

**Mini-dissertation in partial fulfillment for the degree of
M.Mus (Music Therapy)**

**A 'foreign' journey of negotiating
music therapy on home ground**

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ABSTRACT

This study explored the process of negotiating music therapy in a community based setting known as The Potter's House. The Potter's House was established fourteen years ago as the first non-racial shelter for battered and destitute women and their children in the city of Pretoria. Furthermore, the study considers Community Music Therapy as a possible frame for music therapy practice in South Africa.

The study was conducted according to a qualitative research paradigm. Three data collection sources were used to gather information about the way in which music therapy was negotiated at The Potter's House. Data collection was in the form of interviews (conducted with the manager of The Potter's House and the music therapy participants) as well as clinical session notes. The aim of the interviews was to explore members' experiences and views of the music therapy process. The clinical session notes include significant information that relates to my own reflections and experiences of the music therapy process.

This study seems to highlight certain factors that appear prominent in the process of negotiating music therapy in this specific shelter for battered women and their children. These factors and how they were negotiated seem to emphasize the value of a Community Music Therapy framework in the shelter context. The study further suggests that Community Music Therapy could be utilized more broadly in the South African context.

KEYWORDS:

Battered women, music therapy, Creative Music Therapy, Community Music Therapy, negotiate, shelters, trauma, South Africa, domestic violence, system, systems theory

ABSTRAK

Die doel van hierdie studie was om die onderhandeling van musiekterapie in 'n gemeenskap-gebaseerde organisasie, naamlik The Potter's House, te ondersoek. The Potter's House is veertien jaar gelede gestig as die eerste nie-rassige organisasie vir mishandelde en behoeftige vroue en hul kinders in Pretoria-stad. Die studie ondersoek ook Gemeenskapsmusiekterapie as 'n moontlike raamwerk vir musiekterapiepraktyk in Suid-Afrika.

Die ondersoek is binne die kwalitatiewe navorsingsparadigma gedoen. Drie data-insamelingsbronne is gebruik om inligting rakende die onderhandeling van musiekterapie by The Potter's House te versamel. Data-insameling was in die vorm van onderhoude (gevoer met die bestuurderes van die organisasie en die musiekterapieklënte) asook kliniese sessie-notas. Die doel van die onderhoude was om die betrokke lede se ervarings en sienings van die musiekterapieproses te bekom.

Die studie lig sekere faktore uit wat belangrik blyk te wees in die onderhandeling van musiekterapie in die organisasie vir mishandelde vroue en hul kinders. Hierdie faktore en hoe dit onderhandel word beklemtoon die waarde van 'n Gemeenskapsmusiekterapie raamwerk. Dit dui ook daarop dat 'n raamwerk van Gemeenskapsmusiekterapie bruikbaar kan wees vir musiekterapiepraktyk in Suid-Afrika.

SLEUTELWOORDE:

Mishandelde vroue, musiekterapie, Kreatiewe Musiekterapie, Gemeenskapsmusiekterapie, onderhandel, beskutting, trauma, Suid-Afrika, huishoudelike geweld, sisteem, sisteemteorie

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CHAPTER 1

INTRODUCTION

1.1 CONTEXT

The context for this study is a community based centre called The Potter's House in Burgerspark, Pretoria. The centre caters for battered and destitute women and their children in the city of Pretoria and can accommodate 24 women at a time with their children. It offers a comprehensive programme including outreach services, a drop-in centre, a transitional residential facility, a baby-care centre and job preparation and skills training. The centre is affiliated with the Pretoria Community Ministries, which works with churches and communities towards urban transformation in Pretoria.

1.2 BACKGROUND

In South Africa, music therapy as a profession is a relatively new field. Currently, the University of Pretoria is the only national institution which offers a two year Masters training course in music therapy. The training approach is based on the Nordoff-Robbins approach of Creative Music Therapy which strongly focuses on improvised music between client and therapist (Bruscia 1987). Therapeutic goals are mainly geared towards the client's individual potential and are closely linked to humanistic theories of psychology, involving for example a concern for creativeness, growth, motivation and self-actualization (Bruscia 1987). Individual therapy (with adults and children) is the preferred setting, with group work being offered as a supplement to broaden the client's social and musical experiences (Bruscia 1987).

The Creative Music Therapy approach involves clear personal boundaries between client and therapist. The physical space in which therapy takes place is mostly private, with high regards for the ethics of confidentiality (Ansdell 2002). 'The therapeutic relationship is itself considered the main context of the therapy – seldom is the physical, social or cultural context of the client theorized or worked with' (Ansdell 2002: 23).

South Africa is unique in terms of population, cultures, languages and socio-economic and political circumstances. When working in socially disadvantaged areas, the therapist is often confronted with factors such as poverty, trauma and crime. This context challenges the conventional music therapy model and suggests a music therapy approach that is highly sensitive to the physical, social and cultural context in which music therapy takes place.

It appears that South African music therapists need to understand an individual client as well as themselves as forming part of the unique South-African context (Pavlicevic & Ansdell 2004). Ansdell (2002) views it as impossible to work with an isolated individual or to locate problems entirely within an individual and suggests that any 'treatment' should be in context as far as possible.

Due to the unique South African context, future MMus (Music Therapy) training courses may incorporate music therapy projects in community-based settings. Two current students, myself included, were selected to pilot such a music therapy project, with The Potter's House identified as setting. The piloting of this project and my curiosity towards this multi-layered area of practice and thinking motivated this research. The need to explore the process of negotiating music therapy in a new setting (such as The Potter's House) lays the foundation for the literature review, which will in turn argue towards the following research questions.

1.3 RESEARCH QUESTIONS

The study will aim to address the following research questions:

1. How is music therapy negotiated in a shelter for battered women and their children?
2. How useful is a Community Music Therapy frame for such a practice in South Africa?

1.4 AIMS

In this study I explore the process of negotiating music therapy in a shelter for battered and destitute women and their children, with special reference to a Community Music Therapy frame. It is hoped that the study will shed light on how best to develop music therapy further in South Africa. A 'foreign' journey (as stated in the title) refers to the new experience of piloting a music therapy project in a community setting within the South African context ('home ground').

1.5 CONCLUSION

This study aims to identify some of the important aspects involved in negotiating music therapy in a new setting. It hopes to stimulate thinking with regard to Community Music Therapy as a useful framework for music therapy in a South African context, thereby adding value to future projects in community-based settings. It also hopes to highlight some considerations for future music therapy training in South Africa.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This literature review will review all the relevant aspects mentioned in the research questions. Firstly, it will address the term ‘battered women’ and discuss the associated health consequences. Furthermore, it will consider shelter adjustment for women and their children as well as shelters as systems. Thirdly, it will review the available literature regarding music therapy with battered women and their children. The focus then shifts to the framework of Community Music Therapy, with negotiation being discussed as one of its features. The literature review ends with an overview of music therapy practice in South Africa.

2.2 BATTERED WOMEN AND THEIR CHILDREN

2.2.1 Definition

The term ‘battered women’ can be defined as ‘adult women who were intentionally physically battered in ways that caused pain or injury, or who were forced into involuntary action or restrained by force from voluntary action by adult men with whom they have or had established relationships, usually involving sexual intimacy, whether or not within a married state’ (Pagelow 1981: 419). The term ‘domestic violence’ is often used as a broader term. Domestic violence can be understood as a form of control where methods may involve physical, sexual, psychological and economic abuse or some combination of these (Ludsin & Vetten 2005).

The emphasis of most studies tend to be on domestic violence inflicted in heterosexual relationships, yet woman-to-woman violence also exists and has recently received more attention (Girshick 2002).

2.2.2 Health consequences

Literature suggests numerous physical and emotional health consequences for battered women, including physical injuries, chronic pain, anxiety, low self-esteem, sleep disturbances, trauma, learned helplessness, post-traumatic stress disorder (Campbell 2002; Humphreys et al. 2001; Palker-Corell & Marcus 2004) and depression (Campbell et al. 1996). In the case of women who have children Jarvis et al. (2005: 400) suggest that 'children's proximity to and involvement in the violence presents a high risk for trauma that demands early intervention'. Decreased social competence, lower self-esteem and increased fear and worry have also been documented, particularly with reference to children (Levendosky & Graham-Bermann 2001).

Learned helplessness occurs when a person believes that s/he is powerless and cannot escape or change the situation (Palker-Corell & Marcus 2004). The uncontrollability and unpredictability of repeated battering can contribute to behaviour associated with learned helplessness (Palker-Corell & Marcus 2004). Battering, caused by the inhuman behaviour of another human being, hinders trusting and sometimes makes it almost impossible (Zharinova-Sanderson 2004).

Depression and post-traumatic stress disorder seem to be the most prevalent emotional consequences for the battered woman (Campbell 2002). Substance abuse (alcohol and drugs) is a frequent occurrence that can be both a risk factor for and an effect of post-traumatic stress disorder (Campbell 2002).

2.2.3 Domestic violence in South Africa

Studies suggest a very high prevalence of domestic violence in South Africa (Ludsin & Vetten 2005). Unfortunately most crimes of domestic violence are not reported to the police for fear of not being believed, shame or self-blame (Ludsin & Vetten 2005). Despite South Africa's cultural diversity there seems to be cross-cultural agreement on the subordinate status of women (Ludsin & Vetten 2005). Cultural norms can include the belief of males' innate superiority, allowing them rights over women and girls. In certain communities women are criticised for speaking about abuse. Family affairs are viewed as private and women are held responsible for keeping a harmonious state of affairs to avoid being judged as having failed as wives (Ludsin & Vetten 2005).

Besides cultural beliefs, the South African economic circumstances seem to be one of the main reasons why women do not leave their abusers. Remaining in the abusive relationship can be a matter of economic necessity, since by leaving their partners women may run the risk of becoming homeless, single parents (Ludsin & Vetten 2005). High rates of unemployment and poverty in South African contribute to women remaining in the abusive relationship. Ludsin and Vetten explain:

Abused women do not make decisions about their lives in the abstract, or according to fixed rules. Rather, their choices are made within contexts shaped by social beliefs and values, personal circumstances and access to resources. Competing obligations and responsibilities to others may also form part of this context (2005: 17).

2.2.4 Shelter adjustment

When abused women do leave their abusive relationships, they are very vulnerable and often require emergency accommodation to escape their unsafe circumstances (Emdon 2006). Hernandez-Ruiz (2005) suggests that the time spent in a shelter is characterised by overwhelming challenges for these women, including finding a job and a place to live, filing for legal action and dealing with injuries and trauma. This can lead to feelings of isolation, fear of the future and rejection, lack of motivation and self-confidence as well as grief about leaving loved-ones behind (Hernandez-Ruiz 2005).

Many have children for whom they need to provide safety as well as financial and emotional support (Hernandez-Ruiz 2005). Due to the psychological impact of battering the mother may find it difficult to provide emotional support, subsequently leaving the child with a lack thereof (Levendosky & Graham-Bermann 2001). Many shelters offer extensive programmes to address the emotional consequences of battering (Emdon, 2006). Despite the extensive programmes some shelters offer there still appears to be a lack of change in the women's emotional health as they seem to lack in the commitment to participate in these programmes (Itzhaky & Porat 2005).

2.2.5 South African shelters for battered women

Emdon (2006) lists The Potter's House as one of 39 shelters available for battered women in South Africa. The Potter's House can accommodate 24 women and their children at a time. It offers a comprehensive programme including outreach services, a drop-in centre, a transitional residential facility, a baby-care centre and job preparation and skills training.

As identified by Emdon (2006) most South African shelter programmes seem to focus on the needs of battered women, without much being offered in terms of children-focused programmes. In South Africa, most shelters provide 3-6 months of intervention before women are supposed to be sent to second stage housing. Second stage housing, like The Potters House, accommodates women for a period of 6-12 months. In second stage housing women receive counseling and skills training in an effort to integrate them back into society (Emdon 2006). Unfortunately, second stage housing is often not available and at this critical point the 'women may return to the abusive relationship due to a lack of alternatives' (Emdon 2006:14).

2.2.6 Shelters as systems

Pavlicevic (2003: 32) draws from systems theory to explain how most organizations and working contexts 'can be seen as a complex system consisting of interrelated parts, each of which has a particular role and is mobilized according to the needs of the whole institution'.

A system can be defined as '...a whole composed of parts in orderly arrangement according to some scheme or plan. A set or assemblage of things connected, associated, or interdependent, so as to form a complex unity' (De Board 1978: 87). An individual is part of the system and positive or negative changes in one part of the system influences what occurs in other parts (Westen 1996). Srinivasan et al. (1991) consider how a shelter for battered women can be viewed as an organization like any other. This implies that the organizational structure and functioning of the shelter involve specific tasks and roles that impact on each individual that forms part of that structure (Srinivasan et al. 1991).

They argue further that the operational structure of a shelter can unintentionally contribute to the oppression of battered women (Srinivasan et al. 1991). While staff may express genuine concern for the residents, the organizational environment may empower those who work there far more and leave the women's personal concerns unsupported (Srinivasan et al. 1991). Although this may not apply to all shelters, it stresses the importance of continuously assessing how 'ideology affects the organizational environment in which services are delivered' (Srinivasan et al. 1991: 1). The structures and methods used within the organization should encourage interaction between the individual and his/her physical and social environment (De Board 1978).

The literature suggests that battering has severe physical and emotional health consequences for both battered women and their children, and new challenges are faced when they escape to a shelter. Both woman and child become part of the complex shelter operation, where each interrelated part of the system impacts on and is impacted by change in the system. There is clearly a need to find appropriate and effective methods to further assist battered women and children in shelters. We will now turn the focus to music therapy and how it is currently employed when working with battered women and their children.

2.3 MUSIC THERAPY WITH BATTERED WOMEN AND THEIR CHILDREN

The available literature regarding music therapy with battered women suggests that it can be an effective modality for working with this client group (Hernandez-Ruiz 2005; Rinker 1991; Teague et al. 2006). Hernandez-Ruiz (2005) studied the effect of music listening on the anxiety levels and sleep patterns of battered women in shelters. The results indicate improvement of sleep quality and a decrease in anxiety which is considered as increased personal resources (Hernandez-Ruiz 2005). Rinker (2001) used the Bonny Method of Guided Imagery and Music (GIM) for a woman who experienced emotional and physical partner abuse. Through a series of twelve sessions, the woman was able to work through and let go of the experiences and gained strength, self-assurance and self-appreciation (Rinker 2001).

Teague, Hahna and McKinney (2006) view group music therapy in combination with other art modalities as an effective intervention to alleviate both the personal and societal impact of the trauma caused by battering. Group music therapy in this specific context (a transitional housing setting) may provide the necessary peer support needed by the women (Teague et al. 2006). A decrease in the level of depression and anxiety was reported (Teague et al. 2006). The lack of literature and the need for studies that examine the effects of music therapy on children exposed to battering are highlighted (Teague et al. 2006).

Despite the effective impact of music therapy on battered women, it seems as though the music therapy interventions used in these studies (excluding Teague et al. 2006) are mainly geared to address individual symptoms caused by battering. Little attention seems to be given to the context in which the battered women find themselves. However, Teague et al. (2006) identified a need to consider the context in which the women find themselves at the time of therapy.

2.3.1 Music Therapy, trauma and post traumatic stress disorder (PTSD)

Since trauma and PTSD are very prevalent consequences for battered women, literature that relates to music therapy and trauma is also considered for this study. Sutton (2002) addresses the growing interest in how music therapy can provide a way through this complex experience. Music therapy can provide a safe and supportive environment in which clients can share their traumatic experiences, grieve their pain (Amir 2004) and grieve over the things that they have lost as a result of the abusive relationship (Sutton 2002). Although traumatic experiences can disturb a person's connection to his/her own body, music can be used as a powerful tool towards restoring the connection, since it is felt physically and emotionally in the body (Sutton 2002).

By encouraging the client to use music, both client and music therapist have the possibility of gaining access to parts of the client's unconscious world, where there may be found threatening and painful memories, but also possibilities of converting feelings of shame, anger and helplessness into a creative force that eventually brings power and healing (Amir 2004: 10).

One of the main aims of therapy with traumatized victims is to re-establish trust in another human being since it can facilitate change in other aspects of the person's life: "By making music together we confirm each other's humanity which can facilitate the processes of 'connecting', healing and evolving, and in return can impact upon a person's way of relating to himself and to the people around him" (Zharinova-Sanderson 2004: 241).

The literature seems to indicate that music therapy can play a positive role in addressing the symptoms of trauma, as experienced by battered women. However, to consider trauma in the specific context for this study, I find it important to also consider the concept of trauma in South Africa.

2.3.2 Violence and trauma in South Africa

Being a victim of violence has become an everyday phenomenon in urban and rural settings in South Africa (Hamber & Lewis 1997). Newspapers report daily on acts of murder, hijacking of cars, aggravated assault, aggravated robbery and rape. Besides physical violence, other less visible forms of violence are also present, such as political violence. Political violence can be defined as 'any act of destruction which impacts on the power relations in society' (Hamber & Lewis 1997: 3). Unequal power relationships are viewed as a form of political violence as it manifests in unequal life chances in areas such as employment, living conditions and education (Hamber & Lewis 1997).

In discussing her work with traumatized children in a violent South African society, Pavlicevic (2001; 2002) alerts us to the complexities of trauma in South Africa. Violence in South Africa is omnipresent and many people experience ongoing confusion, anxiety and distress (Pavlicevic 2002). Injuries, death, loss of feelings of safety and power and loss of community are some of the factors that lead to a cumulative stress-buildup, resulting in psycho-social trauma (Pavlicevic 2002).

Vast numbers of South Africans are likely to struggle to relate to other individuals due to shattered trust, and feelings of grief and loss; to have difficulty in the workplace due to intrusive trauma symptoms; and to be left with an overwhelming sense of anxiety, anger and vulnerability. This leaves many South Africans with raised levels of fear, suspicion and aggression – all of which deleteriously affect their daily functioning (Hamber & Lewis 1997: 11).

Therefore, despite the trauma South African battered women face there is also an ongoing psycho-social trauma affecting all South Africans. These circumstances should be taken into consideration when thinking about the negotiation of music therapy in a setting like The Potter's House. It seems to require a systems approach that considers the battered woman as an integral part of the shelter, while also being sensitive to the larger system, namely the South African context.

A systems approach explains an individual's behaviour according to the context they find themselves in (Westen 1996). The battered woman's behaviour is therefore addressed by considering the influences from other parts of the 'system', e.g. the shelter's organizational functioning, the woman's background and beliefs, the South African economic situation and her social and physical context. In terms of music therapy practice, a systems approach implies a process that involves the negotiation of all the parts of the 'system' to determine how music therapy can best be employed within this organization.

This approach seems to fit well with a Community Music Therapy frame, '...which rests on ecological assumptions for example that, an individual client is always an individual-in-context' (Ansdell 2002: 25). This means that not only should one consider the relationship between the individual and his/her context, but also consider the individual as part of the social and cultural context (Stige 2004a). All the parts/layers of the communal system are considered, ranging from the individual, to their community to how their community fit into the larger community, for example the South African context.

The community in which music therapy takes place then becomes a context to work ‘with’ and not just a context to work ‘in’ (Stige 2004b). This is in line with Ansdell, who writes that:

It is not seen as possible to work with an isolated individual, or to locate problems entirely within an individual, or to see problems as solely biological, psychological or social. Sickness is seen as sickness-in-context, and consequently any ‘treatment’ must likewise be in context as far as possible (Ansdell 2002: 25).

2.4 COMMUNITY MUSIC THERAPY

My objective in discussing Community Music Therapy is to consider the meaning of a Community Music Therapy frame when negotiating music therapy at The Potter’s House.

2.4.1 The meaning of Community Music Therapy

Community Music Therapy is an evolving discourse that developed primarily as a practice rather than a theory (Ansdell 2006). While there are ongoing theoretical discussions about its meaning, most literature suggests that it involves sensitivity to contexts and clients’ needs. Stige (2004a; 2004b; 2002), Ansdell (2006; 2002; 2004) and Pavlicevic (2006; 2004) have contributed extensively to the discussion on the relevance and meaning of Community Music Therapy.

The concept of ‘community’ in Community Music Therapy is understood as community in context (Ansdell 2004). This is best described through the concept of *communitas*: ‘...mutual experience within a social and cultural context’ (Ansdell 2004: 86). This central idea makes it difficult and even somewhat suspicious (Stige 2004a) to define Community Music Therapy as it will be ‘a different thing for different people in different places’ (Pavlicevic & Ansdell 2004: 17). On the other hand, defining Community Music Therapy can stimulate dialogue that can inform theory, practice and research (Stige 2004a). For the purpose of this study, Ansdell’s ‘anti-definition’ of Community Music Therapy as an ‘anti-model’ will be considered, as stated by Pavlicevic and Ansdell (2004: 21): ‘Community Music Therapy is an anti-model that encourages therapists to resist one-size-fits-all-anywhere models (of any kind), and instead to follow where the needs of clients, contexts and music leads.’

Community Music Therapy is based on the concept of *musicking*, a word that explains how we as human beings ‘are engaged in music, with music and through music’ (17), rather than viewing music as an object or product that exists separately from us (Pavlicevic 2003).

The overall aim of Community Music Therapy is to develop musical community by employing 'music to bridge the gap between individuals and communities, to creating a space for common musicking and sharing of artistic and human values' (Ruud 2004: 12). Musicking is viewed as a health performing practice that can build networks, empower and function as a social resource that can strengthen communities (Pavlicevic & Ansdell 2004).

A collection of articles in Pavlicevic and Ansdell (2004) describes Community Music Therapy as it has developed in several countries. Through discussing case studies in different settings, the authors illustrate how they were challenged to reflect on several aspects of their work in relation to the specific context they worked in.

Some of the aspects in their work include ethical and practical boundaries, the role of clients and music therapists, specific methods or types of activities (Stige 2004a) and professional and institutional structures (Pavlicevic & Ansdell 2004). Negotiation seems to be a feature of this new framework of thinking. The negotiation of music therapy takes place between all parties who form part of the system in which music therapy takes place. It involves *negotiation* of different elements of the process including roles, physical space, boundaries, aims and means, language, culture, preferences and more (Pavlicevic & Ansdell 2004). These elements of negotiation form part of a Community Music Therapy frame and will be considered in more detail.

2.4.2 Negotiation as a feature of Community Music Therapy

The Concise Oxford Dictionary (2005) defines the term 'negotiate' as: 'try to reach an agreement or compromise'. The Concise Oxford Dictionary of Archaeology (2003) defines negotiation as: 'The way in which people match their understanding of the world, their aspiration, and their interpretation of their place in it with social reality and what their senses tell them'.

Negotiation thus seems to involve two or more parties engaging with one another to reach an outcome that is mutually satisfying. What the parties negotiate seems to be based on their understanding, their agenda and their interpretation of their reality or circumstances. In order to determine how music therapy could best be employed in an organization/ institution, music therapists might need to negotiate how and where to work, who to work with, and how to think about their work.

- ***Who to work with***

As discussed earlier, a shelter can be seen as a complex system of interrelated parts. Pavlicevic (2003) alerts us to the fact that group musicking happens within the context of a larger system which cannot be separated from the music therapy group context. The institutional structure, staff roles, hierarchies and dynamics all form part of the operational structure of the system (Pavlicevic 2003). Therefore, decisions need to be made in terms of who the music therapy client will be, which can range from the individual or group to the whole community (Stige 2004b). Further considerations for decisions can also involve the individual, family, staff, local musicians and the wider geographical community, depending on the system and its needs (Wood et al. 2004).

The music therapist therefore needs to develop a sensitivity for the way in which the system functions, in order to establish how music therapy fits best into the larger system (Pavlicevic 2003). Community music therapists should also be open to the idea of involving other human agents, for example local musicians, neighbours and fellow clients of a circumstantial community (Stige 2004b). This may require or lead to changes in the roles and identities of the music therapist from being a conventional therapist to being a project-coordinator, an advocate, a facilitator, etc. (Stige 2004b).

This approach requires the negotiation of the work and aims of the music therapy with those of the institution to bring about equilibrium and exchange of energy (Pavlicevic 2003). 'The relationship between community music therapist and clients (and the boundaries to these) are individually and pragmatically negotiated, are in the first place 'moral' rather than 'professional' and are as equal as is possible under the circumstances' (Ansdell 2002: 22).

- ***Where to work***

In conventional music therapy there are clear personal boundaries between the client and therapist and the physical space in which therapy takes place is mostly private and behind closed doors with high regard for the ethics of confidentiality (Ansdell 2002). In contrast to the traditional model, Pavlicevic (2004) describes how these boundaries made no sense when she worked at a South African based non-governmental organization where there simply was no door to 'close' the music therapy space off to the outside world. 'The outside world is, simply, a part of the work that we are doing and, in fact, it is not outside at all, it is right here, within the room where we work. 'Life' and 'therapy work' are inseparable, in the special, temporal or mental sense' (Pavlicevic 2004: 42).

In Community Music Therapy the music therapist is encouraged to assess the different accessible arenas in relation to the possibilities they can offer in terms of action, experience and acknowledgement (Stige 2004b). The therapist works where music or music-making is needed, ranging from the private treatment room to a public hall or corridors (Ansdell 2002).

- **How to work**

'Community music therapists are working with musicking in the broadest meaning of this term, that is, with a broad range of activities and relationships' (Stige 2004b: 105). Wood (2006) proposes a model of Community Music Therapy processes, called "The Matrix". This model is based on an understanding that the fundamental nature of any form of music-making is the way in which music works within and between people (Wood 2006).

'All formats of music-making can therefore become formats for music therapy, since all formats of music therapy are connected by this common operation of music' (Wood 2006: 1). Wood's 'Matrix' suggests different formats for music-making' including individual- and group-music therapy, workshops, ensembles, concert trips, performance projects, tuition and music for special occasions (Wood 2006). In Community Music Therapy each activity is assessed in relation to the client's needs and resources and also in relation to the rituals and underlying principles of the community to be worked with (Stige 2004b).

Amir (2004) further suggests that the music therapist may even share and participate in the musical activities of their client's community, for example choirs, concerts and plays. By doing this they share in the client's participation and celebration of their success in their communities (Amir 2004). Sensitivity to the client's music, in terms of what it means to them, how they play music and how music can be shared, has been suggested (Pavlicevic & Ansdell 2004). Musical instruments, technical equipment, songs and language are viewed as important cultural artifacts which should be assessed by therapists in relation to both the person and the community in which they work (Stige 2004b).

While the concept of 'culture' is very complex and multi-layered, it seems to have an important place in the frame of Community Music Therapy.

In the context of Community Music Therapy, music and culture are linked together. By making and experiencing one's own and others' music both inside the therapy room and outside in the community, clients strengthen their cultural identities, come to understand themselves and others, find a place in society and feel less isolated (Amir 2004: 254).

Dos Santos (2005) highlights the need for a culturally sensitive approach to music therapy in a country such as South Africa. 'In our South African history of subjugating and separating cultures and cultural practices including music, an approach where various musical styles are used within a group music therapy session to explore, express and validate an individual's place in their own culture while developing intercultural solidarity is highly applicable' (Dos Santos 2005: 5).

Pavlicevic (2004) stresses that the context needs to define how we think about music therapy and how it happens, even if it means reframing and reshaping our skills. The music therapist needs to understand him/herself as part of the mental, social, physical and musical context in which he/she works (Pavlicevic 2004).

2.4.3 Towards a Community Music Therapy frame

From the available literature it is clear that the emerging discourse of Community Music Therapy proposes new ways of thinking about music therapy. It requires critical reflection and thinking about how to work, where to work, with whom to work and how to think about music therapy along the continuum of individual to community. It has a shared focus that community is not only a context to work *in* but also to work *with*, implying social and cultural sensitivity (Stige 2004b).

Community Music Therapy advocates that music is a social resource that can heal and strengthen individuals as well as communities (Ruud 2004). 'The power of music to connect people has an impact which can extend far into a participant's life, like ripples in a pond' (Wood et al. 2004: 61). The ripples symbolize the energy spread by music, as it naturally radiates and connects (Pavlicevic & Ansdell 2004). Based on ecological principles it implies that facilitating change in the individual will lead to a change in the ecological context of the individual (Amir 2004). Musical improvisation creates moments where social roles change, barriers come down and community is built (*communitas*) (Wood et al. 2004).

'Community Music Therapy has an overall aim to cultivate musical community wherever the therapist and clients find themselves, and to negotiate this with an awareness of social and cultural context. Musicing is the aim, music the means' (Ansdell 2002: 28).

2.5 MUSIC THERAPY IN SOUTH AFRICA

The discourse of music therapy is still in its infancy in South Africa. There is limited research available with regard to music therapy in South Africa, especially in terms of music therapy for battered women. The majority of music therapists in South Africa seem to be involved mainly in private practice, where their work context ranges from psychiatric hospitals, special needs schools, kindergartens to corporate clients. In terms of community-based practices in South Africa, Fouché and Torrance (2005) are actively involved in Cape Town's townships where they founded the Music Therapy Community Clinic. This non-profit organization provides music therapy to underprivileged and previously disadvantaged communities in Cape Town, South Africa.

