and reflecting it to him/her (Pavlicevic 1997), similar to the way in which a mother reads and reflects the vitality affects of her infant’s actions (Stern 1985). This may give the client an opportunity to being heard, to which he/she may begin to respond (Pavlicevic 1997). Also, similar to how the mother exposes her infant to different experiences through the often deliberate subtle misattunement of vitality affects (Stern 1985), the therapist gives the client different experiences of

him/herself by varying the dynamic forms of her musical (or non-musical) input (Pavlicevic 1997).

The therapist employs the techniques of mirroring, matching and reflecting in order to reflect the dynamic form of the client's playing or to provide a variety of dynamic forms to the client (Pavlicevic 1997). Mirroring refers to the exact concurrent imitation of, for example, the rhythmic pattern between both partners, while matching occurs when there is mirroring of parts of the rhythmic pattern of each partner. Reflecting implies a shared pulse between the partners during which elements of each other's musical patterns are reflected in a time delay (Pavlicevic 1997).

The therapist's intentional offering of various dynamic forms, termed clinical interventions, serves to test the client's 'alertness and responsiveness to musical changes, especially in the early stages of music therapy, and in later stages of the work it is a way of inviting the client's musical responses towards a wider range of musical expression' (Pavlicevic 1991).

The therapist may offer stability or contrast in his/her musical input when the client's playing is fragmented or rigid, respectively. This allows for the client to experience him/herself in different ways, to experience different ways of relating to another person and to learn how to establish new relationships (Pavlicevic 1997). The therapist extends and increases flexibility of the dynamic forms of the client's musical input (Ansdell 1995), allowing the quality of the musical relationship to progressively change from isolation to intersubjectivity (Pavlicevic 1997).

Procter (1999) also discusses the significance of predictability in the therapist's musical input in order to facilitate 'connectedness' (1999: 31) with an adult client diagnosed with chronic schizophrenia. Studying his own clinical work he discovered that offering the following musical material contributed to moments of connectedness with the client:

- repetition of 'small-scale' material (1999: 31), whole themes and melodies;
- basic, predictable harmonic progressions;
- lengthy build-up of cadence points and their repetition; and
- predictable musical direction.

He also alludes to a possible correlation between predictability and connectedness – an increase in the extent of predictability led to a corresponding increase in connectedness and vice versa.

2.3.2 Progressive nature of the developing musical relationship: Stages

Ansdell (1995) illustrates the development of the therapeutic relationship as passing through various potential stages. The initial stage may be characterised by the client being unaware that the therapist's musical responses relate to his/hers – the client remains musically isolated. The next stage may reveal musical contact, where the client becomes aware of the therapist's musical input relating to his/hers. The client subsequently becomes aware of his/her ability to influence the music and may intentionally do so to respond to the therapist's playing. The relationship may further progress when both partners enter into a musical dialogue by musically responding to each other. This may be followed by musical meeting, which is characterised by 'a unity of action, thinking and feeling' during the future flow of the music (Ansdell 1995: 74).

Ideally the development of the musical relationship would progress through these stages, but may also be characterised only by moments of contact or meeting throughout the therapeutic process (Ansdell 1995). The nature of this development is thus unique to the client and therapist (Ansdell 1995).

The most prominent tool for determining the qualities, levels and progress of the musical relationship between therapist and psychiatric client, is the 'Musical Interaction Rating Scales' (MIR(S)), developed by Pavlicevic (1991). The scales outline various levels of musical contact across a continuum and how musical contact and the progression of a musical relationship can be 'read' in the responsiveness between therapist and client in terms of their musical inputs. A summarised version of the scales is provided in Appendix XIII.

There are nine levels of musical contact and they ideally represent a progressive development in the musical relationship from no musical contact (portraying no matching, reflecting or mirroring of the client's musical utterances) through to musical partnership, with both therapist and client adapting their playing 'so as to share a commonly defined musical pulse' (Pavlicevic 1991).

Pavlicevic (1991) lists six dimensions in determining the level or quality of the musical contact (or relationship), namely:

- the client's performance (i.e. the content of his/her musical input, such as the quality of rhythmic patterns);



- the therapist's responses (i.e. whether the therapist is able to mirror, match or reflect the client's playing);
- the quality of the client's responsiveness (thus awareness to the therapist's responses and manner of responding to the therapist's playing);
- the musical interaction (i.e. how the partners respond to each other);
- the shared musical content (refers to the flexibility in using musical components such as melody, tempo, dynamics, pulse, etc.); and
- the quality and extent of the therapist's clinical interventions.

According to Pavlicevic (1991) some of the client's musical responses that are taken into account when determining the level of musical contact (or relationship) include:

- musical or non-musical awareness to the therapist's responses;
- intentionality in responses;
- sustainability of responses;
- ability to imitate;
- ability to adjust his/her playing to follow the therapist;
- ability to hold a basic beat while therapist improvises over it;
- musical exploration;
- ability to lead;
- flexibility in using musical components such as melody, rhythm, pulse, harmony, pitch, timbre;
- predictability of musical ideas;
- ability to extend musical ideas;
- ability to attune to the therapist's playing; and
- the extent to which the interaction reflects a partnership or intersubjective relationship.

Although both Ansdell (1995) and Pavlicevic (1991) seem to indicate the progressive nature of a developing musical relationship, they make it clear that such a progression may not necessarily be the case.

2.3.3 Progressive nature of the developing musical relationship: Moments

Amir (1993) asserts that meaningful and insightful moments occur during clinical work with clients. Although she does not elaborate on her understanding of meaningful moments, she refers to insightful moments as moments of 'sudden understanding of something, an intuitive new perception about anything' (1993: 90). Such moments are usually experienced by client and/or therapist on an intrapersonal level during a musical experience and subsequent

verbal conversations may strengthen the insight that occurred. Clients may experience ‘a powerful change in their self-esteem’ and therapists an ‘inner sense of joy, a clearer understanding of their work...’ (Amir 1993: 97). Insightful moments are usually accompanied by a ‘shift in energy’ between the partners, feelings of ‘aliveness, excitement, beauty, and awe’ (Amir 1993: 97).

Ansdell’s (1995) concept of musical meeting seems to resemble what Amir (1993) describes as insightful moments. Musical meeting reveals a high level of intimacy in the relationship (Ansdell 1995). Even though it is not constant throughout the musical relationship, it is nonetheless viewed as ‘the starting-point and the constant touchstone for the development and maturing of the therapeutic relationship...’ once it has been achieved (Ansdell 1995: 75).

From what both Ansdell (1995) and Amir (1993) contend, the presence of insightful moments or musical meeting in musical relationships represents a shift in the musical relationship, irrespective of developing through specific outlined stages or not.

2.3.4 Interactive features of the developing musical relationship

The literature outlined in this survey so far elucidated the musical basis in our relating with others (Aldridge 1996; Malloch and Trevarthen 2000) and the interactive nature of the clinically improvised music between therapist and client (Ansdell 1995; Pavlicevic 1997). Stern (1985) and Winnicott (1971) suggest the presence of certain interactive features in the developmental processes of a child which can also be observed in the musical relationship (Bunt 1994). Literature suggests that the presence of such features seem to occur either as a natural outflow of the developing musical relationship, or as a result of its intentional application by the therapist. I will briefly outline some of these features below.

- ***Play***

The communication and interaction between a mother and her infant often occur in an environment of play (Winnicott in Pavlicevic 1997). The infant’s needs develop from being merged with his/her mother (this refers to the infant’s identification with his mother) to the need to become separate from her, in other words the need for autonomy (Winnicott 1971). Through playing, mother and infant experiment with different ways of being with and responding to each other to allow the infant to develop an autonomous sense of self in relation to others (Winnicott in Pavlicevic 1997). Playing is also evident amongst adults and may present in the ‘choice of words, in the inflections of the voice, and indeed in the sense of humour’ (Winnicott 1971: 40).

Bunt (1994) suggests that children's play often include exploration, imitation and playful repetition of sounds; the child experiences joy in realising that he/she is responsible for making something happen and that the adult responds to his/her actions. The same can be applied to adults: exploration of sounds or instruments may contribute to a highly pleasurable experience in playful expression (Bunt 1994).

- ***Imitation***

Bunt asserts that imitation can be used in music therapy 'as an immediate way of establishing some contact with a child' (1994: 92). In the early stages of infancy the mother tends to imitate her child, which serves an important function in the 'development of language and the building-up of understanding of the meaning of joint action' (Pawlby in Bunt 1994: 92).

- ***Dialoguing***

Wigram defines dialoguing in the music therapy context as 'a process where therapist and client/clients communicate through their musical play' (2004: 97). He views dialoguing as 'a very important and valuable technique to support and engage a client' and considers music as 'a medium through which 'communication' takes place' (2004: 105). He distinguishes between two types of dialoguing, namely:

- turn-taking dialogues wherein client and/or therapist cue each other to take turns; this requires each partner to give the other sufficient space to play during his/her turn;
- continuous 'free-floating' dialogue during which the partners play simultaneously and continuously; they respond to each other's playing without interrupting the process.

One of the main techniques used to elicit dialoguing with the client is creating a musical space for the client in which to respond (Bruscia in Wigram 2004). Another important technique is modelling. Wigram defines modelling as 'playing and demonstrating something in a way that encourages the client to imitate, match or extend some musical ideas' (2004: 99).

He also gives examples of gestural and musical cues the therapist may use to elicit dialoguing. Musical cues include closed rhythmic patterns, ascending melodic phrases, cadences and dynamic and timbre cues (accents, crescendos, etc.). Gestural cues may include eye contact, pointing and removing hands from instrument (2004).

- **Turn-taking**

Holck (2004) suggests that mutual musical interplay (turn-taking) may be used in music therapy to, *inter alia*, promote social skills. The fluency of the turn-taking or 'turn-organisation' (Holck 2004: 47) between partners reveals something of their social capacity. The more fluency in the turn-organisation, the less aware the partners are of it, and vice versa (Knapp & Hall in Holck 2004).

Knapp and Hall (in Holck 2004) also hold that turn-organisation between adults is accompanied by the 'joint and continuous' presence of a variety of cues necessary for the fluency of the interplay.

- Turn-yielding cues indicate to the one partner that the other is about to finish his/her turn and includes non-verbal and/or verbal cues such as questions, pointing, nodding, gaze direction, vocal inflections at the end of statements, softer dynamic, slower tempo or extended pauses;
- turn-maintaining cues indicate that the acting partner wishes to continue and include cues opposite to those during turn-yielding, such as louder dynamic or faster tempo;
- turn-denying cues are given when a partner does not wish to act upon the turn-yielding cues of the other partner;
- turn-requesting cues are exhibited when a partner wishes to have a turn and include audible breath intakes, the raising of eyebrows, leaning forward and/or interruption.

Turn-organisation between a mother and her infant is different to that of adults (Beebe et al. in Holck 2004). Rhythmic and temporal regularity are present in these turn-organisations and are characterised by the mother's use of 'shorter utterances, many repetitions, longer pauses between utterances' (Holck 2004: 47) as well as changes in intonation and/or slower tempo. The mother also adds subtle tension by creating rhythmic irregularities or variations that stimulate the infant to participate (Stern in Holck 2004).

Although the features of turn-organisation between adults and those of the mother-infant dyad differ, elements of both types of turn-organisation are present in musical interplay, depending on the age and maturity level of children (Beebe et al. in Holck 2004).

- ***Following and initiating***

According to Oldfield (1995) features of following and initiation are present in the interactions of the mother-infant dyad and also manifest in all verbal conversations. Distinguishing between the role of initiator or follower may be apparent from the verbal content of the conversation (if one partner requests the other to follow, for example) and/or non-verbal behaviours (such as facial expressions or body postures). In some cases, however, these interactions may be so closely intertwined that distinguishing the partners' roles may be difficult. In working with clients with communication impairments, the therapist needs to consider the timing and manner in which the features of initiation or following can be used (Oldfield 1995).

2.4 THE DEVELOPING MUSIC THERAPY INTERN

Not surprisingly, substantial reference was earlier made to the role of the therapist in effecting the development of the musical relationship (Section 2.3). The therapist seems to require not only musical skills, but also therapeutic skills in order to steer the musical relationship towards intersubjectivity.

Procter (1999) affirms this suggestion. Given the 'two-way process' (1999: 31) of the co-improvisation between therapist and client, the therapist's musical input has a significant effect on the shared musical experience and the quality of the musical relationship. He maintains that a client's conscious or unconscious inability to respond to the therapist's musical input does not render the therapist's input insignificant; the therapist continues to give the client an experience of mutuality within the quality of the relationship as it presents at the time, and develops the client's potential for mutuality (1999).

Literature on music therapy work with psychiatric clients further contributes to this notion. In a study by Dahle et al. (2006) the results of four trials evaluating the effects of music therapy on schizophrenic clients over a period of one to three months, revealed improved global and social functioning. A study conducted by Duncan, Pavlicevic and Trevarthen (1994) revealed improved clinical status and musical interaction by schizophrenic patients after a series of ten weekly music therapy sessions. The clinical work conducted as part of these studies was performed by experienced music therapists.

For a student therapist skills development involves learning how and when to apply these and cultivating awareness and recognition of relational moments or progress with the client.

Webster (1988) refers to the importance of developing self-awareness and self-discovery when becoming aware of the processes involved in the therapeutic relationship. Watson (2005) alludes to students' experiences of loss of identity and growth in personal qualities in becoming a music therapist. Experiential learning requires the ability to become aware of and reflect on experiences, to integrate the various attributes of experiences and to construct meaning in order to learn from it (Munro in Préfontaine 2006). Integration takes time and is often accompanied by feelings of anxiety and discomfort (Legendre in Préfontaine 2006). Savin-Baden (in Watson 2005) postulates that students experience disjunction (i.e. fragmented sense of self, frustration, confusion) in the transition from declarative knowledge to functional knowledge.

Considering the importance of skills and also my lack thereof, especially during the early stages of my internship, it is understandable that I viewed the musical relationships with my clients as limited. I may not have recognised the potential for or reality of a developing musical relationship at the time.

2.5 CONCLUSION

Following the overview of literature concerning the nature and development of musical relationships laid out in this chapter, I am particularly interested in the characteristics of the developing musical relationship between my client and I and how they relate to the presented literature. My preconceived notions with regard to the limited nature of the relationship and the lack of literature on musical relationships between geriatric clients diagnosed with schizophrenia and music therapy interns further contribute to the appropriateness of analysing my clinical work. Considering the importance of the therapist's input in effecting the development of the musical relationship I am also intrigued as to what strategies I employed to effect the development of the musical relationship.

I conclude this chapter by proposing the focus of my clinical enquiry for the purpose of this mini-dissertation as:

The exploration of the characteristics of a developing musical relationship between a particular music therapy intern and a geriatric client diagnosed with schizophrenia and the strategies the particular music therapy intern employed to effect the optimal development of the musical relationship.

CHAPTER THREE

CLIENT REPORT AND OBSERVATION NOTES

3.1 INTRODUCTION

3.1.1 Consent

Written informed consent was obtained from Weskoppies Hospital for conducting music therapy sessions and for recording the sessions on audio and video equipment. Consent was also obtained from the Hospital to write the clinical report for the purposes of the mini-dissertation (refer to Appendix I for the letters of Informed consent).

3.1.2 Chapter layout

This chapter consists of two sections. In the first section I present a Clinical Client Report that provides a chronological outline of the music therapy process between a female geriatric client diagnosed with schizophrenia and myself as music therapy intern (section 3.2). This report serves as an overview from which specific material relevant to my focus of clinical enquiry is selected for further detailed analysis. In the second section of this chapter (section 3.3) I explain my rationale behind selecting the clinical material.

3.1.3 Selectivity of focus of clinical enquiry

Before I present the Clinical Client Report I wish to reiterate my reasoning behind choosing only one particular client for this clinical enquiry (see also Background and Context, Chapter One).

Even though I experienced the musical relationships with all my clients as limited during the early stages of my internship due to my developing skills as a music therapist, I perceived the musical relationship with this particular client as particularly limited. I believed the presence of a particular combination of issues impinged on the capacity to form a mutually responsive musical relationship with this client. The client was diagnosed with schizophrenia and was a long-term institutionalised patient – aspects which often limit the client's capacity for interaction. Furthermore, I had no prior clinical experience and my clinical and musical skills were limited. As I mentioned earlier, now that I am in my second year of training and have acquired more experience in working with psychiatric clients, I am intrigued as to whether the musical relationship with this particular client was as limited as I perceived it to

be at the time. I am also interested in how I was able to effect the development in the musical relationship considering my lack of skills. Exploring the musical relationship with this particular client may therefore be of potential insight to me and fellow music therapy interns concerned with similar challenges.

3.2 CLINICAL CLIENT REPORT

3.2.1 Client details and general description

Name:	¹ C
Age:	Seventy (70)
Gender:	Female
Home language:	Afrikaans
Period residing in institution:	Not available on file; informed by staff that she has resided at the institution for at least forty years.
Diagnosis:	Schizophrenia
Enrolment in other therapy programs:	None
Number of sessions attended:	Ten weekly 30 minute sessions over a period of six months (including a two week recess in the middle).
Reason(s) for referral:	No official referral. Client invited to music therapy by music therapy intern.

Table 3.1

C presents as a slender, frail and timid lady with a stooped posture and slow, rigid and unsteady body movements and gait. Her facial expression remains fixed and she seldom uses gestures which, when they do occur, comprise brief and subtle hand movements. She rarely engages in verbal conversation and when she does, conversations consist of single sentence questions or answers in a soft, deep, often muffled and monotonous tone of voice. In the ward C mostly keeps to herself. She spends a considerable amount of time in her room and when she joins other residents she merely observes activities.

3.2.2 Client report narrative

3.2.2.1 Assessment summary (Sessions 1 and 2)

It appears that C leads an isolated and confined existence. During the assessment period (sessions 1 and 2) this was reflected in the soft, tentative - yet delicate - and unsustained manner in which she played a small variety of percussion instruments. Her manner of playing remained the same throughout sessions and reflected little awareness of phrasing, tempo and dynamics. She occasionally verbally expressed uncertainty as to whether she was

¹ Client name changed to 'C' throughout the document for purposes of confidentiality.

playing correctly or expressed apologies for what she perceived as inadequate playing which seemed to reflect a lack of confidence and/or low self-esteem.

Therapeutic goals were formulated to provide C with the opportunity to:

1. improve her confidence and self-esteem levels by developing her musical abilities;
2. explore a variety of instruments and different ways in playing them to further the development in confidence and self-esteem;
3. develop social interaction skills, e.g. listening skills and awareness, turn-taking and reciprocity;
4. develop emotional expression; and
5. experience enjoyment and cognitive and emotional stimulation in the ward.

3.2.2.2 Music therapy process

Music therapy with C was a slow, gradual, simple and subtle process – qualities that also describe the progress observed throughout the process. Our work could be divided into three stages, each representing different aspects of our work and changes noted.

- *Phase One (Sessions 1–4)*

During this phase C's lack of confidence was revealed by her lack of exploration or leading and her expression of uncertainty. During sessions 1–3 C was comfortable to play the egg shaker and tambourine. She briefly played the guitar and keyboard during session four, but terminated the activities abruptly. She declined my invitation to start an activity and continued to verbally express uncertainty - she seemed to need verbal reassurance from me. In terms of awareness, C's instrumental participation was, by session 4, beginning to reflect a slightly increased awareness of the phrasing and tempo of the familiar songs we were playing despite the soft, tentative and unsustained manner in which she played (see Assessment summary above). She appeared to be melodically more aware of phrasing, possibly due to her knowing the traditional folk songs which we sang quite well.

- *Phase Two (Sessions 5–7)*

In session 5 I introduced an imitation/ turn-taking activity on djembe drums for the first time, aiming to develop C's musical abilities, listening skills, awareness and confidence. C imitated my short, simple and repeated rhythmic patterns and a spontaneous vocal turn-taking occurred during the subsequent instrumental activity. These activities were repeated in sessions 6 and 7. C continued to occasionally verbalise uncertainty with regard to her manner of playing and I continued to reassure her. She demonstrated longer and more

frequent periods of keeping in tempo with me, which revealed an increasing level of awareness to my responses.

- *Phase Three (Sessions 8–10)*

This phase was characterised by the continued engagement in imitation and turn-taking activities on the djembe drums and keyboard. I increased the variety of musical material used in these activities to encourage exploration and the development of C's musical abilities, listening skills, awareness and confidence. During session 8 C briefly led a keyboard imitation/ turn-taking activity for the first time using musical material I introduced earlier in the activity, such as changes in dynamic and rhythmic patterns. An increased confidence and purposeful quality in her drum playing were noted and she imitated the variety of ways I offered in playing the instrument. Instances of verbalised uncertainty occurred less frequently during these sessions. A subtle increase in the frequency of brief social conversations was observed and C began to show an increased awareness of the co-therapist by including her in conversations. A clear shift in C's confidence and awareness became apparent during this phase.

3.2.2.3 Interpretation and conclusion

C initially appeared to portray a lack of confidence, low self-esteem and an isolated and confined existence, possibly due to the combined influence of her personal background, psychiatric condition and being a long-term institutionalised patient. The progress observed during clinical work with C was characterised by the increased exploration on instruments, more flexible use of musical components in her playing, the favourable changes in the extent and content of verbal conversations and her assuming the leading role in an activity. These observations revealed progress in the areas of confidence, self-esteem levels, social interaction skills and awareness to another's responses.

3.3 OBSERVATION NOTES

3.3.1 Emerging significant moments

As stated in the Literature Review (Chapter Two), the focus of my clinical enquiry is to explore the characteristics of a developing musical relationship between a particular music therapy intern (myself) and a geriatric client diagnosed with schizophrenia. I am also interested in exploring the strategies I employed to effect the development of the musical relationship.

Three significant moments that seem relevant to the development of the musical relationship between C and myself emerged from my clinical work with her. These moments were also briefly outlined in the Clinical Client Report:

1. The first significant moment comes from the early sessions of Phase 1, in particular sessions 1 and 2. C's playing is limited and portrays little awareness of the phrasing and tempo of my playing. A potential lack of musical contact between us is revealed.
2. The spontaneous vocal turn-taking in session 5 (Phase 2) appears to be a significant turning point in the musical relationship between us. This development was preceded by a drum imitation/ turn-taking activity that may have paved the way for the subsequent marked increase in C's awareness.
3. The keyboard activity in session 8, during which C briefly assumed the leading role, portrays a development in C's awareness of her role in relation to me. Assuming a different role may have facilitated the further increased confidence in the qualities of her playing and verbal conversations.

The significant moments listed above were taken into account for the selection of the specific excerpts of clinical material to be analysed as part of this clinical enquiry. Session notes of sessions 1, 2, 5 and 8 were also perused for further clarification after the corresponding audio and/or video recordings had been listened to.

3.3.2 The clinical material (Observation notes)

- Three **excerpts** (numbered excerpt A, B and C) that best illustrate each of the listed significant moments were selected for further in-depth analysis. The excerpts are from sessions 1, 5 and 8 respectively.
- Extracts from the corresponding **session notes** (numbered session notes A, B and C) also form part of the clinical material to be analysed for the following reasons:
 1. Reports on the session notes were written at the time of performing the clinical work and contain my personal reflections of sessions and comments raised by the co-therapist and/or supervisor, where applicable. Certain sections of the reports provide information relevant to the musical relationship and therefore present an important source of information relevant to the clinical enquiry.
 2. Audio and/or video recorded material does not provide contextual information beyond what has been recorded. The extracts from session notes thus provide a

context within which the selected excerpts can be studied, making it a suitable choice for inclusion as clinical material.

3.3.2.1 Description of clinical material

The section below presents information relevant to the selected excerpts and session notes and include my reasoning behind their selection. Details about the excerpts are provided in Table 3.2.

Description	Excerpt A	Excerpt B	Excerpt C
Session:	1	5	8
Recording type:	Audio	Video	Audio
Session real time:	03.43 – 05.09	0.00-03.59	24.40 – 26.38
Length of excerpt:	1min 26seconds	3min 59seconds	1min 58seconds

Table 3.2

As stated earlier, excerpts were selected from sessions 1, 5 and 8 because of their portrayal of significant moments in the development of the musical relationship. A mini-disk recorder was used to make audio recordings of all sessions. Sessions were video recorded only during supervision, which occurred during sessions 5 and 9. Excerpts A and C are therefore audio recordings of sessions, while excerpt B is a video recording. Audio/video recordings were made for clinical training purposes and to facilitate the subsequent reflection and report writing processes.

- *Excerpt A*

Both sessions 1 and 2 would have been appropriate for the selection of excerpt A due to their portrayal of the early stages of the musical relationship. Session 1, however, was the first instrumental encounter between C and myself and I believed it would be best to present the qualities of the musical relationship prior to being influenced by the formulation of therapeutic goals. With this in mind, I chose an instrumental activity at the beginning of the session (the preceding greeting activity did not involve instruments) that would illustrate the potential lack of musical contact characteristic of the relationship at this stage. The real time counter reflects the actual time of the excerpt.

- *Excerpt B*

As stated earlier, session 5 contained a drum imitation/ turn-taking activity that progressed into a spontaneous vocal turn-taking. This activity seemed to have played a significant role in contributing to a shift in the quality of the musical relationship, portrayed *inter alia* by the resulting vocal turn-taking. For the purposes of analysis I therefore included both

the drum imitation/ turn-taking activity and the resulting vocal turn-taking to comprise this excerpt, resulting in a lengthy excerpt compared to the other two.

The activity, preceded only by the greeting activity, occurred early in session 5 (approximately four minutes into the session). Since session 5 was a supervised session, video footage was available for analysis. To allow for repeated observation of the excerpt I set the video counter to zero. Since C, the co-therapist and I are all playing djembe drums in this excerpt, the inclusion of video material is not only useful in providing visual information relating to non-verbal and/ or non-musical relational aspects, but for distinguishing the musical actions of each person.

- *Excerpt C*

The keyboard turn-taking activity during which C briefly assumed a leadership role clearly portrays another aspect of the musical relationship, especially since this was the first time that she led. The excerpt comprises the final section of the preceding activity (also on the keyboard) that progresses into the turn-taking during which C briefly assumes the leading role. The purpose of including the preceding activity is to explore relational aspects that may have led to the turn-taking. The real time counter reflects the actual real time of the excerpt.

- *Session notes*

As described earlier specific reasons motivated the inclusion of session notes as part of the clinical material. Information from the session notes that was not relevant to the musical relationship as such therefore does not form part of the clinical material to be analysed.

3.4 CONCLUSION

In this chapter I presented an overview of the clinical work conducted with C and outlined the reasoning behind the selection of the clinical material selected for further analysis. The next chapter will provide a chronological outline of the process through which the selected clinical material was analysed.



PART TWO

CHAPTER FOUR

ANALYSIS OF CLINICAL MATERIAL

4.1 INTRODUCTION

This chapter is divided into two sections. The first section outlines the steps involved in preparing the selected clinical material for detailed analysis, while the second section presents their implementation during analysis.

For the purposes of providing a systematic and logically progressive structure according to which the clinical material could be prepared and analysed, methods often referred to in research literature were used. Preparation steps included contextualisation, segmentation and description, while the analysis stage involved coding, categorisation and identification of emerging themes. Each step of the respective stages will be addressed below.

4.2 PREPARATION OF CLINICAL MATERIAL

4.2.1 Preparation of Excerpts A, B and C

4.2.1.1 Step 1: *Contextualisation*

The context in which clinical work with C was performed as well as that of excerpts A, B and C are described below. The descriptions were compiled from my existing session notes and through repeated listening to and viewing of the audio/video recordings of the excerpts. The descriptions aim to give an overview of the context of and events within the excerpt. A detailed ('thick') description (discussed in Step 3 below) of each excerpt is included in Appendices II, III and IV respectively.

All ten sessions took place in one of the two living rooms of the female geriatric ward. The room was spacious, furnished with a carpet, with many chairs aligned along the walls and decorated with a few paintings. Although the room had a slightly dilapidated appearance, it was comfortable, pleasant and had an intimate ambience which did not seem to be affected by the background noise generated in the adjacent rooms.



- *Excerpt A*

Excerpt A forms part of the second activity in Session 1 and was preceded by the greeting song and a conversation during which I enquired after C's wellbeing and suggested the ensuing activity. Upon my invitation to choose an instrument C chooses the tambourine and the co-therapist the triangle. The co-therapist, C and I are seated in a triangular position in the middle of the room. This activity represents the first activity in which instruments were used (the greeting activity was a vocal activity).

At the start of the activity I chose to sing a traditional Afrikaans folk song and the excerpt starts at the second phrase of the verse of the song. I am accompanying with the guitar, providing a regular pulse and consistent tempo. The co-therapist is playing the triangle, also providing a predictable pulse and tempo and C is playing the tambourine in a soft, tentative and unsustained manner (her playing would fade soon after starting and the sequence would repeat itself). The co-therapist's and C's voices are hardly audible.

Not long into the activity a conversation ensues in which C states that neither she nor the co-therapist knows the song. I then make a suggestion to replace the words of the song with familiar vocalising sounds such as 'la-la' and proceed with a repeat of the verse, followed by the chorus section and two phrases of the verse at which point I end the activity.

- *Excerpt B*

Session 5 was a supervised session, with the supervisor observing the entire session from the corner of the room. Excerpt B takes place early in the session, soon after the greeting activity. It takes the form of a drum imitation/ turn-taking activity that proceeds into the concurrent singing and playing of 'Alouette', a song I already introduced in session 3. The co-therapist, C and I are seated in a triangular position in the middle of the room, each with a djembe drum placed in front of us.

The excerpt begins with me explaining how the imitation/turn-taking activity is about to proceed and the sequence of turns to be taken in copying my rhythmic patterns on the drum. I introduce seven different rhythmic patterns for the co-therapist and C to imitate. Each rhythmic pattern is repeated for a few successive rounds before moving on to the next rhythmic pattern.

After imitating the seventh rhythmic pattern I add my voice to mirror the rhythmic patterns I play on the drum. I notice the co-therapist and C play out of turn whilst still imitating my

rhythmic patterns. At this point I begin to play regular quaver beats while vocally improvising using crotchets and quavers. The co-therapist and C begin to play concurrently with me. I continue to improvise for a short while and after introducing a *ritardando* and *fermata*, proceed to sing 'Alouette'.

I begin to sing a verse of 'Alouette', using vocalisations of 'pam-pa-ram-pam' and the three of us are singing and playing concurrently. Midway through the chorus a spontaneous vocal turn-taking ensues between C and myself. I repeat the verse, still using vocalisations of 'pam-pa-ram-pam' to replace the lyrics, followed by the chorus and another spontaneous vocal turn-taking between C and myself can be heard. I repeat two phrases of the verse before ending the activity.

- *Excerpt C*

Excerpt C is an extract from a keyboard improvising activity in session 8. The keyboard activity is the third activity in the session, preceded by the greeting and drum imitation activities. C and I are sitting next to each other, with me positioned at the lower register and C at the upper register of the keyboard. The co-therapist is sitting on a chair beside C, facing us.

