Towards a more complete profile of a client in music therapy practice:

a case study

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Abstract

This research project explores how additional information and knowledge about a client's life context and social community, might contribute to the music therapist's understanding of the music therapy client. Since music therapists usually work within a therapeutic framework of 'privacy and confidentiality', such outside information tends to be unavailable in conventional music therapy practice. However, this therapeutic framework seems to be inappropriate in a setting such as the Youth Development Outreach Centre, as the music therapist experienced difficulties with her understanding of and relationship with the YDO client.

The therapist questioned whether access to more information might help her to create a more complete profile of the client. This includes information about the client's history, family background, hobbies, relationships, as well as social, emotional and behavioural contexts. For the purpose of this study, the information is gathered through three semi-structured interviews with the client, the client's mother and the client's mentor at YDO. These interviews and the therapist's clinical notes are then examined and analysed to answer the research question.

Hierdie navorsings projek stel vas hoe addisionele inligting en kennis *oor* 'n kliënt *se lewe* kan bydra tot die musiekterapeut se begrip van die musiekterapie kliënt. Aangesien musiekterapeute gewoonlik binne die terapeutiese raamwerk van privaatheid en konfidensialiteit werk, is sulke addisionele inligting oor die algemeen nie vrylik beskikbaar vir die terapeut nie. Alhoewel, hierdie terapeutiese raamwerk blyk om onvanpas te wees binne die konteks van die "Youth Development Outreach Centre", aangesien die musiekterapeut verskeie probleme ervaar het ten opsigte van haar begrip van die musiekterapie kliënt.

Die terapeut bevraagteken of die toeganklikheid tot meer inligting nie miskien kan help om 'n meer volledige kliënte profiel saam te stel nie, en sodoende die terapeut se begrip van die kliënt verbeter. Hierdie inligting sluit inligting oor die kliënt se geskiedenis, familie konteks, stokperdjies, verhoudings so wel as sosiale, emosionele en gedragskonteks in. Vir die doel van die studie sal die inligting verkry word deur drie semi-gestruktureerde onderhoude met die kliënt, sy moeder asook die kliënt se mentor by YDO . Hierdie onderhoude asook die musiekterapeut se kliniese notas word dan bestudeer, geanaliseer en bespreek in die doel om die navorsings vraag te beantwoord.

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CHAPTER 1
BACKGROUND
& CONTEXT

In this chapter the researcher presents a collective background and context for the study. The choice of research topic will also be discussed and this will lead to the presentation of the aims of the study and the research questions posed by the study.

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1.1.   Background and context for the study

As a music therapy intern, the therapist has worked at the Youth Development Outreach (YDO) at Eersterust in Pretoria. YDO is a community-based organisation that provides social rehabilitation for adolescents in conflict with the law, also referred to as 'youth at risk' or 'troubled youth'. These youths are referred to YDO by the courts.

The Adolescent Development Programme (ADP) offered at YDO is a non-residential programme that serves as an alternative to imprisonment and attempts to rehabilitate the youths within their natural social contexts. YDO also aims to re-integrate these youths into their communities. YDO's approach stems from the Restorative Justice System that has been adopted nationally for child and youth care.

Music therapy forms part of the ADP at YDO since the beginning of 2003. The youths are referred for music therapy by the staff at YDO. Weekly individual and group music therapy sessions are seen by staff as supporting the components of the ADP.

The music therapist experienced her work at YDO as extremely challenging in more than one way. Some of the paradigms regarding conventional music therapy had to be adapted in order to suit the specific needs of the ADP at YDO. As this was the first time that music therapy formed part of the programme, there were clear 'teething trouble' regarding the process of conventional music therapy. This enhanced the researcher's uncertainty about the sufficiency of the approach and thus guided her interest towards choosing the following research topic.

1.2. <u>The choice of research topic</u>

In conventional music therapy practice, the therapist's understanding of and relationship with a client, is generally a result of the music therapy experience, with little external information about the client being available to the music therapist. As a music therapy intern at YDO, the therapist often experienced difficulties with understanding and relating to some clients. She began to wonder whether access to more information might help her to create a more complete profile of the client. This would include information about the client's history, family background, hobbies, relationships, as well as social, emotional and behavioural contexts.

The Youth Development Outreach Centre has a clear group identity that is mainly constructed through the nature of YDO's work. Music therapy forms an inherent part of YDO's corporate identity. YDO provides for youths with 'inappropriate' behaviour. However, within the corporate identity of YDO the youths seem to have difficulties in distinguishing and developing their individual identities. They seem to adopt 'new' identities, which are constructed around 'good' behaviour and compliance. These new identities are untrue to their personal identities. This also raises interesting questions for music therapy practice as it poses problems for the development of the therapeutic relationship. The clients struggle to establish 'who they are' within

their environment and in relation to the other youths and the staff member at YDO.

1.3.   <u>The aim of the study</u>

This study aims to explore how additional information and knowledge about a client's life context and social community, might contribute to the music therapist's understanding of the music therapy client. Since music therapists usually work within a therapeutic framework of 'privacy and confidentiality', such outside information tends to be unavailable in conventional music therapy practice. However, this therapeutic framework seems inappropriate in a setting such as YDO, and therefore the researcher's aim is to contribute towards the revision of conventional music therapy norms.

The study poses the following research question:

1.4.   <u>The research question</u>

How can information about the client's life outside the music therapy sessions contribute to the music therapist's understanding of, and relationship with, the music therapy client?

1.5.   <u>Conclusion</u>

This study does not aim to reach any definite conclusions, but rather attempts to explore whether and how information about the client's life outside the sessions can contribute to the therapist's understanding of the client within the music therapy context. The researcher hopes that this study will enhance the reader's insight into the multi-faceted and versatile relationships that develops between the therapist and the client during the music therapy sessions.

As part of the process in answering the research question, a thorough literature search has been done. The following chapter will discuss the relevant areas that emerged.

| CHAPTER 2 |
| LITERATURE |
| REVIEW |

In this chapter the researcher will offer an overview of the current literature that relates to the research topic.

2.1. Introduction

As the researcher embarks on the review of relevant literature regarding the research topic, it became clear that the researcher had to discuss the information within the context of the following two main areas:

1. The therapeutic relationship between the therapist and the client
    - Mother-infant interaction and client-therapist interaction
    - Improvisational music therapy

2. Identities
    - Adolescent identities
    - Musical identities

In an attempt to discuss these areas, the researcher would like to turn toward writings from various paradigms, including music therapy, psychology and interpersonal communication. The researcher will use these areas as a basis for structuring the review of the literature that was found relevant within the context of this study.

2.2. <u>The therapeutic relationship</u>

In conventional music therapy practice, music therapists negotiate, develop and sustain confidential therapeutic relationships with their clients through music. There is virtually an unlimited variety of human expression that can be communicated through the non-verbal language of music (Nordoff & Robbins, 1971). The effective communication of our feelings and experiences can be developed through music. The therapeutic relationship between a therapist and client should be a mutual relationship, moulded and re-moulded by contributions from both the therapist and the client (Procter, 1999). In this relationship, the client is offered the possibility to develop ways of relating, in which a daily repertoire of roles and acts can be 'tried out' and extended within an emotionally safe environment (Hargreaves, Miell & MacDonald, 2002; North & Hargreaves, 1997).

Through the therapeutic relationship, the therapist learns more about the client and develops a profile of the client. In conventional music therapy it is important for the therapist to have a thorough profile of the client for the purpose of an enhanced understanding of the client. The therapeutic relationship, which is part of the therapeutic process, is exclusive to the therapist and client, and forms the basis of the music therapist's profile of the client (Ansdell, 1995; Bruscia, 1987; Pavlicevic, 1997).

This relationship is also influenced by various non-musical aspects, such as gestures, posture, facial expressions, and also by how the therapist and client experience one another and themselves within the musical interaction (Ansdell, 1995; Bruscia, 1987; Priestly, 1975; Procter, 1999; Trevarthen, 2002). Thus, although the focus of the relationship is musical, other non-musical aspects of the client also form part of the therapeutic relationship (Papousek & Papousek, 1987; Stern, 1985; Trevarthen & Malloch, 2000).

To understand more about the therapeutic relationship between a therapist and a client, the researcher would like to discuss the similarities between client-therapist interaction and mother-infant interaction.

2.2.1. Mother-infant interaction and client-therapist interaction

We find many similarities between mother-infant interaction and the interaction between a therapist and a client in music therapy. Communication (not the transmission of new information or the creation of an artistic piece of music) is the prime intention in both (Ansdell, 1995).

According to Pavlicevic (1990):

"A newborn infant has the capacity to read the mother's internal state by decoding, so to speak, the emotional signals in her voice, gestures, movements and facial expressions."

The infant receives these signals and decodes it into abstract patterns or forms. These forms are represented and received by the infant through different modalities than those expressed by the mother. Thus, these signals or gestures are cross modal and are not restricted to a certain mode of expression. Pavlicevic (1990) refers to these abstract forms as 'dynamic forms'.

It is not only the infant that does the perceiving of its mother's dynamic forms, the mother also apprehends the dynamic form of the infant's movements and through this she has a sense of the baby's internal state. Studies suggest that these processes and the motivation to engage in an intimate emotional relationship are innate.

This interactive rapport can mainly be ascribed to the shared fundamental understanding (knowing) of each other's dynamic forms (Ansdell, 1995). This knowing and interacting with another's internal state has been termed 'affect attunement' and 'inter-subjectivity' and communication is a process of this (Pavlicevic, 1990).

Music therapists embody these abstract dynamic forms through music by using specific musical techniques. The therapist 'reads' the dynamic forms of the client's music and then creates clinical improvisation by responding musically to the client. The aim of the clinical improvisation is to move towards an inter-subjective musical and emotional relationship with the client. A highly intimate and dynamic inter-subjective relationship is possible where the music therapist and the client are able to create a shared musical space between them (Pavlicevic, 1990).

Although dynamic forms differ between improvisers, every person has the innate ability to use, understand and transform these dynamic forms from one sense to another (auditive to visual). The basic elements of music, such as rhythm, melody, harmony and tempo, are the key concepts that the therapist needs to take into consideration when observing the dynamic forms of the client. Depending on the individual situation and context, many people react in parallel ways to music. Sometimes the reaction is experience based and sometimes more of an intellectual nature (Erkkilä, 2000).

A substantial proportion of approaches to music therapy are based on music improvisation (Bruscia, 1987). Music therapy improvisation is an excellent means for the therapist to understand a client. Both client and therapist's capacity for expressing, forming and communicating dynamic forms of feelings, within the context of the music relationship, is revealed through the process of improvisation (Weisethaunet, 1999; Ruud, 1998).

The therapeutic process, in clinical improvisation, is the joint improvisation that provides an opportunity to form and recombine dynamic forms. The therapist must not hesitate to allow dynamic forms to resonate through sound and to speak where an inter-subjective musical relationship is developing between the music therapist and the client (Pavlicevic, 1990).

However, in the music therapist's experience at YDO, even though she worked within the improvisational music therapy paradigm, the musical relationship seemed to remain insufficient in terms of her understanding of the clients.

2.2.2. Improvisational music therapy

Improvisational music therapy is an established approach within conventional music therapy practice. Improvisation can be defined as the adaptation to the requirements of specific circumstances and to do something without previous preparation (Alswang & Van Rensburg, 1990). Ansdell (1995) states that improvisation can be seen as a celebration of the moment. Musical improvisation is a musical innovation or act that takes place on the spur of the moment. It is the inventive and spontaneous creation of music as it is performed and it immediately involves the client in a creative musical experience (Weisethaunet, 1999). It is precisely this immediacy and the unpredictability of music therapy improvisation that makes it the valuable therapeutic means that it is.

Music therapy improvisation utilises the making of live music, both by the therapist and client, as the prime focus of the music therapy process. In improvisational music therapy the therapeutic relationship is co-created by the therapist and client through musical improvisation. Music therapy improvisation can generate a context, which is not only inter-musical, but also inter-personal. Even if the client's improvisation does not show any musical skills or knowledge the client is nevertheless still part of what the therapist is doing.