Pavlicevic (2006) discusses the way in which music therapy in South Africa is embedded in and created by its socio-economic and political context. Oosthuizen (2006) urges music therapists in South Africa to explore new communities and to constantly reflect and question the work they do. Lotter (2003) considers how music therapy needs to adapt to a given context and illustrated the usefulness of a Community Music Therapy frame in her work at a community-based organization for adolescents in conflict with the law. The limited amount of literature on Community Music Therapy in South Africa does indicate seemingly limited consideration for such a frame in South Africa.

2.6 CONCLUSION

Overall the literature review suggests that music therapy provides many opportunities in a context such as The Potter's House and that a Community Music Therapy frame might be a suitable way of negotiating music therapy practice in such a setting.

The next chapter will discuss the research methodology used during this research project.

CHAPTER 3

METHODOLOGY

The following chapter will discuss the methodology involved in this research project. The methodology is designed to address the research questions:

1. How is music therapy negotiated in a shelter for battered women and their children?
2. How useful is a Community Music Therapy frame for such a practice in South Africa?

3.1 RESEARCH DESIGN

This study was approached in a naturalistic research paradigm, which is based on the understanding that ‘truth and reality exist in the form of multiple intangible mental constructions which are influenced by individuals and social experiences’ (Bruscia 1995: 66). Research reveals how informed or advanced these constructions are, rather than considering them to be true or false (Bruscia 1995). Human phenomena are inseparable from their context (Ansdell & Pavlicevic 2001) and therefore all research outcomes are time- and context-bound, with only a working hypothesis being possible (Wheeler 1995). A naturalistic research paradigm is based on the notion that truth and reality are created through the relationship between the researcher and the researched (Bruscia 1995).

3.2 RESEARCH METHODOLOGY

Qualitative research is based on the concept that the research process determines the direction of the investigation (Ansdell & Pavlicevic 2001). It implies an openness and willingness to change the direction or focus of the research project as the process evolves (Neuman 1997). It is based on the principles of inductive reasoning, which means that the researcher begins with observing the phenomena of interest and that a working hypothesis develops as the research proceeds. Theoretical generalizations are built bottom-up as suggested by the grounded theory approach (Neuman 1997). The phenomenon is examined openly as it takes place in its natural setting.

A qualitative research perspective was deemed most suitable for this enquiry as I examined the process of 'negotiating' music therapy at The Potter's House and without reducing the phenomena to specific variables.

For this study I, the researcher was the main instrument of data collection, analysis and interpretation. I was also a participant in the music therapy process at The Potter's House and was therefore both researcher and participant (Bruscia 1995). This is a common characteristic of qualitative research which holds implications with regard to subjectivity and bias (Aigen 1995). Whilst the researcher's biases and subjectivity can be seen as skewing the data, qualitative research views the researcher-as-instrument as a strength (Aigen 1995).

3.2.1 The researcher-as-instrument

Aigen (1995) highlights the many advantages of the researcher-as-instrument. The human qualities of the researcher, such as open-mindedness, insight and thoroughness, are viewed as strengths that ensure production of useful and interesting findings (Aigen 1995). The researcher's personal attributes determine the data, rather than skewing it (Aigen 1995). 'This active engagement gives the researcher the first-hand experiences and empathy needed to understand the subjects or phenomena from an inside perspective' (Robson 1993: 71). Bias and subjectivity in this study are controlled through regular peer debriefing, data triangulation, supervision and by keeping a reflexive journal.

The next step in the qualitative research process was the identification of cases of the phenomenon (Bruscia 1995). The research design for this study is a case study which is an idiographic approach that provides a 'thick' description of a case (Neuman 1997). Case studies can apply to an individual, a group, an institution or an intervention (Edwards & Talbot 1999) 'The 'contemporary phenomena', in other words, the 'case', can be virtually anything' (Robson 1993: 146). The advantages of a case study include its ability to capture complexities and meanings of inter-relations and to understand and make sense of participants in the case (Edwards & Talbot 1999). The approach can be time-consuming and demands carefully collected, high quality data (Edwards & Talbot 1999).

For the purpose of this study the 'case' involved the music therapy process. The case study was used to describe the process of negotiating music therapy in the context of the shelter. The rich information gathered from the case study served as a body of evidence on which theory can be built (Ansdell & Pavlicevic 2001). Ethical considerations pertaining to this study are considered before turning to the process of data collection.

3.3 ETHICAL CONSIDERATIONS

Ethical considerations for clients include informed consent, confidentiality and anonymity and withdrawal without prejudice (Wheeler 1995). Letters of informed consent were obtained from the Director of Pretoria Community Ministries, the head of The Potter's House and each member who participated in the research study (see Appendix I). The information gathered during this study will remain confidential and safely kept, with only the researcher and Music Therapy Department of the University of Pretoria having access to the research data and information. The research results will be in the form of a mini-dissertation and will be used for academic purposes only.

3.4 DATA COLLECTION

Three research-generated types of data collection sources were used to gather information about the way in which music therapy was negotiated at The Potter's House. Data source 1 is a semi-structured interview conducted with the manager of The Potter's House. Data source 2 is two focus-group interviews conducted separately with the music therapy women's group and the music therapy youth group. Data source 3 is in the form of clinical session notes, documenting my own reflections and experiences of the music therapy process.

The process of negotiation involves the way in which two or more parties match their understanding of the world. Using three different data sources in the service of triangulation allowed creating a set of data that views the process of negotiation from different angles and respects (Edward & Talbot 1999), both my own (through session notes) as well as the participant's (through interviews). This allowed a full description and understanding of the negotiation process, as experienced by all the involved parties, to be created.

The interviews were audio recorded. The aim of the interviews were to explore members' experiences and views of the music therapy process during the period February 2007 to May 2007 at The Potter's House.

3.4.1 Data source 1 and 2: Interviews

Data source 1 is a semi-structured interview conducted with the manager of The Potter's House (Appendix III). Data source 2 is two separate focus-group interviews conducted with: the music therapy women's and youth groups respectively (Appendix II and IV).

There are benefits as well as limitations to using semi-structured interviews as a vehicle for data collection. As opposed to a questionnaire or highly structured interview, semi-structured interviews offer 'the possibility of modifying one's line of enquiry, following up interesting responses and investigating underlying motives' (Robson 1993: 229). Messages from non-verbal cues can also help the interviewer to understand verbal responses better (Robson 1993). Disadvantages of interviews include concerns in terms of reliability because of a lack of standardization and biases (Robson 1993). Bias can be avoided by guarding against 'leading questions', that 'leads the respondent to choose one response over another by its wording' (Neuman 1997: 235).

An audio recording of the interviews was made. The aim of the interviews was to explore members' experiences and views of the music therapy process during the period of February 2007 to May 2007 at The Potter's Place. The interviews were conducted in middle May, just before the music therapy process finished.

3.4.2 Data source 3: Clinical session notes

Data source 3 is in the form of clinical session notes obtained from the music therapy sessions conducted at The Potter's House (Appendix V). The session notes include a description of the music therapy activities, significant moments that occurred, the therapist's reflections, experiences and ideas regarding the current and future music therapy sessions. This data source was used to gather information about the therapist's experiences of the music therapy process. For the purpose of this study, significant information as it relates to my experiences of the process, were selected from the session notes.

3.5 DATA PREPARATION

3.5.1 Data source 1 and 2: Interviews

The data gathered from the interviews were transcribed. This involved transcribing the data into another sense modality (Ansdell & Pavlicevic 2001). The audio recorded data from the interviews were transcribed into a written format.

3.5.2 Data source 3: Clinical session notes

With the assistance of supervision significant moments were selected from the clinical observation notes obtained during the course of my work at The Potter's House. This include significant information that relates to my own reflections and experiences of the music therapy process.

Figure 3.1 provides an overview of the data analysis process that will be followed for the three data sources.

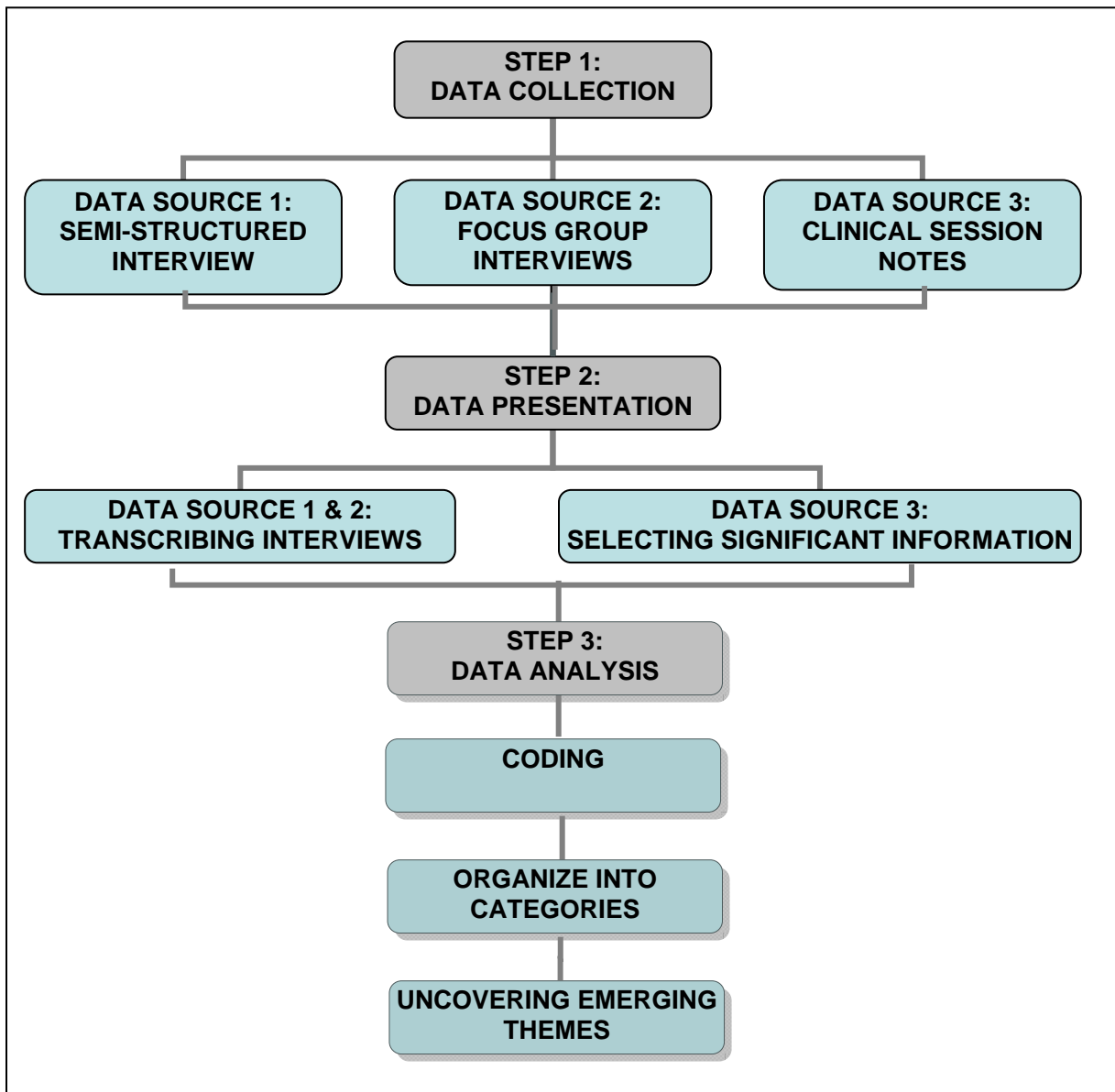


Fig. 3.1: Data analysis process

3.6 DATA ANALYSIS

3.6.1 Coding, categorizing and uncovering themes

Codes are used to organize, quantify and analyze data (Robson 1993). Each interview was coded and organized into mutually exclusive categories. These categories began to illuminate how clients and staff members perceived the negotiation of music therapy in this setting. The same applied to Data source 3. The significant information selected from the session notes was coded and organized into mutually exclusive categories. These categories began to reveal how the music therapist experienced the process of negotiating music therapy in this setting.

At this stage of the analysis process all three data sources were considered together. Themes were uncovered through the analysis of categories. Through exploring, interpreting and discussing the themes in general – with reference to the investigated literature – research question 1 will be addressed. Interpretation of the emergent themes will also be used to address research question 2, with specific reference to the literature on Community Music Therapy.

3.7 CONCLUSION

This chapter outlined the research methodology for this study and introduced the data collection and analysis process within a qualitative paradigm. Data will be presented and analyzed in Chapter 4.

CHAPTER 4

DATA PRESENTATION AND ANALYSIS

4.1 INTRODUCTION

The purpose of this chapter is to present and describe the data analysis process. I will provide a short summary of each of the three data sources outlined in Chapter 3. I will then describe the process of data analysis, which includes transcription, coding and categorizing of the data, for all three data sources. Lastly I will describe and list the themes that emerged from the process of coding and categorizing.

4.2 DATA COLLECTION SUMMARIES

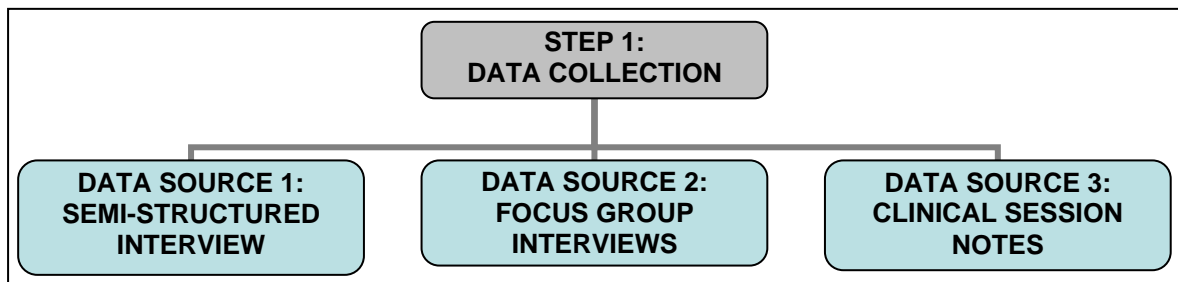


Fig. 4.1 Step 1: Data Collection

4.2.1 Data sources 1 and 2: Interviews

Three interviews were conducted: 1) a semi-structured interview with the manager of The Potter's House, 2) a focus-group interview with the women's group, and 3) a focus-group interview with the youth group. The interviews were conducted at The Potter's House. The aim of the interviews was to explore participants' experiences and views of the music therapy process during the period February–May 2007.

The following questions served as a guideline to explore participants' experiences and views of the music therapy process during the period February to May 2007:

1. *How did you experience the time we had together or the experiences we have shared?*
2. *What is your understanding of music therapy?*
3. *What did you think about the music therapy sessions?*
4. *What do you think we (the therapists/staff) can do differently if there was a next time?*
5. *Is there anything else you would like to share?*

The interview questions were adapted during the interviews according to the direction of each discussion. See Appendix II, III and IV for a full transcription of each interview. English is a second language for all the interviewees. Prior to each interview, I discussed ethical considerations regarding confidentiality, the right to withdraw from the study at any time and the purpose and use of the interview data with the interviewees.

- ***Interview 1: Women's group***

The women's music therapy group consisted of all the female residents at The Potter's House during February–May 2007. The interview took place at the same time and place as our usual music therapy sessions, namely in a small chapel on the premises. On the day of the interview only three women attended the session. Attendance was a constant struggle during our music therapy work with the group and fluctuated between one and ten women per session. The limited attendance on the day of the interview was therefore not surprising. Unfortunately our most consistent participant was unable to attend.

The interview was conducted with three current residents of The Potter's House, of whom two have babies. At the beginning of the interview we were interrupted by one of the women's crying baby. My colleague took the baby out of the room for the remainder of the interview. Due to outside noise, I found it difficult to hear some of the responses correctly and at times had to request the women to repeat their responses. I had to use many probing questions as some of the women's responses were very short. Woman A was much more talkative than the other two and required little encouragement to share her opinion. Overall I felt that since English is not the women's first language, it possibly prevented them from expressing themselves richly. I also had to repeat certain questions and adapt my choice of words as they did not understand some of the words I used. This focus group interview lasted 40 minutes and was the longest of the three.

In the focus group interview with the women I asked questions concerning their experiences of the music therapy process, barriers impacting attendance and questions around their understanding of what music therapy is.

- ***Interview 2: Facility manager***

The manager of The Potter's House is responsible for approving all new projects or interventions. She approved our music therapy project in February 2007 and was actively involved in decision-making and liaising throughout the music therapy process. She has worked at The Potter's House for over six years. She is furthermore responsible for managing all aspects of The Potter's House, including budget, staff, sponsorships etc.

The interview was conducted in her office without any interruptions. She was eager and passionate in sharing her views about the music therapy process. She also spoke with compassion of the residents of The Potter's House and seemed to have a clear sense of their circumstances. This interview lasted 38 minutes and provided the lengthiest responses of the interviews.

The interview with the manager included questions concerning her experience of the music therapy process, the organizational functioning, roles and responsibilities. I also asked questions about her understanding of music therapy and possible things we had to negotiate since music therapy had been introduced.

- ***Interview 3: Youth group***

The youth group consisted of six juvenile participants, of whom four stayed at The Potter's House during February–May 2007. Two participants were previous residents, but remained friends with the current residents. The interview took place at the same time and place as our usual music therapy sessions, namely in a small chapel on The Potter's House premises.

The interview was attended by three members, two teenage girls and one 11 year old boy. The other three members of the music therapy group had to attend a school function at the time. This interview was the shortest of the three and lasted only 30 minutes. Most of the responses were provided by the two teenagers in the group, while the younger member responded only occasionally in a shy manner. The interviewees mostly commented on how they had enjoyed the music therapy process and that it had been a pleasant experience for them.

In the youth focus group interview I asked questions concerning their experiences of the music therapy process and sessions, the type of activities we did and questions around their understanding of what music therapy involves and their motivation for attending.

4.2.2 Data source 3: Clinical session notes

Data source 3 is in the form of clinical session notes obtained from the music therapy sessions conducted at The Potter’s House during February–May 2007 (Appendix V). Session notes were compiled for the women’s group and the youth group respectively. Writing session notes is standard music therapy practice and allows for documentation and reflection. The session notes were written for clinical purposes and not with the study or research questions in mind. The session notes include a description of the music therapy activities and an overview of my own reflections on the sessions. They include my own feelings and experiences, ideas for future sessions and my view on the music therapy progress.

4.3 DATA PRESENTATION

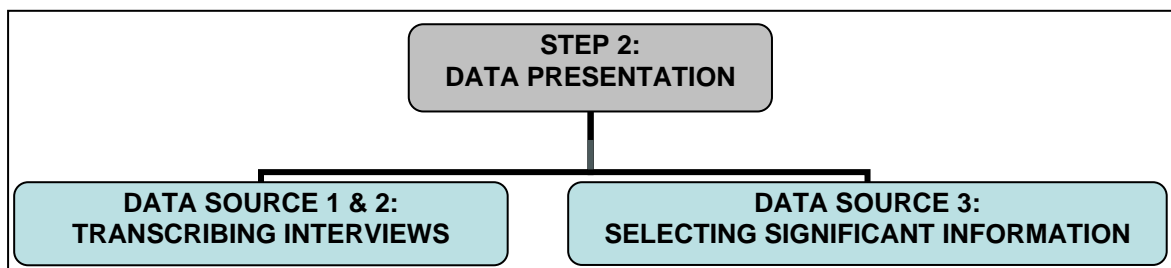


Fig. 4.2 Step 2: Data Presentation

4.3.1 Data sources 1 and 2: Transcription

All three interviews were audio recorded on a digital mini disc recorder. Each interview was then transcribed (see Appendix II, III and IV for the full interview transcripts). The responses of each interviewee were then numbered in the transcripts. Table 4.1 provides an example of the numbering process for an extract from the manager’s interview transcript. A line number was allocated to the answer to each question.

INTERVIEW TRANSCRIPT: STAFF MEMBER (MANAGER)	
Line no.	Main Text
[13]	<p>Q: That is more or less what I wanted us to talk about. I just want to make sure we've discussed everything about the process. I use the word negotiation because that's also part of how I think about it in my dissertation. What do you think are the types of things we had to negotiate during this time that we were here? Not only you and me but also you with the women and the other staff members, the children, the whole environment?</p> <p>First we need to negotiate with the women if they are willing to do it, if there is that need, if they are willing to do it and why do they want to do it. And then the time, the time when they are going to do it. Although I think the time depends on how they are encouraged to attend it. But then it's good to check time when you can catch them they're there, like lunchtime 'cause they're all there for lunch. After lunch they can see this is the programme or in the evening after supper, they are always there. But some programs you cannot have in the evenings. So the time is the thing to negotiate. Apart from negotiating again there is to always reminding always. Children they are good, they are always there, you have a problem for them they are good they are always there. The children they are more easier people.</p>
[14]	<p>Q: And tell me, some of the staff members, how did they experience the noise? I mean we were making quite a lot of noise while you guys had to work.</p> <p>It was communicated properly, so people they knew what's going on. Some of them they did enjoy it, they didn't just enjoyed it they liked it. Yeah I'm not sure about others how they felt, but because it was communicated there was nothing negative about it, they knew what was going on.</p>
[15]	<p>Q: And those who liked it, what was it about it that they liked?</p> <p>People like J she's crazy about it (laughs), she says no this is something nice, we have to carry on you know.</p>
[16]	<p>Q: Is there anything you would still like to share about the process and now that it's drawing to an end? Anything that you still want me to know?</p> <p>It is a healing process, the way I see it it's a healing process and the women they did enjoy it although some of them they didn't attend it but almost all of them when we talk to them they enjoyed it. And you can see that it got kind of difference in their lives. If there could be a time, a short time after the music. I wasn't there I don't know how it worked, talking with them after having a session when you talk with them and hear from them, maybe they will be able to open up with other things.</p>
[17]	<p>Q: What do you think was the impact of the concert or not? What did it do for you?</p> <p>For myself it was so good to enjoy it, even to go out of all these things and enjoy, yeah it was so wonderful. For me its good to see the women happy, they were all happy and they were all dancing, participating. They took it as their own thing, they sang cultural songs and they were dancing. That shows something, it really shows something. It's not like every time you can call them and they'll do that, they wouldn't. It shows the process that has been going on and it shows it has brought a change in their lives. You could see the relationship that you have built with them. You could see that.</p>
[18]	<p>Q: And for you being a staff member, the head of Potter's House now participating with the women at the concert, how did that feel?</p> <p>No, it's always good, we always have such activities. I didn't think about it so much. It is good to have all of us to be together to show them that we are not up on top of them, we are at the same level. I think it also make them to feel that they're someone, they're somebody when we are all together doing the same thing. It doesn't show a big difference between us.</p>

Table 4.1 Extract of the interview with the manager

4.3.2 Data source 3: Selection of significant information

For the purpose of this study, clinical session notes from the following sessions were selected: women's group sessions 1, 2, 6, 7 and 8 and youth group sessions 4, 6, 7 and 9. Session notes for our last session (session 10) were also used as they include comments on both groups and final comments about my experience of our time at The Potter's House and the in-house concert. All of these session notes refer specifically to the sessions where I acted as the leading therapist; except for sessions 2 and 7 of the women's group and session 6 of the youth group which was lead by my co-therapist.

However, since I felt or observed significant feelings and moments during these sessions reflected on them too and therefore included them in the session notes. For the purpose of this study the descriptions of the music therapy activities were excluded and only my reflections were included. This decision was made on the basis that the music therapy activities were not the focus for this study. In addition, my reflections include my views about the type of activities. Significant information from the session notes was selected with the help of supervision (See Appendix V for the clinical session notes). The sentences from each selected clinical session note were numbered. Table 4.2 provides an example of the numbering of the first set of selected notes for a youth group session. A line number was allocated to each sentence.

CLINICAL SESSION NOTES TRANSCRIPT: YOUTH GROUP	
Line no.	Main Text
	Youth Group: Session 4
[1]	Nice interaction between members, showed us some of their school photo's the school took, A played the girls some songs on the laptop, while I showed B some guitar chords.
[2]	As usual the boys helped us carry the instruments to the cars and had a quick spin around the block.
[3]	Fun, enjoyment, mutuality!
[4]	This group has quickly grown into a cohesive, determined, focused energy group who displays active participation and enjoyment.
[5]	It is striking how contrasting this group is compared to the mother's group on all levels.
[6]	We discussed it and suspect that perhaps because the children have an identity of being school going pupils, perhaps they feel more part of a community than the mothers who are jobless, with no spouse and actually very isolated for most of the day.
[7]	I enjoy working with the kids and there is so much that we still want to do with them.

Table 4.2 Extract from a set of Youth group clinical session notes.

4.4 DATA ANALYSIS

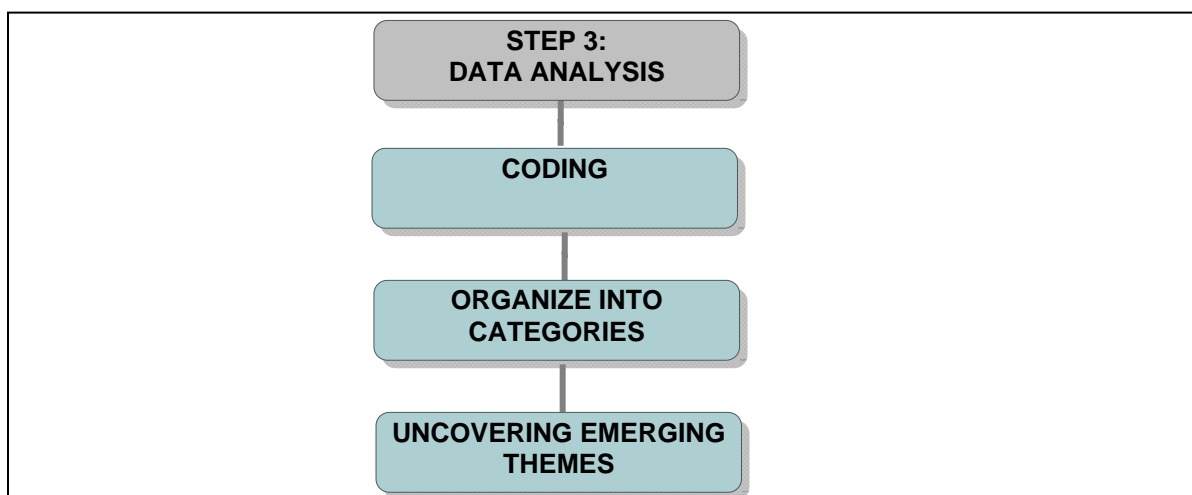


Fig. 4.3 Step 3: Data Analysis

4.4.1 Coding

Coding is the process of labeling aspects of the data transcription by dividing the data into meaningful chunks for further analysis (Ansdell & Pavlicevic 2001). Information from all three data sources was coded. A code was assigned to each numbered chunk in the form of a word/s. The purpose of the codes is to grasp the essence of each chunk or sentence. For easy referencing the following coding system was used:

W = codes from the **W**omen’s group interview.

S = codes from the **S**taff (manager) interview.

Y = codes from the **Y**outh group interview.

C = codes from the **C**linical session notes.

The following three tables (Tables 4.3, 4.4 and 4.5) are extracts from the coding process.