The first four minutes of the keyboard activity were spent singing and playing a familiar Afrikaans folk song. After ending the song I began a keyboard imitation activity during which C imitated a variety of dynamics, note values, intervals and short rhythmic patterns I introduced. C terminated the activity after a while (she indicated she was tired) and I started another traditional Afrikaans folk song, accompanied in similar fashion to what we did during the previous Afrikaans song.

The excerpt starts at the beginning of the fourth repeat of the traditional Afrikaans folk song. We sing and play only the verse (I accompany the songs by playing tonic and dominant intervals of fifths while C plays the tonic interval I marked for her on the upper register). The end of the song is followed by a brief discussion between C and myself, followed by another keyboard improvising activity between us. I start the single note improvisation and we soon end up briefly playing single notes concurrently. At this point I interrupt the activity by requesting the co-therapist to put a pillow behind C's back to make her more comfortable (C has a stooped posture and seems to need back support at times).

C continues the improvisation by playing the first single note which I then imitate. Turn-taking ensues between us and I imitate the quality of C's playing. At the point where C

introduces marked dynamically different contrasting rhythmic patterns I verbally interrupt our playing and indicate that I recognise the playfulness or teasing quality in our playing. C acknowledges the playful intent in her playing and the excerpt ends with me inviting her to continue playing.

4.2.1.2 Step 2: Segmentation

Excerpts A (audio), B (video) and C (audio) were segmented into ‘meaningful structural units’ (Bruscia 2001: 13). These units were determined based on significant points of change in the musical and non-musical activity of the improvisation. The segments do not necessarily reflect changes in relational aspects; they provide a way of working with smaller units of activity at a time, thereby facilitating in-depth analysis by dividing it into more ‘manageable components’ (Lee 2000: 156). In addition to the main levels of segmentation of excerpts, further segmentation occurred in some instances to divide the segment into even smaller, more manageable chunks.

Tables 4.1 to 4.3 illustrate the main and sub-segments of each excerpt. When referring to the detailed (‘thick’) descriptions of the excerpts in Appendices II, III and IV, each segment is presented by a separate row in the table.

Segmentation of Excerpt A

Main segment: Real time	Main segment: Description	Sub-segment: Real time	Sub segment: Description
03.43 – 03.52	One phrase of song	03.50	² T introduces fermata
03.53 – 04.07	Verbal conversation	-	-
04.08 – 04.37	Repetition of verse	04.16 04.20 04.23 04.31	T tempo increase Change in ³ C’s playing New phrase start New phrase start
04.38 – 04.52	Chorus section	-	-
04.53 – 05.09	Repetition of verse	05.00 05.06	T introduces fermata T introduces ritardando

Table 4.1

² ‘T’ refers to the therapist.

³ ‘C’ refers to the client.

Segmentation of Excerpt B

Main segment: Real time	Main segment: Description	Sub-segment: Real time	Sub segment: Description
0.00 – 02.28	Drum imitation/turn-taking activity	01.34	T adds voice
02.29 – 02.51	Alouette: Verse	-	-
02.52 – 03.07	Alouette: Chorus	03.01	T & C vocal turn-taking
03.08 – 03.20	Repetition of Alouette verse	-	-
03.21 – 03.45	Repetition of Alouette chorus	03.33	T & C vocal turn-taking
03.46 – 03.59	Alouette: Part-verse	-	-

Table 4.2

Segmentation of Excerpt C

Main segment Real time	Main segment Description	Sub segment Real time	Sub segment Description
24.40 – 25.01	Song verse	24.50	T legato playing
25.02 – 25.27	Verbal conversation	-	-
25.28 – 25.47	T begins improvisation	25.44	T continues improvisation
25.48 – 26.27	Turn-taking	26.21	C introduces contrast
26.28 – 26.38	Verbal conversation	-	-

Table 4.3

4.2.1.3 Step 3: ‘Thick’ description and numbering

‘Thick descriptions’ (Robson 1993: 405) of excerpts A (audio), B (video) and C (audio) were written. A thick description ‘specifies everything that a reader may need to know to understand the findings...the findings are not part of the thick description, though it must be interpreted in their light’ (1993: 405). It is a purely descriptive process of what is heard and/or observed in the excerpts. No inferences or generalisations are made (Bruscia 2001). This requires repeated listening to the recordings to allow more detailed examination (Bruscia 2001; Lee 2000).

The thick descriptions of excerpts contain information that occurred simultaneously and also chronologically in real time. Also, I attempted as far as possible to describe the music in terms of relational aspects, i.e. who does what in relation to the other. Each sentence is positioned on a separate line to facilitate the numbering process (see below). An example is shown in Table 4.4. For example, sentence numbers EA16, EA17 and EA18 occur simultaneously when listening to the recording and EA19, EA20 and EA21 grouped together indicate a real time progression and occur simultaneously.

It should be pointed out that the description of musical material does not portray an exact representation of the holistic nature of the original musical experience (Procter 1997). Description risks transforming meaning (Ansdell & Pavlicevic 2001), since only the salient features of excerpts pertaining to the focus of the clinical enquiry are described.

Numbering involves assigning a number to each written sentence in the thick descriptions in preparation for future coding. Lee calls this a ‘catalogue of musical events’ or ‘inventory of musical constructs’ (2000: 157). In order to analyse the clinical material in terms of relational developments, I decided to devise a numbering system that allows for differentiation between excerpts. The idea was to facilitate later comparison of excerpts during the analysis process and subsequent discussion of analysed material. Each sentence in the thick description of the relevant excerpt was therefore numbered by a prefix identifying the excerpt to which it belongs (‘EA’ for Excerpt A, ‘EB’ for Excerpt B and ‘EC’ for Excerpt C), followed by its sequentially allocated number. I want to reiterate that the sequential number does not imply a sequence of events in time. As I have stated above, some sentences in the thick descriptions contain information that occurred simultaneously in real time. Thus, the sequentially allocated number of each sentence merely serves to identify it for referencing purposes.

Table 4.4 illustrates examples of thick descriptions and numbering of sentences for each excerpt. Refer to Appendices II, III and IV for the complete thick descriptions of excerpts A, B and C respectively.

Example of thick descriptions and numbering system

Excerpt	Symbols	Numbered text examples
Excerpt A	EA	EA16. T begins repetition of verse of song in same key of E major and replaces the words with “La-la”. EA17. T begins playing at slightly increased tempo of 100bpm, still Andante. EA18. T and ⁴ Co begin to play simultaneously while C is silent and starts playing on 3 rd beat of 1 st bar of phrase. EA19. During first 2 bars of phrase, T and Co play identical and consistent 3 regular beats per bar with accented 1 st beat of each bar, while C plays in multiple beats in time with pulse. EA20. T also vocally accents 1 st beat of each bar. EA21. During the first 2 bars of phrase, while T & Co continue playing in same manner, C’s playing begins with soft, but abrupt, sharp, stronger beats that gradually fade to hardly audible level.
Excerpt B	EB	EB41. C begins to vocalise mid-way through 1 st phrase and mirrors T’s melodic rhythm vocally while Co does not vocalise. EB42. T & C vocally end 1 st phrase together. EB43. At end of first phrase C misses a quaver beat and but catches up with 3 quick quaver beats.
Excerpt C	EC	EC11. T begins the third phrase and plays the harmonic intervals of

⁴ ‘Co’ refers to the Co-therapist.

Excerpt	Symbols	Numbered text examples
		fifths as two legato crotchets per bar, while substituting the words of the melody with “la-la”. EC12:. The Co and C are humming while C plays multiple beats out of synch with tempo and pulse. EC13:. Mid-way through third phrase C begins to sing words of melody louder than T and Co and stops playing until the end of phrase.

Table 4.4

4.2.2 Preparation of Session notes A, B and C

Extracts from the session notes from Sessions 1, 5 and 8 were already in written format since they were prepared at the time of clinical work. Except for the numbering of sentences, no other preparatory work was required. Sentences were listed separately and numbered sequentially to allow their origin to be determined during future coding. Hence, ‘SA’ for session notes A, ‘SB’ for session notes B and ‘SC’ for session notes C. This also facilitated later comparison during analysis and discussion of the clinical material. Refer to Appendix V for the full document of session notes extracts (extracts from the respective session notes are each listed in a separate row in the table). Table 4.5 shows an example of the numbering system for session notes.

Example of Session notes extracts

Session notes	Symbols	Numbered text examples
Session notes A	SA	SA1. Although the Client participated in all the activities, the participation was very tentative. SA2. The Client appeared anxious and uncertain and these qualities were reflected in her playing, singing and movements: she sang and played very softly, in a whimpering way.
Session notes B	SB	SB1. During the drum improvisation Client copied Therapist introduced basic rhythms, upon instruction. Previous interaction between T and C based on T leading, more a one-sided musical communication. SB2. I wanted to see if C was able to play differently to her usual irregular, fragmented & inflexible rhythms.
Session notes C	SC	SC1. For the first time in all sessions, C led an activity – at the keyboard. SC2. She became aware of me imitating her way of playing and also incorporated ways of playing I used in a previous activity in the session.

Table 4.5

4.3 ANALYSIS OF CLINICAL MATERIAL

As stated earlier, for the purpose of providing a systematic and logically progressive structure according to which the clinical material could be analysed, the research methods of coding, categorising and the identification of themes (Ansdell and Pavlicevic 2001) were used to analyse the clinical material. Each step is described below and illustrated with examples.

4.3.1 Step 1: Coding

Excerpts A, B and C and the corresponding session notes were coded. This process involved developing a labelling system for the prepared material (Ansdell & Pavlicevic 2001). Coding serves to ‘decontextualise’ the material to enable regrouping in ‘higher level categories’ (Ansdell & Pavlicevic 2001: 195). I therefore attempted, where applicable, to retain the relational component in the codes which resulted in many codes resembling short sentences. Codes were generated for each sentence listed in each excerpt’s thick descriptions and session notes extracts depending on the salient features of the sentence. Each code was numbered relative to the number of the corresponding sentence to facilitate later comparison between excerpts. Tables 4.6 and 4.7 illustrate examples of excerpt and session notes coding respectively. Refer to Appendices VI, VII, VIII and IX for the complete documents detailing the codes.

Coding example of Excerpt A

Thick description	Codes
EA37.: T & Co begins new phrase, C starts playing during first beat in first bar. EA38. : T & Co continue playing at regular pulse, consistent tempo, accented first st beats while C’s playing is pianissimo, in irregular multiple beats that become heavier and more lagging before gradually fading away to almost stop at end of phrase. EA39.: C’s vocalising is hardly audible compared with T and Co’s clearly audible singing.	EA37.: C delayed start new phrase. EA38.1.: T and Co regular pulse. EA38.2.: T and Co consistent tempo. EA38.3.: T and Co identical accents. EA38.4.: C’s playing heavier, more lagging. EA38.5.: C aware of phrase end, playing fades. EA39.: T & Co louder, C hardly audible.

Table 4.6

Coding example of Session notes B

Main text	Codes
SB5. The dialogues were more frequent and prominent compared to previous sessions, and I was more attuned to the idea of imitation/ copying as part of the session aims, thus more aware of it. Supervision comments: SB7. I can use body language to indicate turns during activities to reduce the verbal component and facilitate musical flow.	SB5.1. T aware T&C dialogues more frequent & prominent. SB5.2. T imitation session aim. SB7.1. T verbalises excessively. SB7.2. T little use body language for turn indication.

Table 4.7

At this point it serves to point out that session notes A, B and C have been dealt with separately from excerpts A, B and C until now because they weren't subjected to the same preparation procedures. Another reason is that the session notes also provide information that were not necessarily audible or observable in the excerpts. I thus regarded it important to be able to distinguish session notes codes from excerpt codes. From this point forward, however, session notes codes have been grouped with their corresponding excerpt codes. Session notes relate to the excerpts and in combination they will provide more useful information with regard to the development of the musical relationship.

After the completion of the initial coding process I was faced with a large number of different codes. Codes which seemed to relate to similar ideas or concepts were clustered and re-labelled - a process known as collapsing of codes. Table 4.8 shows an example of collapsed codes. Refer to Appendices X, XI and XII for the complete documents.

Example of collapsed codes Excerpt C

Collapsed Codes	Pre-collapsed codes
Note length differences	EC6.7. T staccato vs C non-legato play. EC14.3. T legato play, C non-legato.
Co-therapist inactive	EC7. Co silent. EC21. Co is silent during T & C conversation.
Therapist feelings	SC6.3. T reflects on T feelings of encouragement by C's responses. SC11. T surprised at C's responses.

Table 4.8

Collapsed codes which related to similar ideas or concepts when compared between excerpts were changed to reflect the same name (see Table 4.9 as an example). This was done to facilitate comparison of collapsed codes between excerpts.

Example of collapsed codes overlaps

Excerpt	Original codes	Collapsed codes
Excerpt A	EA2.3. T words, C&Co hum. EA44.1. C vocally lower pitch than T during chorus.	Vocalising differences
Excerpt B	EB59.1. C imitates at lower vocal register.	Vocalising differences
Excerpt C	EC3.T sings words vs C & Co hum. EC12.1. Co & C hum while T sings la-la. EC14.1. T&Co la-la, C words.	Vocalising differences

Table 4.9

4.3.2 Step 2: Categorisation

Once the coding process was completed, categories were generated for each excerpt based on the collapsed codes identified for each respective excerpt. Corresponding collapsed codes relating to the same category between excerpts were allocated the same category title. Collapsed codes and categories identified for each excerpt will remain separate in order to enable comparison between excerpts and a longitudinal discussion of the analysed material. Table 4.10 serves as illustration of overlapping categories between excerpts.

Example of Category overlaps

Category	Excerpt	Collapsed codes
Incongruence	A	Delayed start Verbalised uncertainty Irregular beats
	B	Delayed start Irregular beats
	C	Verbalised uncertainty Irregular beats

Table 4.10

Categories ‘provide information relevant to the research questions...’ (Robson 1993: 213). In addition they have to be explicitly defined, mutually exclusive, focused and objective (Robson 1993). Categories allow for making logical comparisons and facilitate the emergence of themes (Ansdell & Pavlicevic 2001). The formation of categories required ‘musically grounded inferences: that is, inferences whose musical basis can be intersubjectively validated by other listeners’ to be made (Ansdell 1995: 56).

The aim of the identified categories is to reflect relational aspects between C and myself and strategies I employed to effect these relational aspects. Thus, collapsed codes relating to similar relational aspects were grouped into a separate category. A total of six categories were generated between the three excerpts. Refer to Appendices X, XI and XII for the categories identified for each excerpt, and their accompanying list of collapsed codes. Table 4.11 summarises the categories identified for each excerpt.

Excerpt categories

Excerpt A	Excerpt B	Excerpt C
Incongruence	Incongruence	Incongruence
Awareness	Awareness	Awareness
Therapist leads	Therapist leads	Therapist leads
Therapist reflects	Therapist reflects	Therapist reflects
n/a	n/a	Client leads
n/a	n/a	Client explores

Table 4.11

4.3.2.1 Description and analysis of categories

I briefly describe my understanding of the meaning of the category titles and a comparison between the excerpts' comprising data (i.e. collapsed codes) below.

- *Incongruence*

Incongruence refers to dissimilarity between therapist and client and can refer to any modality (e.g. verbal, musical or non-verbal). Differences within the musical modality may include disparities in rhythm, tempo, pulse, harmony, melody, timbre or phrasing, depending on the codes identified within the excerpts.

Incongruence – collapsed codes

Category: Incongruence		
Excerpt A	Excerpt B	Excerpt C
Delayed start	Delayed start	
Dynamic differences	Dynamic differences	
Inactivity	Inactivity	
Note length differences		Note length differences
Verbalised uncertainty		Verbalised uncertainty
Inconsistency	Inconsistency	Inconsistency
Irregular beats	Irregular beats	Irregular beats
Vocalising differences	Vocalising differences	Vocalising differences
Purposeful vs tentative		
Unfamiliarity		
Unsustained play		
Unusual beats		
Verbal misunderstanding		
		Incoordination
	Separate ending	
	Tempo differences	
	Out of turn play	

Table 4.12

The perusal of the collapsed codes listed in Table 4.12 and the relevant original codes contained within the collapsed codes (Appendix X, XI and XII) reveal the following information:

- A progressive decrease in the extent and nature of incongruence from excerpt A to C.
- Incongruence can be observed in various modalities, especially in **Excerpt A**. Verbal incongruence are indicated by verbal misunderstanding and verbalised uncertainty. Musical incongruence is portrayed through differences in dynamics and the purposefulness in the qualities of playing, the irregular and unsustained rhythmic components in C's playing, her delayed starts in phrases and playing on unusual beats within phrases, dissimilarity in the use of vocalisations and periods of inactive participation by her.



- **Excerpt B** continues to reveal dynamic differences between C and myself and inactive participation by C. The extent of the incongruence, however, decreased compared to Excerpt A (e.g. C's playing is soft but not described as hardly inaudible as in Excerpt A; she actively participated during most of excerpt B compared to Excerpt A). Multi-modal differences can still be observed in Excerpt B and include vocal, tempo, rhythmical and phrasing disparities as well as non-verbal incongruence such as playing out of turn during a turn-taking activity. Verbalised uncertainty or misunderstanding did not occur in Excerpt B and instances of C playing unusual beats within phrases were not noted. It seems C's manner of playing was more sustained than in Excerpt A.
- **Excerpt C** reveals an even further decrease in incongruence compared to the previous two excerpts. Dynamic differences, delayed starts within phrases and periods of inactive participation were not noted. Although C verbalised uncertainty during Excerpt C its extent appeared to have reduced compared to Excerpt A. During Excerpt C incoordination between C's vocal and instrumental musical input, which did not seem to occur in the previous excerpts, was noted..
- In all three excerpts instances of inconsistent playing in my playing and the co-therapist's playing were observed. The extent of inconsistency, however, decreased considerably from Excerpt A through Excerpt C.

- *Awareness*

Awareness refers to an underlying consciousness between therapist and client of each other's actions, irrespective of the modality in which it occurs. Awareness can in some ways be seen to portray the opposite of incongruence. It reflects a shared intention between the partners that may manifest in various modalities such as verbal, non-verbal or musical, as well as similarities in rhythm, tempo, pulse, harmony, melody, timbre or phrasing, depending on the codes identified within the excerpts.

Awareness – collapsed codes

Category: Awareness		
Excerpt A	Excerpt B	Excerpt C
Shared beats		
	Eye contact	
	Initiative	
		Therapist vocalising
		Waiting
Co-therapist awareness	Co-therapist awareness	
In tempo	In tempo	
	Instrumental mirroring	Instrumental mirroring
	Verbal understanding	Verbal understanding
	Imitation	Imitation
	Turn-taking	Turn-taking
Vocal mirroring	Vocal mirroring	Vocal mirroring
Phrase start/end	Phrase start/end	Phrase start/end

Table 4.13

The perusal of the collapsed codes listed in Table 4.13 and the relevant original codes contained within the collapsed codes (Appendix X, XI and XII) reveal the following information:

- The extent and nature of awareness between C and myself show a marked increase between excerpts A and B, followed by a slight decline in excerpt C.
- **Excerpt A** presents with brief, occasional moments of awareness in various modalities. Rhythmic and pulse awareness is noted in moments of shared beats and in-tempo playing between C and myself; C displays awareness of phrase endings and pulse (through catching up of beats). Vocal mirroring occurs between us and C portrays non-verbal awareness of the co-therapist's unfamiliarity of the song.
- A few additional instances of awareness between C and myself are noted in **Excerpt B**. An overall increase in moments of in tempo playing is observed, C's awareness of phrases appears to include the start of phrases as well as phrase endings, instrumental mirroring is observed and the C's eye contact displays awareness of the co-therapist's and my turns during the turn-taking activity.
- Of particular significance in Excerpt B is the C's initiative in changing instrumental rhythmic patterns to melodic rhythmic patterns or multiple beats, thus indicating a variety in her manner of playing. A considerable level of imitation occurs as part of an intentionally structured imitation activity. Two instances of spontaneous turn-taking between C and myself, which also involve spontaneous vocal and instrumental imitation, are observed. Verbal understanding between us is noted.
- The nature of awareness between C and myself in **Excerpt C** is quite similar to that in Excerpt B. The extent of awareness with regard to the verbal component and turn-taking in the excerpt, however, portrays a marked difference with Excerpt B:

- In Excerpt B, the C affirms her understanding of a verbal explanation I offer. In Excerpt C, we are engaged in a conversation: both of us indicate an agreement on the nature of the musical activity we were commenting on and there is laughter and giggling between us.
- Both Excerpts B and C contain spontaneous turn-taking between C and myself I. In Excerpt C, however, the turn-taking initially portrays a tender, intimate and focused quality that later progresses into a playful and teasing quality. The turn-taking occurred at a slow pace, set by C and myself I and we waited for each other to finish before taking our turns; verbal or non-verbal turn directing by me did not occur as in the case of Excerpt B.

- *Leadership (includes Client leads and Therapist leads categories):*

Leading refers to an action causing others to follow, or to direct others by example. Leading may also occur in various modalities (verbal, non-verbal or musical) and implies the assumption of a different role in relation to another person. In musical terms, leading may for instance be portrayed through the way in which and by whom the tempo, rhythm and pulse of music is set (Pavlicevic 2003).

Client leads – collapsed codes

Category: Client leads		
Excerpt A	Excerpt B	Excerpt C
n/a	n/a	Word singing
n/a	n/a	Musical changes

Table 4.14

The perusal of the collapsed codes listed in Table 4.14 and the relevant original codes contained within the collapsed codes (Appendix X, XI and XII) reveal the following information:

- Incidents of C leading did not occur during Excerpts A and B.
- Excerpt C presents the first indication of leading by C. In the first instance she sings the lyrics of a song when she realises I am not singing the lyrics at the time. During the latter part of the excerpt, C introduces changes in note values and the dynamics of her keyboard playing, some of which are noticeable contrasting changes.

Therapist leads – collapsed codes

Category: Therapist leads		
Excerpt A	Excerpt B	Excerpt C
Activity structure	Activity structure	Activity structure
Word replacement	Word replacement	Word replacement
T & Co consistency	T&Co consistency	T&Co consistency
Verbal intervention	Verbal intervention	Verbal intervention
Tempo reduction	Tempo reduction	
Repetition	Repetition	
Accompaniment		Accompaniment
	Co-therapist inactive	Co-therapist inactive
	Similar instruments	Similar instruments
Distinct instruments		
Tempo increase		
Vocal accents		
	Non-verbal direction	
	Rhythmic patterns	

Table 4.15

The perusal of the collapsed codes listed in Table 4.15 and the relevant original codes contained within the collapsed codes (Appendix X, XI and XII) reveal the following information:

- The extent of leadership I performed is similar between Excerpts A and B, although the nature of it differs in some respects. Excerpt C shows a decline in the extent and nature of my leadership compared with the other two excerpts.
- In **Excerpt A** I lead in a variety of ways that appear to create stability, predictability, simplicity and consistency through:
 - the repetition of verse sections of a song;
 - a song structure that provides for a simple structure such as verse-chorus, a regular pulse and tempo, consistent harmonic base, pre-composed melody and coinciding melodic and harmonic rhythmic pulse;
 - the support from the co-therapist in also providing a consistent pulse, tempo and identical accented beats to that of mine;
 - my vocal accentuation of beats (in addition to the instrumental accentuation);
 - providing accompaniment using an instrument that provides a strong rhythmic and harmonic base (guitar);
 - replacing the lyrics of the song with simplified vocalisations (such as 'la-la');
 - verbal interventions such as reassurance and/or encouragement when the client expresses the need for it.
- Excerpt A also reveals changes introduced by me, such as fermatas and ritardandos at phrase ends, and tempo increases or reductions of the song verses. These changes appear to be subtle and occur seldom, thereby continuing to provide for simplicity in some way.



- Despite the many similarities compared to Excerpt A, a number of differences can be noted in the nature of the my leadership in **Excerpt B**. Stability, predictability, simplicity and consistency were provided through:
 - a formally structured imitation/ turn-activity followed by a familiar song (Alouette) which has been used in a previous session;
 - my verbal explanation of the imitation/ turn-taking activity, as well as verbal and non-verbal direction of turns during the activity;
 - marked tempo reductions during the chorus section of Alouette;
 - extensive repetition of short and slow rhythmic patterns in addition to chorus and verse sections of Alouette;
 - no participation by the co-therapist during Alouette, which allows for the client and therapist to focus only on each other;
 - maintenance of slow tempi and the absence of tempo increases;
 - the vocal and instrumental mirroring of rhythmic patterns during the chorus section of Alouette.
- The nature of my leadership in **Excerpt C** differs from that observed in Excerpts A and B in the following ways:
 - my introduction of an improvising activity on the keyboard reveals a less structured approach and the introduction of an unfamiliar component in the clinical work;
 - the co-therapist is considerably less involved during the first part of the excerpt and silent during the keyboard improvisation thus allowing us to focus more on only each other;
 - my verbal intervention includes invitations to C to participate during an improvisational activity, indicating a more comfortable and flexible interaction with her. Verbal or non-verbal directing does not occur as in Excerpt B, although reassurance and encouragement are still provided during the excerpt;
 - C and I sit in close proximity next to each other at keyboard;
 - little repetition during the excerpt;
 - I assume the leading role through my accompaniment during the first part of the activity (Afrikaans song). This included the use of a basic harmony and staccato accompaniment, the simplification of the pulse (changing from four to two beats per bar), and by playing at the lower register of the keyboard.

- *Exploration*

Exploration refers to a process of discovery or creating and may also occur in a variety of modalities such as verbal, musical and/or non-verbal. Creating refers to a person's innate capacity for 'autonomy, flexibility, confidence, imagination and tolerance of uncertainty' (Ansdell 1995: 105). Through creating a person explores thoughts and feelings in the process of developing a sense of self in the world and in relation to another (Ansdell 1995). A variety of instruments and various ways of playing them may be explored. The musical elements of tempo, rhythm, volume, harmony, melody, pulse and timbre may also be explored.

Client explores – collapsed codes

Category: Client explores		
Excerpt A	Excerpt B	Excerpt C
n/a	n/a	Musical elements

Table 4.16

The perusal of the collapsed codes listed in Table 4.16 and the relevant original codes contained within the collapsed codes (Appendix X, XI and XII) reveal the following information:

- Incidents of exploration by C did not occur during Excerpts A and B and the first indication of C exploring in Excerpt C. During the improvisation activity she introduces changes in note values and the dynamics of her keyboard playing, some of which are noticeable contrasting changes.

- *Reflection*

In the context of this clinical enquiry, reflection refers to my thoughts, considerations and interpretations concerning clinical work with C. Reflection is a subjective process and occurred after the session was conducted. This may include, inter alia, reflection on the clinically improvised music, verbal and/or non-verbal events within the session and the therapeutic process with C.

Therapist reflects – collapsed codes

Category: Therapist reflects		
Excerpt A (Session 1)	Excerpt B (Session 5)	Excerpt C (Session 8)
Client participation	Client participation	Client participation
Therapist skills	Therapist skills	Therapist skills
Client appearance		Client appearance
	Future sessions	Future sessions
	Interaction	Interaction
	Therapist verbalising	Therapist verbalising
Client uncertainty		
		Therapist feelings

Table 4.17

Since my reflections pertain to the session notes from which the respective excerpts were selected, reference is made below to the session number instead of the excerpt number. The perusal of the collapsed codes listed in Table 4.17 and the relevant original codes contained within the collapsed codes (Appendix X, XI and XII) reveal the following information:

- A gradual increase in the extent and nature of my reflections can be observed from Session 1 (Excerpt A) through Session 8 (Excerpt C);
- In **Session 1** my reflections consist of:
 - a substantial focus on C, especially with regard to her appearance (body posture, facial expressions or lack thereof), and interpretation in light of the verbalised uncertainty observed during the session. Her participation, in particular her manner of playing (referring to the tentativeness, irregularity, awareness of phrasing and her increased participation observed during slow, repetitive and simple activities), is also considered;
 - in terms of skills, I reflect only on my use of ritardandos during Session 1.
- During **Session 5 I**
 - place less focus on C's appearance and uncertainty and focuses more on the her participation. C's ability to imitate, her continued playing of irregular, fixed rhythms and the beginnings of brief exploration of various instruments such as the guitar and keyboard are observed. There is an increased focus on the her abilities rather than disabilities;
 - reflect on skills as well as supervision comments;
 - show awareness of the extent of my frequent verbalising during the session;
 - reflect on the interaction between C and myself. I am aware of my strong leadership, the one-sided interaction in previous sessions and a shift in interaction to a more mutual form of interaction, including the occurrence of musical dialoguing with C;
 - reflect on future sessions, in particular to the types of activities to be performed (turn-taking, imitation, exploration by altering improvising with known songs) and portray an awareness of a turning point in the clinical process with C.
- **Session 8** is characterised by my reflection on
 - my own feelings, which is an additional aspect compared to Session 5;
 - C's appearance, in particular her enjoyment and giggling;
 - C's participation, especially the leading, exploring, imitation and overall increased awareness she displays;

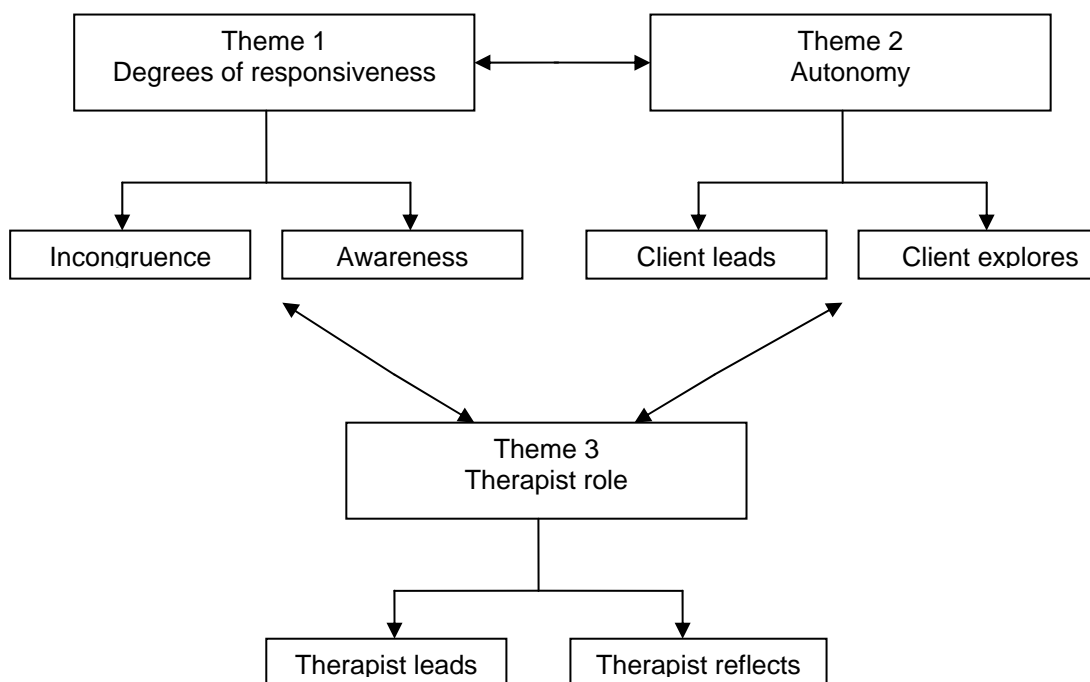
- my own musical input such as the introduction and exploration of new material, listening and matching skills, ability to adjust to C's way of playing and the provision of space I incorporate;
- future sessions, i.e. the introduction of contrast in the continued used of imitation activities;
- the interaction between C and myself and the increased listening between us;
- the nature of my verbalisations, especially the use of diminutives.