Music therapists listen to the spontaneous sounds made by clients on whichever instrument they play. These sounds are then organised in the therapist's mind and assigned with musical meaning by responding musically to the client's music (Ansdell, 1995). The complex nature of music therapy improvisation is well illustrated by the therapist's attempts to give meaning to the improvisation. Meaning that is more than musical, and meaning that can be underpinned by psychological, medical and psychodynamic thinking (Pavlicevic, 2000).

Pavlicevic (1997), describes how the following mechanisms could be used by a music therapist to establish contact with the client through clinical improvisation. Erkkilä (2000) states that these mechanisms can trigger initiatives and responses necessary to establish a relationship with the client and engage the client in meaningful musical conversation.

- Mirroring – when the therapist imitates the playing of the client strictly and simultaneously.
- Matching – when the therapist mirrors some, but not all, of the client's musical components.
- Reflecting – when the client and therapist share a pulse in their music, but not a metric sense of music. Aspects of musical patterns pass (not at the same time) from one player to another.

The therapist aims to musically match the dynamic level and tempo of the client in order to provide a shared musical environment in which both players' improvisation could make sense to one another (Pavlicevic, 1990).

In music therapy the therapist reflects both the musical and non-musical parameters (loudness, movement, speed, duration, quality, etc.) of the client's gestures (Ansdell, 1995). Through this matching, the therapist gains insight into the patient's emotional profile and also creates a musical context with the musical features and, in doing this, provides a potential space for sharing.

Music therapists use music therapy improvisation as a vehicle for the therapeutic process (Aldrige, 1996 & Pavlicevic, 2000). In music therapy improvisation it is not the music alone that dictates the direction of the improvisation, but rather how the therapist experience the client through the music that is played. This direct interacting and experiencing of the client – and of the client in relation to the therapist – through music, generates and portrays the therapeutic relationship (Pavlicevic, 1997). This approach also suits the clients at YDO, due to the spontaneous and instant engagement in the music.

The music therapy sessions, also forms a space where we can develop, challenge and explore how we experience ourselves: constructing our own personal and musical identities (Hargreaves, Miell & MacDonald, 2002. According to Pavlicevic (1999) these identities are at the core of the other constructs that we use to define our self and our role in life. Our identities are also at the core of the constructs that we utilise to define others and their roles in our lives.

In the context of YDO, the therapist experienced difficulties in understanding and relating to some clients. She felt as if the information I gained through the music was not enough to develop a complete understanding of them. This had an influence on the way she related towards them and the way they related towards her. Their relationships remained on a very superficial level and the therapist felt as if they were acting out roles rather than being true to their identities. The last point of the literature reviewed, presents aspects that deal with personal identity.

2.3. <u>Identities</u>

According to Fromm (Meyer, Moore & Viljoen, 1997), the human being can be defined as an animal that has the ability to say "I" and that is also aware of him- or herself as a separate entity. The need of a human being to establish an identity reflects the needs of such an individual to know and understand him- or herself as well as to establish his or her place as a free and independent individual within society.

Humans have the desire to give meaning to his or her existence against the backdrop of a unique frame of reference. We, as human beings, also need to establish ourselves as part of a historical past. During birth we leave the safety of our mother's womb and then spend the rest of our lives searching for the same sense of security and rootedness (Meyer, Moore & Viljoen,1997).

Ericson holds the view that identity is a complex concept that can be defined as the human's view of himself that also incorporate the feeling that there is a continuity in their lives as well as a correlation between their own and other's view of themselves (Meyer, Moore & Viljoen, 1997).

Ruud (1998) defines identity as:

> *"… something that is used to describe dimensions within the personality, or traits that distinguish people."*

The above-mentioned needs to manifest itself in the forming and joining of cultures, communities, families, etc (Meyer, Moore & Viljoen, 1997). Being part of a social group also positions such an individual in a particular way within a culture, a particular ethnic group or within a gender reality. Within a music therapy context we would say that we are forming boundaries between others and ourselves to communicate where we fit within a larger social landscape (Ruud, 1998)

For the purpose of this study it is important to explore the subject of identities further by looking at adolescent identities and musical identities that are constructed within the music therapy process.

2.3.1. Adolescent identities

Adolescence is a period in human development, ranging from the ages of twelve to eighteen years that can be associated with an increasing awareness and confidence in one's identity. It can further be seen as the adolescent experiencing an 'identity crisis', which involves the exploration of a variety of possible identities. This 'crisis' is subsequently resolved through a commitment to a particular identity (Hargreaves, Miell & MacDonald, 2002).

The physical changes of puberty and social expectations also contribute to the need of an adolescent to rethink and find a personal identity. It is during this period of adolescence that human beings frequently struggle with the following questions: "How do others see me?" and "How do I see myself?" (Meyer, Moore & Viljoen, 1997).

Most adolescents demonstrated a great affinity for music. Researchers have suggested that the appeal of music during adolescence stem from its ability to address salient developmental issues. These include acquiring a set of values and beliefs, developing emotional independence from parents and achieving mature relationships with peers. It also seems to have the ability to help adolescents cope with fluctuations in moods to which these tasks naturally give rise (Hargreaves, Miell & MacDonald, 2002).

The importance of a peer network is reflected by evidence that most adolescents report belonging to a peer group and are motivated to maintain good relations with their group. This seems to be a requirement for successful identity development. It is further important to note that young people's musical behaviour is guided not only by individual identity needs, but also by group identity needs. It is thus clear that the relationship between

music and identity develops within a social context (Hargreaves, Miell & MacDonald, 2002).

Music therapy affords adolescents the opportunity to develop their emotional, relational as well as social potential through music-making (Hargreaves, Miell & MacDonald, 2002; North and Hargreaves, 1997; Tarrant, North & Hargreaves, 2002). However, in the YDO context the music therapist found that the adolescents have difficulties in developing their identities within the corporate identity of YDO. The youths, who are sent to YDO by the courts as a result of conflicting behaviour, seem to adopt 'new' identities, which are constructed around 'good' behaviour and compliance. These new identities are untrue to their personal identities. This also raises interesting questions for music therapy practice as it poses problems for the development of the therapeutic relationship. The clients struggle to establish 'who they are' within their environment and in relation to the other youths and the staff members at YDO.

This contributes to the struggle the therapist experienced in the music therapy sessions where there were a constant feeling of awkwardness and uncertainty in her relationships with the clients.

2.3.2. Musical identities

Simon Frith states that:

> **"Making music isn't a way of expressing ideas; it's a way of living them."**
>
> (Ruud 1998: 43)

Music is a fundamental channel of communication. It provides a basis from where people can share emotions, intentions and meanings. Music can be used (increasingly) as a means by which we formulate and express our individual identities.

According to Nicholas Cook:

"In today's world, deciding what music to listen to is a significant part of deciding and announcing to people not just who you 'want to' be, but 'who you are'. Music is a very small word to encompass something that takes as many forms as there are cultural or sub-cultural identities."

(Hargreaves, Miell & MacDonald, 2002: 1)

The concept of identity enables us to look at the widespread and varied interactions between music and the individual (Hargreaves, Miell & MacDonald, 2002).

According to Ruud (1998) there might be some connection between music and the way we view and present ourselves. Music is a reflection of identity as a way of performing our sense of ourselves, our identities. Music plays an important role in the construction of identity within the mediascape that surrounds us from birth to death. It can serve as the building blocks for building values and life orientations; a way to anchor important relationships to others; a way to position ourselves within our culture.

Sometimes music evokes within us a feeling of something indefinite and indescribable, a feeling that moves beyond the limits of language. These experiences may be ascribed to the feeling of belonging to a greater reality, or to be in touch with something greater than our everyday world. This experience is often described in terms of being "taken away" – being outside time and space (Ruud, 1998).

An experience such as this may draw the realisation to an individual that their bodies and minds are full of energy and power. These experiences may be perceived as having a therapeutic quality or effect.

According to Maslow:

"People in peak experiences are most their identities and closest to their real selves. It would seem that this is an important source of clean and uncontaminated data."

(Ruud 1998: 49)

In other words, we could say that music experiences like these contribute to an altered state of consciousness; an experience sometimes similar to the trance state found in transitional rituals. In this state we might experience that new meanings are added to our identities. Belonging to something "greater than life" or being part of a greater order and continuity, thus our identities become rooted in a transitional space.

The elements of music and identity are important in the study of music therapy in more than one way. Firstly we, as therapists, should be aware of our own musical identities. Knowing the role of music in some of our significant life experiences may increase our sensitivity to our own cultural background and personal history, which extends to our body and early interpersonal relationships. This knowledge of how music helps to construct an individual's self-concept may assist us as music therapists in choosing the right music for our clients: proper music to empower people within their own cultural contexts (Ruud, 1998).

The early interaction between parents and their children develops 'narratives' of mutually constructed meaning, which in turn are characterised by their intersubjectivity. These early interactions are responsible for the forming of foundations for musical self-identity: early musical identities are based on discovering one's own position and role in relation to the reactions and

communications of others. This relationship is not cast in concrete, but is subject to constant development, renegotiations and change.

The therapist and client needs to mutually construct new meaning to themselves during the music therapy sessions. They have to reform the foundations of their own musical identities, which will be based on discovering their own positions and roles in relation to the reactions and communications of the other. This newly established relationship would also be subject to constant development, renegotiations and change as the music therapy progress.

2.4. Conclusion

The therapist and client have to (jointly) define and establish mutual and comfortable music that is not imposed by either the therapist or the client, but that is negotiated mutually. This musical relationship is established through a process of musical improvisation. In other words, finding themselves (their identities) in their music and discovering what place it holds in terms of the shared music between the therapist and client.

In the context of YDO, the music therapist found this to be problematic; in the sense that these youths struggle to establish their own musical identities within the identity of the centre. This brought exertions concerning the therapist's understanding of and relationship with the clients. The information and techniques available (as discussed in this chapter) within conventional music therapy seemed to be insufficient to construct a clear and complete profile of a client.

This body of literature supports the importance of the development of a therapeutic relationship within the music therapy process. The literature apparently ignores aspects of the client's life outside music therapy sessions, so that it can be argued that the music therapist's profile of the client remains

incomplete as additional information remains inaccessible. All of this literature supports the notion of a need for access to information from outside music therapy, in order to gain a more complete profile of a music therapy client. This is particularly accurate in the YDO context, where the very focus is the re-integration of youths at risk into their communities.

In the next chapter the researcher will offer an overview of the methodological considerations of the study. The process of data collection and data analysis will also be described.

CHAPTER 3
METHODOLOGY &
DATA COLLECTION

In this chapter the researcher will offer an overview of the methodological considerations of the study. The chosen research paradigm will be discussed to show that it is appropriate. The process of data collection and data organisation will also be described.

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3.1. Research paradigm

The purpose of this study is to explore how additional information and knowledge about a client's life context and social community, might contribute to the music therapist's understanding of the music therapy client.

The researcher's research interest has arisen from her work as a music therapy intern at YDO in its naturally occurring context; therefore a naturalistic approach within the qualitative research perspective is appropriate (Ansdell & Pavlicevic, 2001; Lincoln & Guba, 1985).

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

(Forinash and Lee, 1998: 143)

Within the qualitative frame, there are different working paradigms, each having its own basic belief system, which is based on ontological, epistemological and methodological assumptions. The naturalistic approach falls under one of these paradigms and indicates that the research takes place within a 'real-life' setting. The belief attached to this methodology is that placing human events and interactions within a laboratory setting (out of the naturalistic setting) distorts these events (Guba & Lincoln, 1994; Edwards, 1999).

In addition, this study seeks to explore greater layers of meaning and does not attempt to prove or generalise the findings according to the quantitative research methodology. Emphasis within this paradigm furthermore rests on process rather than outcome and thus qualifies the methods used in qualitative research as highly appropriate for use in music therapy theory (Aigen, 1995; Amir, 1993: Bruscia, 1995; Robson, 1993).

Within the qualitative frame, the study is in the form of a case study, which may be understood as an in-depth, longitudinal study of a person over time (Aldrige, 1996; Robson, 1993). A case study is one of the key methods in qualitative research (Aldridge, 1996). As a research method it is an ideographic approach, aiming to find multiple information about characteristics and processes of a single event, condition or person. A case study is not designed to establish the general, but to characterise the individual. Within research , case study methods are often called 'single case designs' (Aldridge, 1996).

