Autonomy, sheltered street children and group music therapy

By

Carol Joy Williams

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Faculty of Humanities

Department of Music

University of Pretoria, PRETORIA

Supervisor: Ms. Kobie Swart

Co-supervisor: Prof. Mercédès Pavlicevic

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Abstract

The context of this study is a street shelter, situated in the inner city of Pretoria. This was the first time that music therapy sessions were conducted at the shelter. This study is conducted within a qualitative research paradigm. The primary data source is five video and one audio excerpt. The secondary data source is session notes. The data is coded, categorised and organised into emergent themes. The emergent themes highlight five aspects of group music therapy that enabled autonomy in a group of children living in the street shelter. These five emergent themes are the basis of the discussion addressing the two research questions of this study. This study shows that group music therapy is an effective and appropriate way in which these sheltered street children are able to experience autonomy, including improved self-esteem and feelings of achievement and mastery. To my knowledge, there has been no music therapy literature published with regards to group music therapy with sheltered street children within the South African context as well as internationally.

Keywords: autonomy, sheltered street children, group music therapy, self-esteem, self-confidence, feelings of achievement and mastery.

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Chapter 1

Background and Context

1.1 Introduction

This study is based on data collected at a street shelter. The street shelter is situated in the inner city of Pretoria and caters specifically for boys who have lived on the streets or who have been removed from their homes by social welfare. The ages of the boys living at the shelter range from three to eighteen years of age, although sometimes they stay at the shelter until they have finished their schooling which could mean that they live at the shelter after they have turned eighteen. The shelter is a non-profit organisation and relies heavily on donations and sponsorship for most of their funding. There were about thirty boys living at the shelter during the four month period that we worked at the shelter.

1.2 Target Group

The mission statement of the shelter is that they "strive for the upliftment, development and empowerment of children by introducing them to and teaching them biblical values." The shelter seeks to provide these children with shelter, food, schooling, basic health care and counselling. The reality however, is that they receive little support, both financially and in terms of other resources. This leads at times to a somewhat tense atmosphere at the shelter. There is great cultural diversity at the shelter, with boys from Zulu, Sotho, Xhosa and Tswana backgrounds in South Africa as well as boys from neighbouring countries such as Zimbabwe and Zambia and then some boys come from as far a field as the Democratic Republic of Congo. This means that not all the boys speak the same language and there are a few boys who are not able to communicate with most the other boys due to language barriers. Many of these boys have been exposed to violence as part of life on the streets or at the homes from which they have been removed and it seems that discipline at the shelter can be harsh at times. It must be noted that these boys are not involved in gang violence of any nature.

They attend different schools, some in the inner city of Pretoria and some in Mamelodi and follow a stringent daily schedule starting early in the morning. They leave early in the morning for school, either walking from the shelter or catching some form of public transport. Many of the boys only return to the shelter after 4pm and are then required to wash and iron

their clothes for the following day, clean the shelter, tend the garden and complete any homework that they have. This means that there is very little time for the boys to play together or even to relax. It seems that weekends are also spent working and cleaning.

1.3 Personal Interest

As part of our training course this year we were required to set up our own community placements. I have been interested in working with underprivileged children for many years and have worked as a volunteer in similar settings, firstly as a high school learner and then during my teacher training. I have worked mostly with infants and younger children and therefore wanted to work with slightly older children and adolescents in order to gain a wider experience with this specific population group. Now, as a music therapy student I am specifically interested in what the medium of music offers these children. It is my hope that this research could possibly be used in order to gain funding for ongoing word with this specific population group in general, as there is currently no music therapy work being conducted by qualified music therapists at street shelters in South Africa.

1.4 Music Therapy

This was the first time that any of these boys had been exposed to music therapy as it was the first time that something of this nature was offered at the shelter. Group music therapy sessions took place at the shelter late on a Monday afternoon. After an initial open group session my co-therapist and I decided to divide the boys into three groups. In observing the whole group we felt that the different age groups of boys had different needs. We had a younger group with children between the ages of three and nine years old, a middle group with children between the ages of ten and fourteen years of age and an older group for children between the ages of fifteen and eighteen years old. These groups were semi-open and occasionally we had an open group in which all the boys were able to participate together. As part of our work at the shelter we worked towards a concert in which all the boys were invited to participate. At first they did not show much interest, but throughout our group music therapy process interest grew and at the conclusion of our work at the shelter every single boy at the shelter participated in the concert.

In music therapy sessions and in generally observing life at the shelter my co-therapist and I noted that there was little opportunity for the boys, especially the younger boys, to choose their activities or to experience any sense of self-governance. In music therapy sessions we also observed that many of the boys had low self-confidence and self-esteem. It was for this reason that I decided to focus this study specifically on the development of autonomy, including self-esteem and feelings of achievement and mastery.

1.5 Conclusion

In concluding this chapter I would like to outline the aims of this study. The aims of this study are as follows:

- To investigate how group music therapy culminating in a concert enables the development of autonomy in children living in a street shelter.
- To speculate as to what the implications of this research could mean for future music therapy work with this specific population group in the future.
- To add to the body of knowledge, specifically in the field of music therapy in South Africa. Currently there is no music therapy research that focuses on this specific population group in South Africa and it is my hope that this research could perhaps be used in gaining support and funding for music therapy work with this specific population group. I have not found any international music therapy research that focuses on this specific population group. This appears to be an untapped field within music therapy research.

Chapter 2

Literature Review

2.1 Introduction

In his speech at the launch of the Nelson Mandela Children's Fund in 1995, Nelson Mandela stated that "there can be no keener revelation of a society's soul than the way in which it treats its children" (Mandela, 1995). In South Africa the number of children living on the streets and in shelters has risen considerably over the last few years. In 2002 it was estimated that over 250 000 children were living on the streets. I was not able to find more recent figures, but one can only suppose that these numbers increase every year, given the current economic climate and the impact that HIV/Aids is having on our society . In 1996 the South African Constitution was amended and made provision for children's rights. The Children's Bill of Rights in the South African Constitution Section 28 states, amongst other things that:

- Every child has the right to -
  - family care or parental care, or to appropriate alternative care when removed from the family environment;
  - basic nutrition, shelter, basic health care services and social services;
  - be protected from maltreatment, neglect, abuse or degradation;
  - A child's best interests are of paramount importance in every matter concerning the child.
  - In this section 'child' means a person under the age of 18 years.

(South African Constitution, Section 28, 1996)

If one considers the number of children in South Africa who live on the streets, in temporary shelters and street shelters, it would seem that not all children in South Africa enjoy the rights that they deserve. It would appear to be a general world-wide trend that children living under these circumstances have been exposed to violence, brutality and psycho-social trauma (Consortium for Street Children, 2002, p.10). In fact, according to Donald and Swart-Kruger (1994), in their paper on South African street children, these children experience difficulties in the areas of physical, emotional, social, cognitive and educational development.

In this review I would like to focus on emotional and social development in sheltered street children with specific reference to the development of autonomy. I will discuss literature on street children and foster children in general as there is little available literature specifically on sheltered street children. I will secondly discuss literature on the concept of group music therapy and its potential merits as a clinical intervention with this specific population group. Lastly, I will review literature from community music therapy with regards to the role of performance in enabling autonomy, specifically with regards to increased self-esteem and feelings of achievement and mastery.