4.3.3 Step 3: Emerging themes

Themes that form the basis for interpretation of the results emerge from the identified categories (Ansdell and Pavlicevic 2001). Emerging themes are explored to 'discern meaningful relationships' (Bruscia 2001: 15) between the themes and to relate them to the focus of the clinical enquiry and literature listed in the literature review (Ansdell and Pavlicevic 2001).

4.3.3.1 Diagrammatical presentation of themes

The diagram below illustrates the identified themes derived from the categories. The arrows between themes illustrate that even though the themes are listed separately, they are also interrelated in the sense that they depend on each other to effect the development of the musical relationship. Section 4.4.4 below elaborates more on the interrelatedness of themes.



Diagrammatical presentation of Themes

Figure 4.1

4.3.3.2 Visual display of themes

A visual presentation of the longitudinal trend of each category contained within each respective theme is portrayed by creating a chart for each theme. For each chart, the y-axis represents the number of collapsed codes identified for each category within the particular theme and the x-axis represents Excerpts A, B and C respectively. The charts point out trends that provide an overview of relational aspects based on the increase/decrease in the quantity of collapsed codes; they are to be interpreted in conjunction with what the detailed analysed collapsed codes reveal (Section 4.3.2.1). The charts will be discussed in Chapter Five.

Theme 1: Degrees of responsiveness

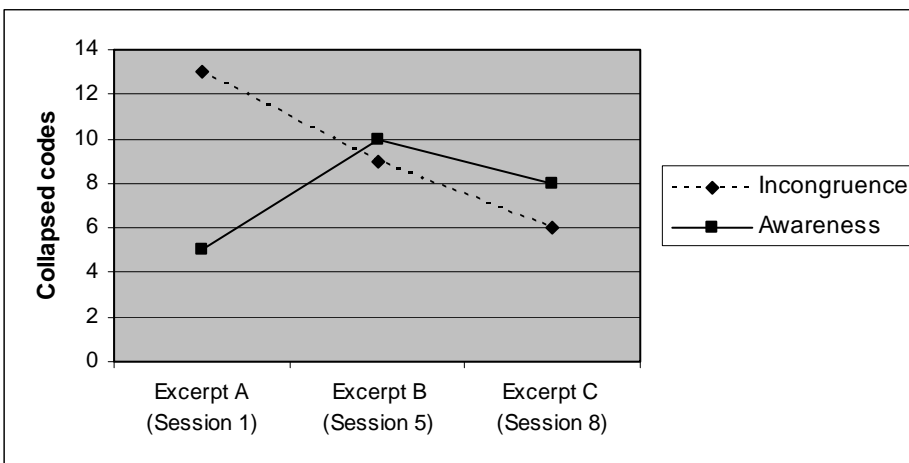


Figure 4.2

Theme 2: Autonomy

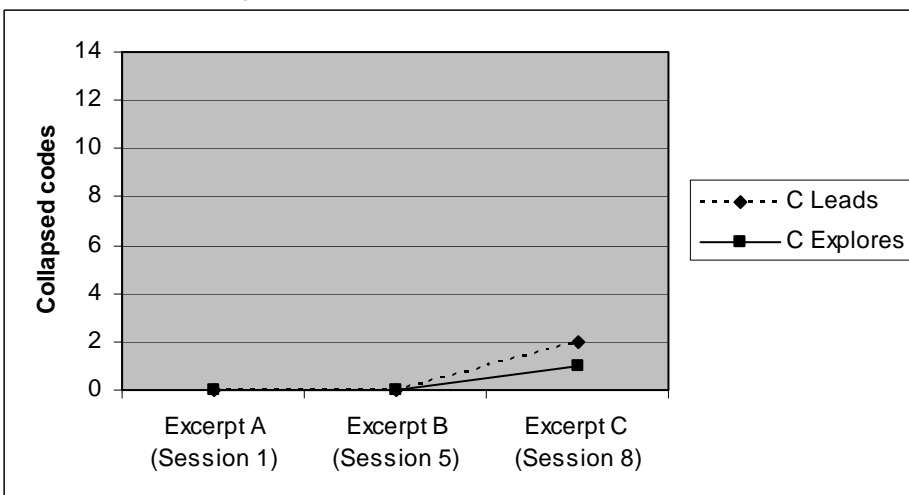


Figure 4.3

Theme 3: Therapist role

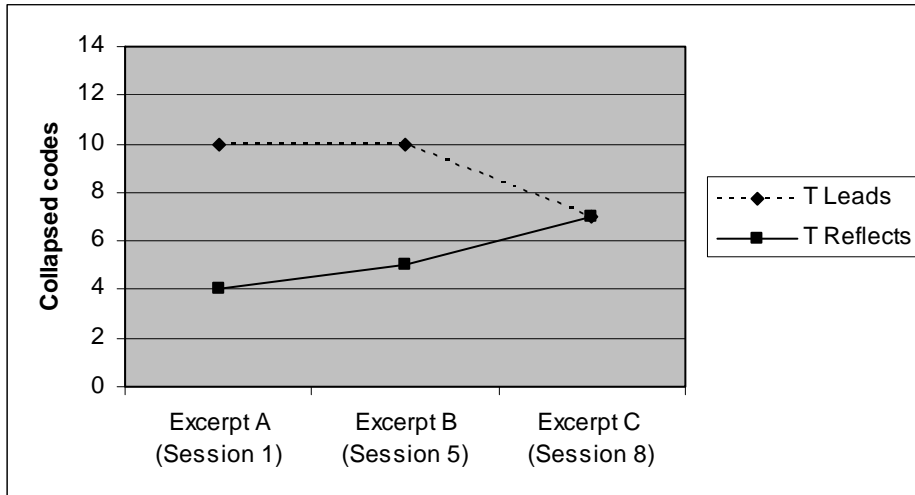


Figure 4.4

4.4 DESCRIPTION OF THEMES

4.4.1 Theme 1: Degrees of responsiveness

The categories 'Incongruence' and 'Awareness' can be seen to represent two poles in terms of how therapist and client respond to each other's actions. These two categories also represent potential characteristics of a developing relationship despite their contrasting qualities. Labelling Theme 1 as 'Degrees of responsiveness' is considered appropriate to reflect the extent of responsiveness between therapist and client throughout the clinical process.

Degrees of responsiveness can be seen to lie on a continuum ranging between incongruence and awareness. This allows for the discussion of analysed clinical material in a number of ways:

- Longitudinal : the extent of incongruence and awareness in each excerpt can be compared over time to identify trends or changes;
- The compositional features of incongruence and awareness (i.e. the collapsed codes composing the respective categories) and the relational aspects between them can be compared amongst excerpts to allow changes or trends to be identified over time.

Table 4.18 below is an example of the process through which Theme 1 emerged – starting with the original transcripts (i.e. thick descriptions of excerpts and transcripts of session notes), progressing through the coding process (original codes clustered to form collapsed codes), generating categories and identifying the emerging theme.

Identification of Theme 1 – Degrees of responsiveness

Focus of clinical enquiry: The exploration of the characteristics of a developing musical relationship between a particular music therapy intern and a geriatric client diagnosed with schizophrenia and the strategies the particular music therapy intern employed to effect the optimal development of the musical relationship.				
Theme	Category	Collapsed codes	Original codes	Transcript examples
Degrees of Responsiveness	Incongruence	Dynamic differences	EA36. T & Co vocally louder than C. EB48. T & Co louder than C.	EA36. C's vocalising hardly audible during whole phrase compared with T and Co's clearly audible singing. EB48. T and Co's playing is louder than C and T's singing also louder than C.
		Irregular beats	EA34. C's mid-phrase heavier, more irregular. EB69. C irregular & lagging. EC12.2. C irregular multiple beats to T's regular pulse.	EA34. C's playing becomes more irregular and heavier in the 3 rd bar. EB69. During 2 nd phrase C's playing becomes slightly irregular or lagging compared with T & Co's consistent and regular tempo and pulse. EC12. The Co and C are humming while C plays multiple beats out of synch with tempo and pulse.
	Awareness	Shared beats	EA7. T, Co & C shared accented beat.	EA7. T, Co and C accent the first beat of the 3 rd bar of phrase.
		Phrase start/end	EA24.2. C aware phrase end, playing fades. EB47. T & C end phrase simultaneously. EC15. T & C simultaneous phrase end.	EA24. During phrase end T plays 3 beats while C's multiple beats fades to a stop. EB47. T & C end the phrase together, vocally and instrumentally. EC15. T and C end the fourth phrase by playing minims.

Table 4.18

4.4.2 Theme 2: Autonomy

Theme 2 emerged through the similarities between the categories 'Client leads' and 'Client explores'. Both categories suggest a similar relational development, namely the client's expression of his/herself in relation to another and therefore portray a potential characteristic of the developing musical relationship between therapist and client.

Similar to the first theme, Theme 2 can also be discussed in a number of ways:

- Longitudinal : the extent of the client's exploration and leadership can be examined to identify changes or developments over time;
- The nature of the client's exploration and leadership within excerpts can be examined to identify trends or changes; and
- The compositional features of the categories (i.e. the collapsed codes which compose the respective categories) can be compared and changes or trends identified over time.

Table 4.19 below is an example of the process through which Theme 2 emerged – starting with the original transcripts (i.e. thick descriptions of excerpts and transcripts of session notes), progressing through the coding process (original codes clustered to form collapsed codes), generating categories and identifying the emerging theme.

Identification of Theme 2 – Autonomy

Focus of clinical enquiry: The exploration of the characteristics of a developing musical relationship between a particular music therapy intern and a geriatric client diagnosed with schizophrenia and the strategies the particular music therapy intern employed to effect the optimal development of the musical relationship.				
Theme	Category	Collapsed codes	Original codes	Transcript examples
Autonomy	C leads	Word singing	EC13.3. C begins singing words while T “la-la”.	EC13. Mid-way through third phrase C begins to sing words of melody louder than T and Co and stops playing until the end of phrase.
		Musical changes	EC28.1. C initiates changes in note length, dynamics. EC31.1. C introduces dynamic contrast & 2 quick paced notes.	EC28. C changes her playing by introducing staccato notes, sudden as well as gradual dynamic changes, re-introducing non-legato notes and T imitates the changes C introduces. EC31. C introduces stronger dynamic contrast between notes, followed by 2 quick consecutive notes.
	C explores	Musical elements	EC28.3. C exploring dynamics, note lengths. EC31.3. C explores dynamics, note lengths.	EC28. C changes her playing by introducing staccato notes, sudden as well as gradual dynamic changes, re-introducing non-legato notes and T imitates the changes C introduces. EC31. C introduces stronger dynamic contrast between notes, followed by 2 quick consecutive notes.

Table 4.19

4.4.3 Theme 3: Therapist role

Theme 3 consists of the categories ‘Therapist leads’ and ‘Therapist reflects’. Both categories portray potential characteristics of a developing musical relationship and contain information that refers to possible strategies the therapist employed in effecting the development of the musical relationship. The fact that these categories address both aspects of the clinical enquiry to some extent differentiates them from the other categories, thus justifies them being presented as one theme.

Theme 3 can also be discussed in a number of ways:

- Longitudinal : the extent of the therapist’s leadership and reflections can be examined to identify changes or developments over time;
- The nature of the therapist’s leadership and reflections within excerpts can be examined to identify trends or changes; and

- The compositional features of the categories (i.e. the collapsed codes which compose the respective categories) can be compared and changes or trends identified over time.

Table 4.20 below is an example of the process through which Theme 3 emerged – starting with the original transcripts (i.e. thick descriptions of excerpts and transcripts of session notes), progressing through the coding process (original codes clustered to form collapsed codes), categorisation and identifying the emerging theme.

Identification of Theme 3 – Therapist role

Focus of clinical enquiry: The exploration of the characteristics of a developing musical relationship between a particular music therapy intern and a geriatric client diagnosed with schizophrenia and the strategies the particular music therapy intern employed to effect the optimal development of the musical relationship.				
Theme	Category	Collapsed codes	Original codes	Transcript examples
T Role	T leads	Word replacement	EA16.4. T replaces words with “la-la”. EB21.2. T replaces words with “pam-pa-ram”. EC11.3. T 3 rd phrase substitutes words to La-la.	EA16. T begins repetition of verse of song in same key of E major and replaces the words with “La-la”. EB21. T begins to sing four phrases of verse section of Alouette, using “pam-pa-ram-pam” vocalisations to replace words and C begins to sing softly in 2 nd phrase. EC11. T begins the third phrase and plays the harmonic intervals of fifths as two legato crotchets per bar, while substituting the words of the melody with “la-la”.
		Verbal intervention	EA11.2. T talks gently to C. EB2.1. T verbally explains drum copying activity. EC36. T invites C to start.	EA11. T gently asks C to repeat what she said. [T: “Ekskuus?”] EB2. T is verbally explaining how a copying activity is about to proceed and the sequence of turns to be taken in copying her rhythmic patterns on the djembe drums. EC36. T suggests to continue playing black keys and asks C whether she would like to begin. [T: “OK, ons speel nogsteeds net die swart nootjies. Wil jy begin?”].
	T reflects	Client participation	SA3.1. T aware C tambourine playing irregular. SB2. T aware of C irregular, fragmented, inflexible rhythms. SC1. T aware C first-time leading.	SA3. Her playing on the tambourine was irregular in rhythm and dynamics and did not indicate awareness of phrases and pauses in the music. SB2. I wanted to see if C was able to play differently to her usual irregular, fragmented & inflexible rhythms. SC1. For the first time in all sessions, C led an activity – at the keyboard.
		Therapist skills	SA9. T aware T emphasises ritardandos phrase ends. SB4.2. T aware C imitated during fermatas. SC5. T aware varying dynamics elicits change in C’s drum playing.	SA9. During the Goodbye song: Therapist emphasised the ‘ritardandos’ near and at the end of each phrase during the song. SB4. T created extended pauses at the end of relative short phrases, C echoed T during those pauses. SC5. I was able to elicit a substantial change in C’s way of playing on the drum, by varying my dynamics considerably

Table 4.20

4.4.4 Interrelated themes

The central focus of this clinical enquiry is the development of a musical relationship between a student therapist and a geriatric client diagnosed with schizophrenia. Relational elements between therapist and client will therefore be explored continuously throughout the analysis and discussion process.

Theme 3 consists of two categories, both of which relate specifically to the therapist's actions during Excerpts A, B and C. Due to the interactive nature of musical relationships (as discussed in the Literature review, Chapter Two) the therapist's actions impact on the client (and the musical relationship) and vice versa. An interrelation between Themes 1 and 2 on the one hand and Theme 3 on the other can therefore be assumed. Themes 1 and 2 will therefore be discussed in relation to Theme 3 and vice versa. Themes 1 and 2 will also be discussed in relation to each other because an increased awareness between therapist and client may for example impact on the client's ability to explore or lead.

In addition to the options proposed for discussion within each separate theme (as outlined in Sections 4.4.1, 4.4.2 and 4.4.3 above), the following provide further possibilities for discussion:

- The nature of the therapist's reflections can be related to the nature of leadership in the subsequent excerpts, since the purpose of reflection would be, *inter alia*, to consider ways to effect the development of the musical relationship; and
- The therapist's leadership and reflections can be examined in relation to the other themes to explain changes or developments observed in the characteristics of the musical relationship relevant to the theme.

4.5 CONCLUSION

This chapter described a systematic layout of the process followed in the preparation and analysis of the clinical material. I concluded the chapter with a description of the identified themes and elaborated on how these themes are to form the basis of the ensuing discussion in Chapter Five.

CHAPTER FIVE

INTERPRETATION AND DISCUSSION

5.1 INTRODUCTION

5.1.1 Focus of clinical enquiry

I would like to begin this chapter with a reminder of the focus of this clinical enquiry:

The exploration of the characteristics of a developing musical relationship between a particular music therapy intern and a geriatric client diagnosed with schizophrenia and the strategies the particular music therapy intern employed to effect the optimal development of the musical relationship.

5.1.2 Chapter layout

In the first section I will present a broad overview of the development of the musical relationship between C and myself by referring to the themes identified through the analysis of clinical material. This will be followed by a discussion of the characteristics of the musical relationship observed in each of Excerpts A, B and C with reference to relevant literature. Finally, I will provide a summary of the strategies I employed in each of Excerpts A, B and C to effect the development of the musical relationship.

5.2 OVERVIEW OF A DEVELOPING MUSICAL RELATIONSHIP

For ease in discussion of the themes, I reiterate my earlier description of what each theme represents (refer Section 4.4, p.46) and present the chart for each theme as already displayed in Section 4.3.3.2, p.45-46.

5.2.1 Theme 1: Degrees of responsiveness

The categories 'Incongruence' and 'Awareness' contained within this theme can be seen as representing two poles in terms of how therapist and client respond to each other's actions. These two categories also represent characteristics of a developing relationship despite their contrasting qualities. Labelling Theme 1 as 'Degrees of responsiveness' is considered appropriate to reflect the extent of responsiveness between therapist and client throughout the clinical process.

Theme 1: Degrees of responsiveness

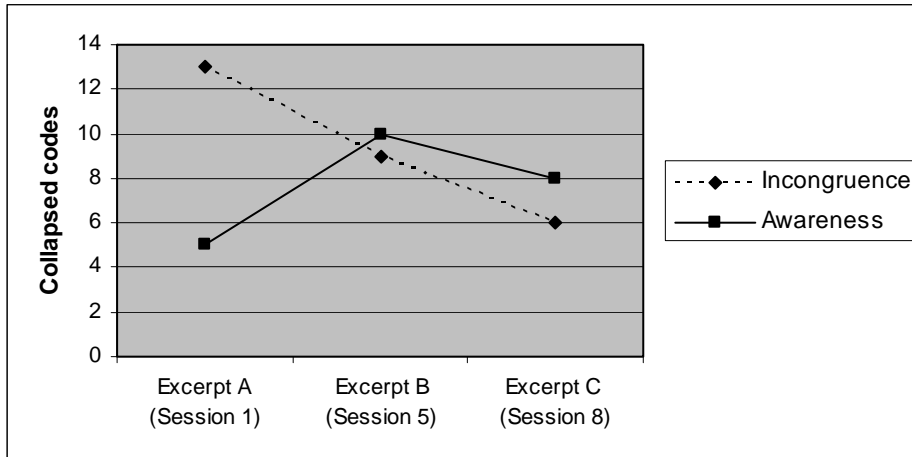


Figure 5.1

Excerpt A reveals a relatively high level of incongruence compared to the level of awareness. A cross-over at the time of Excerpt B portrays a slightly higher level of awareness. The two lines diverge further towards Excerpt C and depict a decline in the level of awareness as well as incongruence. The relatively steep decline in incongruence from Excerpt A to B compared with a slightly steeper increase in the level of awareness between the same excerpts is also noticeable. Excerpts B to C display a decline in both incongruence and awareness although incongruence seems to have decreased slightly more.

Excerpt A presents a high level of non-responsiveness between C and myself. Excerpt B appears to be a turning point in the musical relationship, suggesting an increase in the level of responsiveness between us. Excerpt C suggests a potential reversal by indicating a continued increase in responsiveness through the further decline in the level of incongruence.

Although a decline in awareness is observed between Excerpts B and C, the analysed clinical material reveal a substantial increase in awareness between C and myself in Excerpt C (discussed in Section 5.3.1.3). As I pointed out in Section 4.3.3.2 (p.45), the charts merely point out trends that provide an overview of relational aspects based on the increase or decrease in the quantity of collapsed codes; they are to be interpreted in conjunction with what the detailed analysed collapsed codes reveal as presented in Section 4.3.2.1.

5.2.2 Theme 2: Autonomy

Theme two emerged from the similarities between the categories ‘Client leads’ and ‘Client explores’. Both categories suggest a similar relational development, namely the client’s expression of his/herself in relation to another and therefore portray a potential characteristic of the developing musical relationship between therapist and client.

Theme 2: Autonomy

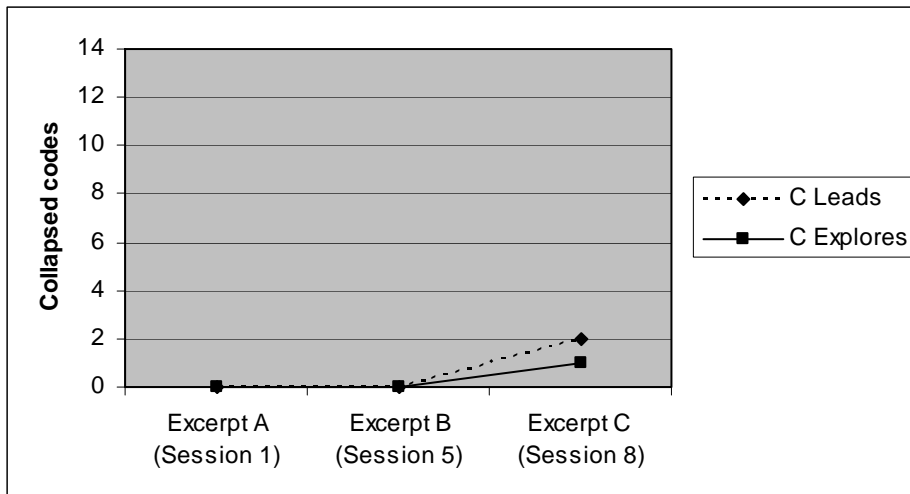


Figure 5.2

C’s assumption of a different role in relation to me first occurs in Excerpt C and is characterised by exploration and taking the lead during an improvisation. The extent of her exploration and leading indicates the beginning of exerting of a sense of agency or autonomy in our musical relationship.

5.2.3 Theme 3: Therapist role

Theme 3 consists of the categories ‘Therapist leads’ and ‘Therapist reflects’. Both categories portray characteristics of a developing musical relationship and contain information that refers to possible strategies the therapist employed in effecting the development of the musical relationship. The fact that these categories address, to some extent, both aspects of the clinical enquiry differentiate them from the other categories, thus justifying them representing one theme.

Theme 3: Therapist role

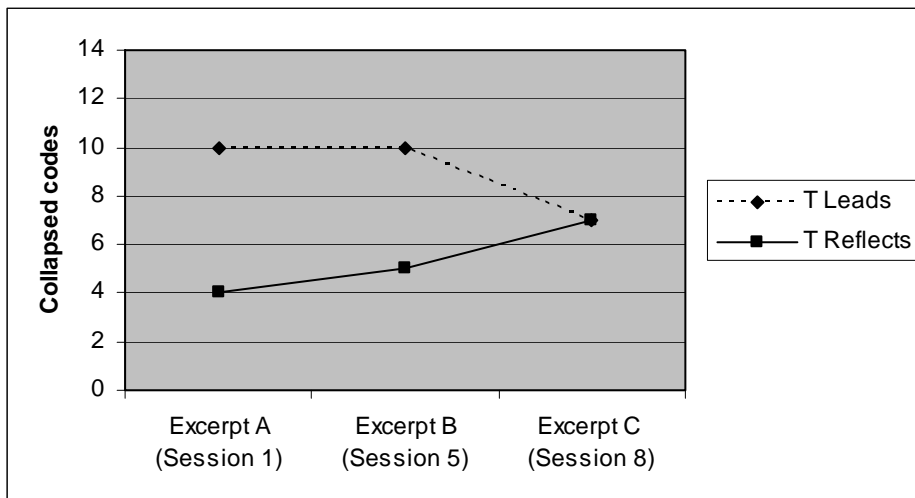


Figure 5.3

In Excerpt A the extent of my leading is high compared to the extent of my reflections. In Excerpt B I am still assuming a prominent leading role, yet seem to reflect more intensively on the clinical process. Excerpt C indicates a marked decline in leading and is accompanied by an even further increased reflexive process.

5.2.4 Interrelated themes

The musical relationship is an interactive process (Ansdell 1995; Pavlicevic 1997) and this suggests a reciprocal influence of both partners on each other’s actions. The client’s actions (or lack of actions) impact on the therapist and vice versa. This does not necessarily imply a causal relationship between the partners’ actions, but rather an interrelatedness between actions that portray the quality and nature of the musical relationship. It is therefore imperative that Themes 1, 2 and 3 be seen in relation to each other and not as three separate functioning components of the musical relationship.

I stated earlier that Theme 3 (Therapist role) portrays characteristics of the developing musical relationship and the strategies I employed to effect its development. For this reason,

and coupled with the interrelatedness of the three themes, the strategies I employed will form part of the discussion of the characteristics of the musical relationship. This will also prevent unnecessary duplication. I will, however, provide a summary of the strategies employed for ease of reference. The characteristics of the musical relationship observed in each excerpt will be discussed in more detail in the following section.

5.3 A DEVELOPING MUSICAL RELATIONSHIP

5.3.1 Characteristics

Considering Themes 1, 2 and 3 jointly in relation to Excerpts A, B and C reveal four distinct characteristics of the musical relationship as it developed over time, namely the degree of responsiveness between C and myself, the nature and extent of my leading, the nature and extent of my reflections and finally, the presence (or absence) of C's autonomy.

The musical relationship in Excerpt A appears to be characterised by a high degree of non-responsiveness between C and myself, together with substantial leading and little reflection by me and an absence of autonomy from C. Excerpt B portrays an increase in responsiveness between C and myself (through the decline in incongruence), together with a continued lack of autonomy from C, considerable leading on my part, but also an increase in the extent of my reflections. Excerpt C indicates a further development in responsiveness between C and myself, the first signs of C's developing autonomy, a marked reduction in the extent of my leadership and a continued increase in the extent of my reflections.

5.3.1.1 Excerpt A

Considering the musical relationship's characteristics observed in Excerpt A, I will now discuss C's and my own musical actions and how they influenced the relationship.

- *The client*

C's playing portrays a certain extent of self-dyssynchrony in various modalities which is often observed in schizophrenic patients (Condon & Ogston 1966). This manifests in the difference between various elements of musical and verbal incongruence on the one hand (Section 4.3.2.1, '*Incongruence*', Excerpt A, p.36) and brief, infrequent moments of musical and non-verbal awareness on the other hand (Section 4.3.2.1, '*Awareness*', Excerpt A, p.38).

The dynamic forms of her playing (Pavlicevic 1997) remain unsustainable, irregular, tentative and soft to hardly audible (Section 4.3.2.1, '*Incongruence*', Excerpt A, p.36) and reflect a lack of flow, limited range of musical expression and tentativeness. Stern's concept of vitality affects (1985) is useful to correlate these qualities with her isolated behaviour and/or lack of confidence (as described in Section 3.2.2.1, p.20) influenced, *inter alia*, by pathology (Jensen 1999; Kaplan & Saddock 1998), age and long-term institutionalisation (Aldridge 1996; Kitwood 1990; Louw et al. 1998).

C's observed self-dyssynchrony may unfavourably impact on her capacity for interactional synchrony (Condon & Ogston 1966) and her ability to attune to the vitality affects of another (Stern 1985), which can be seen in her limited manner of playing. Pavlicevic (1997) asserts that a client's ability to respond to the dynamic forms of the therapist, indicates his/her capacity to form an intersubjective relationship. This implies increased flexible use of musical components (such as rhythm), as revealed by the MIR scales (Pavlicevic 1991) when examining the progressive nature of a client's musical responses towards level nine. C's capacity for forming an intersubjective relationship during which she can respond to another's actions thus appears to be limited, considering her limited manner of playing. Ansdell (1995) refers to the musical isolation the client experiences and how it portrays little awareness of the therapist's responses.

C's confined manner of playing portrays no exploration in the use of the instrument or musical components and she never takes the lead during the excerpt (Section 4.3.2.1, p. 39 & 42). Ansdell (1995) asserts that exploring within a relationship requires a certain extent of confidence and tolerance of uncertainty. The MIR scales (Pavlicevic 1991) reveal that exploration tends to occur in the upper levels, when the client appears to use musical components more flexibly in response to the therapist. In light of C's limited responsiveness and awareness to my musical input and her fragility, tentativeness and confined way of being it is understandable that she may not be able to or feel the need to explore at this stage.

A client leading seems to occur at the stage in the musical relationship (as indicated by the MIR scales) when musical interchange between therapist and client is already present (Pavlicevic 1991), which may further clarify C's lack of leading in this excerpt. Another possibility to consider is that C does not explore or lead due to the substantial nature of my leading throughout the excerpt (refer to the section '*The therapist – leading and reflecting*' below) – I may not provide sufficient space and time within our playing for her to take the

lead. On the other hand, C may not prefer to lead because of her uncertainty or lack of confidence.

Since substantial reference to the importance of the therapist's skills in effecting the development of the musical relationship was already made in the Literature Review (Chapter Two), one cannot consider C's responsiveness (or lack thereof) without considering my actions and their influence on the musical relationship.

- *The therapist – leading and reflecting*

Analysis of clinical material showed that I took the lead throughout the excerpt by providing stability, predictability, simplicity and consistency in a number of ways and by introducing a small number of clinical interventions in a subtle way (Section 4.3.2.1, '*Leadership*', p.40). These strategies can be viewed as beneficial, but potentially also detrimental, to the degree of responsiveness between C and myself and the extent of C's leading. I will briefly discuss my views below.

The nature and extent through which I lead during this excerpt is appropriate when considering the lack of responsiveness observed in C's presence and playing. Frequent interventions in my musical input may add a disorganised and inconsistent element to the music and may further prevent C from responding to my input. Another point to consider is that Excerpt A represents our first musical encounter. C and I are beginning to get to know each other through our music and both of us may experience some level of uncertainty or discomfort and thus continue to play in our own manner. I have already mentioned flexibility in the use of musical components as indicative of the client's capacity to respond to the therapist (Pavlicevic 1991). C does not yet manifest this flexibility in her playing, which may further support the appropriateness of the nature and extent of my leading in this particular excerpt.

Procter (1999) advocates using predictability in musical input a strategy to facilitate connecting with schizophrenic clients, thus promoting the development of responsiveness between therapist and client. His view seems to correlate with Pavlicevic's notion of the intentional offering of contrasting dynamic forms to assess a client's responsiveness in the early stages of a musical relationship, to provide the client with different experiences of herself in relation to another and/or to develop the client's range of musical expression (1991; 1997). This may be similar to a mother's deliberate misattunement of her infant's vitality affects in order to provide her infant with different experiences of relating to her (Stern 1985).