For the purpose of this study two client profiles will be included. The first will be constructed from the limited information that the therapist had to her disposal to formulate a profile of the client. The second will be based on the additional external and internal information that the therapist gathered through the data collection and analysis about the client's life outside the music therapy sessions.

To address my own biases, values and judgments and ensure trustworthiness, the data selection and analysis will be subjected to peer group debriefing (Ansdell & Pavlicevic, 2001). In addition, multiple data sources will be used to address triangulation within the qualitative inquiry.

The data is taken from existing music therapy clinical records [*] (written notes) as well as semi-structured interviews[**] (Bruscia, 1995; Lincoln & Guba, 1985). Data analysis includes transcriptions (multiple sources) and descriptions of the interviews as well as coding [*][**] and categorising[****] of all data for emerging themes (Ansdell & Pavlicevic, 2001; Lincoln & Guba, 1985).

3.2. Process of data collection

The research for this study draws on two sources of data.

3.2.1. Data source A: Clinical records

Data source A includes relevant excerpts from existing material. These excerpts are in the form of written clinical records of music therapy sessions with a client over the period of four months (twelve music therapy sessions). This data source contributes to the construction of a client profile on the basis of the music therapist's experience of the client from inside the music therapy

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[*] See appendix 2 for clinical records

[**] See appendix 3 and 4 for interview questions and transcriptions of interviews

[***] Coding is a technical term for analytic labelling. The aim of coding is to break the data down into meaningful parts so that comparison and other analytic procedures are possible to conduct. The constructing of these codes is shaped by the research aims of the study (Ansdell & Pavlicevic, 2001).

[****] A category is a mutually exclusive area that the research data can be organised into. Categorisation allows detailed definition and logical comparison (Ansdell & Pavlicevic, 2001).

sessions. The information that is available to assist the therapist in constructing such a profile is limited.

3.2.2. Data source B: Semi-structured interviews

Data source B includes semi-structured interviews. The aim of these interviews is to assist the researcher in gathering information that can contribute towards a more complete profile of the client. The selection of persons to participate in the study was done with the aims of the project in mind. It was therefore empirical that the participants were familiar with the client. The context of the interviews consisted of nine questions, about the client's life that could contribute to the construction of a more complete profile of the client. The interview questions also included two 'warm up questions' as suggested by Robson (1993).

The participants were:

- The client
- The client's mother
- The client's mentor at YDO.

Ethical considerations were addressed through signed informed consent obtained from the client, his mother and his mentor at YDO. No real names were used in this study to ensure the privacy and anonymity of the client and his family.

In the next chapter, the researcher will present the data as well as the data analysis.

CHAPTER 4

DATA PRESENTATION

& DATA ANALYSIS

In this chapter the researcher will compile a short case study vignette about the client. The data will be presented and the process of data analysis will be described. The principal categories and themes that emerged from the analysis will then be examined.

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4.1. Client profile

This client profile is based on the limited information that the music therapist had to her disposal and her observations of the client during the music therapy sessions.

Personal information

Peter is a dark and extremely tall eighteen-year-old man with short black hair. He is very largely built and his home language is Zulu. Peter presents as friendly, but shy and he seems to lack self-confidence. He makes little eye contact with the therapist and seems to be uncomfortable in her presence. Peter enjoys Rap music, soccer and art.

Family background

Peter lives in Mamelodi with his single mother and older sister. His mother and sister are both unemployed.

Reason for referral

Peter has been at YDO since December 2002 and was referred to the centre by the courts. The reason for his arrest was as a result of illegal dagga possession.

Musical observations

Peter attended twelve music therapy sessions over a period of four months. During these sessions Peter had a very active presence in the room. He seemed to have a preference for playing on the drums. He usually played at a very fast tempo and loud dynamics (almost drowning out the therapist).

The therapeutic relationship

The atmosphere in the music therapy sessions was very uncomfortable. The therapist found it extremely difficult to relate to Peter (on both musical and non-musical levels). The therapist became aware of her own feelings of being dismissed by Peter and intimidated by his size and the quality of his music. The therapist also questioned the clarity of the therapeutic boundaries and roles as well as her own competence (as a training music therapist) to work, understand and form a relationship with Peter.

4.2. Data presentation

4.2.1. Data source A: Clinical records

The data used for the data source A consists of relevant excerpts from existing material. These excerpts are in the form of written clinical records[*] of music therapy sessions with a client over the period of four months (twelve music therapy sessions). This data source contributes to the construction of a client profile on the basis of the music therapist's experience of the client from inside the music therapy sessions. The information that is available to assist

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[*] See appendix 2 for clinical records

the therapist in constructing such a profile has proven to be limited and insufficient.

The following table provides an example of these clinical records, as it was written by the music therapist, after session three and session seven with the client.

Table 4.1.

Session number	Clinical record
Session 3	It is very frustrating. He plays so fast on the piano. His rhythm is difficult to follow. I've noticed that there were times where he did listen to me and adapted his playing to mine, but these times were few and short. I am very uncomfortable in the session. It feels as if I can't speak to him. He makes me feel small. I do think that we are both trying to meet each other, but are not yet at that place. I think I should try to zoom in more and focus on his music and not let my feelings interfere as much as it does. I am very aware of my feelings throughout the sessions.
Session 7	"Peter" and I had a really strange session today. I was so quiet in the room the whole time. I felt strangely comfortable with him today, but I feel that I am not being heard in the session. He dismisses my instructions without even thinking. He plays without noticing me or the changes that I introduce in the music. I don't know what to do. I feel so small! Is it because he is physically so big? I am afraid to even say something sometimes. I feel that we are developing a relationship, but on whose terms. Who is the therapist and who is the client?

4.2.2. Data source B: The interviews

The data used for data source B was generated by posing various questions to the three participants: client, mother and mentor. All these questions were in relation to aspects about the client's life and experiences. Information disclosed to the participants before doing the interviews was that the purpose of the questions was to gain information about the client. It was also explained to the participants that the interviews were for research purposes only and that total anonymity and privacy will be guaranteed. All three the participants also signed informed consent forms to allow the information to be used for the stipulated cause.

The interview questions[*] covered a wide area of the client's life and experiences. These included questions around the client's history, his family background, hobbies, relationships, as well as social, emotional and behavioural contexts. The interview questions were purposed to elicit information about how the various participants constructed their views of the client. The interview questions were varied for each of the three participants, as the researcher recognised unique aspects about each participant. In example, the interview with the client's mother included questions around the client's birth. This is an aspect that the client, his mentor at YDO and the music therapist have little or no knowledge of.

The hope is that with the descriptions of these constructs, as offered by each participant, a more complete profile of the client could be constructed by the researcher to establish whether this could have an influence on the therapist's understanding of the music therapy client. The interview with the client and his mother were performed at their private home in Mamelodi and the interview with the mentor was conducted at the Youth Development Outreach Centre in Eersterust. The interviews were recorded and transcribed and these transcriptions[*]* served as the second data source for this study.

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[*]
   See appendix 3 for interview questions

[*]* See appendix 4 for more excerpts from the transcriptions of the three interviews.

The following table presents an excerpt from the transcription of the interview with the client.

Table 4.2.

Interview question – Music therapist	Answer – client
"With whom did you go to YDO the fist time?"	"I went with my mother."
"What was it like for you?"	"I thought maybe… it was some kind of … another place like … I was not thinking that it was going to be like it was … you know … when you are arrested and you are going to a place … you know it is going to be a place where you have to face consequences … but it turned out to be better to what I expected."

The following table presents an excerpt from the transcriptions of the interview with the client's mother.

Table 4.3.

Interview questions – music therapist	Answers – Client's mother
"What does Peter like to do in his free time?"	"Cleaning… he likes cleaning and cooking … always at home … but he is lazy … he likes sleeping"
"How would you describe your relationship with Peter?"	"Very good … I don't have a doubt about it … I don't know the coming years because year after year every child changes."
"Is Peter easily influenced by others?"	"Yes … Peer pressure … because they have got different things."

The following table presents an excerpt from the transcriptions of the interview with the client's mentor at YDO.

Table 4.4.

Interview questions – music therapist	Answers – Client's mentor at YDO
"How would you describe Peter's personality?"	"He is caring. He is thoughtful. He is respectful – you know – that is the way that he is – with everyone. Not just with us as mentors, you know, but the way he respects other kids also in the ADP – you know – there were together and stuff. He respects people's space as well, he doesn't just run to … he comes in where he feels it is appropriate … he thinks about things before he does them … so it really made me … it is wonderful to be … and that's why I tell him every time – you know – when they come here … I don't see … these criminals or these kids who are going to end up being criminals." "They just – you know – like your younger brother … and because like the kind of mistakes that they sort of make … anyone … I could have done that, my younger brother could have done that … so I … that's not the way that I see them … it doesn't mark them for me and say "Ha, ha, bad one, you – this one!" You know … I give them a chance to get to know them, as they are – and I take the time to get to know … ok, what is your specific circumstances are all unique, but Peter – Auww!"

This presentation of data will now be followed by a discussion of the process of data analysis

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4.3. <u>Data analysis</u>

The researcher will now continue to the next step in the research process, which is the process of data analysis. The data collection provided a lot of information that contained no relevance to the specific research topic, e.g. the client's mentor described background and information about herself in vast detail. The researcher were compelled to examine the interviews and filter the information given by each participant to establish the emerging answers that held importance to the purpose of this study.

4.3.1 <u>Interviews</u>

The researcher will now present a table for each of the three interviews to illustrate the answers that can be relevant related to the purpose of this study.

4.3.1.1. Interview with the client

Table 4.5.

Selected interview questions	Filtered relevant answers
"How would you describe your school days?"	"Difficult."
"How would you describe the day that you were brought to YDO?"	"I came with my mother … I thought it was some kind of … another place … very better than what I expected"
"How would you describe your relationship to the others at YDO?"	"It was good … I'm not so talkative … I'm so shy … I got used to those people … it goes well."
"What are the circumstances at home?"	"I feel good (about what I am doing in the house), but for me it is not good enough … I want more."
"How would you describe your relationship with your family?"	"It is great, because they listen to me … they are always on my side … they support me enough."
"How do you think about the music therapy sessions that you attended on Tuesdays at YDO?"	"At the first time I did not really understand what we were doing music, playing drums … but as time goes on … I started really liking the music and the drums. Later on I started to see the meaning in what we were doing … for my life."
"What are your plans for the future?"	"Right now I am confused. I just want to be successful in life … able to support myself and everything that I want. I was thinking about going back (college) and learning more."

4.3.1.2. Interview with the client's mother

Table 4.6.

Selected interview questions	Filtered relevant answers
"How would you describe Peter's birth and childhood?"	"Not easy birth … caesarean … always a single mother … healthy boy … breast feed for three months … on six months Peter got some fits … it's going to go away – until now … sweet baby … just like now."
"How would you describe the conditions at home?"	"I'm not working … (get money) from what we sell … Peter helps me a lot."
"How would you describe Peter's personality?"	"… a very quiet somebody … he does not talk … he died inside … "
"How would you describe Peter's school days?"	"Not successful … slow learned child … special school … successful at school of making braiding … good with his hands."
"How would you describe your relationship with peter?"	"Very good"
"Are there any behavioural problems or emotional problems that you can think of?"	"Hiding away … I don't understand him … aggressive."
Are there family or community members that you think have been role models in Peter's life?"	"Yes, my sister …he visits her a lot
"How did you feel about Peter's arrest?"	"I felt very low. I even cried … I did not expect this from him."

4.3.1.3. Interview with the client's mentor at YDO

Table 4.7.