2.2 Street and Foster Children

According to Brendtro and du Toit (2005), children in crisis may experience emotional difficulties including:

> Painful emotions' for example 'fear, anger, sadness and shame', 'painful thoughts' including 'worry, distrust, hatred, guilt and helplessness' and 'pain-based behaviour' such as 'escaping from pain, blocking out pain, causing pain to others and punishing themselves with pain (p. 5).

Rutter (1989) links childhood adversities to diminished self-esteem and self-efficacy in later life. According to Winkley (1996) "children can be psychologically damaged by early experiences to varying degrees" (p. 208). It follows then that sheltered street children, who as stated before, have been subjected to violence, brutality and psycho-social trauma, will most likely be psychologically damaged by these early experiences. This violence, brutality and psycho-social trauma may include physical and sexual abuse by parents, other adults connected to the child or by strangers and people in authoritative positions. According to the Consortium for Street Children (2002), one of the greatest problems is that laws concerning violence, brutality and abuse are either not in place or are not enforced. Other trauma could include lack of food, shelter, clothing, medical services and education, as well as adequate and healthy social networks. The impact of HIV/Aids on families is traumatic. Many children have to care for their sick parents and care for younger siblings when their parents die of HIV/Aids. Damage caused by violence, abuse and psycho-social trauma could affect these children in some or in all areas of their development. I will now focus more specifically on the emotional and social development of street and foster children, as elements of both pertain to children living in a street shelter.

"Emotional deprivation is said to occur when a child's emotional needs are not met over a period of time, resulting in fundamental disturbances in personality development" (Winkley, 1996, p. 206). Winkley (1996) further states that a "child's self-esteem may be systematically undermined by cruel comments" (p. 208). Many children living on the streets or in shelters

have come from homes where cruelty may have been part of their lives and thus self-esteem may have been undermined from an early age. Studies conducted in the USA in foster care environments have shown that even children who had been placed in a foster care home for longer than three years, still experienced a high level of insecurity in their living arrangements (Kools, 1997). It is thought that foster care often leads to stigmatisation, which in turn negatively impacts on identity development, self-esteem and identity. In much of the literature, self-esteem is directly linked to autonomy and lack of experienced autonomy is furthermore linked to problems with self-esteem and identity (Kools, 1996; Pavlicevic, 1994; Rutter, 1989; Smidt, 2006). Lack of autonomy, identity formation and low self-esteem all contribute to how a child functions within a social context.

Donaldson and Swart-Kruger (1994) state that "emotionally, undoubtedly the greatest risk to which most street children are exposed is the loss or lack of an adequate relationship with an adult" (p. 9). In his book, *A Secure base: A clinical application of attachment theory,* John Bowlby (1988) outlines an important principle with regards to attachment. He states that a child's first attachment experience with the mother is of utmost importance for the child's early development. This early experience of attachment or lack thereof has profound implications with regards to later development in terms of social functioning and how other relationships are formed. In a commentary on Bowlby's work, Bower (1995) summarises the basic principles of attachment theory as follows:

> Children need a stable attachment figure whom they will seek out in times of danger. A secure attachment forms the basis from which a child can explore the world and underpins the capacity for forming relationships with other trusted people (p. 31).

In her book, *Nurturing attachments: Supporting children who are fostered or adopted*, Golding (2008) states with regards to attachment theory that the child uses his first relationship experience as a basis for future relationships. It is in this relationship that a child will experience positive feelings of regard and being liked and accepted. This early experience then leads to feelings of independence and autonomy.

If one speculates about the early attachments of street children or children placed in foster care one could safely assume that these attachments were probably not positive experiences and that these children may struggle to form positive relationships and attachments in later childhood and life. Pavlicevic (1994), in her paper on music therapy with traumatised children in South Africa, reviewed studies involving traumatised children. She provides the following summary:

> Studies report on these children's lack of ability to trust and to love, their long-term inability to create lasting and respectful relationships, their loss of self-esteem and personal power, their feelings of loss and control over their lives, and their sense that their environment is out of control (Gibson, 1991; Stavrou, 1992; Straker, 1992; Van Zyl, 1990 in Pavlicevic, 1994, p. 4).

Phrases such as 'personal power' and 'control over lives' link directly with the concept of autonomy. According to Donaldson and Swart-Kruger (1994) "the notion of freedom is consistently reported as both the goal and highest value of street children" (p. 9). I would now like to focus on the concept of autonomy, why its development is important and how it can be developed through play. I will discuss the potential of music therapy, specifically group music therapy with regards to the development of autonomy.

2.3 Autonomy

2.3.1 Towards a definition

The *Oxford Dictionary* gives the following definitions for autonomy and autonomous:

> -autonomy (n)'**1.** The right of self-government. **2.** personal freedom. **3.** freedom of will. **4.** A self-governing community.'
>
> -autonomous (adj) '**1.** having self-government. **2.** acting independently or having the freedom to do so.
>
> (The Reader's Digest Oxford Complete Wordfinder: A unique and powerful blend of dictionary and thesaurus, 1990, p. 92).

Carver and Scheier (2000) define autonomy as 'self-direction' and 'self-determination'. Schärf, Powell and Thomas (1986) define autonomy as "freedom from institutions, freedom of movement, freedom to choose activities and daily rhythms and freedom from commitment"(p. 272). Synonyms associated with the word 'autonomy' include independence, self-sufficiency, self-government, self-rule and having a sense of agency. Laiho (2004) speaks of agency referring to one's personal control and competency. Laiho quotes the following definitions:

> Schaffer (1996, p464) defines personal agency as a recognition or understanding that one can be the cause of events. It is a feeling of being the agent, the one who acts in one's own life. Vourinen (1990, p141-150) refers to similar mental functioning with the concept of self-determination. According to him self-determination is a need to define who one is and to control one's own functioning and environment. Ruud (1997b) argues that agency is responsibility for one's life and actions, and it includes self-management, competency, achievement, feeling of mastery, and self-esteem. Thus agency is a feeling of being the commanding, competent, and successful actor in one's own functioning (p. 55).

There is a common thread that runs through all these definitions and that is of freedom with regards to one's own personal actions. Linked to this freedom is the concept of self-esteem, feelings of achievement and mastery. I would like to use this combination of meanings as my definition of the concept of autonomy. For the purposes of this project I will use the following definition of autonomy: Autonomy is the experience of freedom with regards to self-governance, control over one's functioning and a sense of agency that enables one to experience achievement, mastery, good self-esteem and self-confidence. Autonomy does not imply that complete freedom, either personal or circumstantial freedom, or good self-esteem is experienced at all times.

I now discuss the importance of the experience of autonomy in the development of children, followed by a discussion of how autonomy develops, with specific reference to Winnicott's theory of play and reality.

2.3.2 The importance of developing autonomy

Pavlicevic (2002), writing about children traumatised by violence in South Africa, says that "we can see how children who have not experienced fluid, reciprocal, intersubjective emotional relationships have a decreased capacity to develop a sense of valuing themselves or others" (p. 108). Children who have lived on the streets or who have been removed from their homes due to violence and have been placed in shelter care are not likely to have experienced positive emotional relationships. Negative emotional experiences may even continue once placed in a street shelter.

Smidt (2006) discusses a study by Bissel in 2002: Bissel conducted a study on sheltered Bangladeshi children's perceptions of themselves. She found that these children's perception of their size was not based on their physical size or wealth but rather in terms of their own perceived autonomy. Bissel linked low self-esteem to their experience of not feeling autonomous. A child living in a shelter may not have the same opportunities to experience autonomy as a child living in a 'traditional' family setting due to increased numbers of children living under one roof. My own experience of street shelters has been that they tend to be strictly regimented environments or conversely, unstructured environments.