INTERVIEW TRANSCRIPT: STAFF MEMBER (MANAGER)		
Line no.	Main Text	Codes
[13]	<p>Q: I just want to make sure we’ve discussed everything about the process. I use the word negotiation because that’s also part of how I think about it in my dissertation. What do you think are the types of things we had to negotiate during this time that we were here? Not only you and me but also you with the women and the other staff members, the children, the whole environment?</p> <p>First we need to negotiate with the women if they are willing to do it, if there is that need, if they are willing to do it and why do they want to do it. And then the time, the time when they are going to do it. Although I think the time depends on how they are encouraged to attend it. But then it’s good to check time when you can catch them they’re there, like lunchtime cause they’re all there for lunch. After lunch they can see this is the programme or in the evening after supper, they are always there. But some programs you cannot have in the evenings. So the time is the thing to negotiate. Apart from negotiating again there is to always reminding always. Children they are good, they are always there, you have a problem for them they are good they are always there. The children they are more easier people.</p>	<p>S13.1 negotiate willingness, reasons S.13.2 suitable time, encourage attendance S13.3 available S13.4 reminding S13.5 children are compliant, easy</p>
[14]	<p>Q: And tell me, some of the staff members, how did they experience the noise? I mean we were making quite a lot of noise while you guys had to work.</p> <p>It was communicated properly, so people they knew what's going on. Some of them they did enjoy it, they didn't just enjoyed it they liked it. Yeah I'm not sure about others how they felt, but because it was communicated there was nothing negative about it, they knew what was going on.</p>	<p>S14.1 proper communication S14.2 enjoy</p>
[15]	<p>Q: And those who liked it, what was it about it that they liked?</p> <p>People like J she’s crazy about it (laughs), she says no this is something nice, we have to carry on you know.</p>	<p>S15.1 crazy about it S15.2 continue music therapy</p>
[16]	<p>Q: Is there anything you would still like to share about the process and now that it’s drawing to an end? Anything that you still want me to know?</p> <p>It is a healing process, the way I see it it’s a healing process and the women they did enjoy it although some of them they didn’t attend it but almost all of them when we talk to them they enjoyed it and you can see that it got kind of difference in their lives. If there could be a time, a short time after the music. I wasn’t there I don’t know how it worked, talking with them after having a session when you talk with them and hear from them, maybe they will be able to open up with other things.</p>	<p>S16.1 healing process S16.2 provide space for talking</p>

Table 4.3 Coding extract from the interview with the manager

CLINICAL SESSION NOTES TRANSCRIPT: YOUTH GROUP		
Line no.	Main Text	Codes
	Youth Group: Session 4	
[1]	Nice interaction between members, showed us some of their school photo's the school took, A played the girls some songs on the laptop, while I showed B some guitar chords.	C1.1 nice socializing C1.2 different activities simultaneously
[2]	As usual the boys helped us carry the instruments to the cars and had a quick spin around the block.	C2.1 helpful C2.2 playful
[3]	Fun, enjoyment, mutuality!	C3.1 enjoyment C3.2 mutuality
[4]	This group has quickly grown into a cohesive, determined, focused energy group who displays active participation and enjoyment.	C4.1 cohesion C4.2 active participation C4.3 enjoyment
[5]	It is striking how contrasting this group is compared to the mother's group on all levels.	C5.1 contrasting to women's group
[6]	We discussed it and suspect that perhaps because the children have an identity of being school going pupils, perhaps they feel more part of a community than the mothers who are jobless, with no spouse and actually very isolated for most of the day.	C6.1 sense of identity in school C6.2 women isolated
[7]	I enjoy working with the kids and there is so much that we still want to do with them.	C7. enjoyment
[8]	They seem very in touch with their healthy parts and it is a pleasure to see them grow as a group!!	C8.1 youth in touch with healthy parts C8.2 group growth

Table 4.4 Coding extract from clinical session notes: Youth Group, session 4

CLINICAL SESSION NOTES TRANSCRIPT: WOMEN'S GROUP		
Line no.	Main Text	Codes
	Women's Group: Session 6:	
[60]	Since the teenagers and some of the women seemed so interested in the dance B and J did earlier; I decided to shift the session in that direction.	C60.1 a shift from structured plan C60.2 youth present in women's session
[61]	Two women participated in the dance while three others sat on benches and watched for over 40 minutes. When we arrived and there was no one around, my hope faded and I felt low in energy.	C61. free to observe or participate - choice C62. discouraged
[63]	Why are we preparing all these nice activities and carry these heavy instruments every Monday for women who do not want to come to the session???	C63. question effort
[64]	I was frustrated and started to feel annoyed, but then decided well, even if there is only one women, we are here and we might just as well do a session.	C64.1 frustration C64.2 work as situation presents itself
[65]	Once we got into the session, for the first time it felt as though there was a bit of cohesion in the group.	C65. first time cohesion C66.1 cohesion...teenager's energy, relaxed C66.2 approach as group
[66]	I think the energy that the teenage girls brought and the fact that I was totally relaxed and more focused on the women as a group helped in creating a sense of cohesion.	
[67]	The music we made in the greeting song, felt authentic and freer compared to previous sessions.	C67. shift in interaction
[68]	I felt freer, in my playing and more confident in my role of being a leader but also being a woman with the other women.	C68.1. leadership role C68.2 freer C68.3 more confident
[69]	I think we got them now and with only five sessions left we realize that we might not achieve the goals we initially had.	C69. revising goals
[70]	But I am now comfortable to work with the group in which ever form they present, 1 woman, 3 women or eight, it is more about how we do an activity than what activity we are doing.	C70.1 work as situation presents C70.2 how rather than what

Table 4.5 Coding extract from clinical session notes: Women's group, session 6

The codes obtained from all three data sources were grouped together. See Appendix VI, VII, VIII and IX for a complete list of the codes obtained from each interview and the clinical session notes. The next step was to group the codes into categories.

4.4.2 Categorizing

According to Ansdell and Pavlicevic 'a category is a mutually exclusive 'meaning box'' (2001: 151). Codes with similar meaning were grouped together in a mutually exclusive category. See Appendix X for a complete list of the codes in each category. Table 4.6 contains extracts of how the categories emerged from the codes.

Main Text	Codes	Category
'This group has quickly grown into a cohesive, determined, focused energy group who displays active participation.' (Clinical session notes, line 4)	C4.1 cohesion C4.2 active participation	RANGE OF INTERACTION
'B: It was fun and exciting, Ja, sometimes I'll come here like angry from school or something but then everybody would be smiling and would be laughing and making jokes, Ja it would make me feel good and it was fun.' (Youth, Interview 3, line 1)	Y1.6 fun Y1.7 exciting Y1.8 feel good	MOTIVATING FACTORS
'Ja, they are liked forced. We have to do this at this time B: Okay now what I've heard from some other ladies here at Potter's House they don't call them and ask them what do they want. If they want people for music, they just bring people for music. That is also the problem.' (Women, Interview 1, line 43-44)	W43.2 little choice in decision making W44.1 forced participation	DEMOTIVATING FACTORS
'You know like I said anything that comes in we have to discuss it in the staff meeting. There are many factors that we look at before we let people in. Because as I said we serve women who are abused and who are sometimes, most of the time, they are down so they need someone who can lift them up. And at the same time we are a Christian organization; we want to help our people with Christian values.' (Manager, Interview 2, line 8)	S8.1 staff discussion priority S8.2 factors considered: S8.2.1 nature of programme S8.2.2 religion – Christian values	ORGANIZATIONAL SPACE
'Some of them they still feel they still have a low self-esteem where they feel like I, I deserve to die, that's how they feel.' (Manager, Interview 2, line 4). 'A: I think we must regularly make the concert.' (Women, Interview 1, line 31)	S4.7 low self-esteem S4.8 deserve to die W31.1 regular concert	EMOTIONS AND DESIRES
'B: I don't know if I learned anything of myself. I think to the other question that you've said like the things that you haven't done before like Ja, playing and making sounds on different instruments, Ja that's one thing. I've only tried to make sounds on the drums and the piano that's all, the rest no. So I learned new musical skills and that different things can make sound.' (Youth, Interview 3, line 5).	Y5.3 new musical skills Y5.4 broaden musical knowledge	PERSONAL GAIN

Table 4.6 Coding and Category extract

The eleven categories that emerged from the data will be described briefly below.

- **Category 1: Range of interaction**

This category refers to the range of interaction between the music therapy participants as described in the interviews and clinical session notes. The data generated information about the way in which the staff, women, children and music therapy interns interacted with one another. The interaction ranged from isolated to intimate and cohesive.

- **Category 2: Culture**

This category refers to culture as encompassing ethnicity, musical culture and preferences, religion, wealth and different perceptions. The majority of residents at the shelter are from an African ethnicity, while the music therapy interns (including me) are Caucasian and certain volunteer staff members are from foreign countries.

- **Category 3: Roles**

The data provided information about the different roles that emerged and were assumed during the music therapy process. Roles refer to the social functions that are fulfilled in social groups, for example, a leadership or a friendship role. It seems as though some roles are difficult to fulfill or that certain members are less likely to engage in certain roles.

- **Category 4: Motivating factors**

This category refers to the factors that motivated the group members and music therapy interns to attend and to participate in the music therapy sessions. Enjoyment, for example, seemed to be a strong motivating factor.

- **Category 5: De-motivating factors**

This category refers to factors that deterred the group members and music therapy interns from attending and participating in the music therapy sessions. The data indicate that the unfamiliarity of the activities is an example of a de-motivating factor.

- **Category 6: Fluctuation in attendance**

The data indicate that attendance fluctuated over the course of the music therapy process and at times attendance was very low in the women's group. This category points to factors that contributed to the fluctuation in attendance, for example, being unavailable or preferring to do other activities instead of music therapy.

- **Category 7: Organizational space**

This category refers to The Potter's House as an organization which forms part of a larger body called Pretoria Community Ministries (PCM). It also refers to the geographical space in which The Potter's House is located, as well as the larger South African context of which the organization forms part.

- **Category 8: Time and boundaries**

Time in this instance refers to the time at which sessions took place as well as their duration. Boundaries refer to both visible spaces/ parameters such as the physical site where sessions or activities took place, as well as imagined spaces/ parameters such as personal boundaries.

- **Category 9: Emotions and desires**

The data provide insight into the emotions and desires that the women, youth and staff (the client) experience. For example, experiencing a feeling of depression and loneliness and the desire for music therapy to continue forever.

- **Category 10: Aims**

This category refers to the initial as well as the re-evaluated aims the music therapy interns worked towards over the course of the music therapy process. It also provides insight as to why certain aims had to be revisited or adapted.

- **Category 11: Personal gain**

This category provides information about what the therapy participants (interviewees as well as myself) seemed to gain from the music therapy process and experience. It provides information about what music therapy offered those who formed part of the music therapy process at The Potter's House. For example, some members experienced stress relief, while others gained a sense of empowerment.

4.4.3 Themes

The final step in the data analysis process is identification of emerging themes from the categories. The four themes that emerged, together with the corresponding categories, are presented in Table 4.7.

<u>THEME</u>	<u>CATEGORIES</u>
1. NEGOTIATING SOCIAL INTERACTION	Range of interaction Culture Roles
2. NEGOTIATING ATTENDANCE AND EXPECTATIONS	Motivating factors De-motivating factors Fluctuation in attendance
3. NEGOTIATING SPACES	Organizational space Time and boundaries
4. NEGOTIATING NEEDS	Emotions (client) Aims (therapist) Personal gain

Table 4.7 Themes and categories

Themes are briefly described below.

- ***Theme 1: Negotiating social interaction***

Corresponding categories

Range of interaction; Culture; Roles

The way in which social interaction takes place at The Potter's House is particularly highlighted by the following categories: range of interaction, culture and roles. The data illustrate a range of interaction amongst the different groups and further indicate that culture as well as roles seemed to impact the social interaction at the shelter.

- ***Theme 2: Negotiating attendance and expectations***

Corresponding categories

**Motivating factors; De-motivating factors;
Fluctuation in attendance**

Over the course of the music therapy process there was fluctuation in attendance. Factors that motivated or de-motivated group members to attend emerged from the data. Members' expectations about the music therapy sessions seemed to impact on their motivation to attend and participate in the music therapy process.

- **Theme 3: Negotiating spaces**

Corresponding categories

Organizational space; Time and boundaries

The data indicate that The Potter's House can be viewed as consisting of different spaces that overlap at times and that influence one another mutually. These spaces include both physical (visible) space (for example the location of the shelter and its physical surroundings) as well as imaginary space (for example time and personal boundaries).

- **Theme 4: Negotiating needs**

Corresponding categories

Emotions (client); Aims (therapist); Personal gain

The interview data indicate certain emotions and desires experienced by the women, manager and youth. My clinical session notes describe that these needs and desires to be linked to the music therapy aims and their re-evaluation. It was clearly shown that certain needs and desires were addressed over the course of the music therapy process.

4.5 CONCLUSION

Chapter 4 described the data analysis process and emerging themes. In Chapter 5 I will relate the outcome of the data analysis to the context sketched by the literature review (Chapter 2) in an attempt to address the research questions.

CHAPTER 5

DISCUSSION

5.1 INTRODUCTION

In this chapter I will address the two research questions in terms of each theme with its corresponding categories. I will draw from the literature review (Chapter 2) as well as the data that emerged from the data analysis (Chapter 4) to address the research questions. As a reminder, herewith my research questions:

1. How is music therapy negotiated in a shelter for battered women and their children?
2. How useful is a Community Music Therapy frame for such a practice in South Africa?

5.2 RESEARCH QUESTION 1: HOW IS MUSIC THERAPY NEGOTIATED IN A SHELTER FOR BATTERED WOMEN AND THEIR CHILDREN?

As discussed earlier, music therapy was introduced at The Potter's House in February 2007 as part of a pilot project to set up a music therapy programme in a community-based setting. The project included weekly music therapy sessions with two separate groups, namely the women residents and the juvenile residents, and involved an in-house concert at the end of the process. The women completed 10 sessions held on Monday mornings, while the youth completed 10 sessions held on Monday afternoons. Sessions were held in a small chapel on the shelter's premises.

The data seem to highlight the fact that setting up such a project involved a process of negotiation. The data reveal four prominent aspects that required negotiation when conducting music therapy at this particular shelter. The first aspect relates to social interaction, while the second relates to attendance and expectations. The third relates to spaces and the fourth to needs. Each of these aspects/ themes will be discussed in the light of the first research question.

5.2.1 Theme 1: Negotiating social interaction

Theme 1 seems to be highlighted by the following categories: **range of interaction, roles** and **culture**. Social interaction at The Potter's House seemed to range from highly isolated to cohesive and supportive interaction. The data illustrate a range of interaction and while the youth group was described as cohesive, supportive and energetic, the interaction in the women's group was mainly viewed as isolated and lethargic.

The manager's interview seem to reveal that she perceived the youth as easier to work with, compared to the women who she described as isolated and mostly interested in performing basic activities such as eating and sleeping. She also described substance abuse as a common problem amongst the women. The manager's views as obtained from the interview correspond to the data obtained from the clinical session notes, showing that the women preferred to stay in their rooms, sit alone on the premises or watch TV while lying down on couches during the day. Interaction between the women appeared restricted to the performance of domestic tasks such as preparing meals.

Furthermore, the clinical session notes reveal that the staff members were engaged in meetings for the entire day when the music therapy sessions took place. Day-time interaction between the staff and the women seemed limited to weekly house meetings, aimed at addressing problems. Overall, the data reveal that everyday interaction between the staff, women and youth was limited, resulting in a lack of community at the shelter.

The description of the women's initial social interaction as obtained from the data is similar to the literature on battered woman as described in Chapter Two. Feelings of isolation and lack of motivation seem to be common when having to adjust in the shelter environment (Hernandez-Ruiz 2005). The women's behaviour, e.g. spending time in isolation, sleeping during the day and displaying little interest in activities other than eating and sleeping, seems to indicate certain symptoms that correspond to the emotional health consequences for battered women as described in Chapter Two. These symptoms include depression (Campbell et al. 1996) low self-esteem and sleep disturbances (Campbell 2002, Humphreys et al. 2001, Palker-Corell & Marcus 2004).

However, the youth's interaction as described by the data did not overtly reveal symptoms particularly associated with children from battered backgrounds, such as decreased social competence or lower self-esteem (Levendosky & Graham-Bermann 2001), described in Chapter Two.

The categories show that roles seemed to impact on the social interaction, which I suspect relates to why the youth's interaction was perceived so differently to that of the women. The data show that the women, youth, staff and music therapy interns all assume different roles and that specific roles emerged during the course of the music therapy process. These roles seemed to impact on the degree of social interaction and its subsequent development.

The members from the youth group fulfill the role of school pupils outside of the shelter context, which may provide them with a sense of identity other than being members of the shelter. This may contribute to the contrasting interaction compared to that of the women's group. Fulfilling this role may contribute to the youth's emotional health, which may in turn explain the high degree of social interaction amongst them. Data from the clinical session notes further reveal that the youth seemed to fulfill the role of adults as they were often observed taking care of their younger brothers or sisters, often still babies. They seemed to assume this role despite their mothers being present to do so themselves.

According to the manager's interview she described her own role to include laying down rules and regulations for the residents. She made it clear that she prefers to encourage rather than force the women to comply, in the hope that they will take responsibility for their own actions and thereby allowing them freedom of choice.

The data from the clinical session notes show that I experienced my role as music therapy intern to involve a definite mediator role in terms of negotiations between the staff, the women and the youth. This role involved negotiating attendance and the time and site where sessions took place. At times it required the music therapy interns to attend staff and house meetings. The clinical session notes also reveal that I experienced my role to involve a friendship role, for example by having lunch or coffee with the women and having conversations before or after the music therapy sessions. The music therapy interns also seemed to fulfill a supportive role (described in the data as a 'big sister' role) for the youth members. The data further illustrate that the music therapy interns fulfilled a strong leadership/ provider role in both the women's and youth groups at the beginning of the process. This role eventually shifted more towards the role of facilitator which also allowed group members to experience new roles.

The clinical session notes indicate that Session 8 marked a clear shift in roles in the women's group. The music therapy interns' roles seemed to shift from providers to facilitators, while the women assumed a strong leadership role by leading the session through dance, song and instrument playing.

There seemed to be a clear shift in the degree of social interaction amongst the women. I believe that a sense of trust developed during the weeks prior to Session 8 enabling a shift in the women's ability to assume a leadership role, which in return contributed to the shift in social interaction amongst them. I also speculate that the women experienced the music performed in Session 8 as more authentic compared to previous sessions, as Session 8 involved mainly traditional African song and dance. This points to the category of culture as cultural dynamics further seemed to impact on the social interaction at the shelter.

It was clear from the women's interview that although the majority of women are African and were able to relate to African music, they each had different personal musical preferences and came from different ethnical cultures speaking different African languages. Two excerpts from the women's interview seem to highlight this:

C: No, no, it's just that everyone has got their own opinion, M loves pop, the other one loves Jazz, J loves the American pop and RMB, I enjoy a different kind, so you have to give a choice to that one who's enjoying it, but that doesn't necessarily mean that I'm enjoying it. B: I like choral and African jazz, that's the music I like to sing most. (Women, Interview 1: 37)

A: You know we're different tribes, now we know Xhosa, amaZulu, they know Zulu now, music. (Women, Interview 1: 18)

The data obtained from the clinical session notes further seem to highlight cultural dynamics that occurred during the process. My own ethnicity – being a white female from a Western culture (which is often perceived as being wealthy) – impacted on my experience of the sessions and on how we were possibly perceived by the shelter residents.

Most of the people there (referring to the shelter) is of African culture and even in our last session, I experienced how differently we view the concept of time. My westernized entrainment and personality add up to a person who wants to start at 14h00 if we arranged to start at 14h00. (Clinical session notes, Final Comments:146-147)

I also wondered about ethnicity, how did they perceive us? What did they think when we came there with cars, with nice instruments, nice recording equipment, nice CDs etc? I will never know, but I can just speculate that they must think we will never truly understand their situation and they are right. (Clinical session notes, Final Comments: 149)

Different religious views also seemed to influence the interaction in the women's group. The clinical session notes describe an incident where a particular woman seemed offended by the religious content of a song that contained Christian lyrics.

Overall the data show the multicultural nature of the shelter context and how it seems to impact and challenge the negotiation of social interaction. The range of interaction, the culture and the roles appeared to be prominent features in the negotiation of social interaction. Yet the interview data and data from the clinical session notes share the common view and experience of a high degree of cohesion and authentic social interaction at the in-house concert at the end of the music therapy process. This is highlighted by excerpts from the interviews and clinical session notes reflecting on the concert:

C: I liked it (referring to the concert), it was not a lot of fabrication (meaning it was authentic), it was not too much. So what we were doing here is people were just doing what was coming out of him or her. Just naturally you know what I mean. (Women, Interview 1: 35)

For me it's good to see the women happy, they were all happy and they were all dancing, participating. They took it as their own thing, they sang cultural songs and they were dancing. That shows something, it really shows something. It's not like every time you can call them and they'll do that, they wouldn't. It shows the process that has been going on and it shows it has brought a change in their lives. You could see the relationship that you have built with them. You could see that. (Manager, Interview 2: 17)

A: It felt good cause at least we saw how they (referring to the women) co-operate together, not like when they argue or fight. (Youth, Interview 3: 12)

At all times people interacted in the music through listening, encouraging, singing along, dancing or playing an instrument. It was amazing to see the women interact with one another in such a cohesive manner and to have fun and laugh. (Clinical session notes, The Concert: 171-172)

The data show that the social context played a major role during the music therapy process. The vast range of interaction was constantly negotiated and required the music therapy interns to fulfill different roles, including that of mediator, teacher, friend, leader and facilitator. It seems evident that the social interaction in this specific context was influenced by the multicultural dynamics, the different roles assumed within the shelter context and the different levels of emotional health described earlier.

Social interaction appear to have shifted towards cohesion over time. The shift in interaction seemed to occur in the process of negotiating our cultures, roles and personal identities. The data seem to lean towards the notion that the shift in interaction was facilitated by developing trust, especially in the women's group. As indicated by literature, the development of trust is one of the main aims of therapy with battered women (Zharinova-Sanderson 2004). The concert seemed to have allowed an opportunity for social interaction to take place and illustrates the shift in social interaction that developed during the music therapy process.

5.2.2 Theme 2: Negotiating attendance and expectation

The following categories correspond with the second theme: **fluctuation in attendance**, **motivating factors** and **de-motivating factors**. The data strongly suggest that while the youth's attendance was consistently regular, attendance in the women's group was a constant struggle; attendance ranged between one and ten members, averaging only three members per session. Only one member consistently attended the women's group over the course of ten sessions. It emerged from the women's interview that the women who attended fairly regularly disliked the irregular attendance as it prevented them from becoming familiar with and getting to know each other. The data indicate that some women were unable to attend because they were occupied with domestic tasks or busy finding employment.

The manager's and women's interviews revealed that the lack of attendance is a general problem with any programme introduced at the shelter. The manager indicated that people who introduce interventions at the shelter find it difficult to sustain programmes due to the lack of attendance and commitment from the women residents. This seems to discourage programme facilitators to continue with a programme. An excerpt from the women's interview seems to illustrate that the women's motivation to participate is strongly influenced by their emotional state of health.

So some of them (the women) they are not ready to be part of the program. Some of them they still feel they still have a low self-esteem where they feel like I, I deserve to die, that's how they feel. So when you (the program facilitators) bring new things to them they don't see the use of being part of this and that, it's like for them it's a waste of time. They want to sit, eat and sleep, that's it for them. (Manager, Interview 2: 4)

It emerged from the women's interview that they feel overwhelmed by the constant stress they experience due to their uncertain circumstances and future. The data consistently indicated that despite the fluctuating attendance in the women's group, the in-house concert held at the end of the process was well attended.

While many factors may have contributed to the surprisingly well attended concert, I suspect that the development of trust and the shift in social interaction in Session 8 (as described in Theme 1) were some of the things that enabled the women to attend the concert.

The data indicate that certain factors motivated the group members to attend and participate, while others de-motivated them. Their willingness to participate and attend the sessions seemed to be strongly influenced by their expectations of what music therapy is and by their emotional state of health as mentioned before. The most prominent motivational factor seemed to be that interviewees experienced the music therapy sessions as enjoyable and found it to be a distraction. Excerpts from the women's as well as from the youth's interview highlight this:

A: Oh, JA. We were thinking that we are emotionally happy. We like it because, you're happy when you do something. C: By music you will always feel good. B: Yes, no matter if you're angry. (Women, Interview 1: 11-12)

B: It was fun and exciting, JA, sometimes I'll come here like angry from school or something, but then everybody would be smiling and would be laughing and making jokes, JA it would make me feel good and it was fun. A: I don't remember anything that I disliked. I liked everything about it, every bit of it. I enjoyed it a lot. I wish it was continuing forever. (Youth, Interview 3: 1 & 3)

The data from the women's and youth's interviews further show that the familiar environment (The Potter's House), familiar music and their interest in music itself seemed to be motivational factors.

The women's interview indicates that the most prominent de-motivating factors for them included being unfamiliar with music therapy, experiencing the sessions as inauthentic, disliking the type of music and feeling lazy. It emerged from the women's interview that some of them felt forced to attend sessions and some attended mainly to please staff members. Their experience contrasts the manager's opinion (in Theme 1) about trying to motivate rather than force the women to participate. This links to the literature on shelters as systems and how, despite staff's genuine concern for the residents, the organizational structure (for example not involving the women in decision-making regarding which programmes to introduce at the shelter) still seems to empower the staff more, without them necessarily being consciously aware of it (Srinivasan et al. 1991).

It appears from the youth's interview that expectation and preconceived ideas about the sessions seemed to de-motivate them in the beginning of the process. The data from the clinical session notes highlight the fact that I found it frustrating and draining to work with specifically the women's group. The process involved a time-consuming battle to negotiate attendance and to motivate the women to participate, which I experienced as de-motivating:

When we arrived and there was no one around, my hope faded and I felt low in energy. Why are we preparing all these nice activities and carry these heavy instruments every Monday for women who do not want to come to the session? I was frustrated and I started to feel annoyed. (Clinical session notes, Women's Group, Session 6: 62-64)

The data illuminate the fact that attendance and expectation had to be negotiated from the beginning of the music therapy process. It appears that the element of enjoyment is a strong motivating factor in this specific shelter context. Emotional health, personal circumstances, staff-resident relationships and expectations about a programme seem to influence motivation to attend, which in turn impacts on the efficacy of an intervention. As music therapy intern and researcher I perceive the work within this specific context to be extremely draining, more than at any other placement I've worked. The context of battering seems to require constant motivation and negotiation as there seem to be many de-motivating factors to consider during the course of therapy.

5.2.3 Theme 3: Negotiating spaces

Theme 3 is highlighted by the categories: **organizational space** and **time and boundaries**. The Potter's House is situated in the Pretoria city centre, an area that can be described as prone to criminal activity such as drug dealing and prostitution. This forms part of the South African context, earlier described as highly violent. The clinical session notes revealed my own concern for safety during the period I worked there. My experience, as revealed by the clinical session notes, is similar to the literature that describes violence in South Africa as omnipresent and resulting in psycho-social trauma affecting all South Africans (Hamber & Lewis 1997).

Besides the physical space in which the study was conducted, the data show the shelter to be an organizational space which seemed to have influenced the negotiation of music therapy. The Potter's House as an *organizational space* appears to play a key role in terms of shelter policies and procedures, rules and regulations, values and in terms of how communication takes place between the shelter residents, staff and the wider community.

Since The Potter's House forms part of a wider organization called Pretoria Community Ministries, their policies and procedures appear to have laid the foundation for how the shelter should operate. From the manager's interview it is evident that there are standard processes in place for when a new programme is introduced at the shelter. These standard processes include reviewing the budget, the type of programme, interviewing the people responsible for the programme and discussing it in staff meetings prior to making a decision. The manager displayed high regard for the values of the organization which is mainly based on Christianity. These values seemed to play an important role in the process of reviewing prospective programmes. It was my experience that these standard processes were followed when music therapy was introduced at the shelter.

During the process we regularly negotiated and communicated logistics, difficulties, expectations and needs. It appears as if the organizational processes result in the residents (women and youth) having limited input in terms of the type of programmes that are introduced. Exclusion from decisions about the introduction of programmes, such as music therapy, links back to Theme 2 where it emerged from the women's interview that they feel forced to attend programmes, which de-motivate them. An excerpt from the manager's interview highlights the relational dynamics and negotiations that occur between staff and women within the organizational space:

It takes time for them (the women) to be used to it, to be part of it to know that they have to do it. But it takes time for them to understand that I'm trying to help them, not just to keep them busy or to do what I'm trying to help them. It takes time but it comes. I want to teach people that they have to do things out of their willingness, not me pushing them. But that takes time. That takes to talk to them, like today in house meeting and have to talk to them and say its very important do it, what what what and then tomorrow they will come all of them, but next week if I don't talk to them they won't come. It's a process.
(Manager, Interview 2: 20, 5)

The above quotation seems to reveal that negotiations within the organizational space is a lengthy process that involves constant negotiation between staff and residents. However, I suspect that perhaps without being consciously aware of it, the organizational structure and function of the shelter allow little space for the women to negotiate their needs. As described in Theme 2 this seems to affect the women's attitude and attendance, which in turn impacts on the success of shelter interventions.

Beside the shelter as organizational space, *time* was also identified as a space that had to be negotiated. In negotiating time the data reveal that several aspects had to be considered, for example other shelter activities, the women's daily routine, the youth's activities as well as the music therapy interns' schedules. It was significant to note that the time when sessions took place was again influenced by the reality of violence in South Africa. While evening sessions would have been a more suitable time for the women residents, it was not recommended as it was not regarded safe to go to the shelter in the evenings.

The data also highlight *boundaries* as a space that was negotiated. The negotiation of boundaries seemed to include the negotiation of the physical space where sessions took place. Where we started our first session in the common room, we ended up having sessions in the chapel on the premises. Data from the interviews and clinical session notes reveal that therapist-client boundaries appeared fairly flexible. We had an open door policy allowing members (or sometimes strangers) to join or leave a session at any time. At times tourists, the women's babies and the youth's friends joined or observed sessions. The clinical session notes reveal the flexibility of roles as it shifted from being a friend (e.g. having coffee with the women) to fulfilling the role of leader and negotiator. Overall boundaries appeared negotiable according to what was happening in the context.

It is evident from the data that space played an important role in the negotiation of music therapy. Where, with whom and how sessions took place were all negotiated in the space of time, boundaries and the shelter as organization.