Selected interview questions	Filtered relevant answers
"What were the reasons for Peter's referral to YDO?"	"…he (Peter) was caught with dagga and charged with dagga possession and sent to YDO by Mamelodi courts."
"Can you tell me how he felt about his arrest and sentence to YDO?"	"He was open."
"Would you please describe Peter's personality?"	"He is caring. He is thoughtful. He is respectful … with everyone … he thinks about things before he does them …"
"What was his attitude towards the programme?"	"… He said that the sessions were challenging … it was a learning experience … even if he doesn't speak – he listens and he learns from the others …"
"How would you describe Peter's situation at home?"	"Mother is not working – sister is twenty six and she is also struggling getting work … mental ill uncle is also unemployed … they are very poor … Peter works – braids hair … try and provide for family …"
"How would you describe Peter's relationship with his family?"	"Very good and he is caring"
"Does Peter have contact with his father?"	"His father … he doesn't live with them … he doesn't want to speak about his father … he's (father) is not an option … Peter was angry …"
"Have you experienced any behavioural or emotional problems with Peter?"	"He says that he is aggressive … how he gets angry quickly … but I never experienced it."
"What plans do you think does he have for his future?"	"I think a few … he wants a better life for himself and for his family … want to do some engineering course … he's good with his hands … would like to do carpentry …"

4.3.2. The process of coding

The second step of the process of data analysis, is coding[*]. For the purpose of this study, the data analysis organised the answers to the interview questions per salient points, as given by the various participants. Each salient point is then numbered and assigned a label or a code. The codes of all the data sources are then compared and, where necessary, narrowed down or collapsed, e.g. large / tall / takes up space / size was collapsed into size.

In Table 4.8 the researcher presents three examples of salient points, from both data sources. The numbers and the codes [*] assigned to the specific salient points, are also presented in the table. This table is also an example of how triangulation was addressed in the sense that each code is underpinned by multiple sources.

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[*] Process discussed in Chapter 3

[*] See appendix 5 for coding and numbering

Table 4.8.

Codes	Interview / session notes text		Nr
Friendships	Mother:	He has lots of friends, but they don't come here at the house	36
	Mentor:	… somebody who does not make friends easy …	73
	Client:	(Making friends at school) Difficult … at school there are bullies and everything. I wasn't one of the bullies.	5
	Music therapist:	… does not seem to have friends in the group ….	104
Shy	Mother:	Peter is a very quiet somebody … he does not talk – you see – even if you tell him something …	22
	Mentor:	He is very shy …	72
	Client:	… like, ah, sometimes when I meet	13
		different people, I'm not so talkative … I'm	14
		so shy, but sometimes goes well …	
	Music therapist:	Peter presented as very shy …	1
Aspirations	Mother:	…I thought he would get learned, but most unfortunately he didn't get learned	47
	Mentor:	…he just said to himself – you know – he wants to do more with his life … something positive …	26
	Client:	… but for me - not good enough … Yes, I want more	23

This method of coding was used with all the data from both the data sources. These codes were then examined to detect any recurring features and was then clustered and organised into categories.

4.3.3. The process of constructing categories

As the coding process was completed, the researcher needed to organise the codes at a higher level. This was done through the process of categorisation[*]. For the purpose of this study, the categories were constructed by examining the codes from both data sources to find possible similarities or re-occurrences. The following figure illustrates the process of constructing categories:

Figure 4.1.

Codes: **Category:**

Peer pressure
Friendships
Socialising
Roles
Eye contact

Social
Relationships
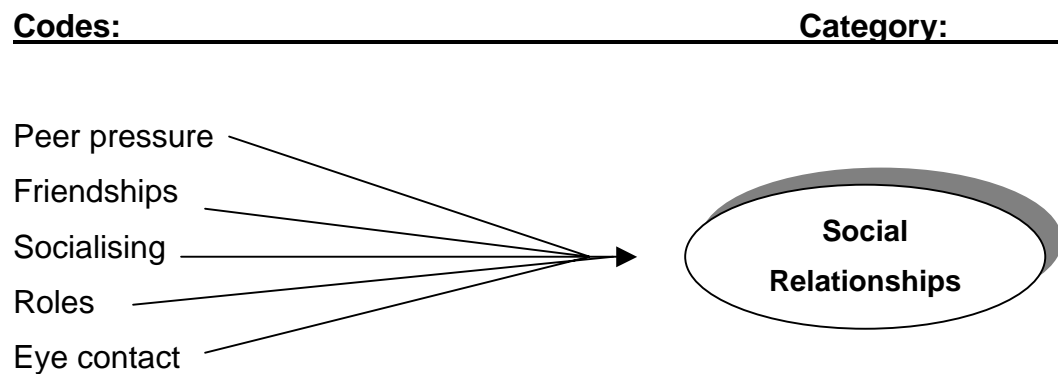
Five broad categories emerged from the codes that were in turn constructed from the salient points in each data source. These were:

- The offence
- Family background
- Personal characteristics
- Social relationships
- Hopes and dreams

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[*] Process discussed in Chapter 3

Each of these five categories will be examined and discussed as follow:

a. In the form of a table where each category and its codes will be organised.

b. A short summary on the main features regarding each category.

c. A design of the themes that emerged from the categories.

d. A schematic representation of the five categories and their emerging themes.

4.3.3.1. Category 1: The offence

a. Table 4.9.

Category 1	Code
The offence	Surprised
	Afraid
	Consequences
	Charged – illegal Dagga possession
	Experimenting
	Referral (courts)
	Disappointed

b. Summary

The descriptions included in this category predominantly refer to the information adjacent to the client's arrest and referral to YDO as perceived and voiced by the participants.

The client was caught with dagga in his possession and charged for the offence. He was referred by the courts to attend the ADP at YDO. The client was afraid of what he could expect of YDO, because he knew that his actions were accompanied by consequences. However, he was surprised to find that the circumstances at YDO were better than he had expected them to be. The client's mother was disappointed in him and expressed feelings of sadness about the situation.

c. Design of emerging themes

Two themes emerged as the data related to this category were analysed:

- Theme A: The arrest

   This includes the facts, behaviour and emotions adjacent to the day that Peter was charged and arrested.

- Theme B: The referral to YDO

   This includes the facts, behaviour and emotions adjacent to Peter's referral to YDO.

d. Schematic representation of category and themes

Figure 4.2.
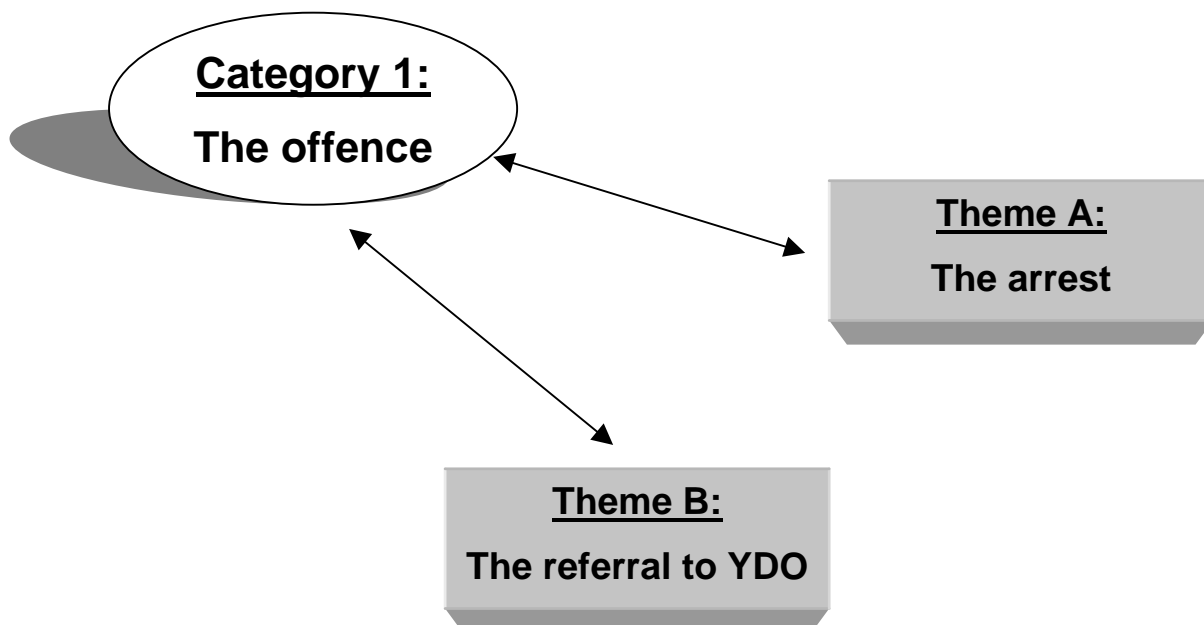
4.3.3.2. Category 2: Family background

a. Table 4.10.

Category 2	Code
Family context	Good relationships
	Support
	Unemployment
	Financial difficulties
	Illness
	Absent father
	Siblings
	Discipline
	Difficulties in understanding Peter
	Worried about Peter
	Role model – Aunt

b. Summary

The descriptions included in category 2 predominantly refer to the background and context of Peter's family.

Peter lives with his mother and older sister. Peter's father has been absent from his life for many years. They have many financial difficulties due to unemployment and illness in the family. According to all the participants, Peter has a good relationship with his family. He visits his aunt whom he sees as a role model. The client feels encouraged and supported by his family. The client's mother is very worried about him and has difficulties in understanding him.

c. Design of emerging themes

Three themes emerged as the data related to this category were analysed:

- Theme A: The family structure

  This includes information about the marital status of the parents, the number and ages of siblings as well as information about other members of the family.

- Theme B: Family Relationships

  This includes the context of the relationships that the client has with his parents, siblings and other family members.

- Theme C: Difficulties

  This includes unemployment, financial difficulties and difficulties with illness in the family.

d. Schematic representation of category and themes

Figure 4.3.
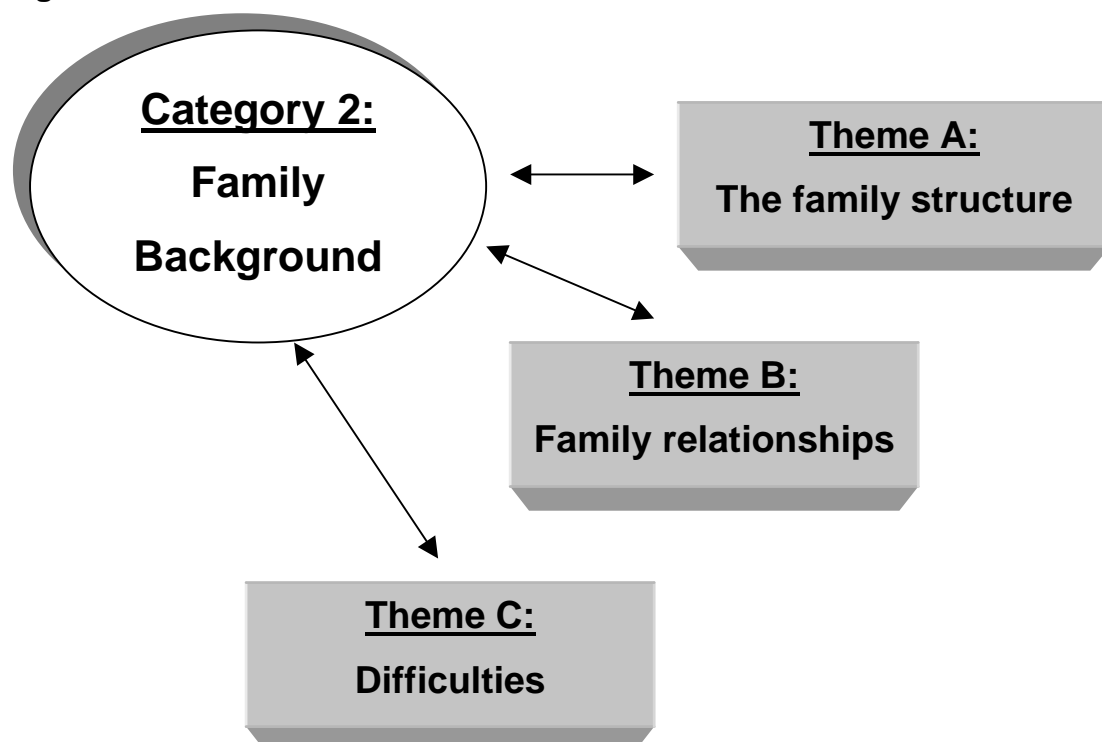
4.3.3.3. Category 3: Personal characteristics

a. Table 4.11.

Category 3	Code
Personal characteristics	Not assertive
	Aggressive
	Positive attitude
	Shy
	Co-operating
	Unsure
	Awkward
	Search for relevance
	Openness
	Determination
	Good attendance
	Dedication
	Caring
	Particular
	Respectful
	Considerate
	Likeable
	Introvert
	Closed off
	Learning disability
	Fast tempo (musically)
	High energy
	Uncomfortable
	Size
	Self-conscious
	Unconnected

b. Summary

The descriptions included in this category predominantly refer to the personal characteristics of the client as it is perceived and voiced by the research participants.