Winkley (1996) states that a "sense of inner security gives rise to feelings of hope and is the basis of self-esteem" (p. 6). The converse of this may then be that a lack of experience of inner security, which pertains to autonomy, would then lead to feelings of hopelessness, insecurity and a low self-esteem. This will affect the child's functioning on all levels and could adversely affect them in later life. Laiho (2000) quotes Atonovsky, stating that "agency is an important aspect of health. The ability to feel that life is manageable contributes to feelings of

coherence" (p. 55). The importance of the development of autonomy and perhaps the lack of autonomy experienced in street shelters is evident.

According to Fine and Mechling (1993), "play performs a crucial role in the developmental and social lives of young people" (p. 137). The development of autonomy through play, with specific reference to Winnicott's theory on play and reality, will now be discussed.

2.3.3 Winnicott: Play and reality

Winnicott (1971) states that "it is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self" (p. 54). According to Winnicott, playing between an infant and mother occurs in the space between the infant and mother. In terms of emotional development, this potential space is seen as being extremely valuable with regards to the personal development of the infant. It is in this space and through play that our sense of self and agency is developed. Children who have been on the streets or removed from their homes often have not had the 'potential space' in which to play or to explore their worlds and personalities within the safety of a secure attachment to the mother. This in turn may imply that their creativity has been stifled from an early age.

Winnicott speaks of creativity in relation to how the individual fits into the world. He uses the term *primary creativity* in order to explain an infant's first interactions with the mother. The infant is seen to be creative in the very first interactions; Winnicott speaks of the first feed being a potentially creative experience as the infant creates something new. Within this mother-infant relationship the infant learns to distinguish the boundaries between what is part of him and what is not. In his theory on play, Winnicott (1971) states that:

> Play is immensely exciting. It is exciting not primarily because instincts are involved, be it understood! The thing about playing is always the precariousness of the interplay of personal psychic reality and the experience of control of actual objects. This is the precariousness of magic itself, magic that arises in intimacy, in a relationship that is being found to be reliable (p. 47).

This 'control of actual objects' relates to the concept of autonomy. Through play it is possible to distinguish between what is real and what is not real and to assert oneself and one's self-governance in this potential space in, as Winnicott says, 'a relationship that is found to be reliable'. In writing about Winnicott's theory, Pavlicevic (1995) states that "play leads us towards authentic autonomy" (p. 150). Pavlicevic (1997) expands Winnicott's theory on play with regards to playing in music therapy.

2.3.4 Pavlicevic: Play in music

According to Wigram (2004), clinical improvisation is “the use of musical improvisation in an environment of trust and support established to meet the needs of the client” (p. 37). The act of clinical improvisation is thought to reveal an individual’s intra- and inter-psychic dynamic. How an individual presents musically is thus a reflection of how they are outside of music (Pavlicevic in Ansdell, 1995).

Pavlicevic compares the act of clinical improvisation in music therapy to the act of playing in the Winnicottian sense. In both Winnicottian play and clinical improvisation there exists a ‘potential space’ which “offers the possibility of testing the fluidity of the boundaries between our inner and outer world, by the very act of testing the boundaries between ourselves and others” (Pavlicevic, 1997, p. 151). Within music therapy this ‘potential space’ is a ‘shared musical space’. Through clinical techniques such as matching, mirroring and reflecting in clinical improvisation, the music therapist is able to acknowledge and validate the client’s current state of being. Pavlicevic (1997) states that “in music therapy, it is ‘emotional’ creativity - or the individual’s capacity for autonomy- rather than ‘artistic’ creativity that is being trapped in an improvisation” (p. 153). Using this theoretical stance it may then be speculated that the sheltered street children’s music reflects parts of themselves outside of music. With this in mind I would now like to focus on the use of a music therapy group as an intervention with this client group.

2.4 Group Music Therapy

> Children, even more than adults, spend most of their waking hours in groups, first at home in the family, then at school and frequently in after-school or weekend group activities. Music in particular draws children together in groups, whether through organised singing and playing in choirs, orchestras and bands or in activities where music is significant such as dancing, from ballet to pop (Tyler, 2002, p. 216).

With regards to clinical practice and youth in foster care Kools states that:

> Interventions can aim at reducing social isolation and detachment. Exploration of social interactions within a therapeutic relationship can provide opportunities for self-reflection, feedback, role playing and learning (Kools, 1996, p. 270).

Group music therapy as an intervention has the potential to provide all of these experiences. In this study, I will focus on the possibilities of group music therapy, from the framework of creative music therapy, as a clinical intervention for the development of autonomy in sheltered street children. Pavlicevic (1997) in defining creative music therapy states that “through the spontaneous and joint musical act, therapist and client develop and extend a unique sense of themselves in relation to one another” (p. 1) I will briefly discuss literature pertaining to the community music therapy paradigm, with a specific focus on the role of

performance, due to the fact that we rehearsed for and staged a concert as part of our work at the shelter. Within the community music therapy paradigm, performance is considered part of the music therapy process and can lead to empowerment, increased self-esteem and feelings of achievement and mastery.

2.4.1 Music therapy groups

Dos Santos (2005) writes about the possibilities that group music therapy offers the therapists. She states that:

> Group music therapy gives us a unique means of addressing the individual as an individual-in-context, as a group member, as a community member and as an active participant of society at large (Voices: A world forum for music therapy, online journal).

In her article on a pilot project set up in South Africa with a group of children, Pavlicevic (1994) outlines some important aspects of group music therapy. She states that "the session was seen as providing an enriching, nurturing and challenging environment which, hopefully, would resonate with the children's inner creative potential" (p. 5). The musical activities used in group music therapy are designed to create a context in which the children feel emotionally safe and 'contained'. The act of making music within a group provides a sense of being heard and making an 'imprint on the group'. During music therapy sessions there is little emphasis on 'correct' behaviour, "rather, the children are invited, through the music, to be fully themselves and their acts are acknowledged as presenting both their internal and external worlds, and how they are in the world" (Pavlicevic, 1994, p. 5). Group music therapy thus has the potential to enable the development of autonomy.

A group setting allows a certain amount of anonymity and if one considers the possible backgrounds of these street children, the value of using group music therapy as opposed to individual music therapy can be understood. Individual music therapy could at first be experienced as a potentially dangerous space for children who have had negative emotional experiences with adults in the past.

In her book, *Groups in Music*, Pavlicevic (2003) considers some possible goals for a music therapy group. These include the exploration of emotional and relational issues, addressing trauma, conflict, illness and related issues. Other goals include the prevention of or deterioration of illness, the development of group skills, the enhancement of creativity and self-expression and lastly sustaining health (p. 94).

In terms of sheltered street children, group music therapy could thus address social interaction, trauma and conflict and may enhance creativity and self expression. Secondary goals may include the enhancement of a feeling of belonging, self-esteem and self confidence (p. 94).

Lastly I will discuss the development of autonomy through group music therapy and performance.