5.2.4 Theme 4: Negotiating needs

Theme 4 is highlighted by the categories: **emotions (client)**, **aims (therapist)** and **personal gain**. The main emotions revealed by the women's interview include feelings of depression, loneliness, longing for home and uncertainty about the future. The manager's interview reveals that she experiences the women as overwhelmed, depressed, isolated and having a *laissez faire* attitude:

Sometimes they feel like with the abuse that they went through you (referring to the women) are useless, so they feel like they are useless, they don't have to be part of anything or they cannot do anything. Some of them they still feel they still have a low self-esteem where they feel like I, I deserve to die, that's how they feel. They see their problem as the main problem in the world. (Manager, Interview 2: 19 & 4)

The emotions described in the interviews with the women and manager are similar to the emotional health consequences experienced by abused women described in the literature review. It appears that the women's needs are largely overshadowed by the stress of having to find employment, a place to live and having to provide for their children and babies. This leads to feelings of anxiety, lack of motivation, depression and low self-esteem (Campbell 2002; Campbell et al. 1996). Apart from feeling stressed, the youth's interview did not reveal many negative emotions. It is possible that the youth did not fully express their emotions during the interview, but the lack of negative emotions also seems to link to Theme 1 where it was suggested that the youth's role of being school pupils may contribute to healthy self-identity.

Apart from emotions, clear desires emerged from the data. The women's interview revealed the desire to be active, to have regular concerts and to have sessions with the youth. It emerged from the manager's interview that she desires music therapy for the staff. All three interviews revealed a strong desire to continue music therapy and the manager indicated a desire to extend music therapy to the broader community, namely Pretoria Community Ministries.

It is common music therapy practice to develop aims according to which client needs and desires can be addressed. The clinical session notes indicate that while this was the case, aims seemed to have shifted and been re-evaluated according to the needs of the client throughout the music therapy process. It is further indicated that in developing aims the music therapy interns had to consider all the aspects mentioned in Themes 1 -4, namely social interaction, attendance and expectations, the organizational space, time and boundaries and clients' needs and desires.

It is clear from the interview data that the interviewees personally gained from music therapy and that certain needs were addressed. Excerpts from all the interviews highlight this:

For me music therapy is also one of the things that can bring healing in their lives. Because it makes them to show their really colour, cause we are always here quiet we are mothers we don't have to make noise. But when you go there you show yourself. You come out with who you are, you feel like a baby you know. I think music therapy is a healing process like other programmes that we have. (Manager, Interview 2: 3)

A: I think music is some kind of healing process, it's some kind of healing process for those people. Yes it did make me look inside me and I realized that it also healed me, because it took away the stress. (Youth, Interview 3: 7)

A: It heals emotions. It feels nice. Though we are here it is not our home. Sometimes you feel you are by yourself, thinking about your children at the house. But when you sing you forget about those things. Because it is a strange place, but when you sing it is not strange anymore. (Women, Interview 1: 23)

The data consistently revealed that members personally gained from the in-house concert as it allowed an opportunity for social interaction and an experience of community. The women experienced an alleviation of stress and depression and felt admired at the in-house concert. The manager perceived the women as empowered and changed. She seems to believe that music therapy helped the women to focus and to forget their circumstances and that it helped to develop trust. All interviewees agreed that music therapy provided them the freedom to express themselves. The youth's interview showed that they gained self-confidence, new musical and dance skills, and that it broadened their musical knowledge. It allowed a space for social interaction and seemed to provide the women with the necessary peer support and alleviated depression and stress.

These findings are similar to the literature describing music therapy as an effective modality to address feelings such as anxiety, depression, low self-esteem etc. (Hernandez-Ruiz 2005; Rinker 1991; Teague et al. 2006). It also concurs to the outcome of case studies with trauma victims where music was used as a tool to convert feelings of helplessness and anger 'into a creative force that eventually brings power and healing' (Amir 2004: 10). 'By making music together we confirm each other's humanity which can facilitate the processes of connecting healing and evolving, and in return can impact upon a person's way of relating to himself and to the people around him' (Zharinova-Sanderson 2004: 241). Overall the data show that there are specific needs in this shelter context and that music therapy aimed and succeeded in addressing some of these needs.

5.2.5 Negotiating music therapy in a shelter for battered women and their children

Within the context of The Potter's House, social interaction, attendance and expectations, spaces and needs seem to be the most prominent aspects to consider when negotiating music therapy in a shelter for battered women and their children. These aspects, as described in the four themes, seem to be interdependent and it can be speculated that change in one aspect may lead to change in another. For example, including the women in the decisions with regard to programmes that are introduced at the shelter (such as music therapy), may influence their motivation to attend and at the same time impact on and develop the social interaction between them and the staff members.

Recognizing the women in the decision-making process could result in them feeling empowered as decisions are not just made for them. Feeling empowered may address certain emotional needs, such as feeling more in control of their circumstances.

This can be understood according to a systems theory approach (De Board 1978) in that the shelter can be viewed as a complex system where the organizational structure and functioning involve tasks and roles that impact on each individual that forms part of that structure (Srinivasan et al. 1991; Pavlicevic 2003). The data seem to show that both woman and child are indeed part of and affected by the complex shelter operation. Understanding The Potter's House according to a systems theory approach appears to be valuable in considering the negotiation of music therapy in this specific context.

The data illuminate that the shelter functions as an organization. It is therefore recommended that the music therapist becomes acquainted with the organizational structure and functioning in order to negotiate how music therapy can best be employed to address the needs of the clients. This requires becoming aware of the shelter's activities, physical setup and surroundings. Also, to be informed about the roles that is fulfilled in the organization and to understand the channels of communication.

In a shelter for battered women and their children, attendance and expectations seem to be important factors to negotiate. It requires the music therapist to become aware of the factors that motivate and de-motivate the participants. This seems to be largely influenced by the communication between staff and residents, their understanding of music therapy, their emotional state of health and by culture as described earlier. By becoming aware of these factors the music therapist is better able to develop and adapt the music therapy aims in relation to the context's specific needs. It can also prevent the music therapist from empowering certain members within the organization more or to reinforce power imbalance that already exists within the organization. Cultural aspects such as ethnicity, religion and musical preference should be considered when thinking about aims and specific music therapy activities.

Developing trust seems to be high priority within the context of battered women and their children. The development of trust seemed to facilitate the negotiation process to become more flexible. It seems clear that working within this specific context requires patience and the understanding that providing music therapy will involve a lengthy process requiring the fulfillment of different roles.

Providing enjoyment is another aspect that seems to receive high priority in this specific context, as the emotional needs of the women and youth seem to be alleviated to a large degree through the provision of fun.

The clinical session notes highlight the need for the music therapist to understand him/herself in relation to and as part of the context in which they work. The clinical session notes highlight how I was affected by the omnipresent violence in the South African context and that I could not ignore how this impacted on my experience of working there. My own culture also impacted on how I experienced the project and was probably also perceived by the shelter.

In summary it would seem that a systems theory approach is helpful in thinking about how to negotiate music therapy in a shelter for battered women and their children. This approach assists the music therapist in considering all the different aspects and in becoming aware of how these aspects interact and influence each other. This approach seems to include the physical, professional, social and personal contexts that form part of the shelter. All of these aspects seem to inform where, how and with whom music therapy should take place. The negotiation of music therapy at the shelter seems to involve the recognition of all parties that form part of the context. It further requires to be informed about the parties' understanding, agenda and their interpretation of their circumstances and of music therapy as an intervention. It would seem then that negotiating music therapy in a shelter for battered women and their children requires the music therapist to be highly sensitive to the context in which therapy takes place.

5.3 RESEARCH QUESTION 2: HOW USEFUL IS A COMMUNITY MUSIC THERAPY FRAME FOR SUCH A PRACTICE IN SOUTH AFRICA?

In addressing this question I would like to draw from the data that emerged from the clinical session notes and interviews as presented in the categories and themes, as well as from the literature on Community Music Therapy as discussed in Chapter 2. I will start by discussing the aspects of the music therapy project at The Potter's House that seemed to fit well with a Community Music Therapy frame in order to illustrate how useful such a framework can be for music therapy practice in South Africa.

5.3.1 Community Music Therapy in a shelter for battered women and their children

During this project at The Potter's House it became evident that the context in which music therapy took place consisted of different parts or layers, including the individual, the shelter community, the extended community (Pretoria Community Ministries) as well as the enveloping South African context. The four themes that emerged during the data analysis seem to indicate that the implementation and negotiation of music therapy at the shelter required an awareness of and sensitivity to these different layers in order to best address clients' needs. My experience at The Potter's House was that as the music therapy process progressed it became critical and even unavoidable to consider the different layers in which music therapy developed. Figure 5.1 provides an illustration of the multi-layered communal system in which the project took place.

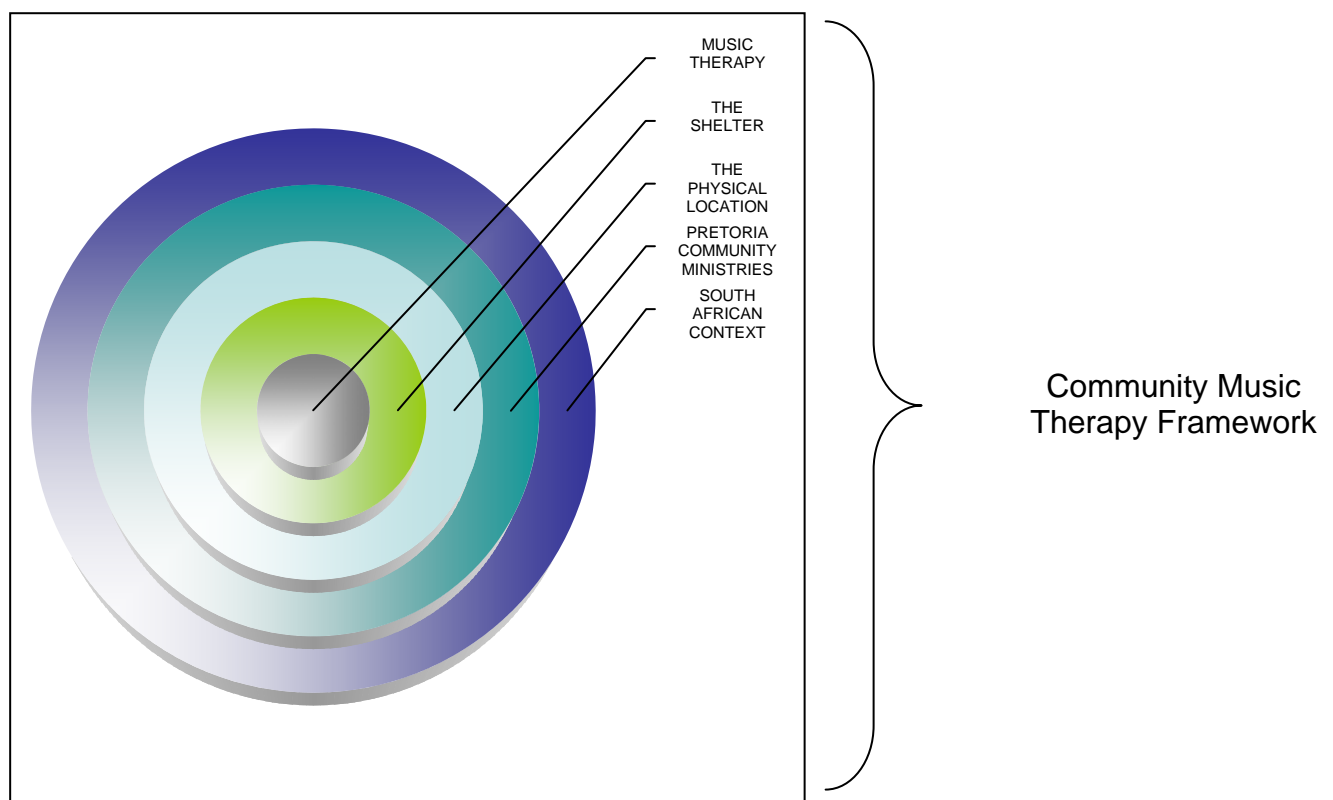


Fig. 5.1 Multi-layered communal system

This multi-layered presentation relates in certain ways to Dos Santos' (2005) description of how culture manifests itself on different levels ranging from the individual to the group level, which in turn expands to the level of community, society and groups of society. 'These levels do not exist as isolated entities, but form a system' and 'each level also functions as a system in itself' (Dos Santos 2005: 2).

This multi-layered illustration seems to fit well with a Community Music Therapy framework where the client's needs are addressed by considering the influences from all the parts of the 'system' and understanding that these parts influence one another mutually (Westen 1996). 'Music therapy always takes place *in context*; in the nested concentric circles of our socio-cultural life. No patient or music therapist is an island – our work unavoidably takes place in social, cultural and political context' (Pavlicevic & Ansdell 2004). The community in which music therapy takes place then becomes a context to work 'with' and not just a context to work 'in' inducing social and cultural sensitivity (Stige 2004a).

In the context of this study the data highlight specific aspects as important when considering the different layers in which music therapy developed. At an *individual level* the music therapy process involved sensitivity towards the women's and children's emotional and physical needs and their battered backgrounds. At a *group level* the data highlight the need for considering the range of interaction between the women, staff and youth, as well as the cultural aspects such as ethnicity, language, musical preferences and perceptions. At a *community level* the music therapy process required consideration for the shelter as organization involving the institutional structure, policies and procedures, activities and routines, the different roles that were assumed as well as the physical location in which the shelter is situated. The negotiation of music therapy also required an understanding of the wider community of which the shelter forms part, namely Pretoria community ministries. At a *societal level* it seemed to involve an understanding of how all these levels form part of and is influenced by the broader South African context, where factors such as economy, poverty, violence and loss of community seem to impact on all South Africans.

In summary negotiating music therapy at the shelter seemed to require an understanding of 'the individual as an individual-in-context, as a group member, as a community member and as an active participant of society at large' (Dos Santos 2005: 6). In the following sections I will discuss four areas, listed by Pavlicevic and Ansdell (2004) that emerged from the data. Considering the multi-layered communal system, these areas seemed to require critical evaluation during the research study. I will discuss how these areas can benefit from a Community Music Therapy framework, specifically in the shelter context.

- ***Identities and roles***

The data from the clinical session notes show that the music therapy interns experienced a shift in roles and assumed different roles over the course of music therapy. These roles seemed to range from more traditional roles, such as leading and facilitating, to less traditional roles, such as being a negotiator between staff and residents, a friend to the women and a supportive listener for the youth.

Assuming these different roles appeared to be highly relevant and appropriate in this specific context. For example, the lack of attendance during music therapy sessions in the women's group allowed limited opportunity for developing a relationship with most of the women. Assuming a 'friendship' role outside the sessions (for example having coffee or lunch) provided the music therapy interns with the opportunity to interact with and develop our relationship with the women. In a way it showed the women that we were interested in their lives and that we were committed to spending time with them, instead of just leaving when no one attended the music therapy sessions. Fulfilling a negotiator role between the women and staff perhaps showed them that we viewed both parties' opinions as equally important in decision-making. In doing so, we avoided reinforcing the women's current experiences of decisions being made on their behalf. In the shelter context shifting roles seemed to facilitate a process of trust. This is one of the most important aims of therapy with traumatized victims, such as battered women, since trust can facilitate change in other aspects of the person's life (Zharinova-Sanderson 2004).

From a Community Music Therapy frame Pavlicevic (2004) views each role to have a distinctive task and moving between different roles 'does not mean that our roles merge into one 'way of being' together. Our learning, as therapists, is to remain alert to the timing and need for activating any one role' (Pavlicevic, 2004, 41).

- ***Sites and boundaries***

The data reveal the negotiation of physical boundaries such as the location where therapy took place, as well as negotiating imagined boundaries such as personal space and time. The clinical session notes reveal the presence of flexible boundaries illustrated by having an open door policy, working in a space where the sound permeated through the shelter and social interaction such as joining residents for lunch. Staff offices were located very close to the chapel where sessions were held and the manager's interview revealed that the staff was able to hear the music made during the music therapy sessions. The permeable sound seemed to afford certain staff members enjoyment, while others viewed it as interfering with their work.

The youth interview revealed how some youth members were initially hesitant to play loud because shelter rules do not normally allow high noise levels. In order to accommodate the member's different experiences it seemed critical to negotiate and evaluate the boundaries, as crucially implied by Community Music Therapy. For example, being flexible in allowing strangers to attend a session instilled certain members with pride, but it could just as well have resulted in other members feeling that the session is unsafe or that their 'private' session time is intruded upon.

- ***Aims and means***

The in-house concert can be used as an example of how the music therapy aims shifted critically as the music therapy process developed. An excerpt from the clinical session notes that reflects on the concert seems to highlight this:

I had this expectation of a huge concert in the park, with proper sound equipment and inviting everyone we know. Now I just laugh at myself...Our work with the women turned out to be very different than expected. The concert was so different from what we've initially had in mind. It turned out to be an event for the residents and staff of The Potter's House only. (Clinical session notes, The concert: 165).

Our initial idea of having a concert seemed to be aimed mainly at bringing the residents of the shelter in contact with the public community, as it would have been a fundraising opportunity for the shelter and thus an opportunity for empowerment. We came to realize though, that a large concert would not have been appropriate at the time, because the degree of social interaction present at that point indicated a need to build relationships between the staff, women and youth first. We therefore decided on an in-house concert for only the residents at the end of the music therapy process. A concert can be viewed as a less conventional means of accomplishing music therapy aims. However, the following excerpts seem to indicate that in this specific context, having a concert seemed invaluable in affording the members of the shelter the power to connect and build community.

For me the concert was a necessity, as it brought all the different groups together and provided the opportunity for them to come together as a community and share themselves. Did we not have the concert, I am sure our work would still have contributed, but would there have been a ripple effect? The women felt appreciated because of the concert, the staff members now want us to work with other parts of their community and expressed their own need for music therapy, children saw their mothers being friendly to one another and not fighting as they said they often do. (Clinical session notes, 132-134).

A: The concert it proves what we've been doing. They did not know that we were doing something wonderful unless they saw us in the concert. (Women, Interview 1: 13)

It is good to have all of us to be together to show them that we are not up on top of them, we are at the same level. I think it also make them to feel that they're someone, they're somebody when we are all together doing the same thing. It doesn't show a big difference between us. (Manager, Interview 2: 18).

The concert seemed to allow an opportunity for social interaction to take place and develop, for giving staff and residents the opportunity to perform different social roles and temporary leveling out social roles, to express themselves as equal human beings and to be acknowledged in their community. This links to the term 'communitas' earlier described as building community through the temporary leveling-out of all social roles by improvising music together (Wood et al. 2004).

- ***Assumptions and attitudes***

It emerged from the clinical session notes that this project raised my awareness with regard to socio-economic circumstances in South Africa. The clinical session notes illuminate issues like wealth discrepancies between myself and the shelter residents and how my own ethnicity (often associated with being in an advantaged position) made me reflect on power relations in our society. It made me aware that as a fellow South African I am also traumatized by the omnipresent violence in South Africa, feeling anxious and unsafe as shown in the clinical session notes. By reflecting on political, cultural and social factors (such as ethnicity, wealth, violence etc.) as Community Music Therapy encourage therapists to do; it made me aware of how my own assumptions and attitudes affect the music therapy process. In this specific context it made me think critically about how music therapy can assist battered women and their children to again become self-sufficient in a society characterized by poor socio-economic circumstances.

I therefore suggest that Community Music Therapy is a critical frame for negotiating music therapy in this specific shelter for battered women and their children. While the activities ranged from conventional group music therapy sessions to less conventional methods such as the concert, our work seemed to involve a process of critically evaluating the aspects mentioned above. By understanding these aspects within the context of the multi-layered communal system in which therapy took place, I began to understand how music therapy could best be employed to assist in the process of reintegrating the women and their children into society.

5.3.2 South Africa viewed through the lens of Community Music Therapy

As discussed in the literature review, music therapy is still in its infancy in South Africa. The limited amount of literature on Community Music Therapy in South Africa suggests limited consideration for such a frame in our country. From the data and my own personal experience from working as a music therapy intern at The Potter's House, I would suggest that a Community Music Therapy is an exceptionally useful framework for music therapy practice in South Africa.

In discussing Community Music Therapy work conducted in socially disadvantaged areas in South Africa, Pavlicevic (2006) describes how this work seems to provide a range of activities in response to context-based demands, for example individual and group-based music therapy, a choir, drumming groups, weekend music camps and community concerts. The community work in this specific context seems to offer a space for re-creating social networks, thereby creating an opportunity for the community to come together in a new way. An example would be people from different ethnicities, socio-economic backgrounds and performing different roles in their communities working together (Pavlicevic 2006).

Working within a Community Music Therapy frame in South Africa could offer the possibility for creating a sense of community in an extremely violent and traumatized South Africa where community seems to be lost (Pavlicevic 2002). By resisting a 'one-size-fits-all' model and by following where the needs of our clients, the contexts and music lead (Ansdell 2004), we may create musical community that ripples across the multi-layered social-cultural South African context, thus connecting people through music. Community Music Therapy cultivates practice that is informed by and sensitive to the socio-economic inequalities in South Africa with special reference to health and socio-economic resources.

Community Music Therapy encourages music therapists to understand themselves as part of the mental, social, physical and musical context in which they practice (Pavlicevic 2004). It could be argued that any music therapy practice requires the music therapist to be aware of and sensitive to the layers or contexts in which they work in order to meet the needs of their clients. This raises the question as to what would make a Community Music Therapy framework more useful than other conventional music therapy practices. Stige (2004b:105) explains that 'exactly how one should work is always defined by context. This goes for conventional music therapy too, of course, but the diversity and pertinence of context is probably even higher in Community Music Therapy.'

Community Music Therapy thus is a useful framework to use in order to *think* about conventional music therapy, as it seems to encourage therapists to constantly review their work as part of a whole, challenging them to critically evaluate their aims, methods, roles and the boundaries (Pavlicevic & Ansdell 2004).

I would like to suggest that regardless of whether music therapy in South Africa takes place in private settings or community based settings, Community Music Therapy offers a framework that encourages constant negotiation with the contexts in which practice takes place. It seems to cultivate responsible music therapy practice as it requires a willingness to critically evaluate where and with whom we practice and how practice takes place. 'Community music therapy opens up for more economical or distributed practices, as there is focus upon group and community and not exclusively upon individuals' (Stige 2004b: 109). Such a framework encourages music therapy practice that contributes to social change and welfare. In South Africa, it might involve reclaiming the original functions of music, cultivating everyday musicking and deploying musicality which seems to already be so inherently part of each South African.

Community Music Therapy encourages music therapists to think about their work along the continuum of individual to community (Ansdell 2002). In the shelter context this seemed to encompass a process of moving from individual isolation and a lack of community towards social engagement, trust and a sense of community. A Community Music Therapy framework thus seem to have been highly appropriate in addressing the severe trauma and isolation as it presented itself in the shelter context. However, as discussed in Chapter Two, many South Africans appear traumatized and isolated as a result of the ongoing political and physical violence in South Africa (Pavlicevic 2002; Hamber & Lewis 1997). This study has shown the potential of working with these aspects and therefore Community Music Therapy could be utilized more broadly in the South African context to address the ongoing psycho-social trauma and build community. I conclude this discussion with the following quote:

Music therapists are increasingly more often working with whole communities. They not only work with individual problems, but also focus on systemic interventions: how music can build networks, provide symbolic means for underprivileged individuals or be used to empower subordinated groups. Music has again become a social resource, a way to heal and strengthen communities as well as individuals (Ruud, 2004: 13).

CHAPTER 6

CONCLUSION

In this study I set out to explore the process of negotiating music therapy at a shelter for battered and destitute women and their children, with special reference to a Community Music Therapy frame in the hope of shedding light on how best to develop music therapy further in South Africa.

This study seems to highlight certain factors involved in the process of negotiating music therapy at a shelter for battered women and their children. These factors and how they were negotiated emphasized the value of a Community Music Therapy framework in the shelter context. It was further suggested that Community Music Therapy could be utilized more broadly in the South African context. It is my hope that this study may have contributed to considering music therapy practice in South Africa from a Community Music Therapy framework.

A limitation of the study involves the fact that it was conducted in a very specific context and cannot necessarily be generalized. According to my knowledge there is no published literature that pertains to music therapy work with battered women and their children in a South African context. This study highlights the need for music therapy research that is unique to the South African context. It further supports the current MMus (Music Therapy) training course's intention to incorporate music therapy projects in community-based settings.

I regard this 'foreign' experience of piloting a music therapy project in a community setting and conducting this research study as invaluable. It challenged my views about music therapy practice and alerted me to the alarming need for supportive interventions in the South African context. It is my hope that this study will encourage music therapists to be open for the offerings of a Community Music Therapy framework as they might just be surprised by its ripple effect.

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APPENDIX I

CONSENT FORMS

APPENDIX II

FOCUS GROUP INTERVIEW: WOMEN'S GROUP

(Women: A, B and C)

How did you experience the time that we've had together so far and all the experiences that we've share? If you think back from the beginning, when Bronwyn and I came here up till now, how was this whole experience for you?

A: You mean at the beginning

Yes, at the beginning and

A: As times goes. I think at the beginning, hmm, we we're not sure of what was happening. Eventually we, we get use and then, like myself, get use coming regularly and then it was nice.

So when you say in the beginning you did not know what to do, you mean?

A: What was it, I mean, was I going to like it or not.

B, how was it for you in the beginning, do you remember the first few sessions that we had?

B: Yeah I remember. JA for me, I don't know what to say. It wasn't difficult.

Why wasn't it difficult?

Cause I'm used to the drums and everything that you're doing here.

And for you C?

C: No, it's nice, it's fine. I also did not know what was happening but it's nice.

So you're saying as time went on it became easier for you?

A: Yes and we couldn't wait for Mondays

So what is it that made you come back every Monday or made you not come?

A: JA I suppose we were enjoying it here.

And for you B?

B: For me, okay it's because music it heals me inside. I involve myself in music; I forget what is happening here. I get healed.

And for you C?

C: Same as her enjoyed it.

What were some of the barriers as to why you could not come on some of the Mondays?

B: Okay (grin), I guess the Mondays felt like the longest. Sometimes yeah, I feel like lazy. Sometimes I wasn't here so I couldn't come. But sometimes like today I feel like I'm lazy.

And what was some of the other Barriers? What made it difficult to come?

A: I use to come myself it was not difficult for me. For me I came, I was not upset. I was also inviting them to come why they didn't come, JA.

Now that you've done this, what did you think about the sessions? For instance about roles that you've played, different activities, expressing yourself, making decisions? How did you feel/experience the sessions? What did you think about the things that we did together?

A: Oh, JA. We were thinking that we are emotionally happy. We like it because, your happy when you do something.

What else, what did you experience (B, C)?

Did you always feel good when you were here?

C: By music you will always feel good.

B: Yes, no matter if you're angry.

A: By the concert we were high flying. Because we practice, makes perfect. Everybody they admire us, you see.

Q: What else did you feel? We talk about the concert now for instance.

A: The concert it proves what we've been doing. They did not know that we were doing something wonderful unless they saw us in the concert.

And we did different things in the sessions. What did you think about the group? Every week there were different women here, people you know, people you don't know? How was it to be in a group with all the people that stay here?

A: Ja, like when you're absent it's not nice, because we must do things together.

B: Yes

A: It was not nice for them to be absent, because now they don't get used to what we are doing.

And for you how was it to be in a group with all the women?

C: No it's fine, because at least you get to know people, if you do things together.

A: It is like we're creching one another.

B, for you?

B: I don't know what you say now.

I am trying to find out you know, there were lots of different women in the sessions, some you don't even know. So how did it feel to make music with all the women being together in one space?

B: No it was good. We go to know one another.

And what else?

B: And different music, cause there is like Xhosa, like African music and we're not doing African music, we concentrated on other music.

Let's talk about the music, because remember before we did that African session we did other music and how was that for you? Was that perhaps difficult, or?

A: No, it was nice we catch it quickly.

B: No, it was not difficult.

A: This one with the Africans it was something new,

B: Cause we were together

A: You know we're different tribes, now we know Xhosa, Ama-Zulu, they know Zulu now, music.

So in our group we had people from different cultures, people from different races, we had different ages, so there were a lot of differences amongst us. So you're saying it was nice because you got to learn different music.

A & B: JA, JA

Was there anything that you disliked or that you found difficult?

A: No, always perfect.

Really, all of it? I can't believe it?

A: It should. You know in music everything is perfect. You know in church they say if you sing, you're praying twice.

And for you (B, C) was it all nice, wasn't there anything that you disliked, that you thought you did not want to do this?

A: Drums they're nice, looking this thing is nice. Colours. I remember at the concert regularly women played red.

While I think about more questions, is there anything you just want to share about the time we had together?

A: Yes, you are inviting to music. We are looking forward that you would be somewhere else, we hope like Oh they are somewhere else, they are invited overseas or whatever.

And you guys (B, C) any comments?

B&C: Shake heads to indicate no.

Now that we've been through this, what do you think music therapy is all about? What is your understanding of it now, because I remember you saying that in the beginning you did not know what this was all about? So what do you understand now that we've been through this, we had the concert? What did it mean for you?

A: It heals emotions. It feel nice. Though we are here it is not our home. Sometimes you feel you are by yourself, thinking about your children at the house. But when you sing you forgot about those things. Because it is a strange place, but when you sing it is not strange anymore.

Strange place being the Potter's House?

A: Away from your house.

B: Your family, you're staying with people you do not know, you forget.

A: When you sing and stuff you are stress free.