The client is physically a very large male. All the participants described the client as shy and introverted. He seems to be considerate and respectful of his peers and superiors. The client's mentor describes him as being open, caring and co-operative. He is dedicated in his work and displays a positive attitude towards YDO. The client voiced emotions of unconnectedness, awkwardness and self-consciousness. Musically the client displays high levels of energy and fast tempos.

c. Design of emerging themes

Three themes emerged as the data related to this category were analysed:

- Theme A: Personality traits
  This includes aspects of the client's personality profile, such as dislikes and likes as well as hobbies.

- Theme B: Musical context
  This includes aspects of the client's musical profile.

- Theme C: Emotional context
  This includes aspects of the client in terms of his emotional context.

d. Schematic representation of category and themes

Figure 4.4.
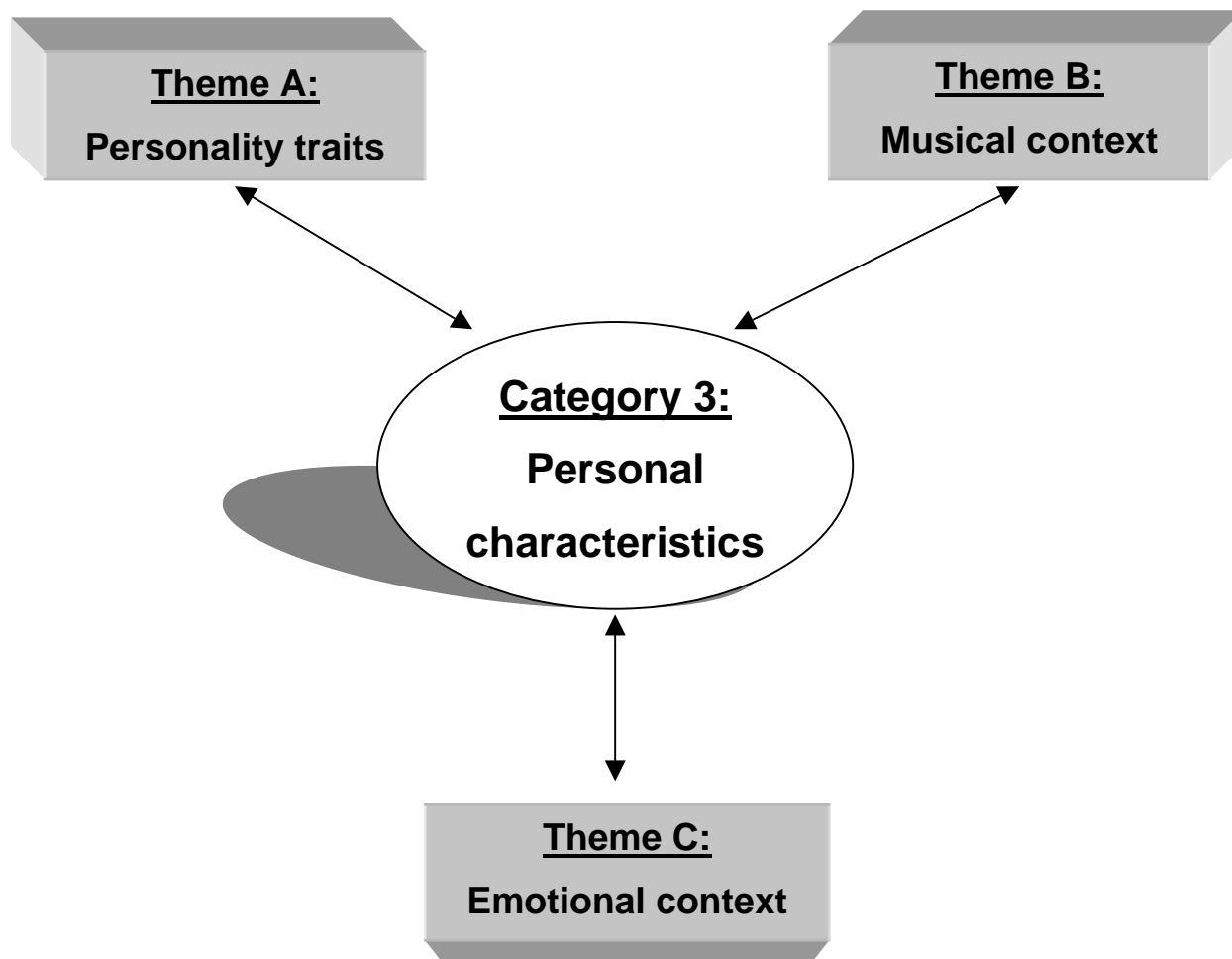
4.3.3.4. Category 4: Social relationships

a. Table 4.12.

Category 4	Code
Social relationships	Friendship
	Eye contact
	Disconnected
	Difficulty in relating
	Roles
	Together
	Boundaries
	Peer pressure
	Self-awareness

b. Summary

The descriptions included in this category predominantly refer to the social relationships that the client develops as they are perceived and voiced by the research participants.

The client initially, upon meeting strangers, has difficulties in relating to others. As he gets to know the person he finds it easier to relate and form a relationship with that person. The client seems to be easily influenced by peer pressure. In the music therapy sessions the music therapist also experienced difficulties in relating to the client. The therapeutic relationship seemed disconnected. The boundaries and client-therapist roles were diffused at times. The client does not make eye contact.

c. Design of emerging themes

Two themes emerged as the data related to this category were analysed:

- Theme A: Non-musical relationships

  This includes aspects of the client in relation to his peers and staff members at YDO.

- Theme B: Musical relationships

  This includes aspects of the client in a musical relationship with the music therapist.

d. Schematic representation of category and themes

Figure 4.5.
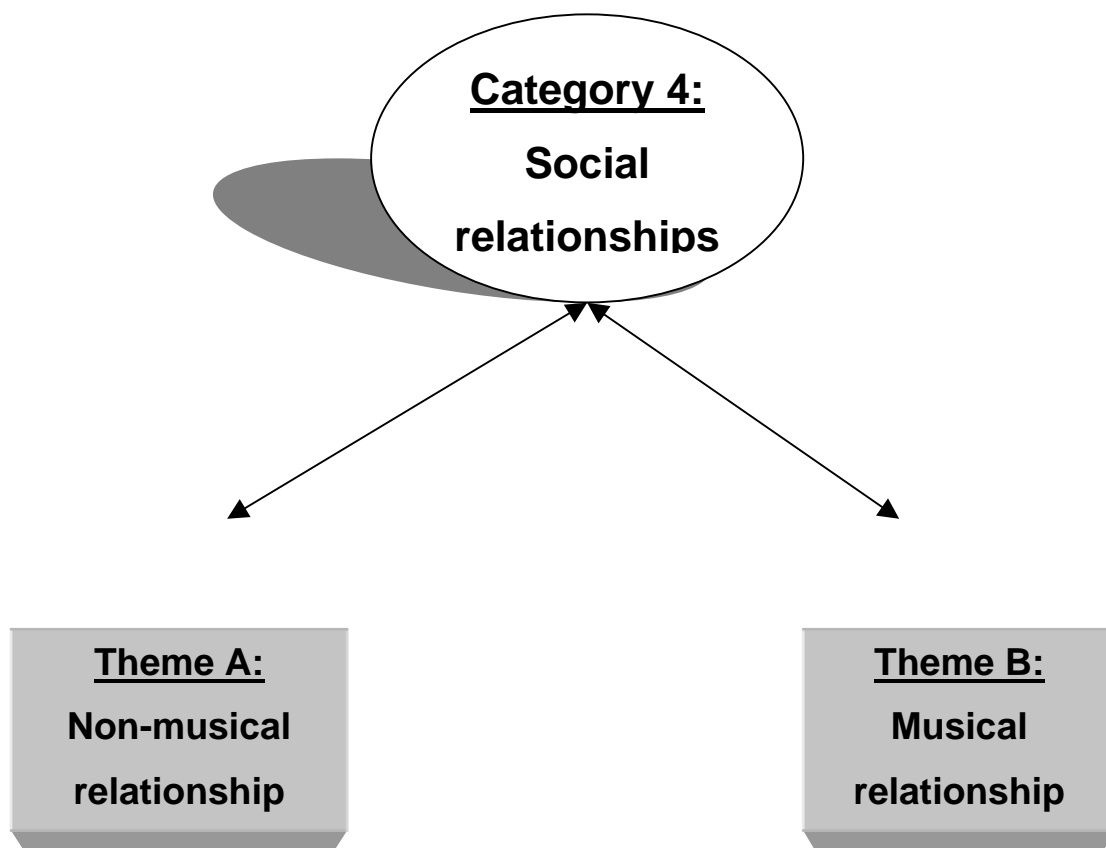
4.3.3.5. Category 5: Hopes and dreams

a. Table 4.13.

Category 5	Code
Hopes and dreams	High hopes
	Aspirations
	Support family
	Financial independence
	Encourage
	Dedication
	Self-discipline
	Challenging self
	Goals
	Better life
	Studies

b. Summary

The descriptions included in this category predominantly refer to the client's hopes and dreams, as they are perceived by the research participants.

The client has many high aspirations for his future. He wants to better his life and become financially independent. He dreams about returning to college and study for a carpenter. The client seems aware of the challenges that lie in such a decision, but he appears to lack the self-discipline or courage in taking the first step. He seems a bit confused as to how his dreams are going to be reached. The lack of finances also poses to be problematic in terms of study fees.

c. Design of emerging themes

Two themes emerged as the data related to this category were analysed:

- Theme A: Aspirations

  This includes aspirations that the client has for his future as well as aspirations that the client's mother has for his future.

- Theme B: Difficulties

  This includes the difficulties that the client experiences, such as financial difficulties.

d. Schematic representation of category and themes

Figure 4.6.
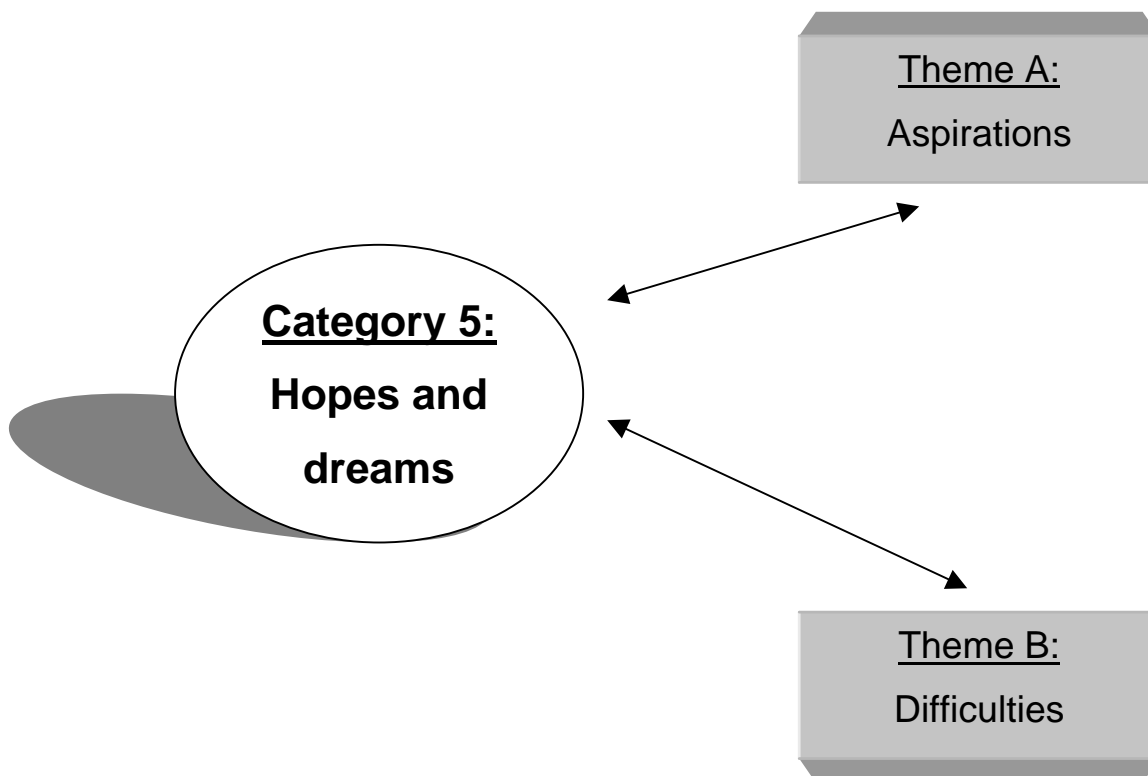
4.4.   <u>Conclusion</u>

In this chapter the researcher compiled a short client profile about the client. This profile is based solitary on the limited information that the music therapist had to her disposal and her observations of the client during the music therapy sessions. The data analysis has been described through the process of coding and categorising. The principal categories and themes that emerged from the analysis has been examined and illustrated schematically.