2.4.2 Music as an enabler of autonomy

Due to the fact that there is little music therapy literature specifically referring to the development of autonomy with regards to children, I have referred to literature pertaining to adolescents. Laiho (2004) states that “music can have a strong contribution to adolescents’ sense of agency and self-esteem. Music is a way of controlling the environment” (p. 55). The inherent qualities of music such as tempo, rhythm and dynamics are elements of music that are ‘controllable’, for example a decrescendo or crescendo or the introduction of accented beating can be initiated by a group member or by the therapist within a musical activity in order to change the current musical material being played. Laiho also states that music offers possibilities with regards to experiencing mastery and achievement, where feelings of control and autonomy lead to a greater sense of self-esteem. Within the spontaneity of a group music therapy session, opportunities are given in which group members are able to exercise their freedom to choose, even if this means choosing not to play.

Laiho (2004) states that in terms of the function of music in adolescence with regards to the development of agency, that feelings of mastery, self-determination and being able to resist authority are possible within music. Ruud (1997) identifies aspects of music that can provide different resources. He discusses them in four categories, namely “affective awareness, agency, belonging and meaning” (p.89). In terms of music’s ability to develop agency, Ruud (1997) states that:

> Music may give competence to the child, it prepares the child to master, to take responsibility for its own conduct. Music empowers us, it gives us a psychological and cultural platform from which to make our own decisions on matters concerning our own life. When we are successfully engaged in music, we feel we are "somebody", we gain the right to raise our own voice (p. 94)

Laiho (2004) states in terms of music’s ability to connect that “music has the ability to evoke feelings of unity and belonging” (p. 52). This connection in music could be achieved by, for example, sharing a common beat or shared crescendo. Individuals can individually and as part of the group have the opportunity to express themselves freely in the music, to be musically validated and supported by the therapists and the group members, to explore

creatively and freely, to feel a sense of group purpose and cohesion in the music, to initiate and lead new musical and dance material, to explore different social and musical roles, to negotiate with other members both verbally and musically and to experience and build different group energy levels and drive through music. There are also opportunities in which group members, or the group as a whole, may experience mastery of or perhaps a sense of control of certain musical activities.

In reviewing the literature, I found that there was a general lack of information describing the actual musical activities and musical techniques employed in sessions within the South African context. There was no literature on musical activities and musical techniques employed in group music therapy sessions with sheltered street children. I would therefore briefly like to mention the types of musical activities that we employed in group music therapy sessions with the children at the shelter. Techniques were employed within various musical structures such as song-writing (writing lyrics and composing new music), movement/dance to music, leadership turn-taking, structured and free group improvisations.

The therapeutic process took place in a musically contained and safe space, created by the therapists through various clinical music therapy techniques, such as matching, mirroring, holding, reflecting and imitating (Wigram, 2004). Sessions with each group started and concluded with a greeting ritual which differed from group to group and was age appropriate. We made extensive use of djembe drums. Camilleri (2002) states with regards to drumming with children that drumming can “serve to bring groups of children together to develop social skills, and to build community” (p. 264). Drumming activities included mirroring a rhythmic pattern provided by a fellow group member, and passing the beat, where each group member played a rhythmic pattern on their own drum and then passed the beat to the next person by playing on that person’s drum. The therapists taught different rhythmic patterns to the group and built songs on these. There were open drum improvisations in which group members could play any rhythmic pattern that they liked. The therapists would generally provide a regular and strong beat to support the different rhythmic patterns played by group members.

We used boomwhackers with the middle and older groups. Boomwhackers are tuned plastic tubes that are hit against the hand, making a percussive sound on a specific pitch. Boomwhacker activities included building a chord, with different sub-groups playing different rhythms on each different pitch.

We conducted a song-writing activity with the older group that spanned a number of sessions. The boys wrote the lyrics and worked out different sections to the songs, which included a drumming section, beat- boxing section, a section where the lyrics were rapped by

a soloist, a section where the whole group rapped a repeated phrase and a section that involved dance moves. This song reflected a more 'westernised' musical influence, most likely influenced by the kind of music that they listen to, for example, music of the kwaito, rap, hip-hop and house genres. There were other times in sessions when the boys introduced more traditional African music, by singing old traditional songs and performing the dances that accompany these songs. The boys were the ones to introduce the use of traditional songs in sessions and these songs seemed to connect them to their culture. This music may have reminded them of their roots, an important factor if one considers their current situation.

Dance and movement was an important aspect of our work with these children as they seemed to identify with dance and movement. We used both choreographed and non-choreographed dance moves. The choreographed sections enabled a sense of achievement with the group as a whole, as they all moved together. The non-choreographed sections allowed for creativity to be explored and developed, as different boys initiated different dance moves. Throughout the group music therapy process the boys began to take more control and ownership of the music by initiating musical and movement ideas, as well as exploring various musical and social roles, for example, assuming a leadership role.

Music therapists Rachel Darnley-Smith and Helen Patey (2003) write about six assumptions generally made by music therapists with regards to music. These six assumptions are as follows:

1. Music is a universal medium whose elements of rhythm, pitch, timbre and melody are found worldwide.
2. That music can be very broadly defined as being any 'vocal, instrumental or mechanical sounds that have rhythm, melody, or harmony' (*New Penguin English Dictionary,* p. 914)
3. That psychological, neurological and physiological responses to music may remain unimpaired by illness or injury.
4. That the use of sound as an expressive medium pre-dates the acquisition of language.
5. That the act of making music upon musical instruments provides a non-verbal means of communication and self-expression which embodies or expresses the person's whole self.
6. That a wide range of feelings and emotions may be experienced in response to musical sounds, whether pre-composed or improvised (p. 36-37).

The inherent qualities of music such as rhythm, pitch, timbre and melody, as outlined by Darnley-Smith and Patey, each have aspects that can be linked to providing a sense of inner security and may therefore also lead to development of autonomy.

Wigram (2004) refers to rhythmic and tonal grounding. The following is a paraphrase of Wigram's statement in terms of rhythmic and tonal grounding. I refer to rhythmic and tonal grounding because I believe that the grounding qualities of music, both in terms of rhythm and tonality were important in enabling the development of autonomy. When music is grounded by a steady and predictable rhythm or tonal centre, the music provides a sense of containment. The sense of containment is important in terms of the development of autonomy. A child who feels grounded and contained will feel secure and explore, experiment and play. As stated above, the experience of playing creatively, enables the development of autonomy.

> *Rhythmic grounding*
>
> Wigram refers to rhythmic grounding as a way to hold and contain the client. Rhythmic grounding, for example a steady and repetitive 4/4 beat provides a stable foundation and container for what the client plays.
>
> *Tonal grounding*
>
> This refers to the use of the tonal qualities of music, for example, providing a tonal centre or specific key, in order to provide a foundation or container for the client's music.

2.4.3 Music therapy as empowerment: The role of performance

The concept of performance can perhaps be best understood from a community music therapy viewpoint. Ansdell (2002) in his discussion paper *Community music therapy and the winds of change* suggests the following working definition of community music therapy:

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

It is important to note that in this work, community music therapy is not reviewed as opposed to group music therapy, merely that aspects of community music therapy, specifically the use of performance, were relevant in work at the shelter.

Rolvsjord (2004) states that "therapy is not only about curing illness or solving conflicts and problems; it is also about nurturing and developing strengths and potentials" (p. 100). Laiho (2004) quotes Kurkela's view on performance. She states that "the satisfaction of performing is gained from the feelings of success and capability" (p. 56). As stated before, linked to the

development of autonomy is the sense of achievement and feelings of mastery. Musical performance is a way in which these feelings of achievement and mastery can be built.