So you're saying to me it is difficult coming here leaving your home and being amongst people that you actually don't know.

A&B: Don't know, JA, JA

And you're saying that this space, the music therapy helped you to heal and maybe as you've said previously, it helped you to get to know some of the people.

Am I right when I'm saying you were able to express yourself? Tell me a little bit about that. You know what I mean by express?

B: Ja, Ja.

How were you able to express yourself in this space?

B: I mean you're free to sing anything you want to sing. I mean if you want to sing this kind of music, I can sing. I can do anything if I'm in the music class, like I can maybe before we start to sing I can do some exercise, trying to take out my voice, maybe I can shout, things like that, so I'm free to express myself.

And how did you feel (C)?

C: I was just able to gel in with what's going on, not like me express my own thing, in combination with what was going on.

So you could express as part of the group not necessarily your own thing. A and for you?

A: Expressing, expressing, it's like (uh), these young ones we can invite them, even if we've left the place. We can have communication, maybe me and my daughters I can refer them to you.

And tell me B & C you are mothers and A you are a grandmother. We play different roles in life, for instance you are a mother, grandmother. What role were you able to play in this sessions, in this time that we had together?

A: Role? What is a role?

For instance if I'm in a role of a leader? Let me get a different word. Let me rather ask? What did you learn about yourself in these sessions that you maybe did not know or that you forgot?

A: Oh, ja, what I've learned about myself for what I came here, it is renewing my brains.

What do you mean, say a little more?

A: Renewing my brains. It is a way I got now, a way to go forward. Because if you just sit you get stuck. Free.

And you what did you learn about yourselves (B&C)?

C: I just think that I love music and I want to be involved more, not vocal, but on the instrument side.

But you lead it vocally at the concert?

C: Ja, but I like it more on the instruments.

B what did you learn about you?

B: (Long pause) Ja, eish it's been quite some time. It reminded I like music. I don't know what to say. I like music.

Almost the last questions. If we had to do this over again, what do you think Bronwyn and I can do differently next time? What I've found from my side is that it was quite a struggle to get a time that suit all the women. So we had to negotiate a time to come together, we had to figure out why some people did not want to come?

A: I think we must regularly make the concert.

Why would you say so?

A: Because now people admire us, they did not know before.

What do you think (B, C) do you agree/disagree about the concert?

C: I also think people are use to come here to the chapel, but if the session are inside people will join more often. The chapel is too far.

A: I think they don't know what to be done.

B: Another thing, I think you can maybe change time, maybe you can come after supper, with the young ones then maybe we can do something together.

A: Ja but then it is not safe for the ladies to come here.

B: No it's just a suggestion.

You are saying it will be nice to do something with the children together, why do you think that will be nice?

A: You think they will join?

B: I think its better ja,

A: The young ones are intelligent, but when you got a concert they all would like to dance.

B: Like for instance ne, there is this other lady she staying and working there. She was complaining to me, saying she likes music, but the only thing time. The time does not suit her. If maybe you can come later.

So there was a lot of things that we had to negotiate, it was the time, who was going to come, so there's a lot of things that happened during this time.

A; But when the concert came, they all like to dance. You don't know how come, you expect no one would.

How did you feel about the concert (B/C)?

C: I liked it, it was not a lot of fabrication, it was not too much. You know music; you don't really hear the real thing. You put in a lot of spices to spice it up, fabrications and then you get a beautiful thing in the end but it's not the real thing. So what we were doing here is people were just doing what was coming out of him or her. Just naturally you know what I mean.

And in the sessions did you also find that? Was that also natural?

C: No In the sessions B: There was too much focus on C: CD's B: Ja, It was just American dancing that is not really our thing.

What is your thing?

C: It is African (laughs), all African.

A: But we have forgotten about the African, you know, a lot. Because we are adopting you know, with CD's etc.

So we did a lot of different things and like you're saying we played CD's and then we did African music, I remember that one session when we started with the African songs. So did you dislike the different things that weren't African?

C: No, no, it's just that everyone has got there own opinion, M loves pop, the other one loves Jazz, Ma loves the American pop and RMB, I enjoy a different kind, so you have to give a choice to that one who's enjoying it, but that's doesn't necessarily mean that I'm enjoying it.

B: I like coral and African jazz, that's the music I like to sing most.

So we had to negotiate all of that and it's difficult with so many different people. Did you think we manage to give everybody the chance to express their music?

A: We were.

C: Yes, at the end of the day everyone was doing their own thing, because the children sang their own thing, the others danced.

It sounds like the concert really gave you the chance to see what the others were doing and also for everyone to express themselves, their music.

A: But what we've practiced was all nice. So, to see others what their doing, we saw them at the concert, everybody all different.

Ladies, anymore comments, anything you would like to share. My interest is really to know how did you experience the time together as I said in the beginning, you know everything we've shared from the beginning until now? Any comments you want to share still?

A: More dancing.

C: Accept that people are not available now, they are available late.

B: Ja.

A: But then some maybe they don't like music, because there are people around, why don't they come?

Why do you think? Because I was thinking, we had the concert now today we're battling to get people here. What do you think makes it difficult to come here?

C: Because they are like this in every other thing, even if there's a change they don't come they run away. With any other activity they do the same thing. Even with devotions, nobody came.

A: That lady that comes for devotion. C: They don't come. A: When the lady comes, they go out. What is that suppose to be. C: Even when the lady came, nobody came. A: I don't know how to make to understand to I mean cooperate. I was asking them, what do they enjoy, we want to find out.

So this is a problem with every activity that they do at the PT house?

A: Ja

B: Ja, it's not only this one, its true what they're saying.

A: I was always asking them what do they enjoy because we really don't know, we want to find out.

C: But then it's not everybody that is not interested.

A: Ja, some are at work. Maybe sometimes if we visited your place, maybe they will like come, you will make them to enjoy.

You've been saying that for some of the women it's a problem to do any activity that they provide. Can you think why? Why do you think it is difficult to participate?

A: I think we must be out somewhere.

B: Okay now what I've heard from some other ladies here at Potter's House they don't call them and ask them what do they want. If they want people for music, they just bring people for music. That is also the problem.

So they feel they are being told what to do

Ja, they are liked forced. We have to do this at this time. They're always saying they want jobs and what what what, they are not into this programmes. Ja, that's what they're saying.

Have you heard anything about what the other women said (C)?

C: Maybe they are preoccupied, here at Potter's House you can't make, how can I say, settle down, tell yourself that you now have a home. Anything can happen. Either you can be robbed or all the people in the office they can come and decide now you need to find another plan. So you now want to relax music programs, but the other things are still with you. They tell you how to spend your day. B: Trying to find a job, trying to find connections, people outside there.

So do I understand right that's why you also said the time that the session is happening is important because if it is in the day some women are looking for work and so, so it's better to have it at another time when they don't need to look for work or they are not occupied with other stuff Any closing comments? I'm going to give each one of you a chance. B?

B: Shake head indicating. No.

A: I think for myself, like there is someone who comes here for counseling. If we ask a place by where she stays, maybe if we ask her that we invited us to go and sing there. Maybe they would like to follow us. Because they still are depressed, but when things are happening things are good for them again. I think an outing is nice. Because the students also those singing of the university they also come that side. It's nice when we sing. I think an outing is nice. It's like babies; you can't make the babies to be indoors. Babies like to be out, swinging and whatever.

C, anything you want to end off with?

C: No it's nice, everything was nice, I benefited from it

How do you think you've benefited from this?

C: Maybe lessen some stress, but I think it's up to you guys to make it more beneficial in different ways.

A: They've tried there best. Now it's up to us.

And how do you think we can do that?

C: No that's why I'm saying it's up to you guys.

APPENDIX III

SEMI-STRUCTURED INTERVIEW: THE POTTER'S HOUSE MANAGER

How did you experience this whole process from when we started the music therapy up until now?

Ja, you know, even for us the music therapy it was like for the first time to have this program. So I was also keen to see what is it and how are the women going to take it and the impact it is going to make in their live. For me I can see it is something very good and I always wanted to be part of it, but I couldn't I was also busy I couldn't be part of it, but it is something very could. The women, even though sometimes they dodge they don't want to be part of it, but I ask them what is it good that you see in the music therapy? They say it's good to make noise. It makes you to forget, they say they have a lot of stuff to think about, a lot has happened in their lives, so you feel like sitting alone in your corner and you think about those thing, which always puts you down when you think about those negative things. But when you go there and you make noise, it makes you to forget and you feel like you are going there.

So what you're saying is that you definitely heard from the women that they've found it to be very good and if you had the time you also would be part of it. If you think back more specifically to the time when we approached you, what is your understanding now of music therapy? You know from that time up until now, did it change? You spoke about it a little bit.

Ja, I'm avoiding to do repetition. When I even check on the workshop that you did, you can see the change in the faces of the women. The way they were participating. The way they really liked it. And it's something that can build a good relationship, as you are with the women all the time, playing the drums and whatever. They come to be used to you where they see you as their sister. Is on that session time if you are around you'll even work with them better than the housemothers or better than all of us. They will feel free to open up to you. From that noise that they make, it makes them feel more closer to you and it can make them to be open up in their situations.

So what did you find outside the music therapy, you spoke about things like change on their faces and you felt they were more open. Did you find that in other activities that you provide for the women at Potter's House? Or how were the women in those activities?

Mmmm, you know activities are sometimes somehow different. But Ja, I think music therapy is a healing process like other programmes that we have. And I think we need to continue to have it, I don't know how we can arrange it or organize it, but we need to continue with this, we don't have to get it not stop. Because it is one of the healing process for the women. We have other activities, what you call this, its art therapy, what you call it. They paint thing, there's a proper name, it's gone, but they do it. It's also something that really helps them for healing.

They also do the beadwork, which also helps them as their doing one bead out after another one and they make something, something that makes them to concentrate and forget. For me music therapy is also one of the things that can bring healing in their lives. Because it makes them to show their really colour, cause we are always here quiet we are mothers we don't have to make noise. But when you go there you show yourself. You come out with who you are, you feel like a baby you know.

Just a bit more on the logistics of introducing this now cause like you said there's a lot of things that are provided for the women. Can you talk a little bit about, not the specific things, but how did you experience us introducing music therapy? We had to negotiate the time; we struggled with some of the women not attending. Is that something that you find to be a sort of a pattern? Or can you talk a little bit about that? What I'm trying to find out is how did you experience the logistics around this process? Negotiating the time, the space where we were going to have it, even the concert and all those arrangements. So there's a lot of admin and how did you find that process?

Ja it's a normal process it always works like this. The thing is if you want to work with us, whenever you want to do this, you have to be patient. Because the thing we're working with abused women, women in crisis, women with different programmes who are sometimes don't care what you bring to them. They see their problem as the main problem in the world, so you have to solve their problem. So if you're asking them to be part of this it is like want them to solve your problems and you are not solving their problems. So some of them they are not ready to be part of the program. Some of them they still feel they still have a low self-esteem where they feel like I, I deserve to die, that's how they feel. So when you bring new things to them they don't see the use of being part of this and that, it's like for them it's a waist of time. They want to sit, eat and sleep, that's it for them. So if you want to work with us, you will have to be patient. So over the ways we go through sometimes they come sometimes they don't come, sometimes you need to arrange this and this and this, it's normal, it's normal. So that's why we don't really have many people that we're working with, cause some people they can't take it. It's not normal to come with a program and not have people who don't attend. People get upset and they leave, so ja. I also want to thank you for your patience, cause you can't work with them if you don't have patience for them, as you're patient and at the end of the day you get where you want to go.

And what are some of the difficulties in being patient in that process?

The difficulty is that for the first time when you bring a programme, any programme that you bring, for the first day they come, all of them they are part of it. First day second day they are part of it, but third day they go they don't come, fourth day you'll find one or two, others they just dodge, they hide themselves. And one of the things I could say that maybe I should blame myself, cause we have to be strict with them the rules and everything, but then I don't want to, how can I call it, always to force people to do things. I want them to be responsible for what they are doing. I don't want to force them always, don't go here, you are punished with this.

If we do it then we do things, but then I don't want that pattern, I don't want that way. I want to teach people that they have to do things out of their willingness, not me pushing them. But that takes time. That takes to talk to them, like today in house meeting and have to talk to them and say its very important do it, what what what and then tomorrow they will come all of them, but next week if I don't talk to them they won't come. It's a process.

It sounds like a balance between supporting them and on the other hand not pushing them saying you have to do this.

Yes you have to balance.

And do I understand right that with all the activities or all the things that you introduce this are a typical thing that happen?

I think we have to think more about it and see what is the strategy that we can come up with, cause that is what I was like trying to say. Maybe if we introduce like some refreshments after. They know that when they come after that they will have juice and biscuits. Maybe it will help. I think we'll have to think more again and see what else we can do. Than forcing people, but to encourage them.

From staff's side there are obviously a lot of rules that you need to comply with, in terms of budget, the space and the place, the time that we spent and so on. How do you think you and the other staff members experienced us? Here come two young student ladies coming hear making lots of noise every Monday. Did you have any conversations with the other staff members?

Ja we do, everything we do we discuss it in the staff meeting first. But, like I said its one of the programmes that is a healing process for our women and on the other side I think it is one of our sustaining programmes somehow. Because for us to afford someone who will come to do the music therapies it is very expensive. So if we get two young ladies to help us for free it is also one way of sustaining our programmes. That's why I'm saying we don't really have to let it go, we should see that it continue. It's a very positive point for you to come and sit with us. We see it in a positive point; we see it on a positive side.

I'm just going to mention a few things and I just want you to talk in general about that. I've spoken about the fact that this whole process is quite a negotiation. Somebody can't just step in here and think let's just make music. Things that I think about is there is decisions that needs to make, there's certain roles that people play in this process, people have certain expectations, there's different cultures, languages, ages, different personalities. How did you experience some of these things in the time we had together?

You know like I said anything that comes in we have to discuss it in the staff meeting. There are many factors that we look at before we let people in. Because as I said we serve women who are abused and who are sometimes most of the time they are down so they need someone who can lift them up.

And at the same time we are a Christian organization we want to help our people with Christian values. Mm, although we welcome everyone, like women we take anyone, Muslims, Atheist and Christians we take all the women we believe in people. So, but when they are here with us, we are Christians so we would like to involve them with Christians. If people they want to come to serve women we also can welcome all the religions but we still have to check what are you bringing to us because we won't like to allow someone who's going to give sangoma lessons. We won't allow that. We won't allow someone who's going to bring negative values in the community. We already have our values, we have our rules, we have our policies so we check all those things before we welcome anyone into Potter's House.

And in terms of our discussion you know since we started our work, did you find anything difficult?

I think everything was good and you guys you are very much humble and wanting to communicate which I did like, because I don't have time and I'm not part of it so then they do their own things you know. But you are so good and you always communicated and you always let me know what you want to do, what you are planning, what are the difficulties. You know I really liked it, that's how it's supposed to be. Yes.

What do you think we (and the university) can perhaps think about in future or perhaps do differently next time when we want to introduce a programme like this?

Maybe, if they could provide you with a small fund if you want to do more than what you're doing, it can be possible. Ja, that's one thing. Otherwise, if this could be communicated in all the communities of PCM not only for Potter's House. If it could be like an open invitation to the whole of PCM, then we can do it as PCM, maybe there will be more people. And then if you register their names from the first day to make them feel that they are responsible for if they start they have to continue. Although it doesn't work always, then they know every Monday this time they should be there.

Are you saying it will be nice with the staff as well?

It will be nice with the staff, but the thing is the staff they are always busy, unless they make it part of their programs.

But you are then saying with the other partners of PCM

Yes, the girls in Lerato House, children in Salvakop and Akanani, if it is like open it. Or maybe you can ask for children, cause it's a school, they can give you one hour or thirty minutes then you go there the children are always there.

That is more or less what I wanted us to talk about. I just want to make sure we've discussed everything about the process. I use the word negotiation because that's also part of how I think about it in my dissertation.

What do you think are the types of things we had to negotiate during this time that we were here? Not only you and me but also you with the women and the other staff members, the children, the whole environment.

First we need to negotiate with the women if they are willing to do it, if there is that need, if they are willing to do it and why do they want to do it. And then the time, the time when they are going to do it. Although I think the time depends on how they are encouraged to attend it.

But then its good to check time when you can catch them they're there, like lunchtime cause they're all there for lunch. After lunch they can see this is the programme or in the evening after supper, they are always there. But some programs you cannot have in the evenings. So the time is the thing to negotiate. Apart from negotiating again there is to always reminding always. Children they are good, they are always there, you have a problem for them they are good they are always there. The children they are more easier people.

And tell me, some of the staff members, how did they experience the noise? I mean we were making quite a lot of noise while you guys had to work.

It was communicated properly, so people they knew what's going on. Some of them they did enjoy it, they didn't just enjoyed it they liked it. Yeah I'm not sure about others how they felt, but because it was communicated there was nothing negative about it, they knew what was going on.

And those who liked it, what was it about it that they liked?

People like J she's crazy about it (laughs), she says no this is something nice, we have to carry on you know.

Is there anything you would still like to share about the process and now that it's drawing to an end? Anything that you still want me to know?

It is a healing process, the way I see it it's a healing process and the women they did enjoy it although some of them they didn't attend it but almost all of them when we talk to them they enjoyed it and you can see that it got kind of difference in their lives. If there could be a time, a short time after the music. I wasn't there I don't know how it worked, talking with them after having a session when you talk with them and hear from them, maybe they will be able to open up with other things.

What do you think was the impact of the concert or not? What did it do for you?

For myself it was so good to enjoy it, even to go out of all these things and enjoy, yeah it was so wonderful. For me its good to see the women happy, they were all happy and they were all dancing, participating. They took it as their own thing, they sang cultural songs and they were dancing. That shows something, it really shows something. It's not like every time you can call them and they'll do that, they wouldn't. It shows the process that has been going on and it shows it has brought a change in their lives. You could see the relationship that you have built with them. You could see that.

And for you being a staff member, the head of Potter's House now participating with the women at the concert, how did that feel?

No, its always good, we always have such activities. I didn't think about it so much. It is good to have all of us to be together to show them that we are not up on top of them, we are at the same level. I think it also make them to feel that they're someone, they're somebody when we are all together doing the same thing. It doesn't show a big difference between us.

Anything you would like to add extra that we haven't discussed about the whole process?

So far, I think we've tried to cover everything that we talked about.

(Explain what music therapy is about for their environment, after asked)

If you could see these women with the drugs and whatever, they're happy to do something you know, they are happy to know I am doing it and it is working. Sometimes they feel like with the abuse that they went through you are useless, so they feel like they are useless, they don't have to be part of anything or they cannot do anything. But then to know they are doing it and its working, listen to that nice working and I'm doing it, you know, ja.

But what do you think, because I was so surprised today because suddenly we struggled to get some of them here today. But there was a little bit of a sense of humour, when I tried to find them the.

It takes time for them to be used to it, to be part of it to know that they have to do it. That's when I tell them it's not a hotel this is a place for empowerment. If you are here you have to be part of the programs. That's what I always tell them. But it takes time for them to understand that I'm trying to help them, not just to keep them busy or to do what I'm trying to help them. It takes time but it comes. Thank you very much for coming and supporting us, thank you for this program that you introduced to us, we really enjoyed it, we don't want to let it go, somehow we want to continue with it, thank you for your patience and everything you've done for us.

APPENDIX IV

FOCUS GROUP INTERVIEW:

YOUTH GROUP

How did you experience the time that we had together, so the things that we've shared from February? How did you find it in the beginning as the time went on?

A: I found it interesting cause, I never did music with so many instruments. I've only done music with the piano but it was only the theory thing so I didn't finish. But then I did drums, the chime bars and I like that one too much. So I think I learned a lot about music and I've also learned that music gives you a piece of mind like for me sometimes I would come here full of stress because of schoolwork and everything but when I come here, I'll feel stress free and relieved when I played the drums so hard, so I think it was a nice experience.

B: It was fun and exiting, ja, sometimes I'll come here like angry from school or something but then everybody would be smiling and would be laughing and making jokes, ja it would make me feel good and it was fun.

And what activities did you specifically like B?

B: The amazing sounds these instruments can make (points at Boom whackers). I did not think they could make different sounds. I don't know how they make different sounds, but it's amazing (Laughter)

And for you C, how was the time together?

C: Points at the xylophone.

And how was it to make music with the girls C?

C: It was nice. (laughter from group)

What made you come back every week? Or not?

A: I would actually come here very proud and I'll tell my friends I'm going for music therapy and they used to get irritated because I use to say it every day (laughter). So, I think what made me come here is the music itself. I love music and I think music is my life. My life revolves around music, I love music so much. Ja.

B: Same here (laughter). No really, its mostly about music. I love music also, ja.

And I'm sure there must have been things that you disliked or that you found?

A: I don't remember anything that I disliked. I liked everything about it, every bit of it. I enjoyed it a lot . I wish it was continuing forever.

B: There was not anything that I disliked.

And anything that was difficult?

A&B: No

There was quite a lot of difference in the group as well. I mean we have three teenage girls and then we have X in the middle and then we have three younger boys. So how did you find that, making music with them?

A: I think we were use to interacting with them cause we used to stay here, we'll play together, sometimes dance together in that TV room of ours, we'll make jokes, we'll laugh, especially C he used to like hang around the older girls so we're like used to it. And then even Y when his bored he'd like come to our room: "I'm bored", so we got used to it. I think it was also nice.

And what did you learn about yourselves during this process or this time that we had together. Or what did you get to do that you don't normally get to do?

C: To be friendly.

A: I think I've learned that I'm not shy, I actually learned that I'm not shy, cause I used to be camera shy. So I found that I'm not camera shy.

B: I don't know if I learned anything of myself. I think to the other question that you've said like the things that you haven't done before like ja, playing and making sounds on different instruments, ja that's one thing. I've only tried to make sounds on the drums and the piano that's all, the rest no. So I learned new musical skills and that different things can make sound.

I also think there were space for you to express yourself or if we think about expressing yourself. Can you talk a little bit about that in terms of how you were able to do it or not do it?

A: I think I was able to do it because I was in a familiar environment. I wouldn't have done it maybe if it were at X (church) there. I don't think I would have been able to express myself the way that I expressed myself when I was here.

B: I think the same (laughter). Except I would express myself a little at X (church).

So now that you've been through this process. What do you understand about music therapy? What do you think its all about and what do you take from it?

A: I think music is some kind of healing process, its some kind of healing process for those people. Okay there are some ladies that don't talk a lot in the house but when they come here they'll be singing and shouting and enjoying the music environment. And I think, okay most of the time I don't think many people will notice that I'm watching them but then I will see no this one enjoys music so I think its some kind of healing for those people who are depressed. It makes them feel, I mean it makes them look at the person in them.

And would you say it also made you look in you?

A: Yes it did make me look inside me and I realized that it also healed me, because it took away the stress.

B: The healing part yes, I think its mostly about music, ja I have stress sometimes, and it would like make me just forget about it and enjoy everything that I'm doing and also realized that sometimes when you're like listening to a song, you can like listen to one sound like "ting" and when we do the sound-pop sometimes you can even do it with your mouth. So in the different songs that we hear maybe they are doing with their mouths and we think its instruments.

C: It means how people share their things. Kindness, friendliness, lovingness, sharingness.

All the nesses (laughter)

We went to the park one day and you played there. What did you think about that experience?

B: Okay, I felt like, okay when you said we were going to the park I was scared because I don't really like people watching me. And uh ja, But when we got there, I didn't feel scared or anything, it just felt okay, it just felt like we were inside and even if people were watching us it just felt okay.

Did it feel different from doing it here?

B: Ja, but not really. Not as I thought. I thought maybe I'll feel uncomfortable, people are watching me, but when we got there it was cool.

A: For me, I actually felt excited because all the attention was on us. Everyone was looking at us so I felt happy cause everyone was looking and wondering "what the", but we didn't care we just continued making more noise and more noise. That's what life is about not caring what other people think about you. And I like that.

And then we had the concert on Friday. Can you tell me a little bit more about the concert and what you thought about that and how you experienced that?

A: Okay, although I came late I enjoyed it. I love singing so I enjoyed it. Most of the people who were there, we know them so I wasn't really like shy the way I was going to be if there were other people who I didn't know, like the ladies of staff. That's why I kept on asking are the ladies of staff gonna be there.

So how was it then to perform for the staff members as well?

A: Yes we do, like last Christmas there was a performance in the park we had to read bible versus, they (B) did their dance and everything. But then I always used to run away and get some way to get out of the dance or something but then this time I think I loved dancing in front of them.

B: I think it was nice, I enjoyed it and I wasn't as shy as I am with dancing. I was actually smiling a little bit. I usually don't smile when I am dancing. I have this look which is like horrible. So at least I was not that scared and I also love singing. I liked the singing part and the performance the ladies did, I liked it also, I loved it. It was nice. Ja.

And how was it to watch the women also sing some songs and do stuff together?

A: It felt good cause at least we saw how they co-operate together, not like when they argue or fight.

I think we're going to finish off now. The last question that I have is, If Bronwyn and I had to do this all over again, is there anything that you think we could have done differently? Or more of or less of?

A: I think more of the dance.

Q: What did you like about the dance?

A: I think I've learned new moves. Seriously I haven't danced in a long time, I think its five years now, ja the last time I danced I was in grade seven. So I think I've learned how to get my old groove back. So I liked it.

The last thing I want to do is I am going to give you buzzwords. I would like for you to comment if you have anything to say about it if you think about the group that we had. Roles you perhaps played in the group, like the role of a leader, listener, follower?

A: I think most of it was leading and listening. Sometimes the small ones would listen to you guys when you say: "okay, shh" and they will listen. When if it was I would say shh they wouldn't and just continuing screaming worse, so I think they'd listen to you guys. And there was also leading, when you asked who want to lead, everyone will shout "me, me , me".

B: They were good, cause if you like left us to do whatever we want I don't think there was going to be co-operation because us and the kids we don't really listen to each other. Cause maybe they would be saying something, but we would be listening to each other because we want big stuff and they want to make noise and this and that. So I think it was good cause in some way you listen to us, you were leading us and teaching us stuff.

If you think back to when we started did you have certain expectation about our sessions and then maybe how did it turn out?

A: I expected to like have rules like don't make too much noise cause the staff are working Don't do this and that. Don't play any instrument unless you are told, but then you came here without everything. You can make as much noise as want, you can play with any instrument that you want. I think that was cool and nice.

B: It's also the same thing but then it was also when I heard it was a music therapy I thought it was about dancing like throughout, because there was another time it was also a music therapy sort of, but it was mostly about dancing, ballet, teaching us such stuff. But then it was just everything about music, dancing, instruments, ja. I enjoyed it.

Is there anything that you would like to share that we haven't discussed? Or comments you want to make about the time we shared together?

A: I think you guys were really nice, really (laughter). Cause, okay, I'll say about me. Although I didn't know how to really dance, but then you'll say something nice that will motivate and I'll think okay, I really know how to do this. I think that was nice.

B: I don't think I have anything left out but then like she said you guys were nice. You were kind, I expected you guys to be shouting at us when we would like do something, like: "if you don't want to co-operate, get out". But then you were really kind and loving and caring and patient.