In the following chapter these emerging themes will be discussed in an attempt to answer the research question. Links will be made with the aim of the study and with the findings that emerged from the literature review, data collection and data analysis. To conclude the chapter a final and more complete profile of the client will be compiled where all the newly gathered information will be included.

Chapter 5:

Discussion

In this chapter the researcher offers a discussion of the literature and the data reviewed in relation to the aims, as well as an attempt to answer the research questions set out in the beginning of the study. The researcher will then compile a revised profile of the client.

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5.1. Introduction

Before the researcher venture into answering the research question, I would like to return, for the sake of the reader, to the aim of the research as set out in the beginning of the study.

The aim of this study is to explore how additional information and knowledge about a client's life context and social community, might contribute to the music therapist's understanding of the music therapy client. Since music therapists usually work within a therapeutic framework of 'privacy and confidentiality', such outside information tends to be unavailable in conventional music therapy practice. However, the conventional therapeutic framework seems to be inappropriate in a setting such as YDO, as the therapist experienced difficulties in understanding and relating to some of the clients. This led the researcher to wonder whether access to more information might help to create a more complete profile of the client. This would include information about the client's history, family background, hobbies, relationships, as well as social, emotional and behavioural contexts.

The study does not aim to reach any definite conclusions, but rather attempts to explore whether and how information about the client's life outside the sessions can contribute to the therapist's understanding of the client within the music therapy context.

By answering the following research question, I hope that this study will enhance the reader's insight into the multi-faceted and versatile relationships that develop between the therapist and the client in the music therapy sessions.

5.2. <u>Research question</u>

How can information about the client's life outside the music therapy sessions contribute to the music therapist's understanding of, and relationship with, the music therapy client?

The body of literature, discussed in chapter 2, supports the importance of developing a therapeutic relationship within the music therapy process. The therapeutic process, in clinical improvisation, is a joint improvisation that provides an opportunity to form and recombine the abstract patterns or forms that the client and therapist receive through different modalities. These are referred to as dynamic forms. The therapist must not hesitate to allow dynamic forms to resonate through sound and to speak where an inter-subjective musical relationship is developing between the music therapist and the client (Pavlicevic, 1990).

The therapist and client have to (jointly) define and establish mutual and comfortable music that is not imposed by either the therapist or the client, but that is mutually negotiated. This musical relationship is established through a process of musical improvisation. In other words, finding themselves (their identities) in their music and discovering what place these identities held in terms of the shared music between the therapist and client.

From the literature review, it would appear that it is important, in conventional music therapy, for the therapist to have a thorough profile of the client for the purpose of an enhanced understanding of the client. The therapeutic relationship forms the basis of the music therapist's profile of the client (Ansdell, 1995; Bruscia, 1987; Pavlicevic, 1997).

Procter (2001) states that, in a psychiatric context, the clients lose their privacy as most information about their personal histories are accessible for any health professional to read. He also ventures down the road of how biases and judgements are addressed in these circumstances where the professional does not only understand the client's diagnosis to the fullest, but also has access to all the client's personal information. As the focus of music therapy is more upon the 'healthy' components of the client than on the 'pathological' components. As the music therapy process happens within the 'moment' between the therapist and the client, some interesting questions regarding the importance and relevance of a client profile might be raised. Procter asked the following two questions:

"Do we (music therapists) need the (client's) history?"
"Could we work without it?"

This point could be argued within the YDO context as well, but there seems to be a vast difference. Within the corporate identity of YDO the youths seem to have difficulties in distinguishing and developing their individual identities. They seem to adopt 'new' identities, which are constructed around 'good' behaviour and compliance. These new identities are untrue to their personal identities. This also raised interesting questions for music therapy practice as it poses problems for the development of the therapeutic relationship. The clients struggle to establish 'who they are' within their environment, in relation to the other youths, the staff member at YDO and the music therapist.

The conclusion derived from the data analysis is that it became clear that the music therapist's initial observations of the client and the information available to her, has proved to be insufficient. As the sessions progressed, the therapeutic relationship started to develop. However, the relationship seemed to remain on a level that was not understood by either therapist or client. The therapist then realised that, in order to create a more mutual and meaningful therapeutic relationship with the client, a greater understanding of the client needs to be established.

As seen in the first client profile[*], a limited view of the client could be presented due to the limited information the therapist had to her disposal. The following extended client profile illustrates that the therapist needs more information in order to develop a more complete profile of the client, in order to enhance the therapist's understanding of the client. The researcher therefore attempts to experiment with this method of gathering information about the client as a valuable tool to enhance the therapist's understanding of the YDO client.

The information that follows will provide the reader with information that was gained by the researcher and how this could be utilised to enhance the therapist's understanding of the client. The information will be discussed in the form of a more complete profile of the client under the five categories and the themes that emerged from the data analysis. This reconstructed client profile is based on the enhanced insights that the music therapist gained through collecting and analysing the data from the therapist's clinical records and from the three interviews. The information also includes the music therapist's observations of the client during the music therapy sessions.

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[*] See chapter 4

5.2.1. Client profile

Peter is a dark and extremely tall eighteen-year-old man with short black hair. He is very largely built and his home language is Zulu. Peter has been at YDO since December 2002.

5.2.1.1. Peter's offence

A deduction provided by the data analysis regarding the circumstances that surrounded Peter's offence was constructed into the following two themes:

> a. *The information regarding Peter's **arrest** includes the reasons why he was charged and how the arrest was done, as well as how Peter experienced the arrest.*

The reason for Peter's arrest was as a result of illegal dagga possession. The police arrested him while he was smoking dagga with his friends in his community. Peter experienced the arrest as traumatic and was very disappointed in himself.

> b. *The information regarding Peter's **referral to YDO**, shed more light upon his behaviour and emotions adjacent to the day that he was referred to YDO.*

Peter was referred to attend the ADP at YDO by the Mamelodi courts. Peter, at first, was afraid to go to YDO. He realised that his actions carry consequences that he had to face. Peter was surprised to learn that YDO was not nearly as bad as he had expected it to be.

5.2.1.2. Peter's family

From the data analysis, the information about Peter's family was constructed into the following three themes:

*a. The information regarding Peter's **family structure** delivers insight into his position regarding his family context. This also clarifies the role that Peter plays within the structure of the family.*

Peter lives in Mamelodi with his single mother, older sister (26 yrs) and uncle. Peter never knew his father, as he left home while his mother was still pregnant with Peter. Peter's role in the family is that of the provider. Peter supports his family financially by braiding hair and working at a telephone booth. He also does all the cooking and cleaning in the house.

*b. The relational aspects of Peter and his family were highlighted under the theme of **family relationships**. It is important to note that the development of relationships within a family structure provides a basis for how a person develops relationships outside the family. This also provided the researcher with knowledge of how Peter experiences his relationship with his family.*

Peter has a good relationship with the members of his family. He occasionally visits his aunt whom he sees as a role model. Peter feels encouraged and supported by his family. He, however, does not easily share his feelings and experiences with any family members.

    c. ***Family difficulties****, relates to the difficulties that Peter experience within his family context and provided the researcher with more information on how he copes with these difficulties as well as how he attempts to make sense of his surroundings.*

Peter's mother, sister and uncle are all unemployed. His uncle suffers from a mental illness and his mother is also unable to work due to being disabled in her arms and hands. Peter's family has great financial difficulties as a result of the unemployment and illness in the family. Peter tries to generate an income by working at a telephone booth and braiding hair. He however realises that the family needs something more substantial to give them the financial support that they need.

5.2.1.3. Peter's personal characteristics

One of the aspects that transpired from the data analysis is the information about Peter's personal characteristics. This was constructed into the following three themes:

    a. Information around Peter's ***personality traits*** *provided the researcher with new knowledge about his likes and dislikes, hobbies, as well as strong and weak points. It also provided the researcher with insight into how Peter experiences himself in terms of his personality traits.*

Peter can be described as shy and introverted (closed off). He is very caring, considerate and respectful of his peers and superiors. He presents as self-conscious and uncomfortable in some situations. Peter is very clear on how things need to be done. He is also 'liked' by most of his peers. Peter enjoys playing soccer with his friends during his leisure time. He suffers from a learning disability and he experienced his schooling as extremely difficult. However, he takes pleasure in working with his hands and especially enjoys braiding hair and carpentry.

In the YDO context Peter has a very good attendance record. He continued to attend the music therapy and ADP sessions even after completing the official programme. He is very determined and dedicated to the programme at YDO. He displays an openness to learn new things.

*b. **Musical context**, referring to the information about Peter's musical profile, was mainly constructed through the observations of the therapist. However, further insight was gained through the research in terms of how the client responded within the musical context.*

Peter attended twelve music therapy sessions over a period of four months. During these sessions Peter had a very active presence in the room. Peter enjoys listening to Rap music and he seems to have a preference for playing on the drums. Peter's musical preference included artists, such as Mafikizolo, 2 Pac and Mandoza. Peter usually played at a very fast tempo and loud dynamics (almost drowning out the therapist).

*c. Under **emotional context** we find the information regarding Peter's emotional profile. This provided the researcher with information about how Peter experiences his emotions and how he reacts, on an emotional level, to his surroundings. It also provided the researcher with more knowledge of his feelings and how these feelings could be acknowledged within the music therapy sessions.*

Peter seems to struggle with aggressive behaviour. He displays emotions of anger towards his father and does not even want to speak about his father. However, Peter shows determination in learning how to control his temper.

During the music therapy sessions, as gathered from the interview with Peter, he felt extreme emotions of disconnectedness, awkwardness and self-consciousness. He was very uncomfortable in the presence of the therapist.

5.2.1.4. Peter's social relationships

The information around Peter's social relationships was constructed, as a result of the data analysis, into the following two themes:

*a. Under the theme of **non-musical relationships** the difficulties that Peter experiences in relating to other's on a non-musical level is highlighted. This provided the researcher with more information about how he relates to different people and circumstances, as well as strangers and changing circumstances.*

Peter finds it difficult to relate to strangers. However, as he gets to know them, he finds it easier to open up and form a relationship with them. Peter seems to be easily influenced by peer pressure. He has difficulties in being himself (his identity) within the group context. Peter has a few good friends that he spends his leisure time with.

Peter made very little eye contact with the therapist during the music therapy sessions. The atmosphere in the music therapy room was very uncomfortable. The therapist found it extremely difficult to relate to Peter on a non-musical level. The therapeutic relationship seemed disconnected and awkward. The therapist questioned the clarity of the therapeutic boundaries and roles as well as her own competence (as a training music therapist) to work, understand and form a relationship with Peter. As the sessions progressed, a fit seemed to develop between the therapist and the client. This relationship, however, seemed to remain on a level that was not understood by either the therapist or the client.

*b. The information regarding the client's **musical relationships** highlights difficulties that the client experienced in relating on a musical level to the music therapist. The information about the client's musical relationship was available to the researcher, as it was mainly constructed through relational aspects between the client and the therapist, as well as the therapist's observations of the client.*

The therapist found it extremely difficult to relate to Peter on a musical level. The musical relationship seemed disconnected and awkward. The therapist became aware of her own feelings of being dismissed by Peter and intimidated by his size, as well as the quality of his music.

There were times when the therapist found it difficult to connect with Peter through the music, as his music displayed a quality of awkwardness, uncertainty and disconnectedness. He also struggled to relate his musical actions to that of the therapist.