Music therapy has the potential to enable a person to fulfil a larger role than that of a person with a problem or handicap (Brown, 2002). This means that through music therapy a sheltered street child is enabled or empowered to be more than a child without a home or family connections. Discovering musical talent and ability through the music therapy process plays a large role in this empowerment. Once this ability has been discovered and activated, performance could become central to further empowerment. As a performer, one may be assigned a talented or performer identity. One receives praise and validation for one's performance and this is empowering. The recognition and activation of talent and the experience of success validate the individual and could lead to feelings of achievement and mastery, as well as improved self-esteem.

Performance also allows staff members and other carers to see the children with whom they work on a daily basis in a different light (Powell, 2004). This in itself may be an empowering experience for the children concerned. The children may experience being labelled as 'street children', 'orphans' or may perhaps even be assigned more negative labels. However, when they are seen to be talented in a performance, their carers and society in general may give them a more positive label and recognise their potential.

Oosthuizen, Fouché and Torrence (2007), in their paper on music therapy at the Music Therapy Community Clinic based in Cape Town, South Africa, refer to the importance of performance in terms of allowing clients to explore relationships as well as affirming their identities through performance within the context of their community.

2.5 Conclusion

In this literature review I have reviewed literature concerning street children and children placed in foster care. The literature shows that many children, who have lived on the streets or in foster care, are socially and emotionally vulnerable. It is evident in much of the literature reviewed that the lack of autonomy experienced has immediate and future implications. A number of studies indicate that a lack of autonomy leads to poor self-esteem and a lack of feelings of achievement and mastery.

I then discussed the concept of autonomy, reviewing various definitions. It is evident from Winnicott's theory on play and reality that the first attachment relationship experienced by a child is important in the development of autonomy. Pavlicevic's theory of musical play as related to Winnicott's theory shows how musical play can emulate this first attachment

relationship. Musical relationships provide opportunities for the development of autonomy, including good self-esteem and feelings of mastery and achievement.

Literature on group music therapy shows that this is a valuable clinical approach to consider when working with young people. Music therapy groups offer support and opportunities of being heard by the group. These experiences may in turn lead to feelings of acceptance. As stipulated by Laiho (2004), music offers the experience of controlling something, which in turn may enable autonomy. Literature on performance in music therapy suggests that performance enables and empowers, leading to feelings of achievement, mastery and improved self-esteem.

Based on these findings, my research questions are as follows.

Main research question:

How does group music therapy culminating in a public concert enable the development of autonomy in children living in a street shelter?

Sub-question:

What are the implications of these findings for future music therapy work with this population group in South Africa?

Chapter 3

Research Methodology

3.1 Introduction

This study is conducted from within a qualitative research paradigm. In this chapter I will briefly discuss the research methodology used for the purposes of this study. Due to the nature of this study and the data sources utilised, it important to note that this research was conducted post facto. I now turn to my research questions and aims.

Research Questions:

Main research question:

How does group music therapy culminating in a public concert enable the development of autonomy in children living in a street shelter?

Sub-question:

What are the implications of these findings for future music therapy work with this population group in South Africa?

3.2 Aims

The aims of my research are as follows:

- To investigate how group music therapy culminating in a concert enables the development of autonomy in children living in a street shelter.
- To speculate as to what the implications of this research could mean for future music therapy work with this specific population group in the future.
- To add to the body of knowledge, specifically in the field of music therapy in South Africa. Currently there is no music therapy research that focuses on this specific population group in South Africa and it is my hope that this research could perhaps be used in gaining support and funding for music therapy work with this specific population group. I have not found any international music therapy research that focuses on this specific population group. This appears to be an untapped field within music therapy research.

3.3 Research Design

This research is approached from a naturalistic perspective, utilising components of the qualitative paradigm. The data is gathered within the natural setting of the shelter. A naturalistic researcher studies within a specific context and does not aim to generalise findings beyond this context (Bruscia, 1995). Context is considered to be important when studying human phenomena. I have gathered data from sessions that my co-therapist and I conducted at the shelter and will therefore be using data that occurs in a "real-life setting rather than a laboratory" (Ansdell & Pavlicevic, 2001, p. 136). Aigen (1995) refers to the fact that naturalistic research is based on the belief that "human processes gain their meaning from their context" (p. 291). It would not be valuable or plausible to ask the kind of research questions that I am asking without taking the context of the shelter and the boys at the shelter into consideration. This approach contrasts with rationalistic or quantitative research.

Rationalistic research seeks to prove a specific hypothesis or to generate factual evidence. It is often conducted outside of a naturalistic setting and context is generally not considered important. Quantitative research is outcome driven, rather than process based. I am interested in the *process* of therapy and not in the changing or measuring of *behaviour*. This suggests a qualitative approach to research, rather than a quantitative one (Bruscia, 1995).

Robson (1993) refers to the fact that a naturalistic researcher is the primary instrument of data collection. For the purposes of this research project, I am the primary instrument of data-collection. Bruscia (1995) states that "qualitative research is always an interpersonal experience" (p. 394). I was directly involved as therapist and researcher in sessions conducted at the shelter and it was therefore an interpersonal experience. In an effort to establish trustworthiness in this study, I recognise that I am involved in this research as a practitioner-researcher, as I will be researching my own work. I acknowledge that this could lead to bias on my part. As researcher I believe that that this bias may provide insight into the data and perhaps be a useful resource regarding this study (Ansdell & Pavlicevic, 2001).

This is an idiographic study as my research may be considered narrow. My aim however, is to gain a deeper and richer understanding of this individual phenomenon, rather than a more general understanding that could possibly be gained by using different research methods.

3.4 Data Sources

The primary data source (data source A) in this study is five video clips and one audio clip. The secondary data source (data source B) is extracts from session notes that were recorded throughout the group music therapy process.

3.4.1 Data source A: Video excerpts

According to Schurink, Schurink and Poggenpool (1998) there are two main advantages of using video recordings as a data source. These advantages are density and permanence. Density refers to the amount of data that one is able to collect through the viewing of video excerpts and permanence refers to the fact that the researcher is able to view video recordings again and again in order to gain in-depth information. The use of video excerpts for this work is valuable as I am looking at how group music therapy culminating in a concert enables autonomy in boys living in a street shelter. Schurink, Schurink and Poggenpool (1998) write that a disadvantage of using video excerpts is that one may question the truth of what is captured on film.

The researcher's bias and interests may also be questioned with regards to the excerpts chosen. This bias can be addressed through the process of triangulation. The process of triangulation refers to the use of peer review and clinical supervision when choosing video and audio excerpts. I have also utilised two data sources. The thick description of the audio clip used is made by my co-therapist and is therefore her description of the session, not my own. As a reflexive researcher I will consistently monitor myself and monitor my bias through this process of triangulation (Ansdell & Pavlicevic, 2001).

As stated above the primary data source of this study are five video excerpts, chosen with the help of peer review and clinical supervision and one audio clip as described by my co-therapist. I focused firstly on clips where I felt that autonomy was in the process of being developed (video excerpt 1 and 2, audio excerpt 1) and then on clips were I felt that autonomy was being expressed (video excerpt 3, 4 and 5). The clips that focus on autonomy developing are taken from the three different groups. I chose to focus on all three groups at different stages throughout the group music therapy process as I felt that it was important to focus on how autonomy was developed throughout the different age groups at the shelter. I will place each excerpt in context in the following chapter.

3.4.2 Data source B: Session notes

I have used extracts from my session notes as a secondary data source. Session notes are used commonly in music therapy practice. I have used session notes that span the music therapy process as well as the shelter concert.