APPENDIX V

CLINICAL SESSION NOTES

APPENDIX VI

CODING: INTERVIEW 1 - WOMEN'S GROUP

FOCUS GROUP INTERVIEW: WOMEN'S GROUP		
Warm up question and chat		
Line no	Main Text	Codes
	<p>Q: How did you experience the time that we've had together so far and all the experiences that we've share?</p> <p>If you think back from the beginning, when Bronwyn and I came here up till now, how was this whole experience for you?</p> <p>A: You mean at the beginning</p> <p>Yes, at the beginning and</p>	
[1]	<p>A: As times goes. I think at the beginning, hmm, we we're not sure of what was happening. Eventually we, we get use and then, like myself, get use coming regularly and then it was nice.</p> <p>Q: So when you say in the beginning you did not know what to do, you mean?</p>	<p>W1.1 unsure W1.2 nice</p>
[2]	<p>A: What was it, I mean, was I going to like it or not.</p> <p>Q: B, how was it for you in the beginning, do you remember the first few sessions that we had?</p>	<p>W2. enjoy or not</p>
[3]	<p>B: Yeah I remember. JA for me, I don't know what to say. It wasn't difficult.</p> <p>Q: Why wasn't it difficult?</p>	<p>W3. familiar</p>
[4]	<p>B: Cause I'm used to the drums and everything that you're doing here.</p> <p>Q: And for you C?</p> <p>C: No, it's nice, it's fine. I also did not know what was happening but it's nice.</p> <p>Q: So you're saying as time went on it became easier for you?</p>	<p>W4.1 nice W4.2 unsure</p>
[5]	<p>A: Yes and we couldn't wait for Mondays.</p> <p>Q: So what is it that made you come back every Monday or made you not come?</p>	<p>W5. anticipation</p>
[6]	<p>A: JA I suppose we were enjoying it here.</p> <p>Q: And for you B?</p>	<p>W6. enjoy</p>
[7]	<p>B: For me, okay it's because music it heals me inside. I involve myself in music. I forget what is happening here. I get healed.</p> <p>Q: And for you C?</p> <p>C: Same as her, enjoyed it.</p> <p>Q: What were some of the barriers as to why you could not come on some of the Mondays?</p>	<p>W7.1 heals W7.2 distraction</p>
[8]	<p>B: Okay (grin), I guess the Mondays felt like the longest. Sometimes yeah, I feel like lazy. Sometimes I wasn't here so I couldn't come. But sometimes like today I feel like I'm lazy.</p> <p>Q: And what was some of the other Barriers? What made it difficult to come?</p>	<p>W8. enjoyment</p>
[9]	<p>A: I use to come myself it was not difficult for me. For me I came, I was not upset. I was also inviting them to come why they didn't come, JA.</p>	<p>W9.1 long days W9.2 lazy W9.3 wasn't there</p>
[10]	<p>A: I use to come myself it was not difficult for me. For me I came, I was not upset. I was also inviting them to come why they didn't come, JA.</p>	<p>W10.1 happy to attend W10.2 inviting others</p>
[11]	<p>Q: Now that you've done this, what did you think about the sessions? For instance about roles that you've played, different activities, expressing yourself, making decisions? How did you feel/experience the sessions? What did you think about the things that we did together?</p> <p>A: Oh, JA. We were thinking that we are emotionally happy. We like it because, your happy when you do something.</p>	<p>W11.1 happy W11.2 enjoy</p>



<p>[12]</p> <p>[13]</p>	<p>Q: What else, what did you experience (B, C)? (Silence) Q: Did you always feel good when you were here? C: By music you will always feel good. B: Yes, no matter if you're angry. A: By the concert we were high flying. Because we practice, makes perfect. Everybody they admire us, you see. Q: What else did you feel? We talk about the concert now for instance. A: The concert it proves what we've been doing. They did not know that we were doing something wonderful unless they saw us in the concert.</p>	<p>W12.1 feel good W12.2 concert: high flying W12.3 admired</p> <p>W13.1 concert made visible W13.2 something wonderful</p>
<p>[14]</p> <p>[15]</p> <p>[16]</p> <p>[17]</p> <p>[18]</p> <p>[19]</p> <p>[20]</p> <p>[21]</p>	<p>And we did different things in the sessions. What did you think about the group? Every week there were different women here, people you know, people you don't know? How was it to be in a group with all the people that stay here? A: JA, like when you're absent it's not nice, because we must do things together. B: Yes A: It was not nice for them to be absent, because now they don't get used to what we are doing. Q: And for you how was it to be in a group with all the women? C: No it's fine, because at least you get to know people, if you do things together. A: It is like we're creching one another. Q: B, for you? B: I don't know what you say now. Q: I am trying to find out you know, there were lots of different women in the sessions, some you don't even know. So how did it feel to make music with all the women being together in one space? B: No it was good. We got to know one another. Q: And what else? B: And different music, cause there is like Xhosa, like African music and we're not doing African music, we concentrated on other music. Q: Let's talk about the music, because remember before we did that African session we did other music and how was that for you? Was that perhaps difficult, or? A: No, it was nice we catch it quickly. B: No, it was not difficult. A: This one with the Africans it was something new, B: Cause we were together A: You know we're different tribes, now we know Xhosa, Ama-Zulu, they know Zulu now, music. Q: So in our group we had people from different cultures, people from different races, we had different ages, so there were a lot of differences amongst us. So you're saying it was nice because you got to learn different music. A & B: JA, JA Q: Was there anything that you disliked or that you found difficult? A: No, always perfect. Q: Really, all of it? I can't believe it? A: It should. You know in music everything is perfect. You know in church they say if you sing, you're praying twice. Q: And for you (B, C) was it all nice, wasn't there anything that you disliked, that you thought you did not want to do this? A: Drums they're nice, looking this thing is nice. Colours. I remember at the concert regularly women played red.</p>	<p>W14.1 dislikes absence W14.2 absence prevents familiarity</p> <p>W15. get to know people</p> <p>W16. got to know one another</p> <p>W17. music from different cultures</p> <p>W18.1 nice W18.2 easy W18.3 together in African music W18.4 different tribes</p> <p>W19. perfect</p> <p>W20.1 music always perfect W20.2 in church, singing = praying twice</p> <p>W21.1 drums nice W21.2 colourful</p>



<p>[28]</p> <p>[29]</p> <p>[30]</p>	<p>A: Oh, JA, what I've learned about myself for what I came here, it is renewing my brains. Q: What do you mean, say a little more? A: Renewing my brains. It is a way I got now, a way to go forward. Because if you just sit you get stuck. Free. Q: And you what did you learn about yourselves (B&C)?</p> <p>C: I just think that I love music and I want to be involved more, not vocal, but on the instrument side. Q: But you lead it vocally at the concert?</p> <p>C: JA, but I like it more on the instruments. Q: B what did you learn about you? B: (Long pause) JA, eish it's been quite some time. It reminded I like music. I don't know what to say. I like music.</p>	<p>W28.1 revitalizing W28.2 stuck if inactive W28.3 Free</p> <p>W29.1 love music W29.2 enjoy instrument playing</p> <p>W30.1 like music</p>
<p>[31]</p> <p>[32]</p> <p>[33]</p> <p>[34]</p>	<p>Q: Almost the last questions. If we had to do this over again, what do you think Bronwyn and I can do differently next time? What I've found from my side is that it was quite a struggle to get a time that suit all the women. So we had to negotiate a time to come together, we had to figure out why some people did not want to come?</p> <p>A: I think we must regularly make the concert. Q: Why would you say so? A: Because now people admire us, they did not know before. Q: What do you think (B, C) do you agree/disagree about the concert?</p> <p>C: I also think people are use to come here to the chapel, but if the session are inside people will join more often. The chapel is too far. A: I think they don't know what to be done. B: Another thing, I think you can maybe change time, maybe you can come after supper, with the young ones then maybe we can do something together. A: JA but then it is not safe for the ladies to come here. B: No it's just a suggestion. Q: You are saying it will be nice to do something with the children together, why do you think that will be nice?</p> <p>A: You think they will join? B: I think its better JA, A: The young ones are intelligent, but when you got a concert they all would like to dance. B: Like for instance ne, there is this other lady she staying and working there. She was complaining to me, saying she likes music, but the only thing time. The time does not suit her. If maybe you can come later. So there was a lot of things that we had to negotiate, it was the time, who was going to come, so there's a lot of things that happened during this time.</p> <p>A; But when the concert came, they all like to dance. You don't know how come, you expect no one would.</p>	<p>W31.1 regular concert W31.2 admired</p> <p>W32.1 space sessions takes place W32.2 time sessions takes place W32.3 involve young ones W32.4 safety</p> <p>W33.1 different views W33.2 unsuitable time</p> <p>W34.1 concert attendance surprising</p>
<p>[35]</p> <p>[36]</p>	<p>Q: How did you feel about the concert (B/C)?</p> <p>C: I liked it, it was not a lot of fabrication, it was not too much. You know music; you don't really hear the real thing. You put in a lot of spices to spice it up, fabrications and then you get a beautiful thing in the end but it's not the real thing. So what we were doing here is people were just doing what was coming out of him or her. Just naturally you know what I mean. Q: And in the sessions did you also find that? Was that also natural?</p> <p>C: No In the sessions B: There was too much focus on C: CD's B: JA, It was just American dancing that is not really our thing. Q: What is your thing?</p>	<p>W35.1 concert real McCoy W35.2 natural involvement</p> <p>W36.1 sessions fabricated W36.2 activities unfamiliar</p>



	<p>C: It is African (laughs), all African. A: But we have forgotten about the African, you know, a lot. Because we are adopting you know, with CD's etc. Q: So we did a lot of different things and like you're saying we played CD's and then we did African music, I remember that one session when we started with the African songs. So did you dislike the different things that weren't African?</p> <p>[37] C: No, no, it's just that everyone has got their own opinion, M loves pop, the other one loves Jazz, Ma loves the American pop and RMB, I enjoy a different kind, so you have to give a choice to that one who's enjoying it, but that's doesn't necessarily mean that I'm enjoying it. B: I like coral and African jazz, that's the music I like to sing most. Q: So we had to negotiate all of that and it's difficult with so many different people. Did you think we manage to give everybody the chance to express their music?</p> <p>[38] A: We were. C: Yes, at the end of the day everyone was doing their own thing, because the children sang their own thing, the others danced. It sounds like the concert really gave you the chance to see what the others were doing and also for everyone to express themselves, their music.</p> <p>[39] A: But what we've practiced was all nice. So, to see others what their doing, we saw them at the concert, everybody all different.</p> <p>Q: Ladies, anymore comments, anything you would like to share. My interest is really to know how did you experience the time together as I said in the beginning, you know everything we've shared from the beginning until now? Any comments you want to share still?</p> <p>[40] A: More dancing. C: Accept that people are not available now, they are available late. B: JA. A: But then some maybe they don't like music, because there are people around, why don't they come? Q: Why do you think? Because I was thinking, we had the concert now today we're battling to get people here. What do you think makes it difficult to come here?</p> <p>[41] C: Because they are like this in every other thing, even if there's a change they don't come they run away. With any other activity they do the same thing. Even with devotions, nobody came. A: That lady that comes for devotion. C: They don't come. A: When the lady comes, they go out. What is that suppose to be. C: Even when the lady came, nobody came. A: I don't know how to make to understand to I mean cooperate. I was asking them, what do they enjoy, we want to find out. Q: So this is a problem with every activity that they do at the PT house?</p> <p>[42] A: JA B: JA, it's not only this one, its true what they're saying. A: I was always asking them what do they enjoy because we really don't know, we want to find out. C: But then it's not everybody that is not interested. A: JA, some are at work. Maybe sometimes if we visited your place, maybe they will like come, you will make them to enjoy.</p>	<p>W36.3 African familiar W36.4 adopting</p> <p>W37.1 different musical preferences W37.2 provide choice</p> <p>W38. provided variety</p> <p>W39. different behaviour</p> <p>W40.1 more dancing W40.2.1 time W40.2.2 availability W40.3 dislike music</p> <p>W41.1 lack of attendance common occurrence W41.2 lack of cooperation</p> <p>W42.1 encourage others W42.2 working/ occupied W42.3 space – away from shelter</p>
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<p>[43]</p> <p>[44]</p> <p>[45]</p>	<p>Q: You've been saying that for some of the women it's a problem to do any activity that they provide. Can you think why? Why do you think it is difficult to participate?</p> <p>A: I think we must be out somewhere.</p> <p>B: Okay now what I've heard from some other ladies here at Potter's House they don't call them and ask them what do they want. If they want people for music, they just bring people for music. That is also the problem.</p> <p>Q: So they feel they are being told what to do</p> <p>JA, they are liked forced. We have to do this at this time. They're always saying they want jobs and what what what, they are not into this programmers. JA, that's what they're saying.</p> <p>Q: Have you heard anything about what the other women said (C)?</p> <p>C: Maybe they are preoccupied, here at Potter's House you can't make, how can I say, settle down, tell yourself that you now have a home. Anything can happen. Either you can be robbed or all the people in the office they can come and decide now you need to find another plan. So you now want to relax music programs, but the other things are still with you. They tell you how to spend your day. B: Trying to find a job, trying to find connections, people outside there.</p> <p>So do I understand right that's why you also said the time that the session is happening is important because if it is in the day some women are looking for work and so, so it's better to have it at another time when they don't need to look for work or they are not occupied with other stuff</p> <p>A, B, C: JA, JA</p>	<p>W43.1 space – away from shelter W43.2 little choice in decision making</p> <p>W44.1 forced participation W44.2 occupied finding work</p> <p>W45.1 preoccupied W45.2 unpredictable circumstances/ uncertain future W45.3 constant stress W45.4 forced routine/ lack of choice/ freedom</p>
<p>[46]</p> <p>[47]</p>	<p>Q: Any closing comments? I'm going to give each one of you a chance. B?</p> <p>B: Shake head indicating. No.</p> <p>W1. A: I think for myself, like there is someone who comes here for counseling. If we ask a place by where she stays, maybe if we ask her that we invited us to go and sing there. Maybe they would like to follow us. Because they still are depressed, but when things are happening things are good for them again. I think an outing is nice. Because the students also those singing of the university they also come that side. It's nice when we sing. I think an outing is nice. It's like babies; you can't make the babies to be indoors. Babies like to be out, swinging and whatever.</p> <p>Q: C, anything you want to end off with?</p> <p>C: No it's nice, everything was nice, I benefited from it</p> <p>Q: How do you think you've benefited from this?</p> <p>C: Maybe lessen some stress, but I think it's up to you guys to make it more beneficial in different ways.</p> <p>A: They've tried there best. Now it's up to us.</p> <p>Q: And how do you think we can do that?</p> <p>C: No that's why I'm saying it's up to you guys.</p>	<p>W46.1 different environment W46.2 depressed W46.3 activity alleviates depression. W46.4 enjoy outing W46.5 enjoy singing W46.6 enjoy outdoors</p> <p>W47.1 nice W47.2 lessen stress W47.3 students responsible for benefits W47.4 women responsible</p>

APPENDIX VII

CODING: INTERVIEW 2 – MANAGER

SEMI-STRUCTURED INTERVIEW: MANAGER		
Warm up question and chat		
Line no	Main Text	Codes
1.	<p>Q: How did you experience this whole process from when we started the music therapy up until now?</p> <p>JA, you know, even for us the music therapy it was like for the first time to have this program. So I was also keen to see what is it and how is the women going to take it and the impact it is going to make in their live. For me I can see it is something very good and I always wanted to be part of it, but I couldn't I was also busy I couldn't be part of it, but it is something very good. The women, even though sometimes they dodge they don't want to be part of it, but I ask them what is it good that you see in the music therapy? They say it's good to make noise. It makes you to forget, they say they have a lot of stuff to think about, a lot has happened in their lives, so you feel like sitting alone in your corner and you think about those things, which always puts you down when you think about those negative things. But when you go there and you make noise, it makes you to forget and you feel like you are going there.</p> <p>So what you're saying is that you definitely heard from the women that they've found it to be very good and if you had the time you also would be part of it.</p>	<p>S1.1 new S1.2 enthusiastic S1.3 good S1.4 occupied S1.5 wanted to participate S1.6 make noise S1.7 forget S1.8 overwhelmed S1.9 isolated S1.9 depressed S1.10 negative things S1.11 noise makes you forget</p>
2.	<p>Q: If you think back more specifically to the time when we approached you, what is your understanding now of music therapy? You know from that time up until now, did it change? You spoke about it a little bit.</p> <p>JA, I'm avoiding to do repetition. When I even check on the workshop that you did, you can see the change in the faces of the women. The way they were participating. The way they really liked it. And it's something that can build a good relationship, as you are with the women all the time, playing the drums and whatever. They come to be used to you where they see you as their sister. Is on that session time if you are around you'll even work with them better than the housemothers or better than all of us. They will feel free to open up to you. From that noise that they make, it makes them feel more closer to you and it can make them to be open up in their situations.</p> <p>Q: So what did you find outside the music therapy, you spoke about things like change on their faces and you felt they were more open. Did you find that in other activities that you provide for the women at Potter's House? Or how was the women in those activities?</p>	<p>S2.1 change in women's faces S2.2 active participation S2.3 enjoyment S2.4 build relationship S.2.5.1 familiarity, S2.5.2 sister view S.2.6 more effective intervention S2.7 free to open up S2.8 Musical expression establish trust</p>
3.	<p>Mmmm, you know activities are sometimes somehow different. But JA, I think music therapy is a healing process like other programmes that we have. And I think we need to continue to have it, I don't know how we can arrange it or organize it, but we need to continue with this, we don't have to get it not stop. Because it is one of the healing process for the women. We have other activities, what you call this, its art therapy, what you call it. They paint thing, there's a proper name, it's gone, but they do it. It's also something that really help them for healing. They also do the beadwork, which also helps them as their doing one bead out after another one and they make something, something that makes them to concentrate and forget. For me music therapy is also one of the things that can bring healing in their lives. Because it makes them to show their really colour, cause we are always here quiet we are mothers we don't have to make noise. But when you go there you show yourself. You come out with who you are, you feel like a baby you know.</p>	<p>S3.1.1 healing process S3.1.2 continue music therapy S3.2 art therapy similar healing S3.3 concentrate S3.4 forget S3.5 show true colours S3.6 usually quiet S3.7 show yourself S3.8 feel like baby</p>

	<p>Q: Just a bit more on the logistics of introducing this now cause like you said there's a lot of things that are provided for the women. Can you talk a little bit about, not the specific things, but how did you experience us introducing music therapy? We had to negotiate the time; we struggled with some of the women not attending. Is that something that you find to be a sort of a pattern? Or can you talk a little bit about that? What I'm trying to find out is how did you experience the logistics around this process? Negotiating the time, the space where we were going to have it, even the concert and all those arrangements. So there's a lot of admin and how did you find that process?</p> <p>4. JA it's a normal process it always works like this. The thing is if you want to work with us, whenever you want to do this, you have to be patient. Because the thing we're working with abused women, women in crisis, women with different programmes who are sometimes don't care what you bring to them. They see their problem as the main problem in the world, so you have to solve their problem. So if you're asking them to be part of this it is like want them to solve your problems and you are not solving their problems. So some of them they are not ready to be part of the program. Some of them they still feel they still have a low self-esteem where they feel like I, I deserve to die, that's how they feel. So when you bring new things to them they don't see the use of being part of this and that, it's like for them it's a waist of time. They want to sit, eat and sleep, that's it for them. So if you want to work with us, you will have to be patient. So over the ways we go through sometimes they come sometimes they don't come, sometimes you need to arrange this and this and this, it's normal, it's normal. So that's why we don't really have many people that we're working with, cause some people they can't take it. It's not normal to come with a program and not have people who don't attend. People get upset and they leave, so JA. I also want to thank you for your patience, cause you can't work with them if you don't have patience for them, as you're patient and at the end of the day you get where you want to go.</p> <p>Q: And what are some of the difficulties in being patient in that process?</p> <p>5. The difficulty is that for the first time when you bring a programme, any programme that you bring, for the first day they come, all of them they are part of it. First day second day they are part of it, but third day they go they don't come, fourth day you'll find one or two, others they just dodge, they hide themselves. And one of the things I could say that maybe I should blame myself, cause we have to be strict with them the rules and everything, but then I don't want to, how can I call it, always to force people to do things. I want them to be responsible for what they are doing. I don't want to force them always, don't go here, you are punished with this. If we do it then we do things, but then I don't want that pattern, I don't want that way. I want to teach people that they have to do things out of their willingness, not me pushing them. But that takes time. That takes to talk to them, like today in house meeting and have to talk to them and say its very important do it, what what what and then tomorrow they will come all of them, but next week if I don't talk to them they won't come. It's a process.</p> <p>Q: It sounds like a balance between supporting them and on the other hand not pushing them saying you have to do this? Yes you have to balance. Q: And am I understanding right that with all the activities or all the things that you introduce this is a typical thing that happen?</p> <p>6. I think we have to think more about it and see what is the strategy that we can come up with, cause that is what I was like trying to say. Maybe if we introduce like some refreshments after. They know that when they come after that they will have juice and biscuits. Maybe it will help. I think we'll have to think more again and see what else we can do. Than forcing people, but to encourage them.</p>	<p>S4.1 standard process S4.2 patience S4.3 abused... lazes fair S4.4 overwhelmed by own problems S4.5 please staff S4.6 not ready S4.7 low self-esteem S4.8 deserve to die S4.9 activities waist of time S4.10 prefer to sit, eat & sleep S4.11 patience S4.12 irregular attendance S4.13 additional arrangements S4.14 Struggle to sustain programmes S4.15 affect work relationships S4.16 patience</p> <p>S5.1 reduction in participation typical S5.2 hide themselves S5.3 shelter rules S5.4 dislike forcing women to participate S5.5 own responsibility S5.6 free will S5.7 timeous process S5.8 constant negotiation/ communication S5.9 process</p> <p>S6.1 strategizing S6.2 provide additional benefits S6.3 encouragement</p>
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<p>7.</p>	<p>Q: From staff's side there is obviously a lot of rules that you need to comply with, in terms of budget, the space and the place, the time that we spent and so on. How do you think you and the other staff members experienced us? Here comes two young student ladies coming hear making lots of noise every Monday. Did you have any conversations with the other staff members?</p> <p>JA we do, everything we do we discuss it in the staff meeting first. But, like I said its one of the programmes that is a healing process for our women and on the other side I think it is one of our sustaining programmes somehow. Because for us to afford someone who will come to do the music therapies it is very expensive. So if we get two young ladies to help us for free it is also one way of sustaining our programmes. That's why I'm saying we don't really have to let it go, we should see that it continue. It's a very positive point for you to come and sit with us. We see it in a positive point; we see it on a positive side.</p>	<p>S7.1 staff discussion S7.2 healing programme S7.3 sustaining programme S7.4 budget S7.5 continue with music therapy S7.6 positive experience</p>
<p>8.</p> <p>9.</p>	<p>Q: I'm just going to mention a few things and I just want you to talk in general about that. I've spoken about the fact that this whole process is quite a negotiation. Somebody can't just step in here and think let's just make music. Things that I think about is there is decisions that needs to make, there's certain roles that people play in this process, people have certain expectations, there's different cultures, languages, ages, different personalities. How did you experience some of these things in the time we had together?</p> <p>You know like I said anything that comes in we have to discuss it in the staff meeting. There are many factors that we look at before we let people in. Because as I said we serve women who are abused and who are sometimes most of the time they are down so they need someone who can lift them up. And at the same time we are a Christian organization we want to help our people with Christian values. Mm, although we welcome everyone, like women we take anyone, Muslims, Atheist and Christians we take all the women we believe in people. So, but when they are here with us, we are Christians so we would like to involve them with Christians. If people they want to come to serve women we also can welcome all the religions but we still have to check what are you bringing to us because we won't like to allow someone who's going to give sangoma lessons. We won't allow that. We won't allow someone who's going to bring negative values in the community. We already have our values, we have our rules, we have our policies so we check all those things before we welcome anyone into Potter's House.</p> <p>Q: And in terms of our discussion you know since we started our work, did you find anything difficult?</p> <p>I think everything was good and you guys you are very much humble and wanting to communicate which I did like, because I don't have time and I'm not part of it so then they do their own things you know. But you are so good and you always communicated and you always let me know what you want to do, what you are planning, what are the difficulties. You know I really liked it, that's how it's supposed to be. Yes.</p>	<p>S8.1 staff discussion priority S8.2 factors considered: S8.2.1 nature of programme S8.2.2 religion – Christian values S8.2.3 values important S8.2.4 rules and policies</p> <p>S9.1 effective communication S9.2 communicate plans S9.3 communicate difficulties</p>
<p>10.</p>	<p>Q: What do you think we (and the university) can perhaps think about in future or perhaps do differently next time when we want to introduce a programme like this?</p> <p>Maybe, if they could provide you with a small fund if you want to do more than what you're doing, it can be possible. JA, that's one thing. Otherwise, if this could be communicated in all the communities of PCM not only for Potter's House. If it could be like an open invitation to the whole of PCM, then we can do it as PCM, maybe there will be more people. And then if you register their names from the first day to make them feel that they are responsible for if they start they have to continue. Although it doesn't work always, then they know every Monday this time they should be there.</p> <p>Q: Are you saying it will be nice with the staff as well?</p>	<p>S10.1 provide funds S10.2 extend to wider community S10.3 register to feel responsible S10.4 provide stability</p>

<p>11.</p> <p>12.</p>	<p>It will be nice with the staff, but the thing is the staff they are always busy, unless they make it part of their programs.</p> <p>Q: But you are then saying with the other partners of PCM</p> <p>Yes, the girls in Lerato House, children in Salvakop and Akanani, if it is like open it. Or maybe you can ask for children, cause it's a school, they can give you one hour or thirty minutes then you go there the children are always there.</p>	<p>S.11.1 staff busy</p> <p>S12.1 involve PCM partners</p>
<p>13.</p>	<p>Q: That is more or less what I wanted us to talk about. I just want to make sure we've discussed everything about the process. I use the word negotiation because that's also part of how I think about it in my dissertation. What do you think are the types of things we had to negotiate during this time that we were here? Not only you and me but also you with the women and the other staff members, the children, the whole environment.</p> <p>First we need to negotiate with the women if they are willing to do it, if there is that need, if they are willing to do it and why do they want to do it. And then the time, the time when they are going to do it. Although I think the time depends on how they are encouraged to attend it. But then its good to check time when you can catch them they're there, like lunchtime cause they're all there for lunch. After lunch they can see this is the programme or in the evening after supper, they are always there. But some programs you cannot have in the evenings. So the time is the thing to negotiate. Apart from negotiating again there is to always reminding always. Children they are good, they are always there, you have a problem for them they are good they are always there. The children they are more easier people.</p>	<p>S13.1 negotiate willingness, reasons</p> <p>S.13.2 suitable time encourage attendance</p> <p>S13.3 available</p> <p>S13.4 reminding</p> <p>S13.5 children are compliant, easy</p>
<p>14.</p> <p>15.</p> <p>16.</p>	<p>Q: And tell me, some of the staff members, how did they experience the noise? I mean we were making quite a lot of noise while you guys had to work.</p> <p>It was communicated properly, so people they knew what's going on. Some of them they did enjoy it, they didn't just enjoyed it they liked it. Yeah I'm not sure about others how they felt, but because it was communicated there was nothing negative about it, they knew what was going on.</p> <p>Q: And those who liked it, what was it about it that they liked?</p> <p>People like J she's crazy about it (laughs), she says no this is something nice, we have to carry on you know.</p> <p>Q: Is there anything you would still like to share about the process and now that it's drawing to an end? Anything that you still want me to know?</p> <p>It is a healing process, the way I see it it's a healing process and the women they did enjoy it although some of them they didn't attend it but almost all of them when we talk to them they enjoyed it and you can see that it got kind of difference in their lives. If there could be a time, a short time after the music. I wasn't there I don't know how it worked, talking with them after having a session when you talk with them and hear from them, maybe they will be able to open up with other things.</p>	<p>S14.1 proper communication</p> <p>S14.2 enjoy</p> <p>S15.1 crazy about it</p> <p>S15.2 continue music therapy</p> <p>S16.1 healing process</p> <p>S16.2 provide space for talking</p>
<p>17.</p>	<p>Q: What do you think was the impact of the concert or not? What did it do for you?</p> <p>For myself it was so good to enjoy it, even to go out of all these things and enjoy, yeah it was so wonderful. For me its good to see the women happy, they were all happy and they were all dancing, participating. They took it as their own thing, they sang cultural songs and they were dancing. That shows something, it really shows something. It's not like every time you can call them and they'll do that, they wouldn't. It shows the process that has been going on and it shows it has brought a change in their lives. You could see the relationship that you have built with them. You could see that.</p> <p>Q: And for you being a staff member, the head of Potter's</p>	<p>S17.1 enjoy, wonderful</p> <p>S17.2 happy</p> <p>S17.3 took ownership</p> <p>S17.4 all participate</p> <p>S17.5 rare expression</p> <p>S17.6 illustrates process</p> <p>S17.7 change lives</p> <p>S17.8 relationship evident</p>

APPENDIX VIII

CODING: INTERVIEW 3 – YOUTH GROUP

FOCUS GROUP INTERVIEW: YOUTH GROUP		
Line no	Main Text	Codes
1.	<p>Q: How did you experience the time that we had together, so the things that we've shared from February? How did you find it in the beginning as the time went on?</p> <p>A: I found it interesting cause, I never did music with so many instruments. I've only done music with the piano but it was only the theory thing so I didn't finish. But then I did drums, the chime bars and I like that one too much. So I think I learned a lot about music and I've also learned that music gives you a piece of mind like for me sometimes I would come here full of stress because of schoolwork and everything but when I come here, I'll feel stress free and relieved when I played the drums so hard, so I think it was a nice experience.</p> <p>B: It was fun and exciting, JA, sometimes I'll come here like angry from school or something but then everybody would be smiling and would be laughing and making jokes, JA it would make me feel good and it was fun.</p> <p>Q: And what activities did you specifically like B?</p> <p>B: The amazing sounds these instruments can make (points at Boom whackers). I did not think they could make different sounds. I don't know how they make different sounds, but it's amazing (Laughter)</p> <p>Q: And for you C how was the time together?</p> <p>C: Points at the xylophone.</p> <p>Q: And how was it to make music with the girls C?</p> <p>C: It was nice. (laughter from group)</p>	<p>Y1.1 different instrument interesting</p> <p>Y1.2 musical learning</p> <p>Y1.3 piece of mind</p> <p>Y1.4 relieve stress</p> <p>Y1.5 nice experience</p> <p>Y1.6 fun</p> <p>Y1.7 exciting</p> <p>Y1.8 feel good</p> <p>Y1.9 enjoy different sounds</p> <p>Y1.10 nice</p>
2.	<p>Q: What made you come back every week? Or not?</p> <p>A: I would actually come here very proud and I'll tell my friends I'm going for music therapy and they used to get irritated because I use to say it every day (laughter). So, I think what made me come here is the music itself. I love music and I think music is my life. My life revolves around music, I love music so much. JA.</p> <p>B: Same here (laughter). No really, its mostly about music. I love music also, JA.</p> <p>Q: And I'm sure there must have been things that you disliked or that you found?</p>	<p>Y2.1 proud</p> <p>Y2.2 music itself</p> <p>Y2.3 love music...its my life</p> <p>Y2.4 love music</p>
3.	<p>A: I don't remember anything that I disliked. I liked everything about it, every bit of it. I enjoyed it a lot. I wish it was continuing forever.</p> <p>B: There was not anything that I disliked.</p> <p>Q: And anything that was difficult?</p> <p>A&B: No</p>	<p>Y3.1 pure enjoyment</p> <p>Y3.2 need to continue</p>
4.	<p>Q: There were quite a lot of difference in the group as well. I mean we have three teenage girls and then we have X in the middle and then we have three younger boys. So how did you find that, making music with them?</p> <p>A: I think we were use to interacting with them cause we used to stay here, we'll play together, sometimes dance together in that TV room of ours, we'll make jokes, we'll laugh, especially C he used to like hang around the older girls so we're like used to it. And then even Y when his bored he'd like come to our room: "I'm bored", so we got used to it. I think it was also nice.</p>	<p>Y4.1 familiar</p> <p>Y4.2 comfortable</p> <p>Y4.3 nice</p>