5.2.1.5. Peter's hopes and dreams

From the data analysis, the information about Peter's hopes and dreams regarding his future was constructed into the following two themes:

*a. The information regarding Peter's future goals and dreams are captured under the theme of **aspirations**. This provided the researcher with information about Peter's self-esteem and how he views himself in the foreseeable future. This also provided the researcher with more knowledge about his expectations of the world and of himself within this world.*

Peter has many high hopes and aspirations for his future. He wants to better his life and become financially independent in order to take care of his family. Peter dreams about returning to college to study carpentry or engineering. He

is aware of where his strengths and weaknesses lie and he knows what he wants to achieve in life.

*b. The theme of **difficulties** encompasses information regarding the hurdles that could cause Peter's dreams and future not to materialise. This provided the researcher with more knowledge regarding his ability to overcome these difficulties in an attempt to reach his gaols.*

Peter seems aware of the challenges that lie in the decision of returning to college. He appears to lack the self-discipline or courage in taking the first step towards the completion of his education. He further seems confused as to how his dreams could materialise, as the lack of finances poses to be problematic in terms of study fees.

All the above information afforded the researcher with a greater insight into the life and experiences of the client. However, the following question can now be asked:

What and how did all this information contribute to enhance the therapist's understanding of and relationship with the client?

As the therapy process has been completed by the time that this research study was conducted, the following discussion would mostly be speculative. However, the researcher will base these speculations on prior experience and the relevant literature. The researcher will now provide a synthesis of all the above information.

5.3. <u>Synthesis</u>

The following synthesis will be discussed in three main areas, namely, personal, emotional and musical aspects.

5.3.1. Personal aspects

Many of the client's personal aspects were unknown to the therapist at the time of the music therapy process. The therapist's knowledge about characteristics of the client's personality was merely based upon her own observations during the music therapy sessions. This posed to be insufficient and created a problem for the development, negotiating and sustaining of a therapeutic relationship through the music (Nordoff & Robbins, 1997).

The therapist found it extremely difficult to perceive the abstract dynamic forms of the client as Pavlicevic (1990) describes it. The therapist's difficulty in engaging in an intimate emotional relationship with the client can be seen as a direct result of the 'not-knowing' of each other's internal states (Pavlicevic, 1990; Ansdell, 1995).

According to Pavlicevic (1990) a highly intimate and dynamic inter-subjective relationship is possible where the music therapist and the client are able to create a shared musical space between them through music therapy improvisation. However, in the therapist's experience, even though she worked within the improvisational music therapy paradigm, the musical relationship seemed to remain incomplete in terms of her understanding of the client.

In a speculative stance one can argue that the therapist would have approached and related (musically and non-musically) differently to the client, if she initially had access to more information about the client's personality traits. This would have brought changes to the dynamics of the relationship

(or lack of relationship) and would most probably have resulted into a deeper understanding of and relating to each other.

5.3.2. Emotional aspects

On an emotional level, the therapist was almost completely unaware of how the client felt about himself and his circumstances. This was prior to the interview with the client. As the client is an adolescent, the therapist could only speculate around possible feelings of uncertainty, disconnectedness and discomfort. As an adolescent, the client was going through the physical changes of puberty and social expectations. This contributes to the need of an adolescent to rethink and find a personal identity. It is during this period of adolescence that human beings frequently struggle with the following questions: "How do others see me?" and "How do I see myself?" (Meyer, Moore & Viljoen 1997).

Music therapy affords adolescents the opportunity to develop their emotional, relational as well as social potential through music-making (Hargreaves, Miell & MacDonald, 2002; North and Hargreaves, 1997; Tarrant, North & Hargreaves, 2002). As an example of how knowledge about the client's feelings could have contributed to the therapist's understanding of and relationship with the client, one can speculate around Peter's feelings of anger that he experienced towards his absent father. If the therapist was aware of these feelings, one could only imagine what a valuable tool the music therapy process could have been for him to explore these (and other) emotions.

5.3.3. Musical aspects

According to Nicholas Cook:

"In today's world, deciding what music to listen to is a significant part of deciding and announcing to people not just who you 'want to' be, but 'who you are'. Music is a very small word to encompass something that takes as many forms as there are cultural or sub-cultural identities"

(Hargreaves, Miell & MacDonald, 2002: 1).

Through speculation, one could argue that the dynamics of the therapeutic relationship would have been very different if the therapist had known what the client's preference in music (musical identity) was. Through the therapy process, the client would also be given the chance to develop his musical identity.

From the information gained through the data analysis, the researcher learned that the client struggles to assert himself in his every day life. However, in the music therapy sessions his playing had an extremely assertive (fast and loud) quality. This was experienced so vividly by the therapist, that she expressed emotions of feeling dismissed by the client and his music. The therapist also expressed uncertainty about the definition and clarity of the boundaries and roles. This musical profile does not sound like someone who is shy and has difficulty in asserting himself.

If the therapist had known this about the client, she would have encouraged the assertiveness of the client and possibly attempted to develop his music into a space where it cloud be shared between the therapist and the client, by not allowing herself to become dismissible. One could also speculate that the therapist could have experimented with the changing of the roles in the relationship and through this created an opportunity for the client to experience himself in different roles in relation to the therapist.

5.4. <u>Conclusion</u>

As demonstrated in this chapter a clearer picture of the client could be presented with the additional information that the researcher gained through data collection and analysis. This discussion confirms that the therapist needed more information in order to develop a more comprehensive profile of the client, as well as to enhance the therapist's understanding of and relationship with the YDO client. Through this the researcher did not attempt to imply or prove that this will be the answer to all the difficulties that a music therapist will experience in a similar context. The researcher merely attempted to experiment with this method of gathering information about the client as a valuable tool to enhance the therapist's understanding of, and relationship with the YDO client.

**Chapter 6:
Conclusion**

In this chapter the researcher offers some closing remarks regarding the study.

_____

"The nature of the music therapy profession seems to allow for uncertainty."

(Rogers, 1993: 2)

The study has shown that the above statement is especially applicable in the context of the Youth Development Outreach Centre in Eersterust. The therapist experienced her work at YDO, as a music therapy intern, as extremely challenging in more than one way. Some of the paradigms regarding conventional music therapy had to be adapted in order to suit the specific needs of the Adolescent Development Programme at YDO.

There appears to be both positive and negative aspects in the approach that the researcher embarked on in this study. By gathering more information about a client, one is afforded the opportunity to create a more complete profile regarding the client. This results in a better understanding of and relationship with the client. However, as Procter (2001) has suggested, this additional information can also become an obstacle during the therapeutic process. The information can place the music therapist in a subjective position towards the client and thus develop difficulties in the spontaneous character of the work.

The researcher is convinced that both these views hold equal amount of truth. However, within a context such as YDO, the mutual and inter-subjective therapeutic relationship seemed to request the additional information to enhance the therapist's understanding of the client. The researcher did not attempt to imply or prove that this will be the answer to all the difficulties that a music therapist will experience in such a context. This study was merely an attempted, by the researcher, to experiment with this method of gathering information about the client as a valuable tool to enhance the therapist's understanding of, and relationship with the client in a context such as YDO.

The outcome of this study was slightly limiting as the therapeutic process with the client in discussion has been completed by the time the study was conducted. The researcher would like to recommend that a continuation on this study should be done with a client prior to undergoing music therapy. This will enable the researcher to establish with greater certainty the areas in which additional information assisted or obstructed the development of the therapeutic relationship.

Appendix

Appendix 1

Consent form

NATIONAL YOUTH DEVELOPMENT OUTREACH

EACH ONE   REACH ONE

Education & Training ■ Family Preservation ■ Leadership Development
■ Job Creation ■ Arts & Culture Development

To whom it may concern

YDO MUSIC THERAPY: CONSENT FORM

As family member/legal guardian of _____ who is
currently attending the YDO ADP Programme, I _____ hereby
give permission that she/he may attend Music Therapy sessions between February 2003-
December 2003. I understand that music therapy sessions are recorded on video/audio
cassette as part of standard music therapy practice, enabling detailed analysis of the
sessions in order to gain clinical direction to ongoing sessions.

These recordings will be used for clinical, research and educational purposes as part of
the students' music therapy training. This includes supervision with their clinical
supervisors, and as part of their clinical case study presentations for their examinations.
All efforts to protect the client's privacy and confidentiality will be adhered to, in line
with professional ethical practice.

At the end of the students' training, these tapes will form part of the training archives and
will become the property of the Music Department, University of Pretoria. This material
will not be distributed or sold, or broadcast publicly. I understand that I can arrange to
view/ listen to the recordings should I wish to do so.

_____   _____
Signature   *Relationship to client*

_____   _____
Signature   *On behalf of YDO*

_____   _____
Signature   *Music Therapy Student*

_____   _____
Signature   *On behalf of University of
                                            Pretoria*

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Appendix 2
Clinical records

Session 1   4 February 2003

My co-therapist and I just saw all the clients at YDO for interviews today.
"Peter" presented as very shy and I got the idea that he has a low self-
esteem. He did not make a lot of eye contact and looked very uncomfortable
in the room with us. He is well spoken and answered all our questions, but it
was very awkward.

Session 2   11 February 2003

WOW!!!! He plays so fast on the piano. Peter has a real presence in the
sessions. But I don't get a feel for him outside the music. He is so big. Am I
feeling intimidated? He is exhausting me. I felt a bit irritated. He plays with a
very high energy and his quality is alive and vibrant. He seems to enjoy the
session.

Session 3   25 February 2003

It is very frustrating. He plays so fast on the piano. His rhythm is difficult to
follow. I've noticed that there were times where he did listen to me and
adapted his playing to mine, but these times were few and short. I am very
uncomfortable in the session. It feels as if I can't speak to him. He makes me
feel small. I do think that we are both trying to meet each other, but are not
yet at that place. I think I should try to zoom in more and focus on his music
and not let my feelings interfere as much as it does. I am very aware of my
feelings throughout the sessions.

Session 4   4 March 2003

I was not feeling well today, but I think the session went well. Peter was very interested in the activity with the magazines and he took actively part throughout the session. I feel so uncomfortable around him. Why is this? Is it because he is so big? Everything seems awkward. What am I not giving him? It doesn't seem as if he feels uncomfortable too. He seems oblivious of me. Do I matter?

Session 5   11 March 2003

I really enjoyed today with Peter. We played together on the drum for almost 15 minutes where he initiated most of the changes. We took turns in taking the role of the leader and we waited and listened to each other – for the first time. I feel that our relationship has really developed, but sometimes it is still a bit uncomfortable. Why do I feel so small at times? As if I don't even exist?

Session 6   8 April 2003

The piano improvisation was wonderful. I felt that we were together at so many places during the improvisation. He enjoyed playing something and seeing how I reacted to it. We copied each other and moved towards and away from each other. There were some very intimate moments and moments where we were both throwing ourselves into the music with high energy and tempo. Both of us initiated change. The song writing was a mistake. What am I doing wrong? Why can't I speak to him? It is so awkward and uncomfortable. I wanted to scream!!!!!

Session 7   22 April 2003

Peter and I had a really strange session today. I was so quiet in the room the whole time. I felt strangely comfortable with him today, but I feel that I am not being heard in the session. He dismisses my instructions without even thinking. He plays without noticing me or changes that I bring into the music. I don't know what to do. I feel so small! Is it because he is physically so big?

I am afraid to even say something sometimes. I like him and I feel that we are developing a relationship, but on whose terms. Who is the therapist and who is the client?

Session 8   29 April 2003

I've had supervision today. It was so helpful. I think she hit the nail right on the spot! I am making myself dismissible to him because I don't assert myself. If an activity takes a course that I did not intend, I just keep quiet and go with whatever Peter does. I think this confuses him, because it confuses the roles we are supposed to take on. I am not laying down the instructions clear enough. I am almost scared in our sessions. I am sure that he feels it. Our improvisation on the piano was completely unconnected and stuck. I could not find myself a key that I felt comfortable in and he was all over the place. His energy is high, but it seems to sap my energy.