The nature and extent of my leading may also be seen to portray a limited application of skills. I do not seem to match, mirror or reflect the dynamic forms of C's playing and I introduce infrequent clinical interventions. Pavlicevic (1997) refers to the therapist's reflecting (through techniques such as matching, for example) of the dynamic forms of a client's communicative actions as fundamental to effect the development of a musical relationship. She also suggests the intentional offering of various clinical interventions to develop the client's responsiveness (1997).

This apparent lack of skills is not surprising when seen in the context of the experiential learning process through which interns develop skills (Munro in Préfontaine 2006). Various pieces of literature directly (e.g. Procter 1999) or indirectly (e.g. Dahle et al. 2006) refer to the importance of skills in effecting the development of a musical relationship with a client. One can therefore argue that the limited application of skills could have contributed to the non-responsiveness between C and myself. Webster (1988) and Watson (2005) talk about the process of self-awareness and self-discovery and Préfontaine (2006) refers to the anxiety and discomfort experienced by interns in the process of developing their skills. The nature and extent of my leading may have provided some form of stability for my anxiety and discomfort and impinged on my ability to respond to C's musical input, thus contributing to the non-responsiveness between us.

The nature and extent of my reflections are also characteristic of the developing musical relationship and form part of the skills and strategies I apply in clinical work. The cultivation of reflexive skills is a process of becoming aware of the processes involved in the therapeutic relationship and takes time to develop (Préfontaine 2006; Webster 1988). My reflections in this excerpt are mostly centred on the client's appearance and certain aspects of her participation, without much reflection on my skills (Section 4.3.2.1, '*Reflection*', Session 1, p. 42-43). Although it indicates my alertness to C's actions in the session, I only reflect on observations made during the session and not the processes of the musical relationship with C. My embryonic reflections at this point do not seem to have a substantial influence on the responsiveness between C and myself.

- *The musical relationship*

As far as the discussion of the musical relationship is concerned I have elaborated on both my own and C's responses during the excerpt and how they may have contributed to the high level of non-responsiveness between us and C's lack of exploration or leading. To conclude the discussion of Excerpt A, I want to relate these characteristics to the quality of

our musical relationship, as described by the MIR scales (Pavlicevic 1991). The prominence of the MIR scales (Pavlicevic 1991) in rating the quality of a musical relationship has already been referred to.

By referring to level one of the scales (refer to Appendix XIII), it is apparent from the discussion of Excerpt A that:

- the meter in C's playing is not established due to her unsustained and irregular manner of playing;
- I do not match, mirror or reflect aspects or qualities of C's playing;
- C and I do not share a common pulse – the brief, infrequent moments of shared beats, in-tempo playing, awareness of phrasing and vocal mirroring (Section 4.3.2.1, 'Awareness', Excerpt A, p. 38) are too fleeting to count as musical contact; and
- our jointly created music is unsynchronised.

According to the scales the nature of the musical relationship in Excerpt A can therefore be described as 'No musical contact' which seems to correlate with the non-responsiveness observed in my analysed clinical material. This is also in agreement with how Pavlicevic (1997) and Ansdell (1995) refer to the nature of the musical relationship in its early stages as musically isolated in instances where the client's dynamic forms are limited or his/her musical responses do not portray awareness of the therapist's responses – and vice versa.

5.3.1.2 Excerpt B

Excerpt B portrays an increase in responsiveness between C and myself, together with a continued lack of autonomy observed from C, a considerable extent of leading by me and an increase in the extent of my reflections.

Through the comparison of analysed clinical material from excerpt A and B, significant changes occurred in terms of how C and I responded to each other. As described in Section 4.3.2.1 ('*Incongruence*', Excerpt B, p. 37), the overall level of incongruence between C and myself reduced. Multi-modal disparities, however, could still be observed. The level of awareness between C and myself increased parallel to the change noted in incongruence, and could also be noticed in various other modalities (Section 4.3.2.1, 'Awareness', Excerpt B, p.37-38). Of particular significance in Excerpt B, however, is the presence of C's initiative in changing rhythmic patterns, her ability to imitate during a formally structured imitation/turn-taking activity and two instances of spontaneous vocal and instrumental turn-taking during which imitation occurred (Section 4.3.2.1, 'Awareness', Excerpt B, p.37-38).

- *The client*

C's capacity for self-synchrony appears to have improved across various modalities such as the verbal, musical (e.g. instrumental, vocal, rhythm, phrasing, etc.) and non-verbal compared to that of Excerpt A. Even though the dynamic forms of C's playing are still limited, an increased flow (or sustained quality) can be noticed and the ability to initiate subtle changes in her rhythmic patterns (Section 4.3.2.1, 'Awareness', Excerpt B, p.37-38). A slight increase in the flexible use of rhythm can thus be detected.

The ability to imitate a variety of rhythmic patterns during a structured imitation/turn-taking activity indicates C's ability to attune and respond to my musical input, two elements present in intersubjective relating (Pavlicevic 1997; Stern 1985). Stern (1985) discusses an infant's emerging awareness of shared meanings created with his/her mother based on learned interactive rules and procedures, as enabling intersubjective relating between them. Through the repeated imitation of rhythmic patterns in turns, C's level of awareness is possibly raised such that, through the application of the procedures of the previous turn-taking, we are able to create shared meaning and enter into a spontaneous musical dialogue during the subsequent activity.

The spontaneous turn-taking between C and I include the imitation of vocal and instrumental musical components such as melody, rhythm, pulse and phrasing. This suggests C's capacity to attune to the dynamic forms (and by implication the vitality affects) of my musical utterances (Stern 1985; Pavlicevic 1997). It reveals C's capacity for interactional synchrony as referred to by Condon and Ogston (1966). Aldridge (1996) talks about the 'hierarchy of rhythmic entrainment' (1996: 57) present in interactional synchrony between partners – a useful analogy for the effect of the rhythmic entrainment that possibly occurred in the structured imitation of rhythmic patterns.

Aldridge (1996) suggests the presence of a dialogic structure precedes communication between partners. Malloch and Trevarthen (2000) explain how a mother and her infant communicate through, *inter alia*, the imitation of the pitch contours of their vocalisations. Aldridge (1996) also elaborates on how musical components such as sequence, order and phrasing facilitate coherence in communication to enable the partners to intersubjectively relate to each other. All of these elements are present in the spontaneous turn-takings between C and myself: there is a dialogic structure (turn-taking) as well as the presence of imitation and a coherent structure (sequence of turns, order and phrasing). The occurrence of the two incidents of spontaneous turn-taking and imitation in this excerpt therefore displays moments of intersubjective relating between C and myself.

I have already referred to the influence of C's pathology (schizophrenia), age and long-term institutionalisation on her capacity for interaction (refer to my discussion of Excerpt A in Section 5.3.1.1 above). Considering this, the moments of intersubjective relating between C and myself indicate a significant shift in C's capacity for interaction and therefore in our responsiveness towards each other. The shift in her capacity for interaction illustrates what various writers refer to as the innate musicality of an individual to respond to another through the flexible use of musical components (Ansdell 1995; Malloch & Trevarthen 2000; Nordoff and Robbins in Pavlicevic 1997).

As in the case of Excerpt A, the analysis of my clinical material reveal an absence of exploration and leading from C (Section 4.3.2.1, p. 39 & 42). I stated earlier (refer to my discussion of Excerpt A in Section 5.3.1.1 above) that literature suggest that the potential exploration and/or leading by a client is related to his/her increasingly flexible use of musical components as well as increased confidence, tolerance of uncertainty and awareness to the therapist's responses. Stern (1985) also speaks of the emerging awareness between a mother and her infant that enables them to attune to each other during their interactions. In this excerpt, a considerable focus was placed on the development of C's awareness and range of musical vocabulary. The presence of the moments of spontaneous turn-taking between C and myself reveal an increased awareness and responsiveness from C and a slight increase in the flexible use of rhythmic elements. One would therefore begin to wonder why C refrains from exploring or leading.

Findings from the analysed clinical material indicate extensive leading by me in this excerpt, similar to Excerpt A (Section 4.3.2.1, '*Leadership*', p.41). It is possible that the substantial nature of my leading (refer to the discussion below) did not provide C with the opportunities to explore or lead. On the other hand, C may still depend on the extent of my leadership due to the embryonic nature of her capacity to respond to musical input – she is after all, portraying only brief and infrequent moments of intersubjective relating.

- *Therapist – leading and reflecting*

The analysed clinical material indicate some similarities in the nature and extent of my leading compared to Excerpt A. My leading is as substantial as in excerpt A and continue to focus on creating stability, predictability, simplicity and consistency in a number of ways (Section 4.3.2.1, '*Leadership*', p.41). What seems to be different, however, is the way in which I create these features in my leading.

This excerpt starts with a focus on an activity intentionally structured to contain interactive features such as turn-taking (or dialoguing) and imitation (Bunt 1994). During this activity extensive repetition of turn-taking, as well as a short, slow and simple variety of rhythmic patterns to be imitated, are used. Pavlicevic (1991) advocates the offering of various dynamic forms (such as the variety of rhythmic patterns) to create awareness to musical changes and/or to develop the client's range of musical expression. Imitation is effective in establishing some form of contact with a child and is used in music therapy too. Bunt (1994) and Holck (2004) assert that turn-taking may be used in music therapy to promote social (and communication) skills – a view also supported by Wigram (2004).

The use of short rhythmic patterns, extensive repetitions, extended pauses between and subtle changes in patterns resemble the features of turn-taking between the mother-infant dyad and can also be present in turn-taking between adults (Holck 2004), as is the case in this activity. Other strategies used in this activity, to which Wigram (2004) also refer, include the provision of space for C to respond to my musical input, the modelling by the co-therapist and I of taking turns and imitation and the use of cues such as verbal and/or non-verbal directing of turns. Procter (1999) also refers to the presence of features such as repetition of small-scale material and predictable musical direction in facilitating contact between therapist and client.

As mentioned earlier, Excerpt B contained two moments of spontaneous turn-taking and imitation between C and I, which occurred during singing 'Alouette' - the activity immediately following the structured imitation/turn-taking discussed above. The features present in the structured activity are present during 'Alouette' and I will briefly mention them below.

Predictability is present in a variety of ways. 'Alouette' is a familiar activity to both C and me (we have sung this in a previous session) and the song has a regular pulse. The chorus section, during which the spontaneous turn-takings occurred, consists of short, identical rhythmic patterns separated with rests. The identical rhythmic patterns facilitate imitation and the presence of certain cues may have elicited a responses from C. For instance, I markedly reduced the chorus tempo which, together with the rests after each rhythmic pattern, created space for C to respond in.

The spontaneity in which the two incidents of turn-taking occurred during 'Alouette' may be the result of the awareness created through entrainment. The extensive repetition of imitation and the taking of turns in a structured and predictable manner possibly created awareness of another's responses and facilitated the spontaneous turn-taking. This

resonates with Procter's (1999) assertion that increased predictability in the therapist's musical input results in increased connectedness with the client.

The manner in which I led during this excerpt portrays a development in my musical and therapeutic skills. It shows an increased awareness of how to apply the skills learned in theory lectures to clinical work, which is part of the experiential learning process as suggested by Préfontaine (2006). The changes noted in my skills also reflect an increased awareness and attunement to C's way of being and her needs. The strategies I employed during this excerpt illustrate my increased awareness. For example, I am attuned to her confined and tentative manner of playing and lack of confidence and this is portrayed in the simplicity of the rhythmic patterns I introduce for her to imitate. I provide time and space for her to respond to my actions, I cue her in the structured turn-taking activity and also use familiar activities to work with. My increased awareness is also apparent in the nature of my reflections. My reflections are more comprehensive compared to those of Excerpt A and begin to include reflecting on the processes involved in the therapeutic relationship (Webster 1988) such as the interaction between C and myself. Refer to Section 4.3.2.1 ('Reflection', Excerpt B, p.42-43) for more details on the nature of my reflections.

- *The musical relationship*

As with Excerpt A, I want to conclude my discussion of Excerpt B by rating it according to the MIR(S) scales, in order to compare the quality of the musical relationship with what has been revealed through the analysed clinical material. This will also provide an indication of the development of the musical relationship over time.

By referring to level five of the scales (refer to Appendix XIII), the following characteristics of the musical relationship in Excerpt B are apparent:

- the therapist is able to match, mirror or reflect aspects of the client's performance (I am more attuned to C's musical actions as indicated by the increased awareness between us);
- the client's responses begin to portray musical awareness (C imitates rhythmic patterns and engages in a spontaneous vocal and instrumental turn-taking);
- the client's musical responses are still musically limited or unsustained (C's manner of playing is still soft and tentative with little variety in, for example, rhythmic components);
- the client's responses are musically directed towards the therapist (C imitated my actions intentionally);

- the musical contact is fleeting (there were two moments of spontaneous turn-taking between C and I);
- the shared musical content is still halting and uneven (incongruence in our playing is still present); and
- few interventions from the therapist (I introduce certain elements into the activities such as repetition and imitation of a variety of rhythmic patterns but do not create many contrasts within my playing).

According to level five of the scales, the quality of our musical relationship in Excerpt B can be described as 'Tenuous musically directed responsive contact' and implies the emergence of increased responsiveness between therapist and client. It corresponds with the findings of my analysed clinical material and Ansdell's (1995) description of the stage where the client becomes aware of his/her ability to influence the music and respond to the therapist and where both partners also enter into a musical dialogue.

5.3.1.3 Excerpt C

Excerpt C indicates a further development in responsiveness between C and myself, the first signs of C's developing autonomy, a marked reduction in the extent of my leadership and a continued increase in the extent of my reflections.

Analysed data further reveal a reduced level of incongruence in various modalities between C and I compared to excerpts A and B (Section 4.3.2.1, '*Incongruence*', Excerpt C, p.37). This suggests that C and I are more attuned to each other and also portray an increased flow in our musical relationship. The extent of awareness noted in Excerpt C confirms this notion (Section 4.3.2.1, '*Awareness*', Excerpt C, p.38-39). The quality of a spontaneous turn-taking between C and I, the ensuing conversation and the first signs of C's exploring and leading (Section 4.3.2.1, p.39 & 42) during the turn-taking, portray a significant development in our musical relationship and will be discussed below.

The clinical material from Excerpt C reveal that the 'turn-taking initially portrays a tender, intimate and focused quality that later progresses into a playful and teasing quality. The turn-taking occurred at a slow pace, set by both partners and the partners waited for each other to finish before taking their turns; verbal or non-verbal direction did not occur as in the case of excerpt B' (Section 4.3.2.1, '*Awareness*', Excerpt C, p.39).

- *Intersubjective relating*

The turn-taking described above portrays a moment of intersubjective relating between C and I. I have already discussed some of the features of an intersubjective relationship, namely the capacity for self-synchrony, interactional synchrony and the ability to attune to the vitality affects of another earlier. These features are clearly present in the turn-taking – C and I had to mutually attune and respond to the dynamic forms of each other's playing in order to portray the tender, intimate or playful quality as described above. However, a number of things in this moment of intersubjective relating make it exceptional compared to the two moments that occurred during Excerpt B. These include changes in the nature of the turn-taking, the level of awareness between C and I, the presence of C's exploring and leading and the realisation of both C and myself of the significance of this moment.

- *Quality of the turn-taking*

The turn-taking reveals continuity and a flowing quality through its paced and slow tempo as set by both partners. Holck (2004) postulates that the fluency of turn-taking between partners reveals something of their social capacity and that the continuous presence of cues is necessary for its fluency. This differs from the features of turn-taking between a mother and her infant which are characterised by rhythmic and temporal regularity, e.g. the use of short rhythmic patterns, extensive repetitions, extended pauses between and subtle changes in patterns (Holck 2004). The turn-taking between C and myself in Excerpt B resembles that of the mother-infant dyad whereas the turn-taking in this Excerpt clearly reveals an interaction between adults. A more mature quality in our interaction is therefore present.

- *Level of Awareness*

A profound level of awareness of and responsiveness to each other is present that is not as prominent in Excerpt B as in this one. C and I mutually create the tender, intimate, playful quality of our improvisation and the nature of our ensuing conversation also reflects our shared understanding of the significance of the moment (Section 4.3.2.1, 'Awareness', Excerpt C, p.38-39). C also portrays awareness of me imitating her and she continues to lead during the turn-taking. Trevarthen (in Pavlicevic 1997) refers to the 'knowing and interacting with another's internal state' (1997: 109) and Stern (1985) speaks of the mutual creation of shared meanings in the mother-infant dyad's interactions.



▪ *Client exploration and leading*

As stated earlier, it is during the turn-taking that C explores and leads for the first time. since the start of our clinical work. In my discussion of Excerpts A and B, I speculate on possible reasons for the lack of exploration and leading by C. I refer to the presence of awareness or attunement to another and the flexibility in the use of musical components as indicative of the capacity to explore and/or lead. I also consider the effect of my substantial leading in these excerpts as a potential deterrent for C to explore and/or lead. It appears that C's exploring and leading in Excerpt C may be the result of the collaborative influence of all three reasons stated, as briefly discussed below.

The context within which Excerpt C takes place (refer to Section 4.2.1.1, p.28-29), indicates that I introduced an imitation activity prior to this excerpt during which C imitated a variety of dynamic forms I introduced. I was clearly in the lead during this part of the activity. After singing a familiar song I suggested to continue the improvisation of which Excerpt C forms part. C continues the improvisation by playing the first note, which I then imitate. The turn-taking follows from there. I appeared to have made a decision to imitate C after C decided to initiate the first note. I therefore seemed to have decided not to lead, whilst C did decide to lead. Oldfield (1995) asserts that the processes of initiating and following are natural features of interactive behaviour and can at times be intertwined. My decision to follow instead seems to have provided C with the opportunity to lead.

For C to have continued to lead during the turn-taking she had to have had an awareness that I was imitating her musical input. I have already referred to the shared meaning partners create when engaged in intersubjective interaction and the awareness that is required to enable this mutual responding to and understanding of each other. Both C and I simultaneously display awareness of each other in order to mutually respond to each other's musical input.

Analysis of the clinical material reveals that C explores and leads through the introduction of a variety of dynamic contrasts and different rhythmic patterns (Section 4.3.2.1, p.39 & 42). The context within which this excerpt takes place indicates that C uses the musical material I introduced earlier in the activity in her own playing during the turn-taking. She portrays awareness of what I introduced and of her own reflection of elements of my previous musical input. Her reflection of elements of my clinical



material indicate a slight increase in flexibility in the use of musical components, in this instance dynamics and rhythm, which she employs to explore and to lead.

The apparent collaborative influence of awareness or attunement to another, C's flexibility in the use of musical components and the result of my decision not to lead extensively during this excerpt may have facilitated C's exploring and leading.

Exploring and leading reflect an infant's underlying need for autonomy (Winnicott 1971). Bunt (1994) advocates that exploration, imitation and the playful repetition of sounds provide a child with joy in realising he/she is able to influence the sounds and subsequently elicit a response from the adult. In both instances these actions may occur in an environment of play (Bunt 1994; Winnicott 1971). Through play the infant develops a sense of agency, or autonomy (Winnicott 1971). Towards the end of Excerpt C, the quality of our turn-taking portrays a playful and teasing character (Section 4.3.2.1, 'Awareness', Excerpt C, p.39). The nature of our ensuing conversation confirms C's playful intent. C's playful exploration can in some ways be compared to that of a child as described earlier in this paragraph. She playfully explores by imitating and repeating musical material I introduced previously and is aware of eliciting a response from me. C appears to be developing her sense of autonomy.

▪ *Moving towards intersubjectivity*

The turn-taking between C and I in this excerpt is significant because of its portrayal of the progress towards a more sustained level of intersubjectivity in our musical relationship – which is one of the fundamental aims of music therapy (Pavlicevic 1997). For a person to be able to interact intersubjectively with another requires a developed sense of agency or autonomy in relation to another (Winnicott 1971). Considering C's isolated existence and behaviour and lack of confidence as described in the Clinical Client Report (Section 3.2.2.1, p.20) and the isolated quality of our musical relationship as portrayed in the discussion of Excerpt A (Section 5.3.1.1), Excerpt C displays a profound shift.

Its profundity is clearly visible through the conversation that followed the turn-taking (Section 4.3.2.1, 'Awareness', Excerpt C, p.39). My recognition of the significance of the quality of the turn-taking and C's developing autonomy can be described as an insightful moment (Amir 1993) in the therapeutic process with C. My feelings of joy reveal my intuitive understanding of the meaning of this turn-taking. The mutual attunement to each other and shared creation of our music may also portray what



Ansdell (1995) describes as musical meeting, thus reflecting a high level of intimacy in the musical relationship.

- *Therapist – leading and reflecting*

The examination of the analysed clinical material shows that certain changes in the nature and extent of my leading during Excerpt C may have contributed to the profound shift in the musical relationship with C (Section 4.3.2.1, 'Leadership', Excerpt C, p.41).

A noticeable decline in the extent of my leading can be observed. I lead at the start of the keyboard activity in this particular session (Session 8) by introducing a variety of dynamic changes and rhythmic patterns on the keyboard for C to imitate (Section 4.2.1.1, p.28-29). Although this part of the activity does not form part of Excerpt C, it is relevant to the discussion below. During the actual excerpt, however, I lead the keyboard accompaniment only during the singing of an Afrikaans song just prior to the start of the improvisation activity during which the turn-taking occurred.

A pattern can be detected in the manner through which I led during the keyboard activity (which includes Excerpt C). I start the activity by singing a familiar Afrikaans song at the keyboard followed by a structured imitation (also on the keyboard) activity. This is followed by singing another familiar Afrikaans song and then the suggestion of another keyboard improvisation without any instructions. A combination between structured, predictable and familiar activities and unfamiliar improvisation-oriented activities can thus be seen.

Many of the strategies employed in Excerpt B are present at the start of the keyboard activity and include turn-taking, imitation, repetition, my offering of a variety of short, slow and simple rhythmic patterns for C to imitate and the provision of space for C to respond. Employing these strategies may also be seen as modelling, a technique applied to encourage clients, for instance, to imitate (Wigram 2004). From what I have described above and the indications from the analysed clinical material, I appear to have adopted a more flexible approach in leading contained within a musical structure.

The manner in which I led portray an increased awareness of C's needs. C presents as a fragile and uncertain lady, lacking confidence and living a confined existence. I exhibit sensitivity towards her - I put her at ease verbally, I provide a predictable and familiar musical structure to work in and gently offer her a different experience of herself in relation to me, while still matching the dynamic forms of her playing (Pavlicevic 1997).

The increased awareness with regard to the client, the extent of my leading and my responsiveness to her musical input are reflected in the increased extent of my reflections (Section 4.3.2.1, '*Reflection*', Excerpt C, p.43-44). I am now reflecting on deeper levels - I reflect more extensively on my skills and the meaning or implication of my observations in relation to the therapeutic process and interaction between C and myself. I am also now beginning to reflect on my feelings. Excerpt C reveals an overall increase in my awareness, accompanied by an increased level of skills and an integration of various experiences in order to derive meaning from it – part of the experiential learning process as explained by Munro (in Préfontaine 2006).

- *The musical relationship*

As with Excerpts A and B, I conclude my discussion of excerpt C by rating it according to the MIR(S) scales, in order to compare the quality of the musical relationship to aspects revealed through analysis of the clinical material. This will also provide a further indication of the development of the musical relationship over time.

According to level seven of the MIR(S) scales (Appendix XIII), the musical relationship between C and I can be described as 'Establishing Musical Contact' and is characterised by the following:

- a smooth and spontaneous quality in the client's responses;
- the flowing shared musical impulse between therapist and client;
- each partner supporting the other – the beginning of cooperative playing; and
- the client's playing being musically more informed.

This description correlates with what Ansdell (1995) explains as the stage in the development of the musical relationship where both partners engage in a musical dialogue, which may be followed by a joint intention in the future flow of the music – musical meeting. The levels of musical contact and musical meeting imply a higher level of responsiveness between therapist and client compared to previous stages and correspond to the further increased responsiveness between C and I as revealed through the analysis of the clinical material.

5.3.2 Strategies in effecting the development of the musical relationship

This section provides a summary of recommended strategies for effecting optimal development of a musical relationship between a geriatric client diagnosed with schizophrenia and a particular music therapy intern. These strategies have already been discussed as part of the characteristics of the developing musical relationship and listed as part of the analysed clinical material (Section 4.3.2.1, '*Leadership*', p.39-41 and '*Reflection*', p.42-44). They are merely summarised here for easy reference by future readers. Although a summary of strategies will be provided for each excerpt separately, readers may decide for themselves which strategies to implement given the context of their own clinical work. The strategies serve as guidelines and not as set procedures.

5.3.2.1 Early stages of the musical relationship

The therapist may decide to lead extensively during this stage and incorporate the following main strategies:

1. Introducing a stable, predictable, simple and consistent therapeutic space. This may take the form of:
 - a familiar, predictable song structure with a regular and basic rhythmic pulse, consistent tempo, simple harmonic sequences and melodic lines;
 - the co-therapist's underpinning of the therapist's musical actions, e.g. mirroring of pulse, tempo and accented beats;
 - repetition of verse and chorus sections of the song;
 - replacing the lyrics of the song with simplified vocalising such as 'la-la';
 - using an instrument that provides a strong harmonic and rhythmic basis and the flexibility to match the client's qualities of playing;
 - verbal reassurance and encouragement if required by the client;
 - incorporating a small variety of subtle clinical interventions, such as tempo changes, fermatas and ritardandos.
2. Matching the dynamic forms of the client's musical input at times to provide the client with the opportunity to initiate changes to his/ her playing or to become aware of the therapist's matching responses.
3. Reflecting on a variety of aspects such as:
 - the client's appearance and behaviour during sessions, the nature of his/her participation;
 - the nature and extent of the therapist's musical input or clinical interventions;
 - how the actions of client and therapist relate to or influence the quality of interaction between them and its impact on strategies for future sessions; and

- feelings experienced in sessions and their significance during the process of developing a relationship with the client.

5.3.2.2 Middle stages of the musical relationship

The therapist may decide to continue to lead extensively during this stage and incorporate the following main strategies:

1. Introducing a stable, predictable, simple and consistent therapeutic space that simultaneously develops awareness between therapist and client. This can be done in the following ways:
 - introduction of structured turn-taking activities which incorporate the imitation of a small variety of short and basic rhythmic patterns. A combination of verbal and/or non-verbal directing of turns is useful. Each rhythmic pattern is repeated several times before changing to the next. Rhythmic patterns can be played in a slow tempo to provide all members sufficient time and space to respond;
 - choosing a familiar song that encourages the use of vocal and/or instrumental turn-taking and the use of the strategies listed above. Tempo reductions can be introduced during the sections of the song that lend itself to turn-taking and fermatas at the end of each phrase can be offered to further create the time and space for the client to respond. If necessary, excluding the co-therapist during this activity may facilitate increased focus between therapist and client; and
 - simplification through the mirroring of vocal and instrumental rhythmic components of the melodic line of the song.
2. Continued reflection on the same aspects as listed in the early stages of the musical relationship.

5.3.2.3 Latter stages of the musical relationship

The following strategies are recommended during this stage:

1. The therapist may decide to reduce the extent of his/her leading as a strategy to elicit responses from the client. This entails, *inter alia*, suggesting improvised activities and the imitation of the client's musical input in order to elicit turn-taking, exploration and/or leading by the client.
2. Introducing improvisations within a familiar structure, thereby adopting a slightly more flexible approach in clinical work. This structure may incorporate activities performed in previous sessions and the therapist may proceed from the familiar to the unfamiliar and back to the familiar.

3. When leading, the therapist may still incorporate techniques used in previous activities, such as repetition, imitation, modelling, tempo reductions, fermatas, ritardandos and turn-taking in order to develop the client's range of musical expression.
4. In addition to the extent of reflections already listed in the early and middle stages of the therapeutic process, the therapist may begin to reflect on feelings he/she becomes aware of during sessions as well as after sessions. The idea is to relate feelings to the interactive processes as portrayed through the music.

5.4 CONCLUSION

I want to conclude this chapter with a brief outline of the characteristics of a developing musical relationship between C (a geriatric client diagnosed with schizophrenia) and myself as music therapy intern.

Excerpt A is characterised by a high level of non-responsiveness between C and myself. Brief moments of awareness between us occur infrequently and the musical relationship appears musically isolated - a lack of musical contact is observed. C does not explore or take the lead and the extent of my leading is substantial. I mainly provide a stable, predictable, simple and consistent musical structure. Reflections are focused on observations made during the session and mostly concern C's behaviour and appearance.

Excerpt B is characterised by an increased level of responsiveness and awareness to each other that may be in the form of musical turn-taking during which C imitate my musical input. The increased responsiveness between us portray the beginnings of musical contact in the musical relationship. C continues to abstain from exploring or leading. My role reflects continued extensive leadership with a focus on developing interactive abilities such as dialoguing and imitation, while still providing a stable, predictable, simple and consistent musical structure within which to work. The extent of my reflections are more comprehensive and are now concerned with the quality of interaction between us, my skills and future session aims.

Excerpt C revealed an even further increased awareness and responsiveness between C and I in the mutual responding to each other's musical input during an improvised turn-taking. Musical contact between us is being established in the relationship and portrays moments of intersubjective musical relating. C displays the first signs of developing autonomy by exploring various ways in playing the keyboard and by taking the lead during the turn-taking. I assume a less prominent and increased flexible leading role through the



introduction of improvisational activities contained within a familiar musical structure. The extent of my reflections reveals an increased awareness of the processes involved in the musical relationship and of C's needs.

In essence, the quality of the musical relationship between C and myself developed from musical isolation to sustained moments of intersubjective relating.

In my study of literature regarding musical relationships I referred to the limited literature available on clinical work conducted by music therapy interns. The findings that emerged from this clinical enquiry reveal certain patterns of development in the musical relationship that merits enquiry into the nature of the development of musical relationships between music therapy interns and similar or different client population groups. In the next chapter I will propose a research methodology for such a study.



PART THREE

CHAPTER SIX

PROPOSED RESEARCH PROJECT

6.1 INTRODUCTION

The limited literature available on clinical work conducted by music therapy interns and the findings that emerged from the analysis of my clinical work indicate the need for further research in the field of musical relationships. Since the subject of evolving musical relationships covers vast aspects, I would remain with the initial focus of clinical enquiry to formulate research questions for a proposed study.

6.2 RESEARCH QUESTIONS

For reasons elaborated on in Section 6.4 below, a proposed research study would aim to answer the following research questions:

1. What are the characteristics of a developing musical relationship between a particular music therapy intern and a five year old child diagnosed with autistic spectrum disorder?
 - 1.1. What strategies did a particular music therapy intern employ to effect the development of an optimal musical relationship with a five year old child diagnosed with autistic spectrum disorder?

6.3 RESEARCH PARADIGM

For music therapy research to be of value, it should be relevant to clinical practice, thereby addressing the needs of clinicians (Wheeler 1995). According to Wheeler, music therapy practice involves the use of 'music and musical relationships within an interpersonal context' and early music therapy research revealed a lack of relevance to clinical practice (1995: 4). My intention would therefore be to embark on a research study that demonstrates its relevance to clinical practice.