3.5 Data Analysis

3.5.1 Thick descriptions and coding

Data Source A: video excerpts

Thick descriptions of each excerpt were written, including context, time and place of each excerpt. In a thick description the researcher "provides sufficient information for the reader to make the necessary comparisons to apply the research to other situations" (Lincoln & Guba, 1985, p. 317).

I then coded these thick descriptions. Coding is a method used in qualitative research to "organise, manage and retrieve the most meaningful bits of data" (Coffey & Aitkinson, 1996, p. 26). According to Ansdell and Pavlicevic (2001), coding is a "technical term for analytical labelling" (p. 150). The researcher aims to create meaning from the raw data through the process of coding. I have not coded each line of the thick description, but only the lines that I felt pertained to my research questions

Data Source B: session notes

I have taken my session notes as they are written and coded the sentence, following the same procedure as with the video excerpts. I have then taken the codes from both data sources and placed them into categories.

3.5.2 Categorising

Categories are mutually exclusive and allow for the comparison and definition of the data collected (Ansdell & Pavlicevic, 2001). Through the process of categorising I have been able to identify emerging themes from the data.

3.5.3 Emergent Themes

Emerging themes have been extracted and constructed from the categories leading to meaning emerging from the data. These themes represent what the researcher considers to be "reasonably 'researched' chunk of reality" (Henning, 2004, p. 107). These emerging

themes serve the basis for discussions and arguments with reference to the literature, research questions and aims of the study which are addressed in chapter five.

3.6 Ethical Considerations

In terms of ethical considerations, I have ensured the anonymity of all participants by using pseudonyms when referring to them within the research. The legal guardian of the boys, being the head of the shelter, has given informed consent for each child to participate in sessions. The legal guardian of the participants is the head of the shelter. He has signed consent forms (refer to Appendix i) for all children who participate, as they are under the age of eighteen. The consent form includes information regarding the fact that these sessions have been audio or video recorded. The recording of sessions is standard music therapy practice as these recordings are used to document sessions in order to track the development and possible progress throughout the music therapy process. Video excerpts are stored at the University of Pretoria and are used purely for educational purposes.

Confidentiality has been ensured and participants were informed that they were able to withdraw from participation in the music therapy groups without prejudice at any stage during the process.

In an effort to establish trustworthiness in this study, I recognise that I am involved in this research as a practitioner-researcher, as I will be researching my own work. I acknowledge that this could lead to bias on my part. As a reflexive researcher I will consistently monitor myself and monitor my bias through the process of triangulation (Ansdell & Pavlicevic, 2001). I have practiced triangulation as I have used different data sources, firstly video excerpts and secondly session notes. Triangulation has also been exercised through the process of clinical supervision and peer reviews of my data sources. I now turn to the preparation and analysis of the data, as outlined in the following chapter.

Chapter 4

Data Analysis

4.1 Introduction

In the following chapter I will provide a detailed overview of the data analysis process. Firstly I will discuss the context of each excerpt, followed by the process of data preparation. Thirdly I will discuss the process of coding and categorising, followed by an overview of the findings from the data. This chapter concludes with a brief outline of the themes that emerged from this process of data analysis.

4.2 Data Source A: Video and Audio Excerpts

As mentioned in the previous chapter, my primary data source consists of five video excerpts and one audio excerpt. With the help of peer review and clinical supervision, I chose these clips with the following thoughts in mind. The first clips were of moments where we felt that autonomy was in the process of developing or being enabled. The second group of three video clips chosen was taken from the concert held at the shelter at the conclusion of our work there. In these clips we felt that autonomy was being expressed. I then wrote thick descriptions of all five video excerpts and used my co-therapist's thick description of an audio clip from a session with the older group.

My thick descriptions include a detailed account of the content of the videos and audio recording, as well as background information. Background information was informed by my session notes, clinical reflection and memory of events in sessions prior to the video or audio excerpts. I felt that it was necessary to include this background information in my thick descriptions as I believed that some valuable data may come from this background information.

4.2.1 Contextualising the excerpts

Video excerpt 1:

This excerpt is taken from the second group music therapy session with the middle group. This session was early on in our group music therapy process. All the boys are playing differently tuned boomwhackers and the therapist directs and facilitates the activity. Boomwhackers are tuned plastic tubes that are hit against the hand, making a percussive sound on a specific pitch. Boomwhacker activities included building a chord, with different sub-groups playing different rhythms on each different pitch. Initially, I would initiate changes in tempo and dynamics, remove certain sub-group and then add them again. This created different musical experiences. In latter sessions, the boys began to initiate changes in tempo and dynamics and they began to play different rhythmic patterns within the structure provided by the therapists maintaining the basic beat on the tonic note boomwhacker.

Video excerpt 2:

This excerpt is taken from the sixth session with the younger group and involves a follow-my- leader activity in which group members move around instruments while the therapists sing. The leader plays on the cymbal**.** When the singing stops, group members have to stop at the instrument in front of them and follow and copy the cymbal player. In previous sessions, stronger group members tried to influence how other group members played. In this excerpt it is evident how a group member who had been influenced in the past, continues playing the he wants to and how he negotiates this with other group members. The therapists sing the melody of a well known traditional African children's song as the group moves around the instruments. The therapists introduce tempo changes in the sung melody to indicate a change in the speed in which movement around the instruments takes place. Each group member plays in a different way when it is there turn to lead on the cymbal. Some of them are flexible in utilising different tempos and dynamics, while others play very loudly throughout their turn. Once the individual has had a turn, the group hold hands, the therapists begin signing again and the group starts moving around the instruments again.

Audio excerpt 1:

This audio excerpt is taken from session nine with the older group and involves the group negotiating and writing a group song together that they will perform as a group at the concert. When we initially started working at the shelter there were very strong leaders within this group and many of the other boys merely followed what these leaders did. In this clip however, the boys listen to each others' ideas and there are less defined roles with regard to

leadership in the group. The boys wrote the lyrics and worked out different sections to the songs, which included a drumming section, beat- boxing section, a section where the lyrics were rapped by a soloist, a section where the whole group rapped a repeated phrase and a section that involved dance moves. This song reflected a more 'westernised' musical influence, most likely influenced by the kind of music that they listen to, for example, music of the kwaito, rap, hip-hop and house genres. The boys decide that the lyrics of the song are going to be a message to people their age. They say that they want to motivate other young people to make the right decisions in life through this song, The lyrics include phrases about the stupidity of taking drugs and how young people must open their eyes, stay strong and love themselves. The lyrics of the song are as follows:

Solo section:

You are young, but you are stupid

You take drugs and mess up your life

Group refrain:

open your eyes
stay strong
follow your dreams
love who you are
open your eyes
stay strong

Video excerpt 3:

This excerpt is taken from the shelter concert that was performed at the shelter at the conclusion of our work there. This clip is of a performance of a song by two of the boys from the middle group. At the beginning of the music therapy process these boys were self-conscious and seemed to have little self-confidence and self-esteem. Throughout the group music therapy process they became more confident and their self-esteem grew to the extent that they were able to perform this song together at the concert. The song that the two boys performed is from the gospel genre, called 'Instruments of your Peace' and is based on a prayer of St. Francis of Assisi. The first verse of this song has often been sung by a boy soprano. When we discovered that Boy A had a beautiful boy soprano voice, we asked him if he would like to learn this song to sing at the concert. After some thought he said that he would and asked if his friend, Boy B, could sing parts of the song with him. We worked on the song with both of the boys and they decided to beat box and rap the second verse. At the concert, therapist 1 accompanied the boys on keyboard until the section where they beat boxed and rapped the rest of the song.