Session 9   6 May 2003

There was such a huge change in the atmosphere in the session today. I made a point in asserting myself and to lay down the boundaries very clearly. Peter was a lot more relaxed. He knew what to expect and that made him comfortable. The session was very structured, but in the boundaries of the structures was a lot of space for him to initiate and give new ideas. The session was relaxed and we had some moments where I really felt contact between us. His playing was very focussed today and he drew me into his high spirits. For the first time in Peter's sessions I can say that I feel that we are working on something and getting there.

Session 10   13 May 2003

Today was very interesting. Peter played not like he usually does. There was a strange comfort in the way that he followed my every move. It was almost that he was so focussed on me and on what I was doing that he lost himself in the music. He listened to what I did in the music and he gave me a lot of

space – something that he would never do before today. His playing on the piano is much less all over the place. He plays in certain rhythmic structures and followed me in every dynamic and tempo change I made. During the activity, Peter was asked to conduct the actions. He assertively chose instruments and rhythms that my co-therapist and I had to play. It is as if he has gotten a new confidence in himself.

Session 11   20 May 2003

I feel like crying. Peter and I had such a moment on the piano today. Our playing was completely together and almost welded into one thing. He even stayed in the Doric key – where I started playing. I feel that our music has moved from just being a big mess on the piano to a real work of art with beautiful sounds and special moments. He enjoys the music and I feel he enjoys being with me in the music. After the improvisation we spoke about it and it was so nice speaking about what we just experienced. I am going to miss him. I f I look back on where we came from, how I struggled to find my and his space in the relationship and how we have developed our special time together, I really can't believe that I have to stop. Peter seems so positive about his future. He wants to become a mentor at YDO.

Session 12   27 May 2003

Today was awful. I don't think one should have supervision at the last session. I felt that Peter was uncomfortable and I felt it too. The session was fine and we had some intimate and special moments on the piano, but it was not near what we experienced last week. The supervisor was very helpful, but I wanted to be alone with him and Carol today. On the one hand I am glad that I am finished today. Maybe the fact that it was my last session with him made him act the way he did. Maybe he was sad?

Appendix 3

Interview questions

Interview with Peter's Mother

1. How many children do you have?
2. How would you describe the circumstances surrounding Peter's (pseudo name) birth?
3. Can you think of any specific milestones while he was growing up?
4. How would you describe the conditions at home?
5. How would you describe Peter's personality?
6. How would you describe your relationship with Peter?
7. Have you ever experienced Peter having emotional or behavioural problems?
8. Are there family or community members that you think have been role models in Peter's life?
9. What plans do you think Peter has for his future?

Interview with Peter

1. How old are you?
2. How long have you been at the centre?
3. How would you describe your school days?
4. How would you describe the day that you were brought to YDO?
5. How would you describe your relationship with the other children at the centre and with the staff members?
6. What are the circumstances at your home?
7. How would you describe your relationship with your friends and family members?
8. What do you think about the music therapy sessions that you attended on Tuesdays?
9. What plans do you have for your future?

<u>Interview with Peter's mentor at YDO</u>

1. How long have you been at YDO?

2. What role do you play in the centre?

3. Can you describe the circumstances surrounding the day that Peter first came to the centre?

4. How would you describe Peter's personality?

5. What is Peter's attitude towards the programme at YDO, the staff members and the other youths?

6. How would you describe Peter's situation at home?

7. How would you describe Peter's relationship with his family?

8. Have you experienced any emotional or behavioural problems with Peter?

9. What plans do you think Peter has for his future?

Appendix 4

Excerpts of the transcribed interviews

Interview with client

Music therapist: With whom did you go to YDO the fist time?

Client: I went with my mother.

Music therapist: What was it like for you?

Client: I thought maybe… it was some kind of … another place like … I was not thinking that it was going to be like it was … you know … when you are arrested and you are going to a place … you know it is going to be a place where you have to face consequences … but it turned out to be better to what I expected.

Music therapist: What was it like for you to be with so many different and new people?

Client: It was good, because, like sometimes when I meet different people, I'm not so talkative … I'm so shy, but sometimes goes well … I get used to those people and develop a better relationship.

Music therapist: So you made good friends there?

Client: Some of them, but not some. Some of them, but not all of them.

Music therapist: How did you get along with the staff members?

Client: I got along great with all of them.

Music therapist: How do you feel about the work that you are doing?

Client: I feel good, but for me it is not good enough. It is good for paying the bills, but for me … not good enough … I want more.

<u>Interview with Mentor</u>

Music therapist: How would you describe Peter's personality?

Mentor: He is caring. He is thoughtful. He is respectful – you know – that is the way that he is – with everyone. Not just with us as mentors, you know, but the way he respects other kids also in the ADP – you know – there were together and stuff. He respects people's space as well, he doesn't just run to … he comes in where he feels it is appropriate … he thinks about things before he does them … so it really made me … it is wonderful to be … and that's why I tell him every time – you know – when they come here … I don't see … these criminals or these kids who are going to end up being criminals.

They just – you know – like your younger brother … and because like the kind of mistakes that they sort of make … anyone … I could have done that, my younger brother could have done that … so I … that's not the way that I see them … it doesn't mark them for me and say "Ha, ha, bad one, you – this one!" You know … I give them a chance to get to know them, as they are – and I take the time to get to know … ok, what is your specific circumstances are all unique, but Peter – Auww!

He was … I just had an attitude … I wanted him … and remember that there were a lot of kids that we had and we were … who do you want to mentor … right now the situation is … because I'm the only mentor from Mamelodi … and there were more kids from Eersterust than Mamelodi. I wanted him, because I felt that I could reach him, but it's not because I felt that he was open to me … he was just open to anyone if you took the time to want to know – you know – him … he wasn't like closing off … and he wasn't guarded in terms of what you get to find out. He was just complete … so he … it made him easy to have as a mentor.

Interview with Mother

Music therapist: What does Peter like to do in his free time?

Mother: Cleaning… he likes cleaning and cooking … always at home … but he is lazy … he likes sleeping

Music therapist: How would you describe your relationship with Peter?

Mother: Very good … I don't have a doubt about it … I don't know the coming years because year after year every child changes.

Music therapist: Is Peter influenced easily by others?

Mother: Yes … Peer pressure … because they have got different things

Music therapist: Are there any behavioural problems that you can think of?

Mother: Peter, he likes hiding away … because at home I just tell him … be free … if you want to jive, just jive … you must know that you enjoy jiving. If you want to make a radio louder … make it louder so that we could understand what kind of a child you are … so he can … he can show you what he likes. She is too quiet … and I become worried about why… he is also aggressive.

Music therapist: Are there any other family members that Peter sees as role models?

Mother: Yes, my sister. She lives in Shoshanguve … he visits her a lot … for weekends … she enjoys having him there.

Appendix 5
Coding and numbering

Interview with Peter

1. Duration
2. Experiences
3. Cultures
4. Difficulty
5. Friendships – difficult
6. Not assertive / aggressive
7. Mother to YDO
8. Surprised
9. Afraid
10. Consequences
11. Surprised
12. Positive attitude
13. Quiet
14. Shy
15. Friendships
16. Relationships
17. Friendships
18. Co-operation
19. Positive
20. Dissatisfied
21. Financial problems
22. Dissatisfied
23. Wants more
24. Relationships
25. Heard
26. Support
27. Support
28. Unsure / understanding / confusing / awkward
29. Enjoyment

30. Thinki9ng
31. Meaning / relevance
32. Meaning
33. Negative / confused
34. Wants success
35. Financially independent
36. Studies
37. Carpentry – future vision
38. Learning

Interview with Peter's mentor at YDO

1. Time at YDO
2. Mentor
3. Openness / willingness
4. Self-gain
5. Positive attitude
6. First day – alone
7. Mentor met family – first visit
8. Dagga possession
9. Nothing serious – dagga
10. Experimenting
11. Group influence – peer pressure
12. Late night
13. Police
14. Unsure if he still smokes
15. Challenging self
16. Goals
17. Determination
18. Difficult – struggle
19. Caught with dagga
20. Charged – possession
21. Referred – YDO – court
22. Challenging – programme
23. Positive attitude
24. Good attendance
25. Finish programme – continue coming (dedication)
26. Aspirations – wants more
27. Realise value
28. Mentor tried to help family
29. Mother, sister (older) + mental ill uncle
30. Unemployed mother
31. Work – good with hands
32. Financial contributions

33. Contributes

34. Caring

35. Particular

36. Makes plans

37. Openness

38. Caring

39. Thoughtful

40. Respectful

41. Respects peers + staff

42. Considerate / mindful

43. Thinks before he does

44. Likeable

45. Reachable

46. Open to anyone

47. Not closing off

48. No guards

49. Increased self-awareness

50. Insight

51. Challenging

52. Learning experience

53. Introvert / quiet

54. Listens

55. Learn from others

56. Insight

57. Reflection / insight

58. Good relationship – family

59. Absent father

60. Divorced

61. Separated 3 years

62. Anger

63. Father = nothing

64. Traumatic

65. Absent father

66. Financial difficulty

67. Coping mechanisms

68. Dismiss father

69. Anger

70. Listens to Rap music

71. Closed up

72. Shy

73. Does not make friends easily

74. More comfortable when knows person

75. Can't control temper

76. Learnt control

77. Serious

78. Aware of changes

79. Seeks relevance

80. Better life

81. Computers

82. Engineering

83. Knows strengths

84. Future goals

85. Hard worker

Interview with Peter's mother

1. Two children
2. Co-operate
3. Relaxed
4. Difficulties
5. Obedience
6. Trust
7. Relationship
8. Absent father
9. Difficulties (birth)
10. Disabled hand
11. Difficulties (grow up)
12. Health baby
13. 28 years old – Peter born
14. Bronchitis
15. Breastfeed – 3 months
16. Epileptic fits
17. Late – walking
18. Milestones
19. Easy baby
20. Unemployed
21. Helpful
22. Quiet
23. Died inside
24. Anger
25. Excitement
26. Closed off – sad / angry
27. School
28. Unsuccessful
29. Learning disability
30. Special school
31. Hair school
32. Good with hands

33. Goes out
34. Discipline
35. Friendships
36. Friends
37. Discipline
38. Helpful
39. Relationships
40. Peer pressure
41. Hiding – closed
42. Encourage
43. Understanding
44. Worried
45. Not aggressive
46. Role model
47. High hopes / aspirations
48. Support
49. Financial independence
50. Emotions
51. Sad / low
52. Encourage
53. Self-discipline
54. Dedication

Clinical records

1. Shy
2. Low self-esteem
3. Eye contact
4. Uncomfortable
5. Well spoken
6. Awkward
7. Fats tempo
8. Presence
9. Unsure
10. Size
11. Intimidated
12. Exhausting
13. Irritated / frustrated
14. High energy
15. Enjoyment
16. Frustration
17. Tempo
18. Rhythmically difficult
19. Listening
20. Uncomfortable
21. Self- conscious
22. Small / dismissed
23. Developing
24. Focus
25. Emotions
26. Interested
27. Uncomfortable
28. Unsure
29. Size
30. Awkward
31. Incompetence / Self-conscious
32. His feelings

33. Closed off
34. Dismissing
35. Enjoyment
36. Initiates
37. Turn-taking
38. Relationship
39. Size
40. Dismiss
41. Excitement
42. Relationship
43. Together / roles
44. Intimate / relationship
45. Initiating
46. Out of touch
47. Not confident
48. Self-conscious / understanding
49. Awkward / uncomfortable
50. Frustration
51. Unsure
52. Quiet / closed off
53. Back seat
54. Not being heard
55. Dismissed
56. Dismissed
57. Unsure
58. Self-conscious
59. Size
60. Afraid / no confidence
61. Relationship
62. Meaning
63. Roles
64. Dismissible
65. Assertive
66. Confusion

67. Roles
68. Instructions / boundaries
69. Scared
70. Awareness
71. Unconnected / stuck
72. Energy
73. Change
74. Boundaries
75. Relaxed
76. Comfortable
77. Structure
78. Contact
79. Focus
80. Meaning / together
81. Change
82. Comfort / follow
83. Focus
84. Listened
85. Focus
86. Confident
87. Emotional
88. Together
89. Meaning
90. Enjoyment
91. Reflection
92. Emotions
93. Thinking back
94. Relationship
95. Positive
96. Future
97. Disappointment
98. Uncomfortable
99. Experience
100. Alone

101. Relief

102. Speculation

103. Speculating – emotions

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