The proposed research questions as listed above would lend themselves to the non-positivistic paradigm. This approach claims that 'truth and reality exist in the form of multiple, intangible mental constructions which are influenced by individuals and social experiences' (Bruscia 1995a: 66). Non-positivistic research is value-bound, in other words the personal values and contexts of researcher and participant will have a bearing on the research

findings (Aigen 1995; Bruscia 1995a). The 'knower' (researcher) and 'known' (knowledge to be gained from the study) are in constant interaction and the study is context-bound, thus making cause-effect relationships difficult to establish (Aigen 1995; Bruscia 1995a).

The research methodology would therefore be qualitative. The phenomenon (in this case the clinically improvised music between student therapist and client) is studied holistically and the purpose of the enquiry is broad and explorative (Bruscia 1995a). Even though I would be conducting a 'post factum' study by using data from my own previous clinical work (Bruscia 1995b), I would continue to fulfil the role of researcher-as-participant which is seen to enrich the quality of the research findings (Aigen 1995).

A combination of the naturalistic enquiry, phenomenology and hermeneutics research approaches is useful in providing further methodological guidelines relevant to the research topic. The improvised music would be generated in a naturally occurring setting (naturalistic approach); the musical experience as phenomenon would be studied to identify its essential components (phenomenology); and the phenomenon would be analysed against theories to develop plausible interpretations (hermeneutics) (Aigen 1995). The study would be process-centred rather than outcome-centred and would portray an explorative, descriptive, interpretive, reflexive and idiographic stance, typical of qualitative studies (Ansdell & Pavlicevic 2001).

6.4 RESEARCH DESIGN

For the purpose of a study concerning the development of a musical relationship I would choose the single case study as a suitable research design for the reasons set out below.

Case studies, or single case designs according to Aldridge (in Ansdell & Pavlicevic 2001) involve an 'exploration of complex sets of inter-relationships' (Edwards & Talbot 1999: 50) and are considered to be 'one of the key methods in qualitative research' (Aldridge in Ansdell & Pavlicevic 2001: 142). The focus is on the specific case or a 'unit of analysis' such as an individual (Edwards & Talbot 1999: 51) within his/her specific context (Robson 1993). It is designed to demonstrate the existence of phenomena rather than their incidence (Ansdell & Pavlicevic 2001). A case study follows an idiographic approach, thus developing a '...deep but narrow' understanding of individual situations and phenomena...' (Ansdell & Pavlicevic 2001: 139).

Single case study designs can also be applied to more than one case at a time (Ansdell & Pavlicevic 2001). Robson (1993) maintains that the use of multiple case studies in qualitative research methodology may be to replicate the initial study by similar studies, to build on the findings of the initial study within the field covered by the initial study, or to 'seek to complement the first study by focusing on an area not originally covered' (1993:161).

Keeping the above-mentioned information in mind a proposed research project may involve a number of options:

- A multiple case study design involving two individual clients
 - from the same institution (e.g. psychiatric institution); or
 - from different institutions thereby addressing a variety of client populations and contexts, or
 - from the early and later stages of my internship, thereby introducing a longitudinal component into the project, or
 - selected from a combination between any of the above listed options.

- Another option may be to include the findings from interviews conducted with fellow interns as part of the proposed project. Even though the descriptions of data may not be as rich compared to one's own clinical work it will add useful information that, combined with that of single or multiple cases, may provide a comprehensive and rich source of information (Ansdell & Pavlicevic 2001).

Multiple case studies may contribute to the trustworthiness of data, in the sense that this is a form of triangulation whereby data is obtained from a variety of sources (Guba & Lincoln 1985). The research findings may also provide the necessary database for transferability to other contexts by the users of the findings (Guba & Lincoln 1985).

Considering the options listed above, I prefer to use a single case research design that explores the emergence of a musical relationship with an individual client from a different institution and age group than during the early stages of my internship. In this case the client would be a five year old child diagnosed with Autistic Spectrum Disorder. The findings that emerged from the present clinical enquiry may be useful in comparing similarities and/or differences with that of the proposed research study.

The findings of qualitative research studies are applicable to the time and context in which the study was conducted (Guba & Lincoln 1985). Transferability to other contexts depends

on how the users of the information attribute the relevance of findings to their own contexts (Guba & Lincoln 1985). The development of a musical relationship is unique to the individuals and the context in which the music therapy takes place. Exploring musical relationships from different contexts, however, may provide a richness and depth of data that may be sufficiently comprehensive in informing users of the transferability to their own contexts. Selecting a client from the early stages of internship rather than the later stages may be of higher relevance to the users of the information, considering that music therapy interns in general may be concerned with the nature and extent of their skills in the early stages of internship.

6.5 ETHICAL CONSIDERATIONS

If I were to proceed with a research study as proposed above, a number of ethical considerations would have to be taken into account:

1. Informed consent to record and use the data for research purposes would be obtained at the time of doing the clinical work. Consent would also be obtained from the relevant institution at which clinical work with the client is conducted to carry out the proposed research (refer to Appendix I for an example of such forms) and a research protocol would be submitted to the Medical Ethics Board.
2. Ownership of clinical and research data would rest with the University of Pretoria and would be returned to the institution upon completion of the study. Records would be stored and safeguarded for fifteen years and then destroyed. Client anonymity and confidentiality would be ensured by using the initial 'C' to refer to the client. Client information irrelevant to the research study would not be used. Permission to use research data for professional purposes (e.g. publications and meetings) would be obtained for such purposes only.

6.6 RESEARCH METHOD

Due to the importance of the researcher's personal values in determining the usefulness and credibility of the research findings, research methods in qualitative studies are not predetermined (Aigen 1995). Observation is central to the enquiry into how relationships are formed and is one of the main techniques used in qualitative research (Ansdell & Pavlicevic 2001). The Observing-Describing-Interpreting (O-D-I) cycle (a variant of observational

methods), as developed by Ansdell and Pavlicevic (2001), would provide the framework through which I could make a systematic in-depth study of the data. The steps involved in this model that correspond to the conventional methodological stages that would need to be followed are set out below and indicated in brackets after the conventional term.

6.6.1 Data collection & selection (Data observation and identification)

The research data would be obtained from my own clinical work and would therefore be naturally occurring (Ansdell & Pavlicevic 2001) and 'post factum' data (Bruscia 1995b). I would use two sources of data, namely audio/video recordings of actual sessions (Data source A) and written session notes (Data source B). Using more than one data source contributes to the trustworthiness of data through the technique of triangulation. Triangulation refers to the use of more than one data source, method, researcher or theory in ascertaining the trustworthiness of data (Aigen 1995; Guba and Lincoln 1985). The use of written or recorded materials is a common technique used in obtaining data in case study designs (Robson 1993).

6.6.1.1 Data source A

A technique often used in case studies, namely 'purposive sampling' (the selection of samples using judgment in order to satisfy the specific needs of the research project or questions), would be employed to select the excerpts and corresponding session notes that would constitute the data (Robson 1993). In order to select audio and video excerpts, session notes from all sessions would be perused to identify sessions that contain significant moments I believe to be indicative of a developing musical relationship. After listening to or watching recordings of the selected sessions, three moments most representative of relational developments would be singled out and numbered data excerpts A, B and C. This form of listening requires listening to improvisations without preconceived notions within a chosen focal area (such as relational aspects) and is termed 'focused open listening' (Bruscia 2001: 12). Lee (2000) refers to this type of listening, which involves repeated listening to improvisations to identify significant moments, as 'holistic listening'.

Two research supervisors, a lecturer and fellow student therapists would verify the relevance of the three selected excerpts to further contribute to the credibility of data – a technique called 'peer debriefing' (Aigen 1995; Guba and Lincoln 1985).

6.6.1.2 Data source B

Data source B would consist of the corresponding written session notes of excerpt A, B and C and would be numbered session notes A, B and C. Session notes would be written by

myself at the time of actual sessions and would contain my own personal reflections of sessions and comments raised by the co-therapist and/or supervisor, if applicable. The selected session notes would be used to provide data relevant to the formation of a musical relationship between client and student therapist and strategies employed by the student therapist to effect the development of such a relationship.

6.6.2 Data preparation (Describing and representing)

6.6.2.1 Data source A

- *Step 1: Segmentation*

Excerpts A, B and C would be segmented into 'meaningful structural units' (Bruscia 2001: 13). These units would be determined based on significant points of change in the musical and non-musical activity of the improvisation. The segments would not necessarily reflect changes in relational aspects; they would rather provide a way of working with one type of activity at a time, thereby facilitating in-depth analysis by dividing it into more 'manageable components' (Lee 2000: 156).

- *Step 2: Description and transcription*

During this step 'thick descriptions' (Robson 1993: 405) of excerpts A, B and C would be written. A thick description 'specifies everything that a reader may need to know to understand the findings...the findings are not part of the thick description, though it must be interpreted in their light' (Robson 1993: 405). This requires repeated listening to the recordings to enable examination in greater detail (Bruscia 2001; Lee 2000). It would be a purely descriptive process. No inferences or generalisations would be made (Bruscia 2001).

Each written phrase in the descriptions would be numbered in preparation for future coding. Lee refers to a 'catalogue of musical events' or 'inventory of musical constructs' (2000: 157).

It needs to be pointed out that the description of musical material will not portray an exact representation of the holistic nature of the original musical experience (Procter 1997).

Description risks transforming meaning (Ansdell & Pavlicevic 2001), since only the salient features of excerpts pertaining to the research study would be described.

6.6.2.2 Data source B

Session notes A, B and C would be represented in written format. Salient features relating to the research questions, namely relational aspects between client and student therapist and

strategies employed by the student therapist to effect relational aspects, would be selected for representation. Each sentence would be numbered in preparation for future coding.

6.6.3 Data analysis (Interpreting)

- Step 1: Coding

Data sources A and B would be coded. This process involves developing a labelling system for the prepared data as described earlier (Ansdell & Pavlicevic 2001). Coding serves to 'decontextualise' the data to enable regrouping in 'higher level categories' (Ansdell & Pavlicevic 2001: 195).

- Step 2: Categorisation

Categories would be developed from the codes generated from data sources A and B. Categories 'provide information relevant to the research questions...' (Robson 1993: 213). In addition they have to be explicitly defined, mutually exclusive, focused and objective (Robson 1993). Categories allow for logical comparisons and facilitate the emergence of themes (Ansdell & Pavlicevic 2001). Here the research aim would be for the identified categories to reflect relational aspects between client and therapist and strategies to effect those aspects. This analysis process requires making 'musically grounded inferences: that is, inferences whose musical basis can be intersubjectively validated by other listeners' (Ansdell 1995: 56).

- Steps 3 and 4: Interpretation and integration

Themes emerging from the identified categories would form the basis of interpretations (Ansdell & Pavlicevic 2001). Themes should be explored to 'discern meaningful relationships' (Bruscia 2001: 15) between the themes and in relation to the proposed research questions and relevant literature (Ansdell & Pavlicevic 2001). The subsequent findings would be synthesised to specifically address the research questions.

6.7 CONCLUSION

In this chapter I attempted to provide a 'systematic, logically progressive, coherent and convincing' structure (Ansdell & Pavlicevic 2001: 146) according to which a proposed research study could be conducted. The next chapter, also the final chapter of this mini-dissertation, will conclude this clinical enquiry.



PART FOUR

CHAPTER SEVEN

CONCLUSION

The findings of this clinical enquiry reveal that the musical relationship between myself as a music therapy intern and a particular geriatric client diagnosed with schizophrenia developed from musical isolation and non-responsiveness between us to moments of intersubjective relating. This development took place amid the preconceived notions I harboured with regard to the limited nature of this relationship.

Although the enquiry is applicable to this context only, it is my hope that the findings may inform future readers in the early stages of their internship. When considering the limited literature available regarding clinical work conducted by interns, it is also my hope that the present enquiry will inspire future research in this field.

Exploring the development of the musical relationship with this particular client was a personal journey of discovery of the hidden moments of potential, waiting to emerge when you look beyond limitations.

Dialogue is the heart of Creative Music Therapy because communication is the heart of music. But it is communication largely relieved of representation: instead music communicates communication itself, and music therapy uses this to show that in the most unlikely circumstances communication is still possible (Ansdell 1995: 220-221)

REFERENCES

- Aigen, K. (1995) Principles of Qualitative Research. In B.L. Wheeler (ed) *Music Therapy Research: Qualitative and Quantitative Perspectives*. Phoenixville, PA: Barcelona Publishers.
- Aldridge, D. (1996) *Music Therapy Research and Practice in Medicine. From Out of the Silence*. London: Jessica Kingsley Publishers.
- Amir, D. (1993) Moments of Insight in the Music Therapy Experience. *Music Therapy*, 12, 1, 85-100.
- Ansdell, G. (1995) *Music for Life: Aspects of Creative Music Therapy and Adult Clients*. London: Jessica Kingsley Publishers.
- Ansdell, G. and Pavlicevic, M. (2001) *Beginning Research in the Arts Therapies: A Practical Guide*. London: Jessica Kingsley Publishers.
- Bruscia, K.E. (1995a) Differences between Quantitative and Qualitative Research Paradigms: Implications for Music Therapy. In B.L. Wheeler (ed) *Music Therapy Research: Qualitative and Quantitative Perspectives*. Phoenixville, PA: Barcelona Publishers.
- Bruscia, K.E. (1995b) The Process of Doing Qualitative Research: Part II: Procedural Steps. In B.L. Wheeler (ed) *Music Therapy Research: Qualitative and Quantitative Perspectives*. Phoenixville, PA: Barcelona Publishers.
- Bruscia, K.E. (2001) A Qualitative Approach To Analyzing Client Improvisations. *Music Therapy Perspectives*, 19, 7-21.
- Bunt, L. (1994) *Music therapy: An art beyond words*. London: Routledge.
- Condon, W.S. and Ogston, W.D. (1966) Sound film analysis of normal and pathological behaviour patterns. *The Journal of Nervous and Mental Disease*, 143, 4, 338-347.
- Dahle, T., Gold, C., Heldal, T.O. and Wigram, T. (2006) Music therapy for people with schizophrenia or other psychoses: a systematic review and meta-analysis. *British Journal of Music Therapy*, 20, 2, 100-108.
- Duncan, J., Pavlicevic, M. and Trevarthen, C. (1994) Improvisational Music Therapy and the Rehabilitation of Persons Suffering from Chronic Schizophrenia. *Journal of Music Therapy*, 31, 2, 86-104.
- Edwards, A. and Talbot, R. (1999) *The Hard-Pressed Researcher*. London: Longman.
- Guba, E. and Lincoln, S. (1985) *Naturalistic Inquiry*. Beverly Hills, CA: Sage.
- Heliker, D. (1999) Transformation of Story to Practice: an innovative approach to long-term care. *Issues in Mental Health Nursing*, 20, 513-525.

- Holck, U. (2004) Turn-taking in music therapy with children with communication disorders. *British Journal of Music Therapy* 18, 4, 45-54.
- Jensen, B. (1999) Music Therapy with Psychiatric In-Patients. In J. De Backer and T. Wigram (eds) *Clinical Applications of Music Therapy in Psychiatry*. London: Jessica Kingsley Publishers Ltd.
- Kaplan, H.I. and Saddock, J. (1998) *Synopsis of Psychiatry*, 8th edn. Philadelphia: Lippincott Williams & Wilkins.
- Kitwood, T. (1990) The Dialectics of Dementia: With Particular Reference to Alzheimer's Disease. *Ageing and Society* 10, 177-196.
- Lee, C. (2000) A Method of Analyzing Improvisations In Music Therapy. *Journal of Music Therapy*, XXXVII, 2, 147-167.
- Louw, A.E., Louw, D.A., Van Ede, D.M. and Raubenheimer, J.R. (1998) Late Adulthood. In A.E. Louw, D.A. Louw and D.M. Van Ede (eds) *Human Development*, 2nd edn. Cape Town: CTP Book Printers.
- Malloch, S.N. and Trevarthen, C. (2000) The Dance of Wellbeing: Defining the Musical Therapeutic Effect. *Nordic Journal of Music Therapy*, 9, 2, 3-17.
- Oldfield, A. (1995) Communicating through music: The Balance Between Following and Initiating. In B. Saperston, R. West and T. Wigram (eds) *The Art and Science of Music Therapy: A Handbook*. Amsterdam: Harwood Academic Publishers.
- Pavlicevic, M. (1991) *Music in Communication: Improvisation in Music Therapy*. Doctoral Thesis, University of Edinburgh, Edinburgh, Scotland.
- Pavlicevic, M. (1997) *Music Therapy in Context*. London: Jessica Kingsley Publishers.
- Pavlicevic, M. (2003) *Groups in Music: Strategies from Music Therapy*. London: Jessica Kingsley Publishers.
- Préfontaine, J. (2006) On becoming a Music Therapist. *Voices: A World Forum for Music Therapy*. Retrieved May 18, 2007, from <http://www.voices.no/mainissues/mi40006000213.html>.
- Procter, S. (1997) *Predictability within the Music Therapist's Musical Input: its significance for the clinical process in music therapy with adults with mental health problems*. Master of Music Therapy dissertation, Nordoff-Robbins Music Therapy Centre, London, United Kingdom.
- Procter, S. (1999) The Therapeutic Musical Relationship: a Two-sided Affair? *British Journal of Music Therapy*, 13, 1, 28-37.
- Robson, C. (1993) *Real World Research: A Resource for Social Scientists and Practitioner-Researchers*. Great Britain: T.J. Press Ltd.
- Stern, D.N. (1985) *The Interpersonal World of the Infant*. U.S.A: Basic Books.



- Watson, T. (2005) Steering a path through change: observations on the process of training. *British Journal of Music Therapy*, 19, 1, 9-15.
- Webster, J. (1988) Music therapy training: a personal experience. *British Journal of Music Therapy*, 2, 2, 18-20.
- Wheeler, B.L. (1995) Introduction: Overview of Music Therapy Research. In B.L. Wheeler (ed) *Music Therapy Research: Qualitative and Quantitative Perspectives*. Phoenixville, PA: Barcelona Publishers.
- Wigram, T. (2004) *Improvisation: Methods and Techniques for Music Therapy Clinicians, Educators and Students*. London: Jessica Kingsley Publishers.
- Wing, J. (2000) Institutionalism and institutionalization. *The Journal of Forensic Psychiatry*, 11, 1, 7-10.
- Winnicott, D.W. (1971) *Playing and Reality*. London: Tavistock Publications Ltd.



APPENDIX I

INFORMED CONSENT

FACULTY OF HUMANITIES
MUSIC DEPARTMENT
TEL (012) 420-2316/3747
FAX (012) 420-2248

MUSIC THERAPY PROGRAMME
TEL (012) 420-2614
FAX (012) 420-4351
www.up.ac.za/academic/music/music.html

Date:



UNIVERSITY OF PRETORIA
UNIVERSITEIT VAN PRETORIA

PRETORIA 0002 SOUTH AFRICA

MUSIC THERAPY SESSIONS: PERMISSION TO RECORD

I _____, Chief Executive Officer of Weskoppies Hospital, give permission to video tape _____ of Ward ____ in Music Therapy sessions with music therapy student Karien de Witt.

These recordings will be used for clinical and educational purposes as part of the students' music therapy training. This includes supervision sessions with their clinical supervisors, and as part of their clinical case study presentations for their examinations and mini dissertations. I understand that visual and audio recordings of sessions are standard music therapy practice, enabling detailed analysis of the sessions in order to gain clinical direction to ongoing sessions. Privacy and confidentiality is assured, in line with professional ethical practice. At the end of the student's training, these tapes will form part of the training archives and will become the property of the Music Department, University of Pretoria. This material will not be distributed or sold. I understand that I can arrange to view / listen to the recordings should I so wish.

_____ Chief Executive Officer, Weskoppies Hospital.

_____ NAME: _____, MMus (MT) Student

_____ Mrs C Lotter, MMus(MT) Training Programme



APPENDIX II

THICK DESCRIPTION EXCERPT A

EXCERPT A - THICK DESCRIPTION	
MUSIC FROM SESSION ONE – AUDIO RECORDING	
Real Time	Description
03.43-03.49	<p>EA1.1. T sings a phrase (four bars) of the verse of a traditional Afrikaans folk song.</p> <p>EA1.2. T accompanies with the guitar while Co plays the triangle and C plays the tambourine.</p> <p>EA1.3. The song is in $\frac{3}{4}$ meter and T plays in E major key, using basic I, IV, V harmonic chord structure.</p> <p>EA1.4. The melody line is pre-composed and words coincide with the 3 main beats of each bar.</p> <p>EA2. T sings in a clear and louder voice while the humming of Co and C is hardly audible.</p> <p>EA3. T sings and plays legato while C plays in non-legato manner.</p> <p>EA4. T and Co each place accents on different beats in each bar and both skip beats at different times in each bar.</p> <p>EA5. T and Co's playing is more purposeful and louder compared with C's soft, tentative, playing.</p> <p>EA6. T and Co both play regular pulse at consistent andante tempo of 96bpm while C plays slightly lagging multiple beats in unsustained manner, i.e. multiple beats that fades to a near stop before starting again.</p> <p>EA7. T, Co and C accent the first beat of the 3rd bar of phrase.</p>
03.50-03.52	<p>EA8. T introduces fermata during 4th (last) bar of phrase.</p> <p>EA9. In 4th bar T plays a dissonant chord on 1st beat, the cadence point, followed by a V7 accented chord on 3rd beat of the bar while the Co plays 3 beats in the bar and C's playing becomes hardly audible and stops.</p>
03.53-04.07	<p>EA10. T & Co begin to play and sing another phrase of the verse and in 2nd bar C verbally indicates that she and Co do not know the song. [C: "Ons ken nie eintlik die liedjie nie".]</p> <p>EA11. T gently asks C to repeat what she said. [T: "Ekskuus?"]</p> <p>EA12. C repeats that she and Co do not know the song. [C: "Ek sê ons ken nie eintlik die liedjie nie".]</p> <p>EA13. T asks C whether she knows the melody line and C does not reply. [T: Ken jy hom nie? Kan jy sy wysie herken?"]</p> <p>EA14. T suggests singing song again, using the words La-la-la to accompany the melody line. [T: Dan kan jy saam met my sommer net die wysie saam la-la-la; ons ken la-la; kom ons doen la-la-la"].</p> <p>EA15. Co verbally indicates her agreement with T's suggestion while C does not comment. [Co: "hmm-hmm, hmm-hmm"].</p>
04.08-04.15	<p>EA16. T begins repetition of verse of song in same key of E major and replaces the words with "La-la".</p> <p>EA17. T begins playing at slightly increased tempo of 100bpm, still Andante.</p> <p>EA18. T and Co begin to play simultaneously while C is silent and starts playing on 3rd beat of 1st bar of phrase.</p> <p>EA19. During first 2 bars of phrase T and Co play identical and consistent 3 regular beats per bar with accented 1st beat of each bar while C plays in multiple beats in time with pulse.</p> <p>EA20. T also vocally accents 1st beat of each bar.</p> <p>EA21. During the first 2 bars of phrase, while T & Co continue playing in same manner, C's playing begins with soft, but abrupt, sharp, stronger beats that gradually fade to hardly audible level.</p>



APPENDIX II

THICK DESCRIPTION EXCERPT A

EXCERPT A - THICK DESCRIPTION	
MUSIC FROM SESSION ONE – AUDIO RECORDING	
Real Time	Description
04.16-04.19	EA22. During 3 rd bar C continues playing hardly audible, tentative, slightly lagging multiple beats while T and Co continues their regular pulse and consistent tempo. EA23. At the end of the phrase C plays accented beat immediately following T's accented 1 st beat in attempt to catch up beats. EA24. During phrase end T plays 3 beats while C's multiple beats fades to a stop. EA25. Throughout the phrase T's vocalising is stronger, louder and more purposeful than Co and C's soft vocalising of "la-la" with T. EA26. C's vocalising is in tempo with that of T and Co. EA27. T begins 2nd phrase of verse at increased tempo of 104bpm, nearing moderato tempo. EA28. T and Co continue to play and sing at regular pulse, accented 1 st beats of each bar while C's hardly audible multiple beats, with the occasional beat in time with pulse, fades to a near stop before starting again only for a few beats; C's vocalising is hardly audible.
04.20-04.22	EA29. On 3 rd beat of 3 rd bar of the phrase, C plays sudden sharp, soft, yet clearly audible, purposeful multiple beats briefly in time with tempo. EA30. During the phrase end C's playing fades to almost stop while T and Co continues to play at same tempo and pulse than before. EA31. C's vocalising is tentative and hardly audible compared with T and Co's louder, confident vocalising.
04.23-04.30	EA32. T & Co begins a new phrase and C begins to play softly, but more purposefully, midway through first bar. EA33. T and Co continue to sing and play regular pulse at consistent tempo with accented 1 st beats of bars while C's soft, multiple beats are slightly lagging but C plays 1 st beat accents with T and Co on 2 nd and 3 rd bars. EA34. C's playing becomes more irregular and heavier in the 3 rd bar. EA35. C's playing fades to an almost stop during 4 th bar, last bar of phrase. EA36. C's vocalising hardly audible during whole phrase compared with T and Co's clearly audible singing.
04.31-04.37	EA37. T & Co begins new phrase, C starts playing during first beat in first bar. EA38. T & Co continue playing at regular pulse, consistent tempo, accented 1 st beats while C's playing is pianissimo, in irregular multiple beats that become heavier and more lagging before gradually fading away to almost stop at end of phrase. EA39. C's vocalising is hardly audible compared with T & Co's clearly audible singing.
04.38-04.52	EA40. T begins chorus section of song which contains dotted crotchets and minims. EA41. T and Co sing and play softer compared with previous verse, but continue at same tempo, 100bpm, and regular pulse. EA42. T plays one or two beats per bar during chorus while Co plays 2 to 3 beats per bar. EA43. C does not play during chorus except for four soft irregular multiple beats in 2 nd bar from start of chorus section. EA44. While T is singing the chorus section, the Co does not vocalise and C vocalises softly in lower pitch than T. EA45. T introduces fermata on last bar of chorus section.
04.53-04.99	EA46. T repeats verse section of song at reduced but consistent regular pulse and tempo of 96bpm, Andante, singing more softly than in chorus section.



APPENDIX II

THICK DESCRIPTION EXCERPT A

EXCERPT A - THICK DESCRIPTION	
MUSIC FROM SESSION ONE – AUDIO RECORDING	
Real Time	Description
	EA47. T's guitar playing is soft and gentle while Co's playing is louder and stronger than T. EA48. T and Co play identically, 3 regular beats per bar while C does not play tambourine. EA49. T's voice is louder than Co and C's.
05.00-05.05	EA50. T introduces fermata in last bar of 1 st phrase during which time C plays four sudden sharp but soft multiple beats.
05.06-05.09	EA51. T introduces ritardando at end of the phrase during which C plays four pianissimo multiple beats in time with pulse. EA52. T and Co simultaneously ends song while C does not play.