Video excerpt 4:

This excerpt is taken from the shelter concert and is of a solo performance by a boy from the older group. He performed a song that he had written himself during the group music therapy process. When we first started working at the shelter this boy never made eye-contact and was withdrawn in sessions. He displayed a lack of self-confidence and self-esteem. Throughout the group music therapy process he blossomed and grew more confident from week to week, eventually writing this song and asking if he could perform it at the shelter concert. Boy G wrote the lyrics of the song and asked if my co-therapist and me if we could help him with the accompaniment. We asked him if he had a melody in mind, he began singing a simple melody. We used his melody and worked out a simple accompaniment on guitar and keyboard in D Major, using mostly the tonic and dominant chords. We added the rap drum beat on the keyboard as part of the accompaniment. Boy G, repeated these words a few times, using the same melody. The lyrics to the song are as follows:

Unity is very important
Unity is very important, yeah
Unity is very important, yeah
Unity in our community
Unity in our country
No colour, no race

Video excerpt 5:

This excerpt shows the whole shelter performing a dance at the shelter concert. Every boy from the shelter is involved. There is a choreographed section in the dance and then a part where the floor is open for any individual to come forward and initiate a move that the rest of the group can follow. This part of the dance is unrehearsed and completely spontaneous. During the unrehearsed part, different boys come forward and initiate a move for the group to follow. The dance moves they initiate are creative and self-expressive. The audience cheers as they do this. I do not think that these boys would have been able to perform as they did, had they not been through the process of group music therapy. The pre-recorded song that we used for this dance is called ‘The Cotton-Eyed Joe’. It has a driving and steady rhythmic beat and a catchy melody. The rehearsed section of the dance is a type of line dance, reminiscent of the American line-dance genre, with energetic kicking, moving and clapping.

4.2.2 The process of enabling the development of autonomy

The first two video excerpts and the audio excerpt are taken from group sessions throughout the music therapy process. These clips illustrate autonomy in the process of developing or being enabled. I chose a clip from each of the three groups with whom we worked, in order to gauge development across the three groups and various age groups with which we worked. Due to the fact that I am interested in process, I chose excerpts that span the group music therapy process. The first video excerpt is taken from the second session with the middle group, the second video excerpt is taken from the sixth session with the younger group and the audio excerpt is taken from session nine with the older group. The following is an example of a thick description of video excerpt 1 (for the full thick description, please refer to Appendix ii, p. i-iii).

Who:	**Time and place:**	**Thick description:**
Middle group	23 February 2009, session 2	The group tempo increases to 132 beats/ minute. Therapist 2 begins playing a syncopated rhythm on the D boomwhacker, mostly playing on the offbeat. The music gains momentum and group members watch each other. The overall group beat remains consistent. Therapist 1 asks bench 2 on E boomwhackers to stop playing, which they do. Therapist 1 motions for bench 4 on higher C boomwhackers to stop and bench 3 on G boomwhackers stop. Bench 1 on lower C boomwhackers is the last group to stop and play a short ritardando before stopping together. Group members spontaneously start clapping and cheering at the end of this boomwhacker 'song', this was the first time that they had clapped or cheered for themselves after an activity. The group, directed by therapist 1 and supported and helped by therapist 2, plays the full song. The structure and directive nature of the activity seemed to encourage participation from all the group members and perhaps gave the boys a feeling of success.

(Table 4.1)

4.2.3 Autonomy being expressed

The second group of video excerpts that I used was taken from the concert that was held at the shelter at the end of our work there. I took examples of a solo performance, a duet performance and a performance in which the whole shelter was involved. I felt that it was important to look at the development of autonomy both in terms of individual development and terms of group development.

The following is an example of a thick description of video excerpt 3 (for the full thick description, please refer to Appendix ii, p. ix-x).

Who:	**Time and place:**	**Thick description:**
Boy A and Boy B	23 May 2009, Shelter concert	The audience sat within the wire fence. Throughout the concert more and more people came to listen. Some came into the shelter grounds and others stood watching the concert from outside. The concert MC, a boy from the shelter, introduces Boy A and Boy B and asks them to come forward. The audience starts cheering for them and they both skip to the front and prepare for their performance by taking the microphones. Therapists help the boys with the microphones and music stand. Therapist 1 moves behind the keyboard and plays an introduction to the piece. Boy A sings the first chorus and verse as a solo. He is a little nervous at first, but he becomes more comfortable as it continues. His voice is clear and beautiful. He does not miss a note and there is complete silence from the audience. Boy A then motions at Boy B to start singing with him. Boy B joins in with the second chorus and they sing together. Once they have sung the second chorus, Boy A starts beat boxing and therapist 1 stops with the keyboard accompaniment. Boy A provides the beat and support for Boy B. Boy B then starts rapping the words of the last verse. At this point Boy B is the focus of attention. As soon as the boys finish singing the audience starts cheering and clapping enthusiastically. The MC congratulates them on a good performance and the audience cheers and claps a second time.

(Table 4.2)

4.3 Data Source B: Session Notes

As stated in the previous chapter, the secondary data source in this study is session notes. I read through all my session notes from our work at the shelter. I included extracts from session notes that had some relevance to my research questions. I used session notes from throughout the group music therapy process as well as session notes from a concert rehearsal and notes that I made after the concert at the shelter.

These session notes were typed word for word from the originals. The following is an example of the extracts of session notes that I used (for full transcriptions of the session note extracts refer to Appendix iii, p. i-iv).

Session information:	**Session notes:**
2 March, extract from session notes on session with middle group. Session 4	Started off the session today with a spontaneous drumming activity. Each group member playing what they liked, when they liked. I then took them into the hello song. The sound merged into one as we started beating the rhythm together. The hello song is high in energy and each individual solo was different, very few copied each other. The song gathered momentum as it continued and there seemed to be a real flow in our sound. The group members sang along and loudly and they seemed to enjoy their 'solo moments'.
10 March, session notes from an open group.	We were unable to have separate groups today as not all the boys were around. This led to us sharing one large open group that was very spontaneous in nature and in which I felt that we really connected with the boys and in which they connected with each other. The boundaries between the older boys (generally the leaders) and the younger boys (generally the followers) were blurred in some parts of the session, specifically during the reggae song. During the improvisation the older boys tended to dominate. Therapists should have perhaps intervened in order to 'steer' the improvisation a little more, although it was perhaps more authentic as boys really led the improvisation. The energy in the room increased significantly as the session progressed. I got the sense that these boys experienced a sense of freedom in this session and many tried out new things.

(Table 4.3)

4.4 The Coding Process

Once I had done my thick descriptions and transcribed my session notes I started coding the data. I followed the same process of coding for both data sources A and B. I gave each page of data an alphabetical title, ranging from A-T. I also numbered each line of data, starting from the number 1 on each new page. This meant that when it came to listing codes, I was able to give an alphabetical and numerical reference to each code. I did not code every sentence, but rather underlined sentences which were relevant to my research questions and the aims of this study. I found that some sentences were rich in meaning and that a few aspects were implicit in them. In these cases I gave the sentence more than one code. My raw data became a work in progress, as I coded, re-coded and found new codes in the same

information. The following is an example of coding (please refer to Appendices ii, p. i-xvi and iii, p. i-iv for full coding).