<p>5.</p>	<p>Q: And what did you learn about yourselves during this process or this time that we had together. Or what did you get to do that you don't normally get to do? C: To be friendly. A: I think I've learned that I'm not shy, I actually learned that I'm not shy, cause I used to be camera shy. So I found that I'm not camera shy. B: I don't know if I learned anything of myself. I think to the other question that you've said like the things that you haven't done before like JA, playing and making sounds on different instruments, JA that's one thing. I've only tried to make sounds on the drums and the piano that's all, the rest no. So I learned new musical skills and those different things can make sound.</p>	<p>Y5.1 friendly Y5.2 confidence Y5.3 new musical skills Y5.4 broaden musical knowledge</p>
<p>6.</p>	<p>Q: I also think there were space for you to express yourself or if we think about expressing yourself. Can you talk a little bit about that in terms of how you were able to do it or not do it? A: I think I was able to do it because I was in a familiar environment. I wouldn't have done it maybe if it were at X (church) there. I don't think I would have been able to express myself the way that I expressed myself when I was here. B: I think the same (laughter). Except I would express myself a little at X (church).</p>	<p>Y6.1 familiar environment Y6.2 comfortable to express</p>
<p>7. 8.</p>	<p>Q: So now that you've been through this process. What do you understand about music therapy? What do you think its all about and what do you take from it? A: I think music is some kind of healing process, its some kind of healing process for those people. Okay there are some ladies that don't talk a lot in the house but when they come here they'll be singing and shouting and enjoying the music environment. And I think, okay most of the time I don't think many people will notice that I'm watching them but then I will see no this one enjoys music so I think its some kind of healing for those people who are depressed. It makes them feel, I mean it makes them look at the person in them. Q: And would you say it also made you look in you? A: Yes it did make me look inside me and I realized that it also healed me, because it took away the stress. B: The healing part yes, I think its mostly about music, JA I have stress sometimes, and it would like make me just forget about it and enjoy everything that I'm doing and also realized that sometimes when you're like listening to a song, you can like listen to one sound like "ting" and when we do the sound-pop sometimes you can even do it with your mouth. So in the different songs that we hear maybe they are doing with their mouths and we think its instruments. C: It means how people share their things. Kindness, friendliness, lovingness, sharingness. All the nesses (laughter)</p>	<p>Y7.1 healing process Y7.2 freedom to express Y7.3 enjoyment Y7.4 heals depression Y7.5 self-reflection</p> <p>Y8.1 reduce stress Y8.2 music itself Y8.3 raised musical awareness Y8.4 sharing of yourself</p>
<p>9. 10.</p>	<p>Q: We went to the park one day and you played there. What did you think about that experience? B: Okay, I felt like, okay when you said we were going to the park I was scared because I don't really like people watching me. And uh JA, But when we got there, I didn't feel scared or anything, it just felt okay, it just felt like we were inside and even if people were watching us it just felt okay. Q: Did it feel different from doing it here? B: JA, but not really. Not as I thought. I thought maybe I'll feel uncomfortable, people are watching me, but when we got there it was cool. A: For me, I actually felt excited because all the attention was on us.</p>	<p>Y9.1 self conscious Y9.2 felt okay Y9.3 park similar to session</p> <p>Y10.1 cool Y10.2 exciting...receive attention Y10.3 freedom to express Y10.4 non caring</p>

	<p>Everyone was looking at us so I felt happy cause everyone was looking and wondering "what the", but we didn't care we just continued making more noise and more noise. That's what life is about not caring what other people think about you. And I like that.</p>	
11.	<p>Q: And then we had the concert on Friday. Can you tell me a little bit more about the concert and what you thought about that and how you experienced that?</p> <p>A: Okay, although I came late I enjoyed it. I love singing so I enjoyed it. Most of the people who were there, we know them so I wasn't really like shy the way I was going to be if there were other people who I didn't know, like the ladies of staff. That's why I kept on asking are the ladies of staff gonna be there.</p> <p>Q: So how was it then to perform for the staff members as well?</p> <p>12. A: Yes we do, like last Christmas there was a performance in the park we had to read bible versus, they (B) did their dance and everything. But then I always used to run away and get some way to get out of the dance or something but then this time I think I loved dancing in front of them.</p> <p>B: I think it was nice, I enjoyed it and I wasn't as shy as I am with dancing. I was actually smiling a little bit. I usually don't smile when I am dancing. I have this look which is like horrible. So at least I was not that scared and I also love singing. I liked the singing part and the performance the ladies did, I liked it also, I loved it. It was nice. JA.</p> <p>Q: And how was it to watch the women also sing some songs and do stuff together?</p> <p>A: It felt good cause at least we saw how they co-operate together, not like when they argue or fight.</p>	<p>Y11.1 concert: enjoy love singing Y11.2 concert: surprised at comfort with staff.</p> <p>Y12.1 normally shy Y12.2 concert nice Y12.2 concert less shy Y12.3 concert less scared Y12.4 concert love singing Y12.5 concert nice to see ladies enjoy it Y12.6 concert: co-operation between women</p>
13.	<p>Q: I think we're going to finish off now. The last question that I have is, If Bronwyn and I had to do this all over again, is there anything that you think we could have done differently? Or more of or less of?</p> <p>A: I think more of the dance.</p>	<p>Y13 more dancing</p>
14.	<p>Q: What did you like about the dance?</p> <p>A: I think I've learned new moves. Seriously I haven't danced in a long time, I think its five years now, JA the last time I danced I was in grade seven. So I think I've learned how to get my old groove back. So I liked it.</p>	<p>Y14.1 new dance skill Y14.2 get groove back Y14.3 enjoyed it</p>
15.	<p>Q: The last thing I want to do is I am going to give you buzzwords. I would like for you to comment if you have anything to say about it if you think about the group that we had.</p> <p>Roles you perhaps played in the group, like the role of a leader, listener, follower?</p> <p>A: I think most of it was leading and listening. Sometimes the small ones would listen to you guys when you say: "okay, shh" and they will listen. When if it was I would say shh they wouldn't and just continuing screaming worse, so I think they'd listen to you guys. And there was also leading, when you asked who want to lead, everyone will shout "me, me , me".</p> <p>B: They were good, cause if you like left us to do whatever we want I don't think there was going to be co-operation because us and the kids we don't really listen to each other. Cause maybe they would be saying something, but we would be listening to each other because we want big stuff and they want to make noise and this and that. So I think it was good cause in some way you listen to us, you were leading us and teaching us stuff.</p>	<p>Y15.1 roles: Y15.1.1 leader Y15.1.2 listener Y15.2 leadership necessary for co-operation Y15.3 age gap: children don't listen to each other Y15.4 teacher role</p>



<p>16.</p>	<p>Q: If you think back to when we started did you have certain expectation about our sessions and then maybe how did it turn out?</p> <p>A: I expected to like have rules like don't make too much noise cause the staff are working Don't do this and that. Don't play any instrument unless you are told, but then you came here without everything. You can make as much noise as want, you can play with any instrument that you want. I think that was cool and nice.</p> <p>B: It's also the same thing but then it was also when I heard it was a music therapy I thought it was about dancing like throughout, because there was another time it was also a music therapy sort of, but it was mostly about dancing, ballet, teaching us such stuff. But then it was just everything about music, dancing, instruments, JA. I enjoyed it.</p>	<p>Y16.1 expected strict rules Y16.2 freedom Y16.3 cool Y16.4 nice Y16.5 expected dancing only Y16.6 enjoyment</p>
<p>17.</p>	<p>Q: Are there anything that you would like to share that we haven't discussed? Or comments you want to make about the time we shared together?</p> <p>A: I think you guys were really nice, really (laughter). Cause, okay, I'll say about me. Although I didn't know how to really dance, but then you'll say something nice that will motivate and I'll think okay, I really know how to do this. I think that was nice.</p> <p>B: I don't think I have anything left out but then like she said you guys were nice. You were kind, I expected you guys to be shouting at us when we would like do something, like: "if you don't want to co-operate, get out". But then you were really kind and loving and caring and patient.</p>	<p>Y17.1 felt encouraged Y17.2 gain confidence Y17.3 like students...kind Y17.4 expected strict teachers Y17.5 kind Y17.6 loving Y17.7 caring Y17.8 patient</p>

APPENDIX IX

CODING: CLINICAL SESSION NOTES

CLINICAL SESSION NOTES: YOUTH GROUP		
Warm up question and chat		
Line no	Main Text	Codes
	Youth Group: Session 4	
1.	Nice interaction between members, showed us some of their school photo's the school took, A played the girls some songs on the laptop, while I showed B some guitar chords.	C1.1 nice socializing C1.2 different activities simultaneously
2.	As usual the boys helped us carry the instruments to the cars and had a quick spin around the block.	C2.1 helpful C2.2 playful
3.	Fun, enjoyment, mutuality!	C3.1 enjoyment C3.2 mutuality
4.	This group has quickly grown into a cohesive, determined, focused energy group who displays active participation and enjoyment.	C4.1 cohesion C4.2 active participation C4.3 enjoyment
5.	It is striking how contrasting this group is compared to the mother's group on all levels.	C5.1 contrasting to women's group
6.	We discussed it and suspect that perhaps because the children have an identity of being school going pupils, perhaps they feel more part of a community than the mothers who are jobless, with no spouse and actually very isolated for most of the day.	C6.1 sense of identity in school C6.3 women isolated
7.	I enjoy working with the kids and there is so much that we still want to do with them.	C7. enjoyment
8.	They seem very in touch with their healthy parts and it is a pleasure to see them grow as a group!!	C8.1 youth in touch with healthy parts C8.2 group growth
	Youth Group Session 6:	
9.	Overall I think we accomplished a lot today and the kids really enjoyed the type of activities provided and participated actively.	C9.1 enjoyable activities C9.2 active participation
10.	*The dance: It was clear that the teenage girls and one young mother felt very comfortable in doing this activity, it came very natural for them.	C10. natural engagement
11.	By doing this activity I think we established a sense of accomplishment and group cohesion and I think it was a good thing that some of the women remained in the chapel to observe the dance routine.	C11.1 sense of accomplishment C11.2 group cohesion
12.	So, not only did the children interact, but for the first time we had the opportunity to let them interact with the women/ mothers.	C12. mother-child interaction opportunity
13.	It seemed as though the women found it easier to observe the fun, than necessarily having to participate in the fun.	C13. women prefer observing
14.	The energy created by the activity resonated through the building and so it even included and drawn people together from outside.	C14. music resonance draw outsiders
15.	There was fun and pleasure and people wanted to be part of that. I did get exhausted at one point and the activity felt a bit too long, especially since we were already busy for 2 hours before that.	C15.1 pleasure C15.2 long session exhausting
16.	*Piñata and Card making: The children had fun and of course they could not wait to pick up the sweets to eat.	C16. fun
17.	They really became very creative with their cards and even the women enjoyed the stimulation provided by making something of their own.	C17. enjoy being creative
18.	Although I agreed to do these activities, I honestly felt it was a bit out of line with our role.	C18. activities not music therapy related
19.	There was one point where I felt uncomfortable and wondered where the music was in all of this is?	C19.1 uncomfortable C19.2 need music
20.	Why do I feel like a teacher rather than a music person? When we made the cards, the other women were busy eating lunch.	C20. teacher role

<p>21.</p> <p>22.</p> <p>23.</p> <p>24.</p> <p>25.</p> <p>26.</p> <p>27.</p> <p>28.</p> <p>29.</p> <p>30.</p> <p>31.</p> <p>32.</p> <p>33.</p> <p>34.</p>	<p>One woman offered us lunch and it seemed as if that was an indication that we are welcome in their space and that they valued something of what we were doing.</p> <p>However, one lady gave me a very intense unfriendly look and I wondered if it had anything to do with us coming in their space, providing things for their children that they are not in a position to do, having to watch their kids have fun with two strangers while perhaps not seeing the laughter when they are together with their own children.</p> <p>There is no doubt that these activities provided fun, creativity and cohesion, but I do not think I will do them in future.</p> <p>For me it blurred our role at the centre and did not relate to music therapy as such.</p> <p>*The park</p> <p>Freedom, own space, accomplishment, importance are words popping into my head when I think about the experience in the park.</p> <p>Initially I felt very unsafe with those men sitting by my car, especially since my car was stolen a while ago.</p> <p>But, once we got to our spot in the park and was surrounded by beautiful grass and plants and flowers, fear subsided.</p> <p>The group's wondering eyes and giggles made me think there was a bit of 'performance anxiety' as for the first time we were not alone between four walls just playing in a group.</p> <p>Now we were in a wide open space, with strangers sharing in the experience of our music making.</p> <p>I wondered what they thought of us two white girls and we were the only white people in the park.</p> <p>I wondered if some people were changed by the experience, perhaps in terms of their perception about whites.</p> <p>Did they find it strange that two white girls were beating djembe drums which are more African in nature?</p> <p>Yet as the session went on the group seemed to develop a confidence, a boldness and as we walked back to our cars I felt authorized to be there, I felt proud to walk as a group of women and one 6 year old boy, I felt comfortable.</p> <p>For safety reasons I will be hesitant to repeat the activity without guidance from staff or more adult members, but it was an interesting experience.</p>	<p>C21.1 music therapists invited for lunch by women</p> <p>C21.2 women value music therapists</p> <p>C22.1 hostility... their space</p> <p>C22.2 providing for children what they can't</p> <p>C23. caution certain activities</p> <p>C24. blurred music therapy role</p> <p>C25.1 freedom</p> <p>C25.2 own space</p> <p>C25.3 accomplishment</p> <p>C26. concern for safety</p> <p>C27. nature eased fear</p> <p>C28. performance anxiety</p> <p>C29. share musical experience with strangers</p> <p>C30. ethnicity</p> <p>C31. race perceptions</p> <p>C32. culture of instrument</p> <p>C33.1 develop confidence</p> <p>C33.2 comfortable in park</p> <p>C33.3 proud</p> <p>C34.1 safety concerns</p> <p>C34.2 requires guidance</p>
<p>35.</p> <p>36.</p> <p>37.</p> <p>38.</p> <p>39.</p> <p>40.</p> <p>41.</p> <p>42.</p>	<p>Youth Group Session 7:</p> <p>I found today's session significant for the following reasons:</p> <p>Role shift took place and by letting the kids facilitate they got the opportunity to be in control, to experience accomplishment and being listened to.</p> <p>They also has the ability to laugh at themselves and to see that what we as music therapist do isn't as easy as it may look from the outside.</p> <p>K had a chance to "perform" a different role in front of his friend and to show him what he has been part of for the last six weeks.</p> <p>The noise we made gave them a chance to let go, to feel free, to be children who can play, where I am sure there little rooms and the limited space at the shelter do not always allow time or space for this.</p> <p>Three generations were able to meet in the music, toddlers, primary school kids and students.</p> <p>A woman who was upset at our morning session, came in and had a chance to "apologize" about her actions by commenting on the nice sound of the music.</p> <p>I did not want to end the session and at the end I felt a sense of accomplishment, realizing the path we have walked with the children.</p> <p>There is a definite cohesion, lots of energy and mutuality, more listening than in the beginning and more playfulness from my side.</p>	<p>C35.1 role shift</p> <p>C35.1.1 opportunity to control</p> <p>C35.1.2 experience accomplishment</p> <p>C35.1.3 listened to</p> <p>C36.1 experience difficulty of leadership role</p> <p>C37.1 friend attended</p> <p>C37.2 share experience</p> <p>C38.1 let go and feel free</p> <p>C38.2 space to play</p> <p>C39. three generations meet</p> <p>C40.1 open door policy</p> <p>C40.2 woman in youth session</p> <p>C41.1 accomplishment</p> <p>C41.2 group growth</p> <p>C42.1 cohesion</p> <p>C42.2 high energy</p> <p>C42.3 mutuality</p> <p>C42.4 growth: listening, playfulness</p>

43.	We have really grown as a group and it is delightful to see these youngsters being in touch with healthy play, confident in their actions and willing to give their best.	C43.1 group growth C43.2 healthy interaction
44.	Youth Group Session 9: Children are very relaxed in our presence, clear sense of a relationship	C44. comfortable relationship
45.	Many external factors to handle, like W a little baby walking around crying, ends up sitting on my lap, some woman come and look at what we are doing, some come fetch the children for a while, lots of activity.	C45. manage external activity C45.1 baby crying C45.2 woman observer
46.	I feel that the group are a bit disorganized, or perhaps I feel disorganized when to many things are happening around me.	C46.1 group disorganized C46.2 feel disorganized
47.	I think it also has to do with the fact that we are working with youngster and teenagers in one group, different aims, different goals.	C47.1 different aims and goals for different groups
48.	It was funny when the tourists were watching us, immediately I felt I had to 'perform' or give it my everything when singing and playing, it made me think of the whole concept of performance and its power to elicit certain things in us.	C48. tourists watching elicits pressure to perform
49.	I am looking forward to the social concert; I think interesting things are going to happen in the group and the larger group of The Potter's House.	C49. looking forward
50.	Women's Group Session 1: Took 15 minutes for all the women to arrive, they came one by one.	C50. individual arrival taking 15 minutes
51.	Initially we sat in a circle in the dining area, but after starting a drumming sessions (5 minutes into the session) we were asked by a staff member to move over to the chapel.	C51. staff suggest different location
52.	Logistics: Draining is the right word, carrying all the instruments from our cars is exercise like you can't believe.	C52. equipment management draining
53.	It involves carrying 8 djembe drums, percussion instruments, setting up video and audio equipment, moving chairs around, all while being nervous that my car which is parked on the street can get stolen any time.	C53. fear car to be stolen
54.	Overall I felt good about the session, the women seemed to enjoy being musically active, enjoyed being validated, recognized in the greeting song, participated here and there by providing musical ideas and they made lovely name tags.	C54. enjoyment...active, validation
55.	Yet, I did feel as though I could not let the music flow at all times, I kept to my plan and did not venture into anything else.	C55. kept to structured plan
56.	I did not experience much support amongst the women for one another, each person came as an individual almost, and the word community centre felt a bit ironic.	C56. little community feel
57.	Women's Group Session 2: Women more reluctant to come to the session, most of them were watching TV, surrounded by their little babies.	C57. reluctance to attend (women)
58.	In the end, 5 women came, 3 familiar and 2 unfamiliar faces.	C58. member inconsistency
59.	Energy: Medium, one member had High energy, 2 members very low, and the rest medium.	C59. different energy levels
60.	Women's Group: Session 6: Since the teenagers and some of the women seemed so interested in the dance B and J did earlier; I decided to shift the session in that direction.	C60.1 a shift from structured plan. C60.2 youth present in women's session
61.	Two women participated in the dance while three others sat on benches and watched for over 40 minutes.	C61. free to observe or participate - choice
62.	When we arrived and there was no one around, my hope faded and I felt low in energy.	C62. discouraged
63.	Why are we preparing all these nice activities and carry these heavy instruments every Monday for women who do not want to come to the session???	C63. question effort
64.	I was frustrated and started to feel annoyed, but then decided well, even if there is only one women, we are here and we might just as well do a session.	C64.1 frustration C64.2 work as situation presents itself
65.	Once we got into the session, for the first time it felt as though there was a bit of cohesion in the group.	C65. first time cohesion



<p>66.</p> <p>67.</p> <p>68.</p> <p>69.</p> <p>70.</p>	<p>I think the energy that the teenage girls brought and the fact that I was totally relaxed and more focused on the women as a group helped in creating a sense of cohesion.</p> <p>The music we made in the greeting song, felt authentic and freer compared to previous sessions.</p> <p>I felt freer, in my playing and more confident in my role of being a leader but also being a woman with the other women.</p> <p>I think we got them now and with only five sessions left we realise that we might not achieve the goals we initially had.</p> <p>But I am now comfortable to work with the group in which ever form they present, 1 woman, 3 women or eight, it is more about how we do an activity than what activity we are doing.</p>	<p>C66.1 cohesion...teenager's energy, relaxed</p> <p>C66.2 approach as group</p> <p>C67. shift in interaction</p> <p>C68.1. leadership role</p> <p>C68.2 freer</p> <p>C68.3 more confident</p> <p>C69. revising goals</p> <p>C70.1 work as situation presents</p> <p>C70.2 how rather than what</p>
<p>71.</p> <p>72.</p> <p>73.</p> <p>74.</p> <p>75.</p> <p>76.</p> <p>77.</p> <p>78.</p> <p>79.</p> <p>80.</p> <p>81.</p> <p>82.</p> <p>83.</p> <p>84.</p> <p>85.</p> <p>86.</p>	<p>Women's Group Session 7:</p> <p>Again, the same story, when we arrive we are greeted friendly by the women and there are many women around and as soon as we want to start our session everyone has disappeared, either into their rooms or going out.</p> <p>So, we only had E and a new face C for the session. Just before we started a familiar face, L came to the session, she was about to sit down when B asked her to complete our Greeting song form. The form has got standard lines from the song and then blank spaces for the person to complete things that they like. She looked at the form, angrily said that she is not interested in the session and she is going to walk away from this. She came back and asked for a copy of the form, saying it was significant.</p> <p>She was very rude and B and I just looked at one another, stunned by what happened and we did not know how to handle the situation.</p> <p>E invited us for coffee, so we sat and drank coffee with her in the common room.</p> <p>She spoke about her life and asked where we come from etc.</p> <p>Her conversation reminded me of the true circumstances of the women.</p> <p>Negotiation with staff: It took a whole day to get into contact with the events co-coordinator of Potter's House, since they are all in meetings for the whole Monday. Finally we bumped into V in the afternoon and managed to enquire about having a social musical event.</p> <p>We also discussed the women not coming to sessions and she ensured that she will help us to get their co-operation.</p> <p>She suggested some cookies and coffee for the women to motivate them to come to the sessions.</p> <p>She again spoke about their lack of commitment in anything that they initiate at the centre.</p> <p>She said that she discussed it with the women and they are committed to come to the sessions.</p> <p>I find it very frustrating, yet understandable and I am appreciative of the staff's co-operation and attitude towards us.</p> <p>I just find it difficult to understand the women's lack of participation, because once they attend, they do participate and enjoy being there.</p> <p>Three themes stand out from comments: COMMITMENT, THE PLACE ITSELF AND THE TROUBLES THE WOMEN EXPERIENCE.</p> <p>The social co-coordinator came to see us later and made an interesting comment, she said it would be nice if we could have such an evening, since the women mostly comes together when there is problems.</p> <p>Incident with L: I was very surprised by her reaction, but I immediately thought it had something to do with the phrase "she loves Jesus" which forms part of the song that we use as a greeting song.</p>	<p>C71. attendance pattern:</p> <p>C71.1 friendly greeting</p> <p>C71.2 women disappear</p> <p>C72. poor attendance</p> <p>C73.1 unexpected rudeness</p> <p>C73.2 uncertainty</p> <p>C74. have coffee together</p> <p>C75. share life events</p> <p>C76. verbal conversation reminds of women's true circumstances</p> <p>C77. battle to negotiate</p> <p>C78. discuss attendance with staff</p> <p>C79. suggest refreshments</p> <p>C80. pattern of lack of commitment</p> <p>C81. staff gain commitment from women</p> <p>C82.1 frustration (attendance)</p> <p>C82.2 staff support</p> <p>C83. discrepancy in participation</p> <p>C84.1 lack of commitment</p> <p>C84.2 how shelter operates</p> <p>C84.3 women's problems</p> <p>C85. usual gathering focused to address problems</p> <p>C86. Religious content</p>

<p>87.</p> <p>88.</p> <p>89.</p> <p>90.</p> <p>91.</p>	<p>We came to learn that she is not a Christian believer and I got the sense that her reaction had to do with her being offended by the religious aspect.</p> <p>The suddenness and way she reacted immediately made me wonder about her psychological well-being and later we learned that psychiatric problems are very common amongst the women and it come and go.</p> <p>I discussed with my co that we don't always realize what we are dealing with here and that it is more intense and the problems wider than we think BUT that is what I appreciate about music, is the fact that it focus on the healthy part.</p> <p>When I am with the women, I sometimes forget their backgrounds, their situation and hopefully music is doing the same for them, reminding them how healthy they are despite their circumstances.</p> <p>I am disappointed by the low attendance but still hopeful that we will accomplish something before the end of our time there.</p>	<p>C87. offended by religious content</p> <p>C88. possible psychiatric problems</p> <p>C89.1. intense work C89.2 unaware of problems C89.3 music focus on healthy parts</p> <p>C90. forget negative</p> <p>C91.1 disappointment C91.2 hopeful</p>
<p>92.</p> <p>93.</p> <p>94.</p> <p>95.</p> <p>96.</p> <p>97.</p> <p>98.</p> <p>99.</p> <p>100.</p> <p>101.</p> <p>102.</p> <p>103.</p> <p>104.</p> <p>105.</p>	<p>Women's Group: Session 8</p> <p>History repeated itself, we arrived their on Monday, only one women, our regular attendee was their.</p> <p>By now I was really frustrated, knowing how much trouble we go through each week, so we spoke to three women and agreed to meet at 14h00 in the afternoon before the children's session.</p> <p>Again it felt as though we had to drag most members to the chapel, but I decided to start the session despite only four women being there, one of them a very energetic, slightly unmannered teenager.</p> <p>I then invited the women to share some of their songs, explaining that we would really like to sing songs that they like and are familiar with – their music.</p> <p>Little did I know that I now invited unfamiliar territory which completed shifted my role of being the therapist.</p> <p>The women slowly introduced one song after the next, African songs.</p> <p>At this point I felt very uncomfortable, not because of the foreign language of the songs as I was still able to participate instrumentally, but because I was unsure how to facilitate the songs.</p> <p>Even more women started to gather around us and we ended up having 11/12 women in the session.</p> <p>I observed that some of the women would sing the songs confidently; clearly knowing it well, while others kept quiet and seemed reserved.</p> <p>There seemed to be subgroups amongst them and I tried to regroup the session by verbally intervening at times, asking the group if all are familiar with the songs, do they think they can learn it and I also asked them to listen to one another and to shift the dynamic levels by indication of me lowering or raising my hand.</p> <p>They followed, but then there was a point where my vocal input faded into the background and at this point I just looked at my co for help, and as we both just smiled at one another, it felt as though I was just giving into the moment, the music and allowed myself to be a member led by other members of the group.</p> <p>This whole session felt like a live review of Mercedes' chapter at Thembaletu.</p> <p>I also started to think, why am I here, they don't need music therapy, as there is already so much music in the group.</p> <p>And then there was the shift in my role and where I started out as the leader, therapist I ended up being a participant.</p> <p>Only when I let go of my own preconceived ideas about my role could I ease into the role of participant.</p>	<p>C92. typical attendance pattern</p> <p>C93.1 frustration C93.2 negotiate suitable time</p> <p>C94.1 drag C94.2 teenager in women's group</p> <p>C95. reaffirm session's purpose</p> <p>C96.1 unfamiliar territory C96.2 role shift C97.1 African songs</p> <p>C98.1 discomfort to facility African songs</p> <p>C99. increased attendance</p> <p>C100. participation levels differ</p> <p>C101.1 subgroups C101.2 provide structure to activity</p> <p>C102.1 turn to co for assistance C102.2 let go C102.3 leader role shift</p> <p>C103. question need for music therapy</p> <p>C104. role shift: leader to participant</p> <p>C105. let go preconceived ideas</p>