APPENDIX III

THICK DESCRIPTION EXCERPT B

EXCERPT B - THICK DESCRIPTION	
MUSIC FROM SESSION FIVE – VIDEO RECORDING	
Real Time	Description
0.00-01.33	<p>EB1. T, Co and C are sitting on chairs in a triangular position in room.</p> <p>EB2. T is verbally explaining how a copying activity is about to proceed and the sequence of turns to be taken in copying her rhythmic patterns on the djembe drums.</p> <p>EB3. While T is talking, both Co and C have sustained eye contact with T.</p> <p>EB4. When T asks whether everybody understands her explanation, the Co verbally answers in affirmative and C nods her head in affirmative.</p> <p>EB5. T begins a basic rhythm consisting of 2 slow paced crotchet beats on the drum.</p> <p>EB6. During next 2 rounds C copies T but plays after Co too, thus out of turn.</p> <p>EB7. After the Co also plays out of turn, T begins to verbally indicate each member's turn; T refers to herself as 'I', and C as 'you' and Co as 'Stef' (her name) while making eye contact with member whose turn it is; she continues this for a few rounds while playing the same rhythmic pattern.</p> <p>EB8. The sequence in turns is now more paced and members play on their turns.</p> <p>EB9. T stops verbally directing turns upon changing to the next rhythmic pattern and indicates turns using her body and making eye contact with member whose turn it is.</p> <p>EB10. Throughout the activity T, Co and C make sustained eye contact with the member whose turn it is to play.</p> <p>EB11. T repeats her rhythmic patterns a number of times before changing to another pattern.</p> <p>EB12. T's rhythmic patterns are short and slow-paced and consist of crotchets and/or quavers.</p> <p>EB13. C copies all T's rhythmic patterns but generally plays faster beats than T or Co.</p>
01.34-02.28	<p>EB14. After C and Co copied T's seventh rhythmic pattern, T adds her voice to mirror the rhythmic patterns she plays on the drum.</p> <p>EB15. After T added her voice to her playing C & Co copy T's rhythmic patterns but play out of turn.</p> <p>EB16. T begins to play regular quaver beats while vocally improvising using crotchets and quavers.</p> <p>EB17. Co and C play simultaneously with T although C plays irregular beats compared with T & Co's regular beats.</p> <p>EB18. After continuing playing and improvising for a short while, T introduces a fermata during which C and Co stop playing.</p> <p>EB19. T continues improvising and playing briefly while C starts playing shortly after T and Co maintains regular pulse.</p> <p>EB20. T introduces a ritardando and fermata during which C and Co do not play.</p>
02.29-02.51	<p>EB21. T begins to sing four phrases of verse section of Alouette, using "pam-pa-ram-pam" vocalisations to replace words and C begins to sing softly in 2nd phrase.</p> <p>EB22. T & Co play 2 beats per bar in regular pulse, in andante tempo – 84bpm while C plays slightly irregular 2 beats per bar.</p> <p>EB23. Throughout T and Co plays slightly louder than the pianissimo, tentative, delicate playing of C.</p> <p>EB24. T and Co maintains a consistent regular pulse and tempo throughout the four phrases.</p> <p>EB25. During the third phrase, C's vocalising becomes slightly louder than in first two phrases and C's playing increasingly becomes out of synch with the 2 regular beats per bar that T and Co are playing.</p> <p>EB26. In the fourth phrase C mirrors T's vocal rhythm and begins to change her drum playing to the melodic rhythm; her playing and singing occasionally slightly lags with T's vocalising.</p> <p>EB27. T and C maintain sustained eye contact with each other throughout all four</p>



APPENDIX III

THICK DESCRIPTION EXCERPT B

EXCERPT B - THICK DESCRIPTION	
MUSIC FROM SESSION FIVE – VIDEO RECORDING	
Real Time	Description
	phrases.
02.52-03.00	<p>EB28. T begins to sing chorus section of Alouette at a markedly reduced tempo.</p> <p>EB29. During the first two phrases in chorus T changes rhythmic pattern on drum to mirror the chorus melody line and C plays and sings concurrently with T, with occasional slight lag in beats; T also introduces fermata at end of each phrase.</p> <p>EB30. The Co does not sing and continues to play two regular main beats per bar.</p>
03.01-03.07	<p>EB31. T sings and plays a short rhythmic pattern consisting of 3 quavers followed by 1 quaver rest while the Co plays 2 regular crotchet beats and C is silent.</p> <p>EB32. T sings & plays the same rhythm.</p> <p>EB33. C echoes the rhythmic pattern vocally and instrumentally at faster tempo than T while the Co echoes instrumentally at same tempo as T.</p> <p>EB34. T waits till C is finished before singing and playing the same rhythmic pattern slightly louder while C & Co remain silent.</p> <p>EB35. C echoes rhythmic pattern vocally and instrumentally at faster tempo than T and C's voice is also slightly louder, while the Co imitates the rhythmic pattern at same tempo as T.</p> <p>EB36. The imitation between T & C sounds like spontaneous turn-taking.</p> <p>EB37. T and C maintain sustained eye contact with each other throughout the chorus section and T waits for C to finish singing before continuing song.</p>
03.08-03.20	<p>EB38. T begins repetition of verse of Alouette and continues vocalising melody using "pa-ram-pam-pam".</p> <p>EB39. T, C and Co instrumentally begin 1st phrase of verse together.</p> <p>EB40. T & Co maintain consistent tempo and regular pulse of two beats per bar while C plays softer multiple (quaver) beats in tempo.</p> <p>EB41. C begins to vocalise mid-way through 1st phrase and mirrors T's melodic rhythm vocally while Co does not vocalise.</p> <p>EB42. T & C vocally end 1st phrase together.</p> <p>EB43. At end of first phrase C misses a quaver beat and catches up with 3 quick quaver beats.</p> <p>EB44. T, C and Co begin 2nd phrase together instrumentally.</p> <p>EB45. During second phrase T & Co maintain consistent tempo and regular pulse of 2 beats per bar while C briefly plays the melodic dotted rhythm pattern resulting in slower, heavier and irregular playing before falling in with quaver beats in tempo during last 2 bars of phrase.</p> <p>EB46. C begins to vocalise soon after T During 2nd phrase and C continues to mirror T's melodic rhythm.</p> <p>EB47. T & C end the phrase together vocally and instrumentally.</p> <p>EB48. T and Co's playing is louder than C and T's singing also louder than C.</p>
03.21-03.32	<p>EB49. T begins to repeat chorus section of Alouette at consistent tempo and regular pulse of 2 beats per bar and Co continues playing 2 regular beats per bar.</p> <p>EB50. During first phrase of chorus C vocalises 2 notes of melodic line while playing quaver beats in tempo.</p> <p>EB51. At end of first phrase in chorus, C imitates elements of T's vocal rhythm while playing in irregular multiple beats.</p> <p>EB52. T waits for C to finish singing before continuing playing.</p> <p>EB53. C begins to play and sing mid-way through second phrase and plays multiple (quaver) beats in synch with tempo.</p>



APPENDIX III

THICK DESCRIPTION EXCERPT B

EXCERPT B - THICK DESCRIPTION	
MUSIC FROM SESSION FIVE – VIDEO RECORDING	
Real Time	Description
03.33-03.45	<p>EB54. T sings and plays a short rhythmic pattern consisting of 3 quavers followed by 1 quaver rest while the Co plays 2 regular crotchet beats and C is silent.</p> <p>EB55. T sings & plays the same rhythm.</p> <p>EB56. C echoes the rhythmic pattern vocally and instrumentally at faster tempo than T while the Co does not play.</p> <p>EB57. T waits for C to finish before repeating the same rhythmic pattern a tone higher while C does not play.</p> <p>EB58. C echoes T's rhythmic pattern vocally and instrumentally.</p> <p>EB59. While echoing T, C sings in lower vocal register and instrumental playing is faster than her vocalising.</p> <p>EB60. T waits for C to finish singing before repeating the rhythmic pattern in a lower vocal register.</p> <p>EB61. C instrumentally echoes T's rhythm in quick, irregular beats.</p> <p>EB62. T pauses while C continues to play irregular quaver beats.</p> <p>EB63. There is a brief moment where both T and C pause and when T next begins to sing C echoes T's previous rhythm vocally while playing irregular quaver beats.</p> <p>EB64. T and C maintain sustained eye contact with each other throughout chorus section.</p> <p>EB65. Chorus section tempo was reduced.</p>
03.46-03.59	<p>EB66. T begins repeat of verse section of Alouette and C changes hands to original playing position on drum.</p> <p>EB67. T's singing and playing is louder compared with previous singing and playing.</p> <p>EB68. During 1st phrase T & Co revert to original verse tempo and regular pulse while C plays multiple beats in tempo.</p> <p>EB69. During 2nd phrase C's playing becomes slightly irregular or lagging compared with T & Co's consistent and regular tempo and pulse.</p> <p>EB70. T introduces ritardando and T, Co and C do not end together.</p>



APPENDIX IV

THICK DESCRIPTION EXCERPT C

EXCERPT C - THICK DESCRIPTION	
MUSIC FROM SESSION EIGHT – AUDIO RECORDING	
Real Time	Description
24.40-24.49	<p>EC1. T begins to sing a verse of a traditional Afrikaans folk song.</p> <p>EC2. The song is in 2/4 meter and T plays at a consistent tempo of 84bpm, Andante.</p> <p>EC3. T sings words of song while C & Co hum.</p> <p>EC4. T & Co voices are soft and gentle, similar to C's.</p> <p>EC5. While singing, T accompanies song with I – V harmonic progression on the lower register of the keyboard using respective tonic and dominant intervals of fifths.</p> <p>EC6. T plays four regular soft staccato quaver beats per bar using her left hand, ending each phrase with one quaver while C plays the tonic interval T marked for her on upper register of keyboard in soft, non-legato irregular multiple beats.</p> <p>EC7. The Co does not play during activity.</p> <p>EC8. T & C ends each phrase simultaneously with C playing an extended single note at phrase end.</p>
24.50-25.01	<p>EC11. T begins the third phrase and plays the harmonic intervals of fifths as two legato crotchets per bar, while substituting the words of the melody with "la-la".</p> <p>EC12. The Co and C are humming while C plays multiple beats out of synch with tempo and pulse.</p> <p>EC13. Mid-way through third phrase C begins to sing words of melody louder than T and Co and stops playing until the end of phrase.</p> <p>EC14. During the fourth phrase, while T and Co still sing "la-la" as melody and T plays two legato crotchets per bar, C plays continuous non-legato multiple beats slightly irregular to tempo and pulse while singing the words in a softer voice compared with the previous phrase.</p> <p>EC15. T and C end the fourth phrase by playing minims.</p>
25.02-25.27	<p>EC16. Co and T verbally indicate praise [Co: "hmmmm"; T: "daarsyyy!"] and T reassures C when C asks whether she played in the right manner. [C: "oraait?"]; [T: "Ons kan dit doen, natuurlik, ja!"].</p> <p>EC17. T suggests playing black keys on keyboard. [T: " Nou kom ons speel net die swart nootjies"].</p> <p>EC18. There is a period of silence while T removes the tape she used to highlight certain keys for C to play on during previous activity.</p> <p>EC19. After T removed the tape, T indicates to C her freedom of choice to play any key as long as it is black.[T: Net hierdie swart nootjies, enige van hulle wat jy wil speel"].</p> <p>EC20. C asks T whether she should play in a certain manner [C: "Moet ek so speel?"] and demonstrates by playing 2 single notes, upon which T confirms and repeats C's freedom to choose whichever keys she pleases. [T: "Net so, wat jy wil"].</p> <p>EC21. The Co is silent during the conversation between T and C.</p>
25.28-25.43	<p>EC22. T begins to play two soft, non-legato randomly chosen single notes in mid-register of keyboard at a Largo tempo of 40bpm, after which C plays one single note in the same soft, non-legato manner.</p> <p>EC23. T and C play concurrently four non-legato descending notes after which T verbally interrupts to converse with Co.</p>
25.44-25.47	<p>EC24. T plays a random note after which C plays another random note in the same soft, non-legato manner.</p> <p>EC25. C immediately plays a second note and T follows quickly with her second note.</p>
25.48-26.20	<p>EC26. C plays a third note and T plays after C.</p>



APPENDIX IV

THICK DESCRIPTION EXCERPT C

EXCERPT C - THICK DESCRIPTION	
MUSIC FROM SESSION EIGHT – AUDIO RECORDING	
Real Time	Description
26.21-26.27	<p>EC27. T and C alternate playing single random notes at a consistent tempo of 50bpm, a Largo tempo.</p> <p>EC28. C changes her playing by introducing staccato notes, sudden as well as gradual dynamic changes, re-introducing non-legato notes and T imitates the changes C introduces.</p> <p>EC29. Initially T played random notes, later on T played same notes as C, only an octave lower.</p> <p>EC30. The turn-take sounds tender, intimate and focused.</p> <p>EC31. C introduces stronger dynamic contrast between notes, followed by 2 quick consecutive notes.</p> <p>EC32. The character of the turn-taking begins to sound playful.</p>
26.28-26.38	<p>EC33. Immediately after T imitated C's quick-paced consecutive notes, T verbally communicates her recognition of C's playfulness or teasing in the music, while laughing. [T: "Jy vang my uit!"].</p> <p>EC34. T asks whether C noticed T imitating her and C confirmed verbally and giggles. [T: "Het jy gesien ek volg jou?"; [C: " uhh"]].</p> <p>EC35. T affirms that C was playful and teasing and suggests to continue with the activity. [T: Ja, jy speel met my hier, kom ons doen dit weer", laughs; jy't my nou amper uitgevang"].</p> <p>EC36. T suggest to continue playing black keys and asks C whether she would like to begin. [T:"OK, ons speel nogsteeds net die swart nootjies. Wil jy begin?"].</p>



APPENDIX V

TRANSCRIPTS

SESSION NOTES

SESSION NOTES TRANSCRIPTS

Main text

Session notes A (session one - audio recording):

Overall impressions:

- SA1. Although the Client participated in all the activities, the participation was very tentative.
- SA2. The Client appeared anxious and uncertain and these qualities were reflected in her playing, singing and movements: she sang and played very softly, in a whimpering way.
- SA3. Her playing on the tambourine was irregular in rhythm and dynamics and did not indicate awareness of phrases and pauses in the music.
- SA4. The Client's verbalisations during the session appeared to reflect an anxiety to live up to an expectation of the therapist, even though the therapist attempted to put her at ease throughout the session (by talking in a gentle, encouraging manner).
- SA5. The Client did not seem to enjoy the session.
- SA6. She smiled rarely, portrayed a tight, rigid body posture.
- SA7. She did not appear comfortable.

Significant moments:

- SA8. During the movement activity song: when the Therapist considerably reduced the tempo of the song to match the tempo of the Client's movements, the client started uttering the words of the melody while moving the scarf [10.47].
- SA9. During the Goodbye song: Therapist emphasised the 'ritardandos' near and at the end of each phrase during the song.
- SA10. The Client uttered the last words of most phrases with the Therapist; the Client's voice was clearer than what she previously used.

Interpretation:

- SA11. I sensed early in the session that the Client appeared anxious, hesitant and uncertain as to what was expected of her.
- SA12. I attempted to put her at ease when she verbalised her uncertainty and I adopted a very gentle, kind and encouraging tone of voice throughout the session.
- SA13. During the significant moments, however, I realised that the Client's level of participation increased whenever the activities were very simple, slow and repetitive.
- SA14. I realised that I should keep activities with the Client very simple, repetitive and slow to enable her to feel comfortable in doing the activities. This will hopefully favourably impact on her anxiety level too.

Session notes B (session five - video recording):

Significant moments:

- SB1. During the drum improvisation Client copied Therapist introduced basic rhythms, upon instruction; previous interaction between T and C based on T leading, more a one-sided musical communication.
- SB2. I wanted to see if C was able to play differently to her usual irregular, fragmented & inflexible rhythms.
- SB3. During the drum playing while singing "Alouette", there were a few moments of musical dialogue between T and C;
- SB4. T created extended pauses at the end of relative short phrases, C echoed T during those pauses.
- SB5. The dialogues were more frequent and prominent compared to previous sessions, and I was more attuned to the idea of imitation/copying as part of the session aims, thus more aware of it.
- SB6. In the previous session, the client very briefly strummed the guitar.

Supervision comments:

- SB7. I can use body language to indicate turns during activities to reduce the verbal component and facilitate musical flow.



APPENDIX V

TRANSCRIPTS

SESSION NOTES

SESSION NOTES TRANSCRIPTS

Main text

SB8. Allow the client even more space during activities to echo and even lead.
SB9. The client's limited musical vocabulary can be extended by allowing her to explore more while she is willing to (refer to piano improvs – I could have extended the improv by inviting client to explore various ways in playing keyboard notes);
SB10. When improvising melodies, vary the words/sounds – not just pa-ram-pa-pam.

Next session:

SB11. Focus on turn-taking to allow client to lead basic activities (e.g. drum rhythms) for others to copy.
SB12. Reduce verbal component.
SB13. Reduce anxiety element in client - reassure.

Interpretation:

SB14. I am pleased about the fact that I am beginning to become more aware of creating space within activities to allow client to "be" (e.g. during keyboard improvisation).
SB15. I feel I am clinically more aware of what direction to go with the client and am pleased about today's turning point (client copying/echoing).

Session notes C (session eight - audio recording):

Significant moments:

SC1. For the first time in all sessions, C led an activity – at the keyboard.
SC2. She became aware of me imitating her way of playing and also incorporated ways of playing I used in a previous activity in the session.
SC3. I noticed an increased awareness of my responses in her playing.
SC4. C explored the drum improvisation and keyboard activities (both activities contained various new materials I introduced for the first time) for long periods of time; new material did not put her off as easily as in previous sessions.
SC5. I was able to elicit a substantial change in C's way of playing on the drum, by varying my dynamics considerably.
SC6. C seemed to have enjoyed the keyboard copying activities – she giggled at times; I was never sure if she actually enjoyed some of our work together, so these responses encouraged me.
SC7. My matching of C's way of playing during structured, familiar songs has improved.
SC8. I'm listening to her more closely and am able to be more flexible in adapting my rhythms to hers.

Debriefing comments:

SC9. I've noticed that I used a lot of diminutives when talking to C – I should stop this – the fact that she appears frail, timid with a lack of confidence does not justify speaking to her as if she's a child!!!!

Next session:

SC10. Work on copying activities - incorporate different contrasts.

Interpretation:

SC11. I am very surprised at C's responses today.
SC12. I gave her space and she chose to lead.
SC13. Maybe it's not just C who developed an increased awareness of my responses – I may have learnt to listen more to my client's playing too!!



APPENDIX VI

THICK DESCRIPTION AND CODES EXCERPT A

EXCERPT A - THICK DESCRIPTION		
MUSIC FROM SESSION ONE – AUDIO RECORDING		
Real Time	Description	Codes
03.43-03.49	<p>EA1.1. T sings a phrase (four bars) of the verse of a traditional Afrikaans folk song.</p> <p>EA1.2. T accompanies with the guitar while Co plays the triangle and C plays the tambourine.</p> <p>EA1.3. The song is in $\frac{3}{4}$ meter and T plays in E major key, using basic I, IV, V harmonic chord structure.</p> <p>EA1.4. The melody line is pre-composed and words coincide with the 3 main beats of each bar.</p> <p>EA2. T sings in a clear and louder voice while the humming of Co and C is hardly audible.</p> <p>EA3. T sings and plays legato while C plays in non-legato manner.</p> <p>EA4. T and Co each place accents on different beats in each bar and both skip beats at different times in each bar.</p> <p>EA5. T and Co's playing is more purposeful and louder compared with C's soft, tentative, playing.</p> <p>EA6. T and Co both play regular pulse at consistent andante tempo of 96bpm while C plays slightly lagging multiple beats in unsustained manner, i.e. multiple beats that fades to a near stop before starting again.</p> <p>EA7. T, Co and C accent the first beat of the 3rd bar of phrase.</p>	<p>EA1.1. T sings traditional Afrikaans folk song verse.</p> <p>EA1.2.1. Each plays distinct instrument.</p> <p>EA1.2.2. T accompanies with guitar.</p> <p>EA1.3.1. Song regular pulse.</p> <p>EA1.3.2. T sings in E major.</p> <p>EA1.3.3. Song basic harmony.</p> <p>EA1.4.1. Melody pre-composed.</p> <p>EA1.4.2. Melody & pulse coincide.</p> <p>EA2.1. T vocally louder than Co & C.</p> <p>EA.2.2. T voice clearer than Co and C.</p> <p>EA2.3. T words, C&Co hum.</p> <p>EA3. T legato & C non-legato.</p> <p>EA4. T & Co incongruent beats & accents.</p> <p>EA5.1. T & Co play louder, C soft.</p> <p>EA5.2. T & Co play purposeful, C tentative.</p> <p>EA6.1. T & Co regular pulse.</p> <p>EA6.2. T & Co consistent tempo.</p> <p>EA6.3. C unsustained lagging multiple beats.</p> <p>EA7. T, Co & C shared accented beat.</p>
03.50-03.52	<p>EA8. T introduces fermata during 4th (last) bar of phrase.</p> <p>EA9. In 4th bar T plays a dissonant chord on 1st beat, the cadence point, followed by a V7 accented chord on 3rd beat of the bar while the Co plays 3 beats in the bar and C's playing becomes hardly audible and stops.</p>	<p>EA8. T introduces fermata.</p> <p>EA9.1. T unexpected dissonant chord cadence point.</p> <p>EA9.2. T & Co incongruent during fermata, C stops.</p>
03.53-04.07	<p>EA10. T & Co begin to play and sing another phrase of the verse and in 2nd bar C verbally indicates that she and Co do not know the song. [C: "Ons ken nie eintlik die liedjie nie".]</p> <p>EA11. T gently asks C to repeat what she said. [T: "Ekskuus?"]</p> <p>EA12. C repeats that she and Co do not know the song. [C: "Ek sê ons ken nie eintlik die liedjie nie".]</p>	<p>EA10.1. T&Co play, C silent.</p> <p>EA10.2. C states unknown song to C&Co.</p> <p>EA10.3. C aware unknown song to Co.</p> <p>EA11.1. T asks C to repeat comment.</p> <p>EA11.2. T talks gently to C.</p> <p>EA12. C re-states unknown song to C & Co.</p>



APPENDIX VI

THICK DESCRIPTION AND CODES EXCERPT A

EXCERPT A - THICK DESCRIPTION		
MUSIC FROM SESSION ONE – AUDIO RECORDING		
Real Time	Description	Codes
	<p>EA13. T asks C whether she knows the melody line and C does not reply. [T: Ken jy hom nie? Kan jy sy wysie herken?].</p> <p>EA14. T suggests singing song again, using the words La-la-la to accompany the melody line. [T: Dan kan jy saam met my sommer net die wysie saam la-la-la; ons ken la-la; kom ons doen la-la-la].</p> <p>EA15. Co verbally indicates her agreement with T's suggestion while C does not comment. [Co: "hmm-hmm, hmm-hmm"].</p>	<p>EA13. T asks question, C doesn't reply.</p> <p>EA14.1. T suggests song repetition.</p> <p>EA14.2. T suggests word replacement with "la-la".</p> <p>EA15.1 Co verbally agrees with T.</p> <p>EA15.2. C does not answer T suggestion.</p>
04.08-04.15	<p>EA16. T begins repetition of verse of song in same key of Emajor and replaces the words with "La-la".</p> <p>EA17. T begins playing at slightly increased tempo of 100bpm, still Andante.</p> <p>EA18. T and Co begin to play simultaneously while C is silent and starts playing on 3rd beat of 1st bar of phrase.</p> <p>EA19. During first 2 bars of phrase T and Co play identical and consistent 3 regular beats per bar with accented 1st beat of each bar while C plays in multiple beats in time with pulse.</p> <p>EA20. T also vocally accents 1st beat of each bar.</p> <p>EA21. During the first 2 bars of phrase, while T & Co continue playing in same manner, C's playing begins with soft, but abrupt, sharp, stronger beats that gradually fade to hardly audible level.</p> <p>EA22. During 3rd bar C continues playing hardly audible, tentative, slightly lagging multiple beats while T and Co continues their regular pulse and consistent tempo.</p> <p>EA23. At the end of the phrase C plays accented beat immediately following T's accented 1st beat in attempt to catch up beats.</p> <p>EA24. During phrase end T plays 3 beats while C's multiple beats fades to a stop.</p> <p>EA25. Throughout the phrase T's vocalising is stronger, louder and more purposeful than Co and C's soft vocalising of "la-la" with T.</p> <p>EA26. C's vocalising is in tempo with that of T</p>	<p>EA16.1. T begins verse.</p> <p>EA16.2. T repeats verse.</p> <p>EA16.3. T E major key.</p> <p>EA16.4. T replaces words with "la-la".</p> <p>EA17. T verse increased tempo.</p> <p>EA18.1. C verse delayed start.</p> <p>EA18.2. C starts 3rd beat.</p> <p>EA19.1. T & Co identical play.</p> <p>EA19.2. T&Co regular pulse.</p> <p>EA19.3. T&Co identical accents.</p> <p>EA19.4. C in tempo multiple beats.</p> <p>EA20. T vocally accents beats.</p> <p>EA21. T & Co consistent play, C fades.</p> <p>EA22. T & Co consistent play, C hardly audible lagging multiple beats.</p> <p>EA23. C catches up beat phrase end.</p> <p>EA24.1. T regular pulse phrase end, C fades.</p> <p>EA24.2. C aware phrase end, playing fades.</p> <p>EA25.1. T vocally louder than Co & C.</p> <p>EA25.2. T vocally more purposeful than Co & C.</p> <p>EA25.3. C & Co vocalise "la-la" with T.</p> <p>EA26. C vocally in tempo with T</p>



APPENDIX VI

THICK DESCRIPTION AND CODES EXCERPT A

EXCERPT A - THICK DESCRIPTION		
MUSIC FROM SESSION ONE – AUDIO RECORDING		
Real Time	Description	Codes
	and Co.	& Co.
04.16-04.19	EA27. T begins 2nd phrase of verse at increased tempo of 104bpm, nearing moderato tempo. EA28. T and Co continue to play and sing at regular pulse, accented 1 st beats of each bar while C's hardly audible multiple beats, with the occasional beat in time with pulse, fades to a near stop before starting again only for a few beats; C's vocalising is hardly audible.	EA27. T tempo increase. EA28.1. T&Co regular pulse. EA28.2. T&Co identical accents. EA28.3. C vocally & instrumentally hardly audible. EA28.4. C's playing unsustained. EA28.5. T&C occasional shared beats.
04.20-04.22	EA29. On 3 rd beat of 3 rd bar of the phrase, C plays sudden sharp, soft, yet clearly audible, purposeful multiple beats briefly in time with tempo. EA30. During the phrase end C's playing fades to almost stop while T and Co continues to play at same tempo and pulse than before. EA31. C's vocalising is tentative and hardly audible compared with T and Co's louder, confident vocalising.	EA29.1. T&C shared beat. EA29.2. C clear play on shared beat. EA29.3. C plays 3 rd beat. EA30.1. T&Co regular pulse phrase end, C fades. EA30.2. C aware phrase end, playing fades. EA31.1. T&Co vocally louder, C soft. EA31.2. T&Co vocally purposeful, C tentative.
04.23-04.30	EA32. T & Co begins a new phrase and C begins to play softly, but more purposefully, midway through first bar. EA33. T and Co continue to sing and play regular pulse at consistent tempo with accented 1 st beats of bars while C's soft, multiple beats are slightly lagging but C plays 1 st beat accents with T and Co on 2 nd and 3 rd bars. EA34. C's playing becomes more irregular and heavier in the 3 rd bar. EA35. C's playing fades to an almost stop during 4 th bar, last bar of phrase. EA36. C's vocalising hardly audible during whole phrase compared with T and Co's clearly audible singing.	EA32.1. C delayed start new phrase. EA32.2. C purposeful play new phrase. EA33.1. T & Co regular pulse. EA33.2. T&Co consistent tempo. EA33.3. T&Co identical accents. EA33.4. C lagging multiple beats. EA33.5. T, Co, C shared beats twice. EA34. C's mid-phrase heavier, more irregular. EA35. C aware phrase end, playing fades. EA36. T & Co vocally louder than C.
04.31-04.37	EA37. T & Co begins new phrase, C starts playing during first beat in first bar. EA38. T & Co continue playing at regular pulse, consistent tempo, accented 1 st beats while C's playing is pianissimo, in irregular multiple beats that become heavier and more lagging before gradually fading away to almost stop at end of phrase.	EA37. C delayed start new phrase. EA38.1. T & Co regular pulse. EA38.2. T&Co consistent tempo. EA38.3. T&Co identical accents. EA38.4. C's playing heavier, more lagging. EA38.5. C aware phrase end, playing fades.



APPENDIX VI

THICK DESCRIPTION AND CODES EXCERPT A

EXCERPT A - THICK DESCRIPTION		
MUSIC FROM SESSION ONE – AUDIO RECORDING		
Real Time	Description	Codes
	EA39. C's vocalising is hardly audible compared with T & Co's clearly audible singing	EA39. T&Co louder, C hardly audible.
04.38-04.52	<p>EA40. T begins chorus section of song which contains dotted crotchets and minims.</p> <p>EA41. T and Co sing and play softer compared with previous verse, but continue at same tempo, 100bpm, and regular pulse.</p> <p>EA42. T plays one or two beats per bar during chorus while Co plays 2 to 3 beats per bar.</p> <p>EA43. C does not play during chorus except for four soft irregular multiple beats in 2nd bar from start of chorus section.</p> <p>EA44. While T is singing the chorus section, the Co does not vocalise and C vocalises softly in lower pitch than T.</p> <p>EA45. T introduces fermata on last bar of chorus section.</p>	<p>EA40.1. T begins chorus.</p> <p>EA40.2. Chorus dotted rhythms.</p> <p>EA40.3. Song chorus section.</p> <p>EA41.1. T & Co vocally softer chorus.</p> <p>EA41.2. T & Co consistent tempo.</p> <p>EA41.3. T&Co regular pulse.</p> <p>EA42. T & Co incongruent chorus beats.</p> <p>EA43. C plays 4 multiple beats during chorus.</p> <p>EA44.1. C vocally lower pitch than T during chorus.</p> <p>EA44.2. T vocally louder, C soft.</p> <p>EA44.3. Co does not sing during chorus.</p> <p>EA45. T introduces fermata chorus end.</p>
04.53-04.99	<p>EA46. T repeats verse section of song at reduced but consistent regular pulse and tempo of 96bpm, Andante, singing more softly than in chorus section.</p> <p>EA47. T's guitar playing is soft and gentle while Co's playing is louder and stronger than T.</p> <p>EA48. T and Co play identically, 3 regular beats per bar while C does not play tambourine.</p> <p>EA49. T's voice is louder than Co and C's.</p>	<p>EA46.1. T begins verse.</p> <p>EA46.2. T repeats verse.</p> <p>EA46.3. T reduced tempo new verse.</p> <p>EA46.4. T consistent tempo.</p> <p>EA46.5. T regular pulse.</p> <p>EA46.6. T vocally softer verse than chorus.</p> <p>EA47. Co plays louder than T.</p> <p>EA48.1. T&Co identical play.</p> <p>EA48.2. T&Co play, C silent.</p> <p>EA49. T vocally louder than Co and C.</p>
05.00-05.05	EA50. T introduces fermata in last bar of 1 st phrase during which time C plays four sudden sharp but soft multiple beats.	EA50.1. T introduces fermata. EA50.2. C plays briefly during fermata.
05.06-05.09	<p>EA51. T introduces ritardando at end of the phrase during which C plays four pianissimo multiple beats in time with pulse.</p> <p>EA52. T and Co simultaneously ends song while C does not play.</p>	<p>EA51.1. T introduces ritardando phrase end.</p> <p>EA51.2. C plays briefly in tempo during ritardando.</p> <p>EA52. T&Co simultaneous end, C silent.</p>



APPENDIX VII

THICK DESCRIPTION AND CODES EXCERPT B

EXCERPT B - THICK DESCRIPTION		
MUSIC FROM SESSION FIVE – VIDEO RECORDING		
Real Time	Description	Codes
0.00-01.33	<p>EB1. T, Co and C are sitting on chairs in a triangular position in room.</p> <p>EB2. T is verbally explaining how a copying activity is about to proceed and the sequence of turns to be taken in copying her rhythmic patterns on the djembe drums.</p> <p>EB3. While T is talking, both Co and C have sustained eye contact with T.</p> <p>EB4. When T asks whether everybody understands her explanation, the Co verbally answers in affirmative and C nods her head in affirmative.</p> <p>EB5. T begins a basic rhythm consisting of 2 slow paced crotchet beats on the drum.</p> <p>EB6. During next 2 rounds C copies T but plays after Co too, thus out of turn.</p> <p>EB7. After the Co also plays out of turn, T begins to verbally indicate each member's turn; T refers to herself as 'I', and C as 'you' and Co as 'Stef' (her name) while making eye contact with member whose turn it is; she continues this for a few rounds while playing the same rhythmic pattern.</p> <p>EB8. The sequence in turns is now more paced and members play on their turns.</p> <p>EB9. T stops verbally directing turns upon changing to the next rhythmic pattern and indicates turns using her body and making eye contact with member whose turn it is.</p> <p>EB10. Throughout the activity T, Co and C make sustained eye contact with the member whose turn it is to play.</p> <p>EB11. T repeats her rhythmic patterns a number of times before changing to another pattern.</p> <p>EB12. T's rhythmic patterns are short and slow-paced and consist of crotchets and/or quavers.</p> <p>EB13. C copies all T's rhythmic patterns but generally plays faster beats than T or Co.</p>	<p>EB1. Triangular seating position.</p> <p>EB2.1. T verbally explains drum copying activity.</p> <p>EB2.2. Each to play a drum.</p> <p>EB3. C & Co sustained eye contact with T.</p> <p>EB4. C & Co affirms understanding.</p> <p>EB5.1. T begins copying activity.</p> <p>EB5.2. T plays basic rhythmic pattern.</p> <p>EB6.1. C copies T.</p> <p>EB6.2. C out of turn.</p> <p>EB7.1. Co out of turn.</p> <p>EB7.2. T verbally indicates turns.</p> <p>EB7.3. T repeats rhythmic pattern.</p> <p>EB8.1. Turns paced upon T verbal direction.</p> <p>EB8.2. Members play in turns upon T verbal direction.</p> <p>EB9.1. T begins new rhythmic pattern.</p> <p>EB9.2. T ceases verbal turn directing.</p> <p>EB9.3. T begins non-verbal turn indication.</p> <p>EB10. T, Co & C eye contact with member whose turn it is.</p> <p>EB11. T repeats rhythmic patterns.</p> <p>EB12.1. T's rhythmic patterns short and slow.</p> <p>EB12.2. T Crotchets and/or quaver rhythmic patterns.</p> <p>EB13.1. C and Co copy T's rhythms.</p> <p>EB13.2. C copies at faster pace than T and Co.</p>
01.34-02.28	<p>EB14. After C and Co copied T's seventh rhythmic pattern, T adds her voice to mirror the rhythmic patterns she plays on the drum.</p>	<p>EB14.1. C & Co copy seven different rhythmic patterns.</p> <p>EB14.2. T adds vocal improvised melody to instrumental rhythm.</p>