<p>106.</p> <p>107.</p> <p>108.</p> <p>109.</p> <p>110.</p> <p>111.</p> <p>112.</p>	<p>This did not mean that my clinical thinking stopped, I still remained alert of the group and observed their non-verbal cues, made clear eye contact, providing silent support.</p> <p>I wondered if for the first time I was perhaps experiencing a sense of how they experience our westernized music that we provide, the type of melody's that we sing the songs that we choose for sessions.</p> <p>But then again, one woman made an interesting request, asking when is we going to sing Time after Time _ Cindy Lauper – perhaps it was more negotiation of personal context than content per se.</p> <p>I experienced the concept of Community Music Therapy and I can't say that it was the most comfortable experience at first, to stop fighting against my own comfort zone and preconceived ideas about music therapy.</p> <p>Lastly, I thought about a comment I made in the session – at one point when I asked them to listen to one another, I phrased it like this: We should listen to one another, otherwise it is only sounds that we're making.</p> <p>I thought about this statement and I wonder if I did not feel that without listening to one another there is music, but little personal interaction in the group, or perhaps it also had something to do with me being less comfortable with the lack of structure, social norms/rules typical of our westernized culture.</p> <p>Why did I feel the need to change the dynamic levels, was it like Mercedes described that my western—trained-musical-mind the singing just seemed to go on and on?</p>	<p>C106. clinical thinking remains</p> <p>C107. reevaluate session</p> <p>C108. negotiating ourselves</p> <p>C109.1 reevaluating music therapy C109.2 uncomfortable experience</p> <p>C110. re-evaluate my thinking</p> <p>C111.1 uncomfortable with lack of structure C111.2 westernized culture revisited</p> <p>C112. re-evaluating musical/ cultural meaning</p>
<p>113.</p> <p>114.</p> <p>115.</p> <p>116.</p> <p>117.</p> <p>118.</p> <p>119.</p> <p>120.</p> <p>121.</p> <p>122.</p>	<p>Last session: Session 10 & Final comments Today was our last day at The Potter's House. On arrival I was greeted "musically" by a woman and as she saw me she danced a bit and we both laughed. After putting down my instruments B and I said goodbye to some of the staff members, thanking them for their support and patience.</p> <p>There were no women around today, seems like many of them are working or perhaps in their rooms since it was a very cold day.</p> <p>So we ended up not having a musical session with them, but in a sense we already said goodbye the previous week when we had our discussion on the process.</p> <p>I thanked the head of Potter's House, we hugged and she again expressed her appreciation for what we did.</p> <p>Another staff member commented that our worked really had a positive impact on the women's lives.</p> <p>On reflection on the whole process, this was an experience unlike any other.</p> <p>I started working there with preconceived ideas about our role in starting a Community Music Therapy project. Initially I thought we were going to have to do all these extra art therapy related activities that we would have to attend some of the meetings, events in order to become part of the community.</p> <p>I had this expectation of a huge concert in the park, with proper sound equipment and inviting everyone we know.</p> <p>Now I just laugh at myself, now that I understand (or think I understand) that Community Music Therapy is a mindset and although it may involve other activities not necessarily typical of the consensus model, it is actually just a different way of thinking about the work that one is doing.</p> <p>Our work with the women turned out to be very different than expected.</p> <p>So we went through a huge struggle to gain commitment from the women to participate, it took negotiation with the women and the staff in terms of time, place, types of music, types of activities and a discussion about why they are not attending.</p>	<p>C113. women absent</p> <p>C114. non-musical ending</p> <p>C115.1 staff appreciate us</p> <p>C116. positive impact</p> <p>C117. unusual experience</p> <p>C118. initial perception... extra art therapy related activities</p> <p>C119. picture huge concert</p> <p>C120.1 CoMT = mindset C120.2 Different thinking</p> <p>C121. different than expected</p> <p>C122.1 commitment struggle C122.2 negotiation: C122.2.1 time C122.2.2 place C122.2.3 types of music</p>

<p>123.</p> <p>124.</p> <p>125.</p> <p>126.</p> <p>127.</p> <p>128.</p> <p>129.</p> <p>130.</p> <p>131.</p> <p>132.</p> <p>133.</p> <p>134.</p> <p>135.</p> <p>136.</p> <p>137.</p> <p>138.</p> <p>139.</p> <p>140.</p> <p>141.</p> <p>142.</p> <p>143.</p> <p>144.</p>	<p>I remember the shift, it happened in session 8.</p> <p>I was fed up on that day, tired of having to invite women to come, just to find no one attending while I knew they saw us arriving and watching them going to their rooms or leaving the premises.</p> <p>I thought I had it with the group and then there was session 8, attended by 13 women, the most to date.</p> <p>The session involved a negotiation of cultures in the music and slowly but surely the group became more cohesive as women joined in singing and dancing and playing instruments.</p> <p>From that point forward there was a shift, which I only noticed once we had the concert.</p> <p>Never before have I seen the women interact so co-operatively and closely with one another as on that day.</p> <p>Spontaneous singing, dancing, laughing and enjoyment of the moment filled the air.</p> <p>Monday came and again only three members attended, but the ones that did not attend were actually chatting to one another and I sensed more cohesion amongst them as a group.</p> <p>This has been such a journey, yet a rewarding one.</p> <p>It broadened my thinking about music therapy and what the possibilities are.</p> <p>For me the concert was a necessity, as it brought all the different groups together and provided the opportunity for them to come together as a community and share themselves.</p> <p>Did we not have the concert, I am sure our work would still have contributed, but would there have been a ripple effect?</p> <p>The women felt appreciated because of the concert, the staff members now wants us to work with other parts of their community and expressed their own need for music therapy, children saw their mothers being friendly to one another and not fighting as they said they often do.</p> <p>It is sad to leave and also a relief at this point in our course.</p> <p>It is sad because we have grown fond of the people and it is only now that we would have been able to begin a deeper process with the women as they trust us now and are comfortable with the sessions.</p> <p>I wish for their sake that we could have continued, but honestly, the work we did there was more draining and time-consuming than at other places.</p> <p>I think the reason for that is firstly because of the pressure we've put on ourselves as we were the first to pilot such a project, but on the other hand I think a lot of counter transference took place with them.</p> <p>At times I felt low in energy, lethargic to participate, helpless and gave up hope, all things that I think they are experiencing.</p> <p>Also, it was draining to try and get them to participate and at times we took on the role of mediator between staff and the women to negotiate them coming to the sessions.</p> <p>I also think that I had the expectation that I had to lead the group and therefore provided a lot of ideas, structure and support.</p> <p>Only in session 8 did I let go of the leadership and began to feel comfortable in performing the role of participant and container.</p> <p>Is this different from traditional music therapy? I believe so. We had an open door policy at all times, so boundaries were much more negotiable or flexible, we had lunch with the women (unplanned) and was a friend for a moment, we were a big sister to the younger children and a friend for the teenagers.</p> <p>Never did I feel that I wasn't thinking clinically about the activities or our engagement with the context, but roles and boundaries shifted constantly and goals and expectations as well.</p>	<p>C122.2.4 types of activities C122.2.5 communication</p> <p>C123. inviting to attend frustrating process</p> <p>C124. gave up</p> <p>C125.1 negotiation of cultural music C125.2 cohesion C125.3 gradual participation</p> <p>C126.1 shift from session 8 C126.2 shift noticeable at concert</p> <p>C127.1 concert co-operatively C127.2 intimate</p> <p>C128.1 enjoyment C128.2 spontaneous participation</p> <p>C129. increased cohesion</p> <p>C130. rewarding journey</p> <p>C131. broadened music therapy thinking/ possibilities C132.1 concert necessity C132.2 create community</p> <p>C133.1 concert ripple effect</p> <p>C134.1 concert...appreciation C134.2 include broader community C134.3 staff need for music therapy C134.4 new view of each other</p> <p>C135. ending...sad...relief C136. sad...strong relationship... trust...comfort</p> <p>C137.1 draining C137.2 time-consuming</p> <p>C138.1 self pressure C138.2 countertransference</p> <p>C139.1 lethargic C139.2 hopeless</p> <p>C140.1 draining to motivate women C140.2 mediator role</p> <p>C141. revisit perception of leading</p> <p>C142.1 being comfortable in role took time C142.2 different from consensus model</p> <p>C143.1 flexible boundaries C143.2 friendship role C143.3 big sister role</p> <p>C144.1 clinical thinking remained C144.2 constant shift in roles, boundaries and expectations</p>
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145.	Culture also played a huge role.	C145. culture played role
146.	Most of the people there is of African culture and even in our last session, I experienced how differently we view the concept of time.	C146.1 majority African culture C146.2 meaning of time differs
147.	My westernized entrainment and personality ads up to a person who wants to start at 14h00 if we arranged to start at 14h00.	C147. westernized background
148.	Luckily I had a co that is more comfortable with time taking on a different meaning and while I was getting irritated with the 'slow' pace at which things often happened, she was relaxed and patient to wait.	C148 student's temperaments differed
149.	I also wondered about ethnicity, how did they perceive us? What did they think when we came there with cars, with nice instruments, nice recording equipment, nice CD's etc.? I will never know, but I can just speculate that they must think we will never truly understand their situation and they are right.	C149.1 ethnicity C149.2 wealth discrepancies
150.	With the youth group, it was a different process.	C150. different youth group process
151.	From the beginning they came to sessions regularly, participated actively, and showed an energetic spirit and empathy for one another.	C151.1 regular attendance C151.2 active participation C151.3 energetic spirit C151.4 showed empathy
152.	They never complained, always assisted us to carry instruments etc. Today we each wrote our names on a paper plate and decorated it with stickers, glitter etc. In the end we stuck all of them on one carton.	C152.1 easy going C152.2 helpful
153.	Strangely enough we did not make any music and again it felt as though the concert and discussion I had with them after that was sort of an ending and neither us nor them seemed to feel the need to make music today. We hugged, some helped us to the car and I left. It feels unreal not going back there next Monday and I will definitely miss them and miss sharing music with them. It is my hope that the music will continue without us being there.	C153.1 non-musical ending C153.2 concert was closure
154.	I am so thankful for this experience, I've learned about myself that I can be a bit of a structured, up-tight control freak and from my co I've learned that letting go (without ditching my clinical hat) is liberating and sets our clients free.	C154. re-evaluate self
155.	I've gained courage in my own ability to lead a group, to negotiate with staff and to be able to present a concert.	C155. gain confidence
156.	I have gained a sense of the reality of this world and learned how powerful music can be to bring people in touch with their ability to have joy in life, to be brave, to share, to have a sense of community.	C156.1 reality check C156.2 power of music C156.2.1 ability to have joy C156.2.2 to be brave C156.2.3 sense of community
157.	It upsets me to think that because of the economic situation of this country these women might be traumatized in a different sense, because there is often no work available, little social support, little community.	C157. SA reality C157.1 economic and social traumatization C157.2 lack of community
158.	The title of one book sums it up for me: Spiral of Entrapment – but then again our survival instinct will always be there and I believe that music therapy can provide the tools to get in touch with one's inner ability to survive against all odds.	C158.1 spiral of entrapment C158.2 get in touch with survival instinct
159.	I will miss The Potter's House and I will always be thankful for this opportunity as it opened my thinking, my view of South Africa, my perception of poverty and so much more.	C159. broadened thinking of South Africa
160.	I remember feeling so scared that my car will be stolen again as we had to park in the streets and since the Potter House is located in an area where drugs are freely sold on the streets.	C160.1 fear of theft C160.2 dangerous area
161.	I came to realize that I was part of the psycho-social trauma of this country and part of a country that perhaps lost its sense of identity and community.	C161.1 psycho-social trauma C161.2 loss of community, identity

162.	So, not only did the women regain a sense of community, but this experience gave me a sense of community with fellow South African women and youth that I did not consider possible.	C162.1 regain sense of community C162.2 exceed music therapy goals
163.	<p>The concert: Youth, Staff and The Women, babies</p> <p>The concert was so different from what we've initially had in mind. Initially we thought it was going to be a huge concert, we were going to invite many people and wanted to hold it in the park.</p> <p>We planned to use hired sound equipment, my co already had a theme and storyline in mind.</p> <p>None of our initial ideas came about at the concert.</p> <p>An hour before the concert one staff member expressed her disapproval for where we wanted to have the concert.</p> <p>It took half an hour to negotiate an appropriate space and we ended up having it in the foyer by reception in a lounge area.</p> <p>It turned out to be an event for the residents and staff of the Potter's house only.</p> <p>We had basic snacks and decorated tables.</p> <p>We did not have a formal concert programme and used the instruments in the same manner as we used them in sessions.</p> <p>There was no clear division between 'the audience' and the 'performer' really.</p> <p>At all times people interacted in the music, either through listening, encouraging, singing along, dancing or playing an instrument.</p> <p>It was amazing to see the women interact with one another in such a cohesive manner and to have fun and laugh.</p> <p>I did notice that they still tend to leave their babies unattended at times and often the youth will step in and comfort a young one.</p> <p>The attendance was surprising considering our background with regards to attendance.</p> <p>Volunteer workers curiously stepped out of their offices and even took some pictures.</p> <p>Kids from the street peeped through the window to see what was happening and one danced to the beat of the music.</p> <p>At one point it was difficult to tell who was staff, residents or music therapy students, the music took over.</p> <p>Yet the staff member who disapproved of the venue walked through the room without even looking at what was happening. I felt disappointed by her reaction.</p> <p>At the end two staff members thanked us for our contribution and mentioned the change that they've observed in the women over the last couple of weeks, saying there was more talking, singing and laughter.</p> <p>For me the concert showed the journey we had with the groups.</p> <p>Had it happened as we initially planned it wouldn't have been part of the therapeutic process, meaning that the concert in that point in time resulted in accordance to our current therapeutic work and what the groups were ready to share at that point in time.</p> <p>I believe it will be different each time, depending on the group, time, population etc.</p>	<p>C163. concert...different outcome</p> <p>C164. preplanned concert</p> <p>C165. initial ideas fall short C166. negotiate logistics</p> <p>C167. negotiate space</p> <p>C168. in-house event</p> <p>C169. extension of sessions</p> <p>C170. interactive</p> <p>C171. active involvement</p> <p>C172. women...cohesive</p> <p>C173. youth fulfill adult responsibilities</p> <p>C174. good attendance</p> <p>C175. attracted staff</p> <p>C176. attracted outsiders</p> <p>C177. leveling out of roles</p> <p>C178. staff member ignore concert</p> <p>C179. positive change in women noticed by staff</p> <p>C180. concert shows journey</p> <p>C181. concert is a result of process</p> <p>C182. context determines content</p>



APPENDIX X

CODES AND CATEGORIES

Categories	W Codes (Women)	S Codes (Staff)	Y Codes (Youth)	C Codes (Clinical notes)
1. RANGE OF INTERACTION	W10.2 inviting others W22. curious about students lives W26. fit in W33.1 different views W39. different behaviour W42.1 encourage others W35.1 concert real McCoy W36.4 adopting	S2.2 active participation S2.4 build relationship S2.5.2 relate to students as sisters S13.5 children are compliant, easy S17.4 concert all participated S17.5 concert rare expression S17.8 concert relationship evident S2.1 change in women's faces S3.6 usually quiet	Y8.4 sharing of yourself Y17.3 like students...kind Y17.5 kind Y17.6 loving Y17.7 caring Y17.8 patient C1.1 nice socializing Y11.2 concert: surprised at comfort with staff. Y12.1 normally shy Y12.2 concert less shy Y12.3 concert less scared Y12.6 concert: co-operation between women Y10.4 non caring Y5.1 friendly Y15.3 age gap: children don't listen to each other	C2.1 helpful C2.2 playful C3.2 mutuality C4.1 cohesion C4.2 active participation C5.1 contrasting to women's group C6.3 women isolated C8.1 in touch with healthy parts C8.2 group growth C9.2 active participation C10. natural engagement C11.2 group cohesion C13. women prefer observing C29. share musical experience with strangers C37.1 friend attended C37.2 share experience C39. three generations meet C40.2 woman in youth session C42.1 cohesion C42.3 mutuality C43.2 healthy interaction C44. comfortable relationship C46.1 group disorganized C46.2 feel disorganized C56. little community feel C59. different energy levels C65. first time cohesion C66.1 cohesion...teenager's energy, relaxed C67. shift in interaction C73.1 unexpected rudeness C100. participation levels differ C101.1 subgroups C125.2 cohesion C125.3 gradual participation C126.1 shift from session 8 C127.2 intimate C128.2 spontaneous participation C129. increased cohesion C136. strong relationship, trust, comfort C138.2 countertransference C150. different youth group process C151.1 regular attendance C151.2 active participation C151.3 energetic spirit C151.4 showed empathy C152.1 easy going C152.2 helpful C158.2 get in touch with



Categories	W Codes (Women)	S Codes (Staff)	Y Codes (Youth)	C Codes (Clinical notes)
1. RANGE OF INTERACTION (CONTINUE)				survival instinct C61. free to observe or participate – choice C157.2 lack of community C127.1 concert co-operatively C170. concert interactive C171. concert active involvement C172. concert women cohesive C108. negotiating ourselves C94.2 teenager in women's group C21.1 music therapists invited for lunch by women C21.2 women value music therapists C126.2 shift in group noticeable at concert C175. concert attracted staff C176. concert attracted outsiders C178. staff member ignore concert C148.1 student's temperaments differed
2. CULTURE	W17. music from different cultures W18.3 together in African music W18.4 different tribes W37.1 different musical preferences			C30. ethnicity C31. race perceptions C32. culture of instrument C86. Religious content C87. offended by religious content C97.1 African songs C111.2 westernized culture revisited C112. re-evaluating musical/cultural meaning C145. culture played role C146.1 majority African culture C146.2 meaning of time differs C147. westernized background C149.1 ethnicity C125.1 negotiation of cultural music C111.1 uncomfortable with lack of structure C149.2 wealth discrepancies C98.1 discomfort to facilitate African songs
3. ROLES	W47.3 students responsible for benefits W47.4 women responsible	S5.5 own responsibility S5.6 free will S18.1 level out levels – staff and resident S5.4 dislike forcing women to participate	Y15.1.1 leader Y15.1.2 listener Y15.2 leadership necessary for co-operation Y15.4 teacher role	C20. teacher role C24. blurred music therapy role C35.1 role shift C36.1 experience difficulty of leadership role C68.1. leadership role C96.2 role shift C102.2 let go C102.3 leader role shift C104. role shift: leader to participant



Categories	W Codes (Women)	S Codes (Staff)	Y Codes (Youth)	C Codes (Clinical notes)
3. ROLES (CONTINUE)				C105. let go of preconceived ideas C138.1 self pressure C140.2 mediator role C141. revisit perception of leading C142.1 being comfortable in facilitator role took time C143.2 friendship role C143.3 big sister role C173. youth fulfill adult responsibilities C177. leveling out of roles at concert C6.1 sense of identity in school
4. MOTIVATING FACTORS	W1.2 nice W3. familiar W4.1 nice W6. enjoy W8. enjoyment W10.1 happy to attend W11.1 happy W11.2 enjoy W12.1 feel good W18.1 nice W21.1 drums nice W23.2 feels nice W29.1 loves music W29.2 enjoy instrument playing W30.1 like music W47.1 nice W46.5 enjoy singing W13.2 something wonderful W12.2 concert: high flying W5. anticipation W7.2 distraction W36.3 African familiar	S1.2 enthusiastic S2.3 enjoyment S14.2 enjoy S15.1 crazy about it S17.1 enjoy, wonderful S17.2 happy S20.4 enjoyment S1.3 good S.2.5.1 familiarity, S7.6 positive experience	Y1.5 nice experience Y1.6 fun Y1.7 exciting Y1.8 feel good Y1.10 nice Y3.1 pure enjoyment Y4.3 nice Y7.3 enjoyment Y14.3 enjoyed it Y16.3 cool Y16.4 nice Y16.6 enjoyment Y1.9 enjoy different sounds Y11.1 concert: love singing Y12.2 concert nice Y12.4 concert love singing Y12.5 concert nice to see ladies enjoy it Y1.1 different instruments interesting Y9.2 felt okay Y2.2 music itself Y2.3 love music...its my life Y2.4 love music Y4.1 familiar Y4.2 comfortable Y6.1 familiar environment Y6.2 comfortable to express Y8.2 music itself Y10.1 cool Y10.2 exciting, receives attention Y17.1 felt encouraged	C3.1 enjoyment C4.3 enjoyment C7. enjoyment C9.1 enjoyable activities C15.1 pleasure C16. fun C17. enjoy being creative C49. looking forward C54. enjoy validation and being active C128.1 enjoyment C99. increased attendance C91.2 hopeful C42.2 high energy



Categories	W Codes (Women)	S Codes (Staff)	Y Codes (Youth)	C Codes (Clinical notes)
5. DE-MOTIVATING FACTORS	W23.3 unfamiliar W24.1 unfamiliar W36.1 sessions fabricated W36.2 activities unfamiliar W40.3 dislike music W45.4 forced routine/ lack of choice/ freedom W9.2 lazy	S1.1 new S4.5 attend to please staff	Y17.4 expected strict teachers Y9.1 self conscious Y16.1 expected strict rules Y16.5 expected dancing only	C109.2 uncomfortable experience C117. unusual experience C118. initial perception... extra art therapy related activities C28. performance anxiety C73.2 uncertainty C96.1 unfamiliar territory C89.1. intense work C103. question need for music therapy C52. equipment management draining C77. battle to negotiate C62. discouraged C64.1 frustration C91.1 disappointment C93.1 frustration C94.1 drag C124. gave up C137.1 draining C139.1 lethargic C139.2 hopeless C140.1 draining to motivate women C19.1 uncomfortable C63. question effort C123. inviting to attend frustrating process C137.2 time-consuming C82.1 frustration (attendance)
6. FLUCTUATION IN ATTENDANCE	W9.3 wasn't there W14.2 absence prevents familiarity W40.2.2 availability W41.1 lack of attendance common occurrence W42.2 working/ occupied W44.2 occupied finding work W45.1 preoccupied W45.3 constant stress W41.2 lack of cooperation W14.1 dislikes absence W34.1 concert attendance surprising	S1.4 occupied S.11.1 staff busy S4.4 women overwhelmed by own problems S4.9 activities waste of time S4.12 irregular attendance S4.14 Struggle to sustain programmes S5.1 reduction in participation typical S4.10 prefer to sit, eat & sleep S5.2 hide themselves S4.6 not ready		C58. member inconsistency C57. reluctance to attend (women) C72. poor attendance C84.1 lack of commitment C113. women absent C122.1 commitment struggle C71. attendance pattern: C71.1 friendly greeting C71.2 women disappear C78. discuss attendance with staff C80. pattern of lack of commitment C81. staff gain commitment from women C83. discrepancy in participation C92. typical attendance pattern C174. concert good attendance C89.2 unaware of problems
7. ORGANIZATIONAL SPACE	W32.4 safety	S4.1 standard process S5.3 shelter rules S7.1 staff discussion S7.4 budget S8.1 staff discussion priority S8.2 factors		C85. usual gatherings focused to address problems C26. concern for safety C27. nature eased fear C33.2 comfortable in park C34.1 safety concerns C34.2 requires guidance C53. fear car to be stolen



Categories	W Codes (Women)	S Codes (Staff)	Y Codes (Youth)	C Codes (Clinical notes)
7. ORGANIZATIONAL SPACE (CONTINUE)		considered: S8.2.1 nature of programme S8.2.2 religion – Christian values S8.2.3 values important S8.2.4 rules and policies S9.1 effective communication S9.2 communicate plans S9.3 communicate difficulties S5.9 process S6.1 strategizing S4.11 patience S5.8 constant negotiation/ communication S14.1 proper communication S20.1 lengthy process S.2.6 more effective intervention S5.7 timeous process		C84.2 how the shelter operates C160.1 fear of theft C160.2 dangerous area C157. SA reality C76. verbal conversation reminds of women's true circumstances C166. negotiate logistics C167. negotiate space
8. TIME AND BOUNDARIES	W32.2 time sessions takes place W33.2 unsuitable time W40.2.1 time W32.1 space sessions takes place W42.3 space – away from shelter W43.1 space – away from shelter W46.1 different environment W46.4 enjoy outing W46.6 enjoy outdoors W13.1 concert made visible	S.13.2 suitable time encourage attendance S13.3 availability	Y9.3 park similar to session	C22.1 hostility... their space C40.1 open door policy C45. manage external activity C45.1 baby crying C45.2 woman observer C48. tourists watching elicits pressure to perform C51. staff suggest different location C15.2 long session exhausting C50. individual arrival taking 15 minutes C14. music resonation draw outsiders C25.2 own space C60.2 youth present in women's session C74. have coffee together C93.2 negotiate suitable time C122.2.1 negotiate time C122.2.2 negotiate place C143.1 flexible boundaries
9. EMOTIONS AND DESIRES (CLIENT)	W27. refer young ones W32.3 involve young ones W40.1 more dancing W31.1 regular concert W28.2 stuck if inactive W45.2 unpredictable circumstances/ uncertain future	S3.1.2 continue music therapy S1.5 staff wanted to participate S4.13 additional arrangements S4.16 patience S6.2 provide additional benefits S6.3 encouragement S7.5 continue with	Y3.2 need to continue Y13 more dancing	C79. suggest refreshments C82.2 staff support C122.2.5 communication C132.1 concert necessity C134.2 include broader community C134.3 staff need music therapy C158.1 spiral of entrapment C161.2 loss of community, identity C157.1 economic and social



Categories	W Codes (Women)	S Codes (Staff)	Y Codes (Youth)	C Codes (Clinical notes)
9. EMOTIONS AND DESIRES (CONTINUE)	W9.1 long days W23.4 lonely W46.2 depressed W23.5 long for home	music therapy S10.1 provide funds S10.2 extend to wider community S10.3 register members to feel responsible S10.4 provide stability S12.1 involve PCM partners S13.1 negotiate willingness, reasons S13.4 reminding S15.2 continue music therapy S16.2 provide space for talking S3.2 art therapy similar healing S4.2 patience S19.1 drugs common S1.8 overwhelmed S1.9 isolated S1.9 depressed S1.10 negative things S4.3 abused...lazes fair S4.7 low self-esteem S4.8 deserve to die S19.3 useless S19.4 failure S20.3 lack of trust		traumatization C84.3 women's problems C22.2 providing for children what they can't C19.2 need music C161.1 psycho-social trauma C88. possible psychiatric problems C102.1 turn to co for assistance
10. AIMS (THERAPIST)	W37.2 provide choice W38. provided variety	S1.6 make noise S17.6 concert illustrates process		C1.2 different activities simultaneously C18. activities not music therapy related C23. caution certain activities C47.1 different aims and goals for different groups C55. kept to structured plan C60.1 a shift from structured plan. C64.2 work as situation presents itself C66.2 approach as group C69. revising goals C70.1 work as situation presents C70.2 how rather than what C101.2 provide structure to activity C107. reevaluate session C109.1 reevaluating music therapy C106. clinical thinking remains C110. re-evaluate my thinking C114. non-musical ending



Categories	W Codes (Women)	S Codes (Staff)	Y Codes (Youth)	C Codes (Clinical notes)
10. AIMS (CONTINUE)				C142.2 different from consensus model C144.1 clinical thinking remained C144.2.constant shift in roles, boundaries and expectations C153.1 non-musical ending C154. re-evaluate self C163. concert...different outcome C164. preplanned concert C165. initial ideas fall short C168. in-house event C182. context determines content C122.2 negotiation: C122.2.3 negotiate types of music C122.2.4 negotiate types of activities C120.1 CoMT = mindset C120.2 Different thinking C169. concert an extension of sessions C153.2 concert was closure C181. concert is a result of process C119. picture huge concert C121. different than expected C95. reaffirm session's purpose
11. PERSONAL GAIN	W7.1 heals W12.3 admired W28.3 free W31.2 admired W47.2 lessen stress W46.3 activities alleviate depression. W15. get to know people W16. get to know one another	S1.7 forget S1.11 noise makes you forget S2.7 free to open up S2.8 Musical expression establish trust S3.3 concentrate S3.4 forget S3.5 show true colours S3.7 show yourself S3.8 feel like baby S18.2 sense of importance S19.2 accomplishment S19.5 empowerment S20.2 empowerment S17.7 concert change lives S17.3 concert took ownership S4.15 affect work relationships	Y1.2 musical learning Y1.3 piece of mind Y1.4 relieve stress Y5.2 confidence Y5.3 new musical skills Y5.4 broaden musical knowledge Y7.1 healing process Y7.2 freedom to express Y7.4 heals depression Y7.5 self-reflection Y8.1 reduce stress Y8.3 raised musical awareness Y10.3 freedom to express Y14.1 new dance skill Y14.2 get groove back Y17.2 gain	C11.1 sense of accomplishment C33.1 develop confidence C33.3 proud C35.1.1 opportunity to control C35.1.2 experience accomplishment C35.1.3 listened to C38.2 space to play C41.1 accomplishment C42.4 growth: listening, playfulness C90. forget negative C116. positive impact C130. rewarding journey C131. broadened music therapy thinking/possibilities C132.2 create community C155. gain confidence C156.1 reality check C159. broadened thinking of South Africa C162.1 regain sense of community C162.2 exceed music therapy goals C38.1 let go and feel free C75. share life events C68.2 freer in playing C68.3 more confident



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11. PERSONAL GAIN (CONTINUE)			confidence Y16.2 freedom Y2.1 proud	C25. Park: C25.1 freedom C25.3 sense of accomplishment C12. mother-child interaction opportunity C134.1 concert...appreciation C41.2 group growth C43.1 group growth C133.1 concert ripple effect C134.4 concert - new view of each other C179. positive change in women noticed by staff at concert C180. concert shows journey C135. ending...sad...relief