APPENDIX VII

THICK DESCRIPTION AND CODES EXCERPT B

EXCERPT B - THICK DESCRIPTION		
MUSIC FROM SESSION FIVE – VIDEO RECORDING		
Real Time	Description	Codes
	<p>EB15. After T added her voice to her playing C & Co copy T's rhythmic patterns but play out of turn.</p> <p>EB16. T begins to play regular quaver beats while vocally improvising using crotchets and quavers.</p> <p>EB17. Co and C play simultaneously with T although C plays irregular beats compared with T & Co's regular beats.</p> <p>EB18. After continuing playing and improvising for a short while, T introduces a fermata during which C and Co stop playing.</p> <p>EB19. T continues improvising and playing briefly while C starts playing shortly after T and Co maintains regular pulse.</p> <p>EB20. T introduces a ritardando and fermata during which C and Co do not play.</p>	<p>EB14.3. T vocal & instrumental rhythm identical.</p> <p>EB15. T vocal amplification confuse C&Co turns.</p> <p>EB16.1. T begins regular quaver beats.</p> <p>EB16.2. T Vocal crotchets-quavers improvisation.</p> <p>EB17.1. T&Co regular beats, C irregular.</p> <p>EB17.2. T, Co & C simultaneous play.</p> <p>EB18. T introduces fermata, C&Co stop.</p> <p>EB19. C delayed start.</p> <p>EB20.1. T introduces ritardando.</p> <p>EB20.2. T introduces fermata.</p> <p>EB20.2. C & Co silent during rit and fermata.</p>
02.29-02.51	<p>EB21. T begins to sing four phrases of verse section of Alouette, using "pam-pa-ram-pam" vocalisations to replace words and C begins to sing softly in 2nd phrase.</p> <p>EB22. T & Co play 2 beats per bar in regular pulse, in andante tempo – 84bpm while C plays slightly irregular 2 beats per bar.</p> <p>EB23. Throughout T and Co plays slightly louder than the pianissimo, tentative, delicate playing of C.</p> <p>EB24. T and Co maintains a consistent regular pulse and tempo throughout the four phrases.</p> <p>EB25. During the third phrase, C's vocalising becomes slightly louder than in first two phrases and C's playing increasingly becomes out of synch with the 2 regular beats per bar that T and Co are playing.</p> <p>EB26. In the fourth phrase C mirrors T's vocal rhythm and begins to change her drum playing to the melodic rhythm; her playing and singing occasionally slightly lags with T's vocalising.</p> <p>EB27. T and C maintain sustained eye contact with each other throughout all four phrases.</p>	<p>EB21.1. T begins "Alouette".</p> <p>EB21.2. T replaces words with "pam-pa-ram".</p> <p>EB21.3. C vocal delayed start.</p> <p>EB22.1. T&Co regular pulse, C irregular.</p> <p>EB22.2. T&Co andante tempo.</p> <p>EB22.3. T & Co identical play.</p> <p>EB23. T & Co louder, C soft & tentative.</p> <p>EB24.1. T & Co regular pulse.</p> <p>EB24.2. T&Co consistent tempo.</p> <p>EB25.1. C vocally louder mid-verse.</p> <p>EB25.2. C increased irregular playing mid-verse.</p> <p>EB26.1. C initiates change to melodic rhythm.</p> <p>EB26.2. C slightly lags.</p> <p>EB27. T & C sustained eye contact.</p>
02.52-03.00	<p>EB28. T begins to sing chorus section of Alouette at a markedly reduced tempo.</p> <p>EB29. During the first two phrases in chorus T changes rhythmic pattern on drum to mirror the</p>	<p>EB28.1. T begins chorus.</p> <p>EB28.2. T chorus reduced tempo.</p> <p>EB29.1. T copies C's change to melodic rhythm.</p>



APPENDIX VII

THICK DESCRIPTION AND CODES EXCERPT B

EXCERPT B - THICK DESCRIPTION		
MUSIC FROM SESSION FIVE – VIDEO RECORDING		
Real Time	Description	Codes
03.01-03.07	<p>chorus melody line and C plays and sings concurrently with T, with occasional slight lag in beats; T also introduces fermata at end of each phrase.</p> <p>EB30. The Co does not sing and continues to play two regular main beats per bar.</p> <p>EB31. T sings and plays a short rhythmic pattern consisting of 3 quavers followed by 1 quaver rest while the Co plays 2 regular crotchet beats and C is silent.</p> <p>EB32. T sings & plays the same rhythm.</p> <p>EB33. C echoes the rhythmic pattern vocally and instrumentally at faster tempo than T while the Co echoes instrumentally at same tempo as T.</p> <p>EB34. T waits till C is finished before singing and playing the same rhythmic pattern slightly louder while C & Co remain silent.</p> <p>EB35. C echoes rhythmic pattern vocally and instrumentally at faster tempo than T and C's voice is also slightly louder, while the Co imitates the rhythmic pattern at same tempo as T.</p> <p>EB36. The imitation between T & C sounds like spontaneous turn-taking.</p> <p>EB37. T and C maintain sustained eye contact with each other throughout the chorus section and T waits for C to finish singing before continuing song.</p>	<p>EB29.2. T & C play melodic rhythm.</p> <p>EB29.3. C slightly lags.</p> <p>EB29.4. T introduce fermata chorus.</p> <p>EB30.1. Co silent in chorus.</p> <p>EB30.2. Co maintains chorus regular pulse.</p> <p>EB31.1. T short rhythmic pattern.</p> <p>EB31.2. T sings & plays, C waits.</p> <p>EB32. T vocal & instrumental identical rhythm.</p> <p>EB33.1. C imitates T vocally & instrumentally.</p> <p>EB33.2. C imitates faster tempo.</p> <p>EB34.1. T waits for C.</p> <p>EB34.2. T repeats rhythmic pattern louder.</p> <p>EB34.3. T plays, C&Co waits.</p> <p>EB35.1. C imitates T vocally & instrumentally.</p> <p>EB35.2. C imitates T's louder voice.</p> <p>EB36. T&C spontaneous turn-take.</p> <p>EB37.1. T & C sustained eye contact.</p> <p>EB37.2. T waits for C.</p>
03.08-03.20	<p>EB38. T begins repetition of verse of Alouette and continues vocalising melody using "pa-ram-pam-pam".</p> <p>EB39. T, C and Co instrumentally begin 1st phrase of verse together.</p> <p>EB40. T & Co maintain consistent tempo and regular pulse of two beats per bar while C plays softer multiple (quaver) beats in tempo.</p> <p>EB41. C begins to vocalise mid-way through 1st phrase and mirrors T's melodic rhythm vocally while Co does not vocalise.</p> <p>EB42. T & C vocally end 1st phrase together.</p> <p>EB43. At end of first phrase C misses a quaver beat and catches up with 3 quick quaver beats.</p> <p>EB44. T, C and Co begin 2nd phrase together</p>	<p>EB38.1. T begins verse.</p> <p>EB38.2. T repeats verse.</p> <p>EB38.3. T continues "pa-ram-pam" vocalising.</p> <p>EB39. Simultaneous start T, C, Co.</p> <p>EB40.1. T & Co regular pulse.</p> <p>EB40.2. T&Co consistent tempo.</p> <p>EB40.3. C multiple beats in tempo with T & Co.</p> <p>EB41.1. C delayed vocalising in verse.</p> <p>EB41.2. C vocally mirrors T.</p> <p>EB42. T & C simultaneous phrase end.</p> <p>EB43. C catches up beats.</p> <p>EB44. T, C, Co start phrase</p>



APPENDIX VII

THICK DESCRIPTION AND CODES EXCERPT B

EXCERPT B - THICK DESCRIPTION		
MUSIC FROM SESSION FIVE – VIDEO RECORDING		
Real Time	Description	Codes
	<p>instrumentally.</p> <p>EB45. During second phrase T & Co maintain consistent tempo and regular pulse of 2 beats per bar while C briefly plays the melodic dotted rhythm pattern resulting in slower, heavier and irregular playing before falling in with quaver beats in tempo during last 2 bars of phrase.</p> <p>EB46. C begins to vocalise soon after T During 2nd phrase and C continues to mirror T's melodic rhythm.</p> <p>EB47. T & C end the phrase together vocally and instrumentally.</p> <p>EB48. T and Co's playing is louder than C and T's singing also louder than C.</p>	<p>simultaneously.</p> <p>EB45.1. C changes to melodic rhythm.</p> <p>EB45.2. C irregular play.</p> <p>EB45.3. C reverts to multiple beats.</p> <p>EB45.4. C in tempo with T and Co.</p> <p>EB46.1. C delayed start in phrase.</p> <p>EB46.2. C mirrors T vocally.</p> <p>EB47. T & C end phrase simultaneously.</p> <p>EB48. T & Co louder than C.</p>
03.21-03.32	<p>EB49. T begins to repeat chorus section of Alouette at consistent tempo and regular pulse of 2 beats per bar and Co continues playing 2 regular beats per bar.</p> <p>EB50. During first phrase of chorus C vocalises 2 notes of melodic line while playing quaver beats in tempo.</p> <p>EB51. At end of first phrase in chorus, C imitates elements of T's vocal rhythm while playing in irregular multiple beats.</p> <p>EB52. T waits for C to finish singing before continuing playing.</p> <p>EB53. C begins to play and sing mid-way through second phrase and plays multiple (quaver) beats in synch with tempo.</p>	<p>EB49.1. T repeats chorus.</p> <p>EB49.2. T & Co consistent tempo.</p> <p>EB49.3. T&Co regular pulse.</p> <p>EB50.1. C plays in tempo with T.</p> <p>EB50.2. C vocalises fraction of melody.</p> <p>EB51.1. C imitates elements T's vocal rhythm.</p> <p>EB51.2. C irregular multiple beats.</p> <p>EB52. T waits for C.</p> <p>EB53.1. C delayed start in phrase.</p> <p>EB53.2. C multiple beats in tempo with T.</p>
03.33-03.45	<p>EB54. T sings and plays a short rhythmic pattern consisting of 3 quavers followed by 1 quaver rest while the Co plays 2 regular crotchet beats and C is silent.</p> <p>EB55. T sings & plays the same rhythm.</p> <p>EB56. C echoes the rhythmic pattern vocally and instrumentally at faster tempo than T while the Co does not play.</p> <p>EB57. T waits for C to finish before repeating the same rhythmic pattern a tone higher while C does not play.</p> <p>EB58. C echoes T's rhythmic pattern vocally and instrumentally.</p> <p>EB59. While echoing T, C sings in lower vocal register and instrumental playing is faster than her vocalising.</p> <p>EB60. T waits for C to finish singing before repeating the rhythmic pattern in a lower vocal</p>	<p>EB54.1. T short rhythmic pattern.</p> <p>EB54.2. T sings & plays, C waits.</p> <p>EB55. T vocal & instrumental identical rhythm.</p> <p>EB56.1. C imitates T vocally & instrumentally.</p> <p>EB56.2. C imitates T faster tempo.</p> <p>EB57.1. T waits for C.</p> <p>EB57.2. T repeats rhythm.</p> <p>EB57.3. T sings & plays, C waits.</p> <p>EB58. C imitates T vocally & instrumentally.</p> <p>EB59.1. C imitates at lower vocal register.</p> <p>EB59.2. C imitates T at faster instrumental tempo.</p> <p>EB60.1. T waits for C.</p> <p>EB60.2. T repeats rhythm in lower</p>



APPENDIX VII

THICK DESCRIPTION AND CODES EXCERPT B

EXCERPT B - THICK DESCRIPTION		
MUSIC FROM SESSION FIVE – VIDEO RECORDING		
Real Time	Description	Codes
	<p>register. EB61. C instrumentally echoes T's rhythm in quick, irregular beats. EB62. T pauses while C continues to play irregular quaver beats. EB63. There is a brief moment where both T and C pause and when T next begins to sing C echoes T's previous rhythm vocally while playing irregular quaver beats. EB64. T and C maintain sustained eye contact with each other throughout chorus section. EB65. Chorus section tempo was reduced.</p>	<p>vocal register. EB61. C imitates T instrumentally. EB62. T waits for C. EB63.1. T & C pause simultaneously. EB63.2. C imitates T vocally. EB64. T & C sustained eye contact. EB65. Chorus tempo reduced.</p>
03.46-03.59	<p>EB66. T begins repeat of verse section of Alouette and C changes hands to original playing position on drum. EB67. T's singing and playing is louder compared with previous singing and playing. EB68. During 1st phrase T & Co revert to original verse tempo and regular pulse while C plays multiple beats in tempo. EB69. During 2nd phrase C's playing becomes slightly irregular or lagging compared with T & Co's consistent and regular tempo and pulse. EB70. T introduces ritardando and T, Co and C do not end together.</p>	<p>EB66.1. T begins verse. EB66.2. T repeats verse. EB67. T sings verse louder. EB68.1. T & Co revert to original verse tempo. EB68.2. T&Co regular pulse. EB68.3. C multiple beats in tempo with T and Co. EB69. C irregular & lagging. EB70.1. T ritardando. EB70.2. T, Co & C don't end together.</p>



APPENDIX VIII

THICK DESCRIPTION AND CODES EXCERPT C

EXCERPT C - THICK DESCRIPTION		
MUSIC FROM SESSION EIGHT – AUDIO RECORDING		
Real Time	Description	Codes
24.40-24.49	<p>EC1. T begins to sing a verse of a traditional Afrikaans folk song.</p> <p>EC2. The song is in 2/4 meter and T plays at a consistent tempo of 84bpm, Andante.</p> <p>EC3. T sings words of song while C & Co hum.</p> <p>EC4. T & Co voices are soft and gentle, similar to C's.</p> <p>EC5. While singing, T accompanies song with I – V harmonic progression on the lower register of the keyboard using respective tonic and dominant intervals of fifths.</p> <p>EC6. T plays four regular soft staccato quaver beats per bar using her left hand, ending each phrase with one quaver while C plays the tonic interval T marked for her on upper register of keyboard in soft, non-legato irregular multiple beats.</p> <p>EC7. The Co does not play during activity.</p> <p>EC8. T & C ends each phrase simultaneously with C playing an extended single note at phrase end.</p>	<p>EC1.1. T begins verse.</p> <p>EC1.2. Traditional Afrikaans folk song.</p> <p>EC2.1. Song 2/4 meter.</p> <p>EC2.2. T Consistent Andante tempo.</p> <p>EC3.T sings words vs C & Co hum.</p> <p>EC4. T,C, Co soft gentle voices.</p> <p>EC5.1. I-V harmony.</p> <p>EC5.2.T lower keyboard register.</p> <p>EC5.3. Tonic/Dominant intervals of 5ths accompaniment.</p> <p>EC6.1. T left hand play.</p> <p>EC6.2. T regular quavers pulse.</p> <p>EC6.3. T staccato accompaniment.</p> <p>EC6.4.T one quaver on phrase endings.</p> <p>EC6.5. T marks tonic interval on keyboard.</p> <p>EC6.6. C upper keyboard register tonic interval.</p> <p>EC6.7. T staccato vs C non-legato play.</p> <p>EC6.8. T regular pulse vs C irregular pulse.</p> <p>EC6.9. T&C at keyboard.</p> <p>EC7. Co silent.</p> <p>EC8.1. T & C simultaneous phrase end.</p> <p>EC8.2. C extended note phrase ends.</p>
24.50-25.01	<p>EC11. T begins the third phrase and plays the harmonic intervals of fifths as two legato crotchets per bar, while substituting the words of the melody with “la-la”.</p> <p>EC12. The Co and C are humming while C plays multiple beats out of synch with tempo and pulse.</p> <p>EC13. Mid-way through third phrase C begins to sing words of melody louder than T and Co and stops playing until the end of phrase.</p> <p>EC14. During the fourth phrase, while T and Co still sing “la-la” as melody and T plays two</p>	<p>EC11.1. T 3rd phrase change to legato playing.</p> <p>EC11.2. T 3rd phrase 4 beats to 2 beats per bar.</p> <p>EC11.3. T 3rd phrase substitutes words to La-la.</p> <p>EC12.1. Co & C hums while T sings la-la.</p> <p>EC12.2. C irregular multiple beats to T's regular pulse.</p> <p>EC13.1. C aware T sings la-la.</p> <p>EC13.2. C focus on singing words of song, stops playing.</p> <p>EC13.3. C begins singing words while T “la-la”.</p> <p>EC14.1. T&Co la-la, C words.</p> <p>EC14.2. T regular, C irregular.</p>



APPENDIX VIII

THICK DESCRIPTION AND CODES EXCERPT C

EXCERPT C - THICK DESCRIPTION		
MUSIC FROM SESSION EIGHT – AUDIO RECORDING		
Real Time	Description	Codes
	legato crotchets per bar, C plays continuous non-legato multiple beats slightly irregular to tempo and pulse while singing the words in a softer voice compared with the previous phrase. EC15. T and C end the fourth phrase by playing minims.	EC14.3. T legato play, C non-legato. EC14.4. C vocally softer while playing. EC15. T & C simultaneous phrase end.
25.02-25.27	<p>EC16. Co and T verbally indicate praise [Co: “hmmmm”; T: “daarsyyy!”] and T reassures C when C asks whether she played in the right manner. [C: “oraait?”]; [T: “Ons kan dit doen, natuurlik, ja!”].</p> <p>EC17. T suggests playing black keys on keyboard. [T: “ Nou kom ons speel net die swart nootjies”].</p> <p>EC18. There is a period of silence while T removes the tape she used to highlight certain keys for C to play on during previous activity.</p> <p>EC19. After T removed the tape, T indicates to C her freedom of choice to play any key as long as it is black.[T: Net hierdie swart nootjies, enige van hulle wat jy wil speel”].</p> <p>EC20. C asks T whether she should play in a certain manner [C: “Moet ek so speel?”] and demonstrates by playing 2 single notes, upon which T confirms and repeats C’s freedom to choose whichever keys she pleases. [T: “Net so, wat jy wil”].</p> <p>EC21. The Co is silent during the conversation between T and C.</p>	<p>EC16.1. T & Co verbal praise. EC16.2. T reassures C.</p> <p>EC17. T suggests exploring activity.</p> <p>EC18. Silence while T prepares new activity.</p> <p>EC19. T invites C to explore keyboard black keys.</p> <p>EC20.1. C asks for reassurance. EC20.2. T reassures C. EC20.3. T repeats invitation for C to explore keyboard black keys.</p> <p>EC21. Co is silent during T & C conversation.</p>
25.28-25.43	<p>EC22. T begins to play two soft, non-legato randomly chosen single notes in mid-register of keyboard at a Largo tempo of 40bpm, after which C plays one single note in the same soft, non-legato manner.</p> <p>EC23. T and C play concurrently four non-legato descending notes after which T verbally interrupts to converse with Co.</p>	<p>EC22.1. T starts keyboard improvising activity. EC22.2. T begins to play two slow random single notes. EC22.3. C imitates soft & non-legato quality of T’s playing. EC23.1. T & C play concurrently. EC23.2. T verbally interrupts playing, C waits.</p>
25.44-25.47	<p>EC24. T plays a random note after which C plays another random note in the same soft, non-legato manner.</p> <p>EC25. C immediately plays a second note and T follows quickly with her second note.</p>	<p>EC24.1. T plays single random note. EC24.2. C imitates T. EC25. T&C incongruent single notes.</p>
25.48-26.20	<p>EC26. C plays a third note and T plays after C.</p> <p>EC27. T and C alternate playing single random notes at a consistent tempo of 50bpm, a Largo tempo.</p> <p>EC28. C changes her playing by introducing</p>	<p>EC26.1. C aware of turns. EC26.2. T imitates C single note. EC27.1. T & C turn-taking. EC27.2. Single note turn-taking at Largo tempo. EC28.1. C initiates changes in</p>



APPENDIX VIII

THICK DESCRIPTION AND CODES EXCERPT C

EXCERPT C - THICK DESCRIPTION		
MUSIC FROM SESSION EIGHT – AUDIO RECORDING		
Real Time	Description	Codes
26.21-26.27	<p>staccato notes, sudden as well as gradual dynamic changes, re-introducing non-legato notes and T imitates the changes C introduces.</p> <p>EC29. Initially T played random notes, later on T played same notes as C, only an octave lower.</p> <p>EC30. The turn-take sounds tender, intimate and focused.</p> <p>EC31. C introduces stronger dynamic contrast between notes, followed by 2 quick consecutive notes.</p> <p>EC32. The character of the turn-taking begins to sound playful.</p>	<p>note length, dynamics.</p> <p>EC28.2.T imitates C.</p> <p>EC28.3. C exploring dynamics, note lengths.</p> <p>EC28.4. C aware T imitates.</p> <p>EC29. T plays C's notes octave lower.</p> <p>EC30. Turn-take tender, intimate, focused.</p> <p>EC31.1. C introduces dynamic contrast & 2 quick paced notes.</p> <p>EC31.2. T imitates C.</p> <p>EC31.3. C explores dynamics, note lengths.</p> <p>EC32. Turn-take changes to playfulness.</p>
26.28-26.38	<p>EC33. Immediately after T imitated C's quick-paced consecutive notes, T verbally communicates her recognition of C's playfulness or teasing in the music, while laughing. [T: "Jy vang my uit!"].</p> <p>EC34. T asks whether C noticed T imitating her and C confirmed verbally and giggles. [T: "Het jy gesien ek volg jou?"; [C: " uhh"]].</p> <p>EC35. T affirms that C was playful and teasing and suggests to continue with the activity. [T: Ja, jy speel met my hier, kom ons doen dit weer", laughs; jy't my nou amper uitgevang"].</p> <p>EC36. T suggest to continue playing black keys and asks C whether she would like to begin. [T:"OK, ons speel nogsteeds net die swart nootjies. Wil jy begin?"].</p>	<p>EC33.1. T laughs.</p> <p>EC33.2. T verbally indicates playfulness and teasing from C.</p> <p>EC33.3. T verbally interrupts music.</p> <p>EC34.1. T & C converse.</p> <p>EC34.2. C confirms playfulness and teasing.</p> <p>EC34.3. C aware playfulness & teasing.</p> <p>EC34.3. C giggles.</p> <p>EC35.1. T re-affirms playfulness.</p> <p>EC35.2. T suggests continuation of keyboard activity.</p> <p>EC36. T invites C to start.</p>



APPENDIX IX

TRANSCRIPTS AND CODES SESSION NOTES

SESSION NOTES TRANSCRIPTS	
Main text	Codes
<p>Session notes A (session one - audio recording):</p> <p>Overall impressions: SA1. Although the Client participated in all the activities, the participation was very tentative.</p> <p>SA2. The Client appeared anxious and uncertain and these qualities were reflected in her playing, singing and movements: she sang and played very softly, in a whimpering way.</p> <p>SA3. Her playing on the tambourine was irregular in rhythm and dynamics and did not indicate awareness of phrases and pauses in the music.</p> <p>SA4. The Client's verbalisations during the session appeared to reflect an anxiety to live up to an expectation of the therapist, even though the therapist attempted to put her at ease throughout the session (by talking in a gentle, encouraging manner).</p> <p>SA5. The Client did not seem to enjoy the session.</p> <p>SA6. She smiled rarely, portrayed a tight, rigid body posture.</p> <p>SA7. She did not appear comfortable.</p> <p>Significant moments: SA8. During the movement activity song: when the Therapist considerably reduced the tempo of the song to match the tempo of the Client's movements, the client started uttering the words of the melody while moving the scarf [10.47]. SA9. During the Goodbye song: Therapist emphasised the 'ritardandos' near and at the end of each phrase during the song. SA10. The Client uttered the last words of most phrases with the Therapist; the Client's voice was clearer than what she previously used.</p> <p>Interpretation: SA11. I sensed early in the session that the Client appeared anxious, hesitant and uncertain as to what was expected of her. SA12. I attempted to put her at ease when she verbalised her uncertainty and I adopted a very gentle, kind and encouraging tone of voice throughout the session.</p>	<p>SA1.1. T observes C participates all activities. SA1.2. T reflects on C's tentative participation. SA2.1. T reflects on C's soft, tentative playing. SA2.2. T reflects on C's appearance as anxious, uncertain. SA3.1. T aware C tambourine playing irregular. SA3.2. T aware C unaware phrases and pauses. SA4.1. T observes C verbalises uncertainty. SA4.2. T verbally reassures C. SA4.3. T gently reassures C. SA4.4. T encourages C. SA4.5. T aware C needs reassurance. SA4.6. T aware C needs encouragement. SA5. T reflects on C's seeming lack of enjoyment. SA6.1. T observes C rare smiling. SA6.2. T observes C rigid posture. SA7. T reflects on C's appearance.</p> <p>SA8. T aware increased C participation during tempo reduction.</p> <p>SA9. T aware T emphasises ritardandos phrase ends.</p> <p>SA10.1. T aware T&C simultaneous vocal phrase endings. SA10.2. T aware C clearer voice phrase endings.</p> <p>SA11. T reflects on C's uncertain, anxious appearance.</p> <p>SA12.1. T observes C verbalises uncertainty. SA12.2. T reassures C. SA12.3. T encourages C. SA12.4. T gentle voice. SA12.5. T aware C needs reassurance. SA12.6. T aware C needs encouragement.</p>



APPENDIX IX

TRANSCRIPTS AND CODES SESSION NOTES

SESSION NOTES TRANSCRIPTS	
Main text	Codes
<p>SA13. During the significant moments, however, I realised that the Client’s level of participation increased whenever the activities were very simple, slow and repetitive.</p> <p>SA14. I realised that I should keep activities with the Client very simple, repetitive and slow to enable her to feel comfortable in doing the activities. This will hopefully favourably impact on her anxiety level as well.</p>	<p>SA13. T aware C increased participation during slow, repetitive, simple activities.</p> <p>SA14. T aware C comfortable during slow, repetitive, simple activities.</p>
<p>Session notes B (session five - video recording):</p> <p>Significant moments:</p> <p>SB1. During the drum improvisation Client copied Therapist introduced basic rhythms, upon instruction; previous interaction between T and C based on T leading, more a one-sided musical communication.</p> <p>SB2. I wanted to see if C was able to play differently to her usual irregular, fragmented & inflexible rhythms.</p> <p>SB3. During the drum playing while singing “Alouette”, there were a few moments of musical dialogue between T and C;</p> <p>SB4. T created extended pauses at the end of relative short phrases, C echoed T during those pauses.</p> <p>SB5. The dialogues were more frequent and prominent compared to previous sessions, and I was more attuned to the idea of imitation/copying as part of the session aims, thus more aware of it.</p> <p>SB6. In the previous session, the client very briefly strummed the guitar.</p> <p>Supervision comments:</p> <p>SB7. I can use body language to indicate turns during activities to reduce the verbal component and facilitate musical flow;</p> <p>SB8. Allow the client even more space during activities to echo and even lead;</p> <p>SB9. The client’s limited musical vocabulary can be extended by allowing her to explore more while she is willing to (refer to piano improvs – I could have extended the improv by inviting client to explore various ways in playing keyboard notes).</p> <p>SB10. When improvising melodies, vary the words/sounds – not just pa-ram-pa-pam.</p> <p>Next session:</p> <p>SB11. Focus on turn-taking to allow client to lead basic activities (e.g. drum rhythms) for others to copy;</p>	<p>SB1.1. T aware verbal instructions.</p> <p>SB1.2. T aware C copies basic rhythms.</p> <p>SB1.3. T reflects on change to interaction less one-sided.</p> <p>SB1.4. T aware previous interaction T leading.</p> <p>SB2. T aware of C irregular, fragmented, inflexible rhythms.</p> <p>SB3. T aware of T & C musical dialogue.</p> <p>SB4.1. T aware C responds during T extended fermatas.</p> <p>SB4.2. T aware C imitated during fermatas.</p> <p>SB5.1. T aware T&C dialogues more frequent & prominent.</p> <p>SB5.2. T imitation session aim.</p> <p>SB6. T aware C brief guitar playing.</p> <p>SB7.1. T verbalises excessively.</p> <p>SB7.2. T little use body language for turn indication.</p> <p>SB7.3. T insufficient musical flow.</p> <p>SB8. T insufficient musical space.</p> <p>SB9.1. C limited musical vocabulary.</p> <p>SB9.2. T insufficient exploring.</p> <p>SB10. T insufficient vocal exploring.</p> <p>SB11.1. T reflects turn-take session focus.</p> <p>SB11.2.T reflects turn-take for C to lead.</p>



APPENDIX IX

TRANSCRIPTS AND CODES SESSION NOTES

SESSION NOTES TRANSCRIPTS	
Main text	Codes
<p>SB12. Reduce verbal component.</p> <p>SB13. Reduce anxiety element in client – reassure.</p> <p>Interpretation: SB14. I am pleased about the fact that I am beginning to become more aware of creating space within activities to allow client to “be” (e.g. during keyboard improvisation). SB15. I feel I am clinically more aware of what direction to go with the client and am pleased about today’s turning point (client copying/echoing, exploration on keyboard).</p>	<p>SB12. T reflects to reduce verbalisations.</p> <p>SB13. T aware to reassure C.</p> <p>SB14. T aware to create more space.</p> <p>SB15.1. T more aware clinical direction. SB15.2. T aware session turning point of C copying and exploring.</p>
<p>Session notes C (session eight - audio recording):</p> <p>Significant moments: SC1. For the first time in all sessions, C led an activity – at the keyboard. SC2. She became aware of me imitating her way of playing and also incorporated ways of playing I used in a previous activity in the session; SC3. I noticed an increased awareness of my responses in her playing; SC4. C explored the drum improvisation and keyboard activities (both activities contained various new materials I introduced for the first time) for long periods of time; new material did not put her off as easily as in previous sessions;</p> <p>SC5. I was able to elicit a substantial change in C’s way of playing on the drum, by varying my dynamics considerably; SC6. C seemed to have enjoyed the keyboard copying activities – she giggled at times; I was never sure if she actually enjoyed some of our work together, so these responses encouraged me;</p> <p>SC7. My matching of C’s way of playing during structured, familiar songs has improved. SC8. I’m listening to her more closely and am able to be more flexible in adapting my rhythms to hers.</p> <p>Debriefing comments: SC9. I’ve noticed that I used a lot of diminutives when talking to C – I should stop this – the fact that she appears frail, timid with a lack of confidence does not justify speaking to her as if she’s a child!!!!</p> <p>Next session: SC10. Work on copying activities - incorporate different contrasts;</p>	<p>SC1. T aware C first-time leading.</p> <p>SC2.1. T reflects C aware T imitates. SC2.2. T aware C uses T’s previous playing. SC3. T aware of C’s increased awareness. SC4.1. T aware T explores new material. SC4.2. T aware C explored T’s new material. SC4.3. T aware C exploration increases. SC5. T aware varying dynamics elicits change in C’s drum playing. SC6.1. T reflects on C’s enjoyment of keyboard copying. SC6.2. T aware C giggles. SC6.3. T reflects on T feelings of encouragement by C’s responses. SC7. T aware T matching improved.</p> <p>SC8.1. T aware T listens more closely. SC8.2. T aware of T flexible adjustment. SC8.3. T aware T adapts to C.</p> <p>SC9. T aware T uses diminutives in verbalising.</p> <p>SC10. T reflects on future contrast in copying activities.</p>



APPENDIX IX

TRANSCRIPTS AND CODES

SESSION NOTES

SESSION NOTES TRANSCRIPTS	
Main text	Codes
<p>Interpretation: SC11. I am very surprised at C's responses today. SC12. I gave her space and she chose to lead.</p> <p>SC13. Maybe it's not just C who developed an increased awareness of my responses – I may have learnt to listen more to my client's playing too!!</p>	<p>SC11. T surprised at C's responses. SC12.1. T aware increased space encouraged C to lead. SC13. T aware increased listening between T & C.</p>



APPENDIX X

COLLAPSED CODES EXCERPT A

EXCERPT A – SESSION ONE (AUDIO) – COLLAPSED CODES		
CATEGORY	COLLAPSED CODES	ORIGINAL CODES
Incongruence	Dynamic differences	EA31.1. T&Co vocally louder, C soft. EA36. T & Co vocally louder than C. EA2.1. T vocally louder than Co & C. EA25.1. T vocally louder than Co & C. EA49. T vocally louder than Co and C. EA44.2. T vocally louder, C soft. EA5.1. T & Co play louder, C soft. EA39. T&Co louder, C hardly audible. EA28.3. C vocally & instrumentally hardly audible.
	Purposeful vs tentative	EA31.2. T&Co vocally purposeful, C tentative. EA.2.2. T voice clearer than Co and C. EA25.2. T vocally more purposeful than Co & C. EA5.2. T & Co play purposeful, C tentative.
	Inactivity	EA10.1. T&Co play, C silent. EA43. C plays 4 multiple beats during chorus. EA48.2. T&Co play, C silent. EA52. T&Co simultaneous end, C silent.
	Delayed start	EA18.1. C verse delayed start. EA32.1. C delayed start new phrase. EA37. C delayed start new phrase.
	Unusual beats	EA18.2. C starts 3 rd beat. EA29.3. C plays 3 rd beat.
	Unsustained play	EA21. T & Co consistent play, C fades. EA22. T & Co consistent play, C hardly audible lagging multiple beats. EA6.3. C unsustained lagging multiple beats. EA28.4. C's playing unsustained. EA24.1. T regular pulse phrase end, C fades. EA30.1. T&Co regular pulse phrase end, C fades.
	Irregular beats	EA33.4. C lagging multiple beats. EA34. C's mid-phrase heavier,



APPENDIX X

COLLAPSED CODES EXCERPT A

EXCERPT A – SESSION ONE (AUDIO) – COLLAPSED CODES		
CATEGORY	COLLAPSED CODES	ORIGINAL CODES
		more irregular. EA38.4. C's playing heavier, more lagging.
	Vocalising differences	EA2.3. T words, C&Co hum. EA44.1. C vocally lower pitch than T during chorus.
	Note length differences	EA3. T legato & C non-legato.
	Unfamiliarity	EA10.2. C states unknown song to C&Co. EA12. C re-states unknown song to C & Co.
	Inconsistency	EA9.1. T unexpected dissonant chord cadence point. EA41.1. T & Co vocally softer chorus. EA46.6. T vocally softer verse than chorus. EA40.2. Chorus dotted rhythms. EA4. T & Co incongruent beats & accents. EA42. T & Co incongruent chorus beats. EA44.3. Co does not sing during chorus. EA47. Co plays louder than T. EA9.2. T & Co incongruent during fermata, C stops.
	Verbal misunderstanding	EA15.2. C does not answer T suggestion. EA11.1. T asks C to repeat comment. EA13. T asks question, C doesn't reply.
	Verbalised uncertainty	SA4.1. T observes C verbalises uncertainty. SA12.1. T observes C verbalises uncertainty.
Awareness	Shared beats	EA7. T, Co & C shared accented beat. EA28.5. T&C occasional shared beats. EA29.1. T&C shared beat. EA29.2. C clear play on shared beat. EA33.5. T, Co, C shared beats twice.
	In tempo	EA19.4. C in tempo multiple beats. EA26. C vocally in tempo with T & Co. EA51.2. C plays briefly in tempo during ritardando.
	Phrase start/end	EA23. C catches up beat



APPENDIX X

COLLAPSED CODES EXCERPT A

EXCERPT A – SESSION ONE (AUDIO) – COLLAPSED CODES		
CATEGORY	COLLAPSED CODES	ORIGINAL CODES
		phrase end. EA24.2. C aware phrase end, playing fades. EA30.2. C aware phrase end, playing fades. EA35. C aware phrase end, playing fades. EA38.5. C aware phrase end, playing fades. EA50.2. C plays briefly during fermata. EA32.2. C purposeful play new phrase.
	Vocal mirroring	EA25.3. C & Co vocalise “la-la” with T.
	Co-therapist awareness	EA10.3. C aware unknown song to Co.
Therapist leads	Tempo reduction	EA8. T introduces fermata. EA45. T introduces fermata chorus end. EA50.1. T introduces fermata. EA51.1. T introduces ritardando phrase end. EA46.3. T reduced tempo new verse.
	Tempo increase	EA27. T tempo increase. EA17. T verse increased tempo.
	Repetition	EA16.2. T repeats verse. EA46.2. T repeats verse. EA14.1. T suggests song repetition.
	Activity structure	EA16.1. T begins verse. EA46.1. T begins verse. EA40.1. T begins chorus. EA1.1. T sings traditional Afrikaans folk song verse. EA1.3.1. Song regular pulse. EA1.3.2. T sings in E major. EA1.3.3. Song basic harmony. EA1.4.1. Melody pre-composed. EA1.4.2. Melody & pulse coincide. EA40.3. Song chorus section.
	Word replacement	EA16.4. T replaces words with “la-la”.
	Distinct instruments	EA1.2.1. Each plays distinct instrument.
	T&Co consistency	EA16.3. T E major key. EA46.4. T consistent tempo. EA46.5. T regular pulse. EA6.1. T & Co regular pulse. EA6.2. T & Co consistent tempo.



APPENDIX X COLLAPSED CODES EXCERPT A

EXCERPT A – SESSION ONE (AUDIO) – COLLAPSED CODES		
CATEGORY	COLLAPSED CODES	ORIGINAL CODES
		EA19.1. T & Co identical play. EA19.2. T&Co regular pulse. EA19.3. T&Co identical accents. EA28.1. T&Co regular pulse. EA28.2. T&Co identical accents. EA33.1. T & Co regular pulse. EA33.2. T&Co consistent tempo. EA33.3. T&Co identical accents. EA38.1. T & Co regular pulse. EA38.2. T&Co consistent tempo. EA38.3. T&Co identical accents. EA41.2. T & Co consistent tempo. EA41.3. T&Co regular pulse. EA48.1. T&Co identical play. EA15.1 Co verbally agrees with T.
	Vocal accents	EA20. T vocally accents beats.
	Accompaniment	EA1.2.2. T accompanies with guitar.
	Verbal intervention	EA14.2. T suggests word replacement with “la-la”. EA11.2. T talks gently to C. SA4.2. T verbally reassures C. SA4.4. T encourages C. SA12.2. T reassures C. SA12.3. T encourages C. SA4.3. T gently reassures C. SA12.4. T gentle voice.
Therapist reflects	Client participation	SA1.1. T observes C participates in all activities. SA1.2. T reflects on C’s tentative participation. SA2.1. T reflects on C’s soft, tentative playing. SA3.1. T aware C tambourine playing irregular. SA3.2. T aware C unaware phrases and pauses. SA8. T aware increased C participation during tempo reduction. SA13. T aware C increased participation during slow, repetitive, simple activities. SA10.2. T aware C clearer voice phrase endings. SA10.1. T aware T&C simultaneous vocal phrase endings.
	Client appearance	SA2.2. T reflects on C’s



APPENDIX X

COLLAPSED CODES EXCERPT A

EXCERPT A – SESSION ONE (AUDIO) – COLLAPSED CODES		
CATEGORY	COLLAPSED CODES	ORIGINAL CODES
		appearance as anxious, uncertain. SA5. T reflects on C's seeming lack of enjoyment. SA6.1. T observes C rare smiling. SA6.2. T observes C rigid posture. SA7. T reflects on C's appearance. SA11. T reflects on C's uncertain, anxious appearance. SA14. T aware C comfortable during slow, repetitive, simple activities.
	Client uncertainty	SA4.5. T aware C needs reassurance. SA4.6. T aware C needs encouragement. SA12.5. T aware C needs reassurance. SA12.6. T aware C needs encouragement.
	Therapist skills	SA9. T aware T emphasises ritardandos phrase ends.



APPENDIX XI

COLLAPSED CODES EXCERPT B

EXCERPT B – SESSION FIVE (VIDEO) - COLLAPSED CODES		
CATEGORY	COLLAPSED CODES	ORIGINAL CODES
Incongruence	Out of turn play	EB6.2. C out of turn. EB7.1. Co out of turn.
	Tempo differences	EB13.2. C copies at faster pace than T and Co. EB33.2. C imitates faster tempo. EB56.2. C imitates T faster tempo. EB59.2. C imitates T at faster instrumental tempo.
	Irregular beats	EB17.1. T&Co regular beats, C irregular. EB22.1. T&Co regular pulse, C irregular. EB25.2. C increased irregular playing mid-verse. EB26.2. C slightly lags. EB29.3. C slightly lags. EB45.2. C irregular play. EB51.2. C irregular multiple beats. EB69. C irregular & lagging.
	Inconsistency	EB18. T introduces fermata, C&Co stop. EB20.2. C & Co silent during rit and fermata. EB15. T vocal amplification confuse C&Co turns. EB14.2. T adds vocal improvised melody to instrumental rhythm.
	Delayed start	EB19. C delayed start. EB21.3. C vocal delayed start. EB41.1. C delayed vocalising in verse. EB46.1. C delayed start in phrase. EB53.1. C delayed start in phrase.
	Dynamic differences	EB23. T & Co louder, C soft & tentative. EB48. T & Co louder than C.
	Inactivity	EB50.2. C vocalises fraction of melody.
	Vocalising differences	EB59.1. C imitates at lower vocal register.
	Separate ending	EB70.2. T, Co & C don't end together.
Awareness	Phrase start/end	EB17.2. T,Co & C simultaneous play. EB39. Simultaneous start T, C, Co. EB42. T & C simultaneous phrase end.



APPENDIX XI

COLLAPSED CODES EXCERPT B

EXCERPT B – SESSION FIVE (VIDEO) - COLLAPSED CODES		
CATEGORY	COLLAPSED CODES	ORIGINAL CODES
		EB44. T, C, Co start phrase simultaneously. EB47. T & C end phrase simultaneously. EB63.1. T & C pause simultaneously.
	In tempo	EB40.3. C multiple beats in tempo with T & Co. EB43. C catches up beats. EB45.4.C in tempo with T and Co. EB50.1. C plays in tempo with T. EB53.2. C multiple beats in tempo with T. EB68.3. C multiple beats in tempo with T and Co.
	Vocal mirroring	EB41.2. C vocally mirrors T. EB46.2. C mirrors T vocally.
	Instrumental mirroring	EB29.2. T & C play melodic rhythm.
	Turn-taking	EB8.1. Turns paced upon T verbal direction. EB8.2. Members play in turns upon T verbal direction. EB31.2. T sings & plays, C waits. EB34.1. T waits for C. EB34.3. T plays, C&Co waits. EB37.2. T waits for C. EB52. T waits for C. EB54.2. T sings & plays, C waits. EB57.1. T waits for C. EB57.3. T sings & plays, C waits. EB60.1. T waits for C. EB62. T waits for C. EB36. T&C spontaneous turn-take.
	Imitation	EB29.1. T copies C's change to melodic rhythm. EB6.1. C copies T. EB13.1. C and Co copy T's rhythms. EB33.1. C imitates T vocally & instrumentally. EB35.1. C imitates T vocally & instrumentally. EB35.2. C imitates T's louder voice. EB51.1. C imitates elements T's vocal rhythm. EB56.1. C imitates T vocally &



APPENDIX XI

COLLAPSED CODES EXCERPT B

EXCERPT B – SESSION FIVE (VIDEO) - COLLAPSED CODES		
CATEGORY	COLLAPSED CODES	ORIGINAL CODES
		instrumentally. EB58. C imitates T vocally & instrumentally. EB61. C imitates T instrumentally. EB63.2. C imitates T vocally. EB14.1. C & Co copy seven different rhythmic patterns.
	Eye contact	EB3. C & Co sustained eye contact with T. EB27. T & C sustained eye contact. EB37.1. T & C sustained eye contact. EB64. T & C sustained eye contact.
	Co-therapist awareness	EB10. T, Co & C eye contact with member whose turn it is.
	Initiative	EB25.1. C vocally louder mid-verse. EB26.1. C initiates change to melodic rhythm. EB45.1. C changes to melodic rhythm. EB45.3. C reverts to multiple beats.
	Verbal understanding	EB4. C & Co affirms understanding.
Therapist leads	Verbal intervention	EB2.1. T verbally explains drum copying activity. EB7.2. T verbally indicates turns.
	Non-verbal direction	EB9.2. T ceases verbal turn directing. EB9.3. T begins non-verbal turn indication.
	Activity structure	EB5.1. T begins copying activity. EB21.1. T begins “Alouette”. EB38.1. T begins verse. EB66.1. T begins verse. EB28.1. T begins chorus.
	Tempo reduction	EB20.1. T introduces ritardando. EB70.1. T ritardando. EB20.2. T introduces fermata. EB65. Chorus tempo reduced. EB28.2. T chorus reduced tempo. EB29.4. T introduce fermata chorus.
	Similar instruments	EB2.2. Each to play a drum.
	Word replacement	EB21.2. T replaces words with “pam-pa-ram”.



APPENDIX XI

COLLAPSED CODES EXCERPT B

EXCERPT B – SESSION FIVE (VIDEO) - COLLAPSED CODES		
CATEGORY	COLLAPSED CODES	ORIGINAL CODES
	Repetition	EB7.3. T repeats rhythmic pattern. EB11. T repeats rhythmic patterns. EB38.2. T repeats verse. EB49.1. T repeats chorus. EB57.2. T repeats rhythm. EB60.2. T repeats rhythm in lower vocal register. EB66.2. T repeats verse. EB34.2. T repeats rhythmic pattern louder.
	T&Co consistency	EB22.3. T & Co identical play. EB22.2. T&Co andante tempo. EB24.1. T & Co regular pulse. EB24.2. T&Co consistent tempo. EB40.1. T & Co regular pulse. EB40.2. T&Co consistent tempo. EB49.2. T & Co consistent tempo. EB49.3. T&Co regular pulse. EB68.1. T & Co revert to original verse tempo. EB68.2. T&Co regular pulse. EB30.2. Co maintains chorus regular pulse. EB68.1. T & Co revert to original verse tempo. EB1. Triangular seating position. EB38.3. T continues “pa-ram-pam” vocalising. EB14.3. T vocal & instrumental rhythm identical. EB32. T vocal & instrumental identical rhythm. EB55. T vocal & instrumental identical rhythm.
	Rhythmic patterns	EB9.1. T begins new rhythmic pattern. EB12.1. T’s rhythmic patterns short and slow. EB12.2. T Crotchets and/or quaver rhythmic patterns. EB31.1. T short rhythmic pattern. EB54.1. T short rhythmic pattern. EB5.2. T plays basic rhythmic pattern. EB16.1. T begins regular quaver beats. EB16.2. T Vocal crotchets-



APPENDIX XI

COLLAPSED CODES EXCERPT B

EXCERPT B – SESSION FIVE (VIDEO) - COLLAPSED CODES		
CATEGORY	COLLAPSED CODES	ORIGINAL CODES
		quavers improvisation.
	Co-therapist inactive	EB30.1. Co silent in chorus.
Therapist reflects	Therapist verbalising	SB1.1. T aware verbal instructions. SB12. T reflects to reduce verbalisations.
	Client participation	SB1.2. T aware C copies basic rhythms. SB2. T aware of C irregular, fragmented, inflexible rhythms. SB6. T aware C brief guitar playing.
	Interaction	SB1.3. T reflects on change to interaction less one-sided. SB1.4. T aware previous interaction T leading. SB3. T aware of T & C musical dialogue. SB5.1. T aware T&C dialogues more frequent & prominent.
	Future sessions	SB5.2. T imitation session aim. SB11.1. T reflects turn-take session focus. SB11.2. T reflects turn-take for C to lead. SB13. T aware to reassure C. SB15.1. T more aware clinical direction. SB15.2. T aware session turning point of C copying and exploring.
	Therapist skills	SB4.1. T aware C responds during T extended fermatas. SB4.2. T aware C imitated during fermatas. SB7.1. T verbalises excessively. SB7.2. T little use body language for turn indication. SB7.3. T insufficient musical flow. SB8. T insufficient musical space. SB9.1. C limited musical vocabulary. SB9.2. T insufficient exploring. SB10. T insufficient vocal exploring. SB14. T aware to create more space.



APPENDIX XII

COLLAPSED CODES EXCERPT C

EXCERPT C – SESSION EIGHT (AUDIO) - COLLAPSED CODES		
CATEGORY	COLLAPSED CODES	ORIGINAL CODES
Incongruence	Irregular beats	EC6.8. T regular pulse vs C irregular pulse. EC12.2. C irregular multiple beats to T's regular pulse. EC14.2. T regular, C irregular. EC25. T&C incongruent single notes.
	Vocalising differences	EC3.T sings words vs C & Co hum. EC12.1. Co & C hums while T sings la-la. EC14.1. T&Co la-la, C words.
	Note length differences	EC6.7. T staccato vs C non-legato play. EC14.3. T legato play, C non-legato.
	Inconsistency	EC23.2. T verbally interrupts playing, C waits. EC33.3. T verbally interrupts music.
	Incoordination	EC13.2. C focuses on singing words of song, stops playing. EC14.4. C vocally softer while playing.
	Verbalised uncertainty	EC20.1. C asks for reassurance.
Awareness		
Awareness	Phrase start/end	EC8.1. T & C simultaneous phrase end. EC15. T & C simultaneous phrase end. EC8.2. C extended note phrase ends.
	Waiting	EC18. Silence while T prepares new activity.
	Vocal mirroring	EC4. T,C, Co soft gentle voices.
	Instrumental mirroring	EC23.1. T & C play concurrently.
	Imitation	EC26.2. T imitates C single note. EC28.2.T imitates C. EC29. T plays C's notes octave lower. EC31.2. T imitates C. EC22.3. C imitates soft & non-legato quality of T's playing. EC24.2. C imitates T. EC28.4. C aware T imitates.
	Turn-taking	EC27.1. T & C turn-taking. EC26.1. C aware of turns. EC30. Turn-take tender, intimate, focused. EC32. Turn-take changes to playfulness.



APPENDIX XII

COLLAPSED CODES EXCERPT C

EXCERPT C – SESSION EIGHT (AUDIO) - COLLAPSED CODES		
CATEGORY	COLLAPSED CODES	ORIGINAL CODES
		EC34.3. C aware playfulness & teasing. EC27.2. Single note turn-taking at Largo tempo.
	Therapist vocalising	EC13.1. C aware T sings la-la.
	Verbal understanding	EC34.1. T & C converse. EC33.2. T verbally indicates playfulness and teasing from C. EC34.2. C confirms playfulness and teasing. EC33.1. T laughs. EC34.3. C giggles. EC35. T re-affirms playfulness.
Client leads		
	Word singing	EC13.3. C begins singing words while T “la-la”.
	Musical changes	EC28.1. C initiates changes in note length, dynamics. EC31.1. C introduces dynamic contrast & 2 quick paced notes.
Client explores		
	Musical elements	EC28.3. C exploring dynamics, note lengths. EC31.3. C explores dynamics, note lengths.
Therapist leads		
	Activity structure	EC1.2. Traditional Afrikaans folk song. EC1.1. T begins verse. EC2.1. Song 2/4 meter. EC5.1. I-V harmony. EC22.1. T starts keyboard improvising activity. EC22.2. T begins to play two slow random single notes. EC24.1. T plays single random note.
	Word replacement	EC11.3. T 3 rd phrase substitutes words to La-la.
	T&Co consistency	EC2.2. T Consistent Andante tempo. EC6.2. T regular quavers pulse.
	Co-therapist inactive	EC7. Co silent. EC21. Co is silent during T & C conversation.
	Accompaniment	EC5.3. Tonic/Dominant intervals of 5ths accompaniment. EC6.3. T staccato accompaniment. EC6.1. T left hand play. EC11.1. T 3 rd phrase change to legato playing. EC11.2. T 3 rd phrase 4 beats to 2 beats per bar.



APPENDIX XII

COLLAPSED CODES EXCERPT C

EXCERPT C – SESSION EIGHT (AUDIO) - COLLAPSED CODES		
CATEGORY	COLLAPSED CODES	ORIGINAL CODES
		EC6.4.T one quaver on phrase endings. EC5.2.T lower keyboard register. EC6.6. C upper keyboard register tonic interval. EC6.5. T marks tonic interval on keyboard.
	Verbal intervention	EC17. T suggests exploring activity. EC16.1. T & Co verbal praise. EC35.2. T suggests continuation of keyboard activity. EC16.2. T reassures C. EC20.2. T reassures C. EC19. T invites C to explore keyboard black keys. EC20.3. T repeats invitation for C to explore keyboard black keys. EC36. T invites C to start.
	Similar instruments	EC6.9. T&C at keyboard.
Therapist reflects	Client participation	SC1. T aware C first-time leading. SC2.1. T reflects C aware T imitates. SC2.2. T aware C uses T's previous playing. SC3. T aware of C's increased awareness. SC4.2. T aware C explored T's new material. SC4.3. T aware C exploration increases.
	Client appearance	SC6.1. T reflects on C's enjoyment of keyboard copying. SC6.2. T aware C giggles.
	Therapist skills	SC4.1. T aware T explores new material. SC5. T aware varying dynamics elicits change in C's drum playing. SC7. T aware T matching improved. SC8.1. T aware T listens more closely. SC8.2. T aware of T flexible adjustment. SC8.3. T aware T adapts to C. SC12.1. T aware increased space encouraged C to lead.
	Therapist feelings	SC6.3. T reflects on T feelings



APPENDIX XII

COLLAPSED CODES EXCERPT C

EXCERPT C – SESSION EIGHT (AUDIO) - COLLAPSED CODES		
CATEGORY	COLLAPSED CODES	ORIGINAL CODES
		of encouragement by C's responses. SC11. T surprised at C's responses.
	Therapist verbalising	SC9. T aware T uses diminutives in verbalising.
	Future sessions	SC10. T reflects on future contrast in copying activities.
	Interaction	SC13. T aware increased listening between T & C.

**APPENDIX XIII
MUSICAL INTERACTION RATING SCALES
MIR(S)**

	DATE:	CLIENT:	NO OF SESSIONS TO DATE:
	LEVEL 1 <i>NO MUSICAL CONTACT</i>	LEVEL 2 <i>ONE-SIDED CONTACT (no responsiveness from P)</i>	LEVEL 3 <i>ONE-SIDED CONTACT (non musical responsiveness of P)</i>
PARTNER'S PERFORMANCE	1) Unpredictable and/ disorganised -Irregular/fleetingly regular pulse -Meter is not established -Rhythmic patterns are absent/ too unformed 2) More organised and predictable -Pulse more regular though unstable -Meter can be inferred -Rhythmic patterns may be inferred	*Disorganised or more organised (as in level 1)	*Disorganised or more organised (as in level 1)
THERAPIST'S RESPONSE	T does not mirror, match or reflect any aspect of P's musical utterances	*T meets SOME or ALL aspects of P's performance, mirroring, matching or reflecting this with varying degrees of accuracy	*T meets SOME or ALL aspects of P's performance, mirroring, matching or reflecting this with varying degrees of accuracy
QUALITY OF P'S RESPONSIVENESS		*If T intervenes, P continues to play as before, does not respond to T *P may continue to play several beats after T has stopped (unaware of alteration)	If and when T intervenes, P responds by either: *Stopping playing (even momentarily) and continues as before *Fluttering by playing in a chaotic manner, then stop or continue as before *Speaking to T or looking up at T *P may continue to play several beats after T has stopped (unaware of alteration)
MUSICAL INTERACTION	*No common pulse between T and P (or else too fleeting to be called musical contact).	*Established in the sense that P and T share some/all of the musical components. *HOWEVER: T is doing all the active meeting of P's performance, *P's performance gives no sign of being aware of T's *Shared musical impulse is a result of T's accurate mirroring, matching or reflecting of P	*T is doing all the active meeting of P's performance, modeling her playing on P's *P's responses to T's interventions suggest awareness of the interventions but responses are not musically directed (thus non-musical) *This is ONE-WAY CONTACT - P's performance gives no sign of being aware of the other musical partner
SHARED MUSICAL CONTENT	*NO joint musical impulse *Joint improvisation is unsynchronised		May be smooth and flowing, BUT more the result of T's accurate matching than of mutual communication.
CLINICAL ADJUSTMENT		*T cease to intervene if after a few interventions, P continues to persevere *T may continue to play with P, moulding playing to P's, eventually draw improv to a close	*Insufficient musical contact between T and P, implication is that P is not motivated to direct responses towards the T's music. *Absence of musical contact is a consequence of an incapacity to establish an emotional/musical exchange with the T.

**APPENDIX XIII
MUSICAL INTERACTION RATING SCALES
MIR(S)**

	LEVEL 4 <i>SELF-DIRECTED MUSICAL RESPONSIVENESS OF P</i>	LEVEL 5 <i>TENUOUS MUSICALLY DIRECTED RESPONSIVE CONTACT</i>	LEVEL 6 <i>MORE SUSTAINED MUSICALLY DIRECTED RESPONSIVE CONTACT</i>
PARTNER'S PERFORMANCE		*As in LEVELS 2-4 *T is able to match mirror or reflect aspects of P's performance.	
THERAPIST'S RESPONSE		*As in LEVELS 2-4 *T is able to match mirror or reflect aspects of P's performance.	
QUALITY OF P'S RESPONSIVENESS	*P responds to T's intervention by moving away from the joint musical context. *P's response is not directed towards T, BUT is more than stumbling or stopping (level 3) *P's response is SELF rather than OTHER directed. *Response prevents contact from being established or reduces existing contact - as it keeps T very much at bay.	*P's response to T's interventions begins to show musical awareness. *P's response may be musically limited and/ unsustained OR *P's response may be sustained, P risk perseverating the "new" musical statement *Quality of P's response only becomes clear when T next intervenes	*P's responses to T's interventions are more sustained and musically less limited than in level 5. *There may still be signs of disorganised or over-organised and rigid musical utterances
MUSICAL INTERACTION		*P's response is MUSICALLY DIRECTED towards T's intervention *The mutual contact may be fleeting	*Musical initiative and intervention still very much with T. *P may follow T closely (may imitate T's changes) *P may adjust playing to meet T's playing *P may hold a basic beat or simple rhythmic pattern while T improvises against it (very basic holding, little tempo and rhythmical flexibility - too much variation and P loose the motivation for initiating
SHARED MUSICAL CONTENT		*May be still halting and uneven.	*The PULSE is more consistently shared between T and P *Rhythmic pattern are more consistently formed *Shared musical impulse becomes more flowing *Some flexibility in the use of tempo, dynamics and timbre may emerge
CLINICAL ADJUSTMENT	*T must check whether her interventions are appropriate to P's music (may be too direct/ overt / alienating P/ not inviting) *Consider a less challenging, more obtuse intervention OR no intervention at all.	*T's interventions may be view, to prevent T and P losing musical contact.	*T can intervene more frequently than in Level 5 because of P's increased flexibility *HOWEVER there is a danger that P may become over-dependent on T *T may cease to intervene in order to encourage P to begin initiating

**APPENDIX XIII
MUSICAL INTERACTION RATING SCALES
MIR(S)**

	LEVEL 7 <i>ESTABLISHING MUTUAL CONTACT</i>	LEVEL 8 <i>EXTENDING MUTUAL CONTACT</i>	LEVEL 9 <i>MUSICAL PARTNERSHIP</i>
PARTNER'S PERFORMANCE			
THERAPIST'S RESPONSE			
QUALITY OF P'S RESPONSIVENESS	<ul style="list-style-type: none"> *Extension of level 6 *P's playing is musically more informed *P's responses to T's interventions are sustained *Quality of the responses is smooth and spontaneous 		
MUSICAL INTERACTION	<ul style="list-style-type: none"> *P able to 'hold' own musically 9hold basic beat/ rhythmic pattern while T plays more complex music *P is flexible enough not to restrict T's playing(reflecting rather than imitating T) *T holds the basic beat while P plays around the pulse, exploring rhythmic & melodic shapes 	<ul style="list-style-type: none"> *P's initiative - beginning of musical interchange and mutual musical contact *P's response may extend or vary T's musical idea *P may initiate changes in tempo or rhythm *P may reintroduce previous musical material *P's initiative is assertive (holding 3/4 meter vs T's 4/4 meter) 	<ul style="list-style-type: none"> *P and T actively mirror and reflect one another's playing *Take turn to lead in the improvisation, by extending and developing rhythmic and melodic forms *Both use musical components flexibly in a fully reciprocal manner
SHARED MUSICAL CONTENT	<ul style="list-style-type: none"> *Use of shared pulse is increasingly flexible (variation in tempo, meter, rhythmic patterns, dynamics) *The shared musical impulse is flowing. 	<ul style="list-style-type: none"> *Joint musical impulse is flexible, with syncopated rhythms and less predictable musical ideas *Shared musical pulse still flows 	<ul style="list-style-type: none"> *Musical improvisation may show extremely flexible use of musical components *To an untrained listener it may resemble level 1 *The pulse and meter may be highly implicit, and the rhythmic and melodic patterns fragmented
CLINICAL ADJUSTMENT	<ul style="list-style-type: none"> *The joint impulse is flexible *P's holding does not restrict P's playing - the holding signifies P's independence from T *This is the beginning of 'co-operative' playing, each partner is supporting the other 	<ul style="list-style-type: none"> *T and P becomes increasingly attuned to one another's musical intentions, being to share musical responsibility for the improvisation *T's role is to support P in his musical initiative, to invite unexplored responses by extending the musical boundaries even further, becoming, increasingly, P's MUSICAL PARTNER 	<ul style="list-style-type: none"> *Improvisation is moving towards musical improvisation, rather than clinical improvisation *Both are utterly tuned into one another and share a reciprocity of musical intention *The players are relating inter-subjectivity