Who:	**Time and place:**	**Thick description:**	**Code:**
Middle group	23 February 2009, session 2	The group tempo increases to 132 beats/ minute. (3a) Therapist 2 begins playing a syncopated rhythm on the D boomwhacker, playing mostly on the offbeat. The music gains momentum and group members watch each other. (5) The overall group beat remains consistent. (6a, 6b) Therapist 1 asks bench 2 on E boomwhackers to stop playing, which they do. Therapist 1 motions for bench 4 on higher C boomwhackers to stop and bench 3 on G boomwhackers to stop. (3b) Bench 1 on lower C boomwhackers is the last group to stop and play a short ritardando before stopping together. Group members spontaneously start clapping and cheering at the end of this boomwhacker 'song', (7) This was the first time that they had clapped or cheered for themselves after an activity. The group directed by therapist 1 and supported and helped by therapist 2 plays the full song. (8, 9a, 9b) The structure and directive nature of the activity seemed to encourage participation from all the group members and perhaps gave the boys a feeling of success. (10, 11, 12)	3a.Shared music/ shared musical experience 5.Energy and mutual awareness increases 6a.Music provides consistency/ Variety within coherence 6b.Music provides stability 3b. T facilitates music 7.Affirmation of self and others 8.Collaborative music/movement experience 9a.T's directiveness prepares for performance 9b.GMT prepares for performance 10.Structure enables collaborative participation 11. Success experienced 12. Assigned collaborative identity

(Table 4.4)

As I worked and the codes started to make sense, I wrote them down and the data started falling into codes that I had already used. Some of the codes represent many sentences of data and for some codes there is only one sentence. For this reason I made a list of codes and after each code included an alphabetical and numerical reference to see exactly where the data fitted into each code (refer to appendix iv for the working code list with alphabetical and numerical referencing to raw data). From there I was able to see how many times each code had occurred within the data, some codes occurring often and others only once. The following is a list of my codes.

Please note that the following abbreviations have been used in the coding; T=therapist and GMT= group music therapy.

Code number and name:	Frequency in text:	Total:
1a. T invites participation 1b. T's initial guidance/ T models	(A14, B17, F8) (A15, B3, B16, F5,G7,G21,N20)	4 7
2. T discipline/T sets boundaries	(B1)	1
3a. Shared musical experiences 3b. T facilitates music	(B9, C1, Q9,S6) (B11, B14, B29, C6, K7, L9)	4 6
4. T organises music space	(B14, B28, N16)	3
5. Energy/mutual awareness increases	(C3, Q6, Q9, R16)	4
6a. Music provides consistency/ Variety within coherence 6b. Music provides stability	(C6,C7,N22,S3) (C4, N22,S3)	4 3
7. Affirmation of self and others	(C9,P7)	2
8. Collaborative music/movement experience	(C12, I7, N2, N13, N20, P8, Q6, S6)	8
9a. T's directiveness prepares for performance 9b. GMT prepares for performance	(C12) (C12, G18)	1 2
10. Structure enables collaborative participation	(C14, F2, N3, S3)	4
11. Success experienced	(C16, I11, M2, R8)	4
12. Assigned collaborative identity	(C14)	2
13. Possibility of exploring different roles	(D7, Q19)	2
14. Previous group dynamics influence on individual	(D11, S15)	2
15a. Individual assuming leadership 15b. Individual checks group compliance 15c. Individual provides musical material	(E3, E14, G2, G5, G26, S13, S15)	7
16. Group response/ group validation	(E6, E12, G2, H2, R17)	5
17. Challenge of leadership	(E9, E14, E16, E18, G3)	5
18. T intervention	(E9, E16)	2
19. Group member/group takes ownership	(E19, G22, G28, N11, R7, R14)	6
20. Acceptance of leadership	(E20)	1
21. Group negotiation	(F11,F12, F13, F14, F15, F16, F17, F24, F25, G1, G4, G12, G13, G14, G15)	14
22. Group/ group member develops musical idea	(F11, F12, F13, F14, F15, F16, F17, F24, F25, G1, G8, G28)	12
23. Enjoyment	(G9, H2, N20, O1, O2, O3, O4, O5, O19, P1, P7, Q9, R15)	13

24. Individual expresses creatively	(H2, K6, O1, O2, O3, O4, O5, O8, O12, Q4, Q6, Q9, R9, S9, T2)	15
25. Growing self-confidence	I1, I2, I3, I6, K1, K2, K3, K10, L1, O8, R10)	11
26. GMT process as confidence builder	(I3, I10, I11, I12, I13, K3, M2, R10, T4)	9
27. Musical ability discovered	(I4, K6, K7)	3
28. Enabling and being enabled by peer support	(I8, O12, Q9)	3
29a. Public/peer affirmation 29b. Public assigns performer/talented identity	(I13, J12, J13, J14, J15, K22, L13, L18, L27, O1, O2, O3, O4, O8, O19, P5, P9, P13) (I13, J12, J13, J14, J15, K18, K23, L18, L27, N19, O1, O2, O3, O4, O5, O19, P9, P13)	18 18
30a. Awakening/mobilising of talent leads to pride/confidence 30b. Acceptance of performer/talented identity	(I15, L26, M2, O1, O2, O3, O4, O5, P1, P10, T2, T15) (I15, L2, L5, L6, L7, L8, L15, L16, L17, L18, O1, O2, O3, O4, O5, O8, P10)	12 17
31. Concert/music attracts attention	(I17, P13, T1, T18)	4
32. Excitement/anticipation	(I22, K14, K24, N19, O6, O12, P7, T1, T12)	9
33. Growing confidence during performance	(J4, L11, O20, P1, P5)	5
34. Invitation to perform together	(J6, N3)	2
35. T as encourager/motivator/supporter	(K12, I6, L4, 014)	4
36. Group allows individual to shine	(O17, O24, P1)	3
37. Music provides vitality/energy	(Q1, Q9, Q19, R14, S1)	5
38. Music provides possibilities for spontaneity	(Q4, Q9, Q12)	3
39a. Connection between T and group members. 39b.Music as connector	(Q13, R2, R15) (Q14)	3 1
40a. GMT facilitates freedom of expression 40b. GMT facilitates experimentation	(Q20) (Q21, T6)	1 2
41. Trust develops and grows	(R1)	1
42. T's reflective stance	(R3, R4, R5, R6, S11)	5
43. GMT as enabler of play	(R12)	1

44. Music is controllable	(R19)	1
45. Validation as empowerment	(R20, T5)	2
46. T stands back/allows	(S5)	1
47. GMT provides safety and security	(S17, T6)	2

(Table 4.5)

4.5 From Codes to Categories

Once I had finished coding, I placed codes that were similar in a group (please refer to Appendix v to see how I did this initially). There were some codes that were easy to place in a specific group some that were difficult to place in a specific group. Due to the fact that codes are usually mutually exclusive, I had to choose where to place the codes. This was a process, as I placed them in the various groups of codes until I was satisfied that they were in the correct place. Once I had my codes in mutually exclusive groups I took each group and decided on a name for the group of codes. These groups became my categories and subsequently their names became the headings of my categories. I then added together the number of codes that fell into each category in order to have an idea of the weighting of the codes and their frequency in each category. I then made a graphic representation of this. The following is a list of my categories and the relevant and mutually exclusive codes that correspond with each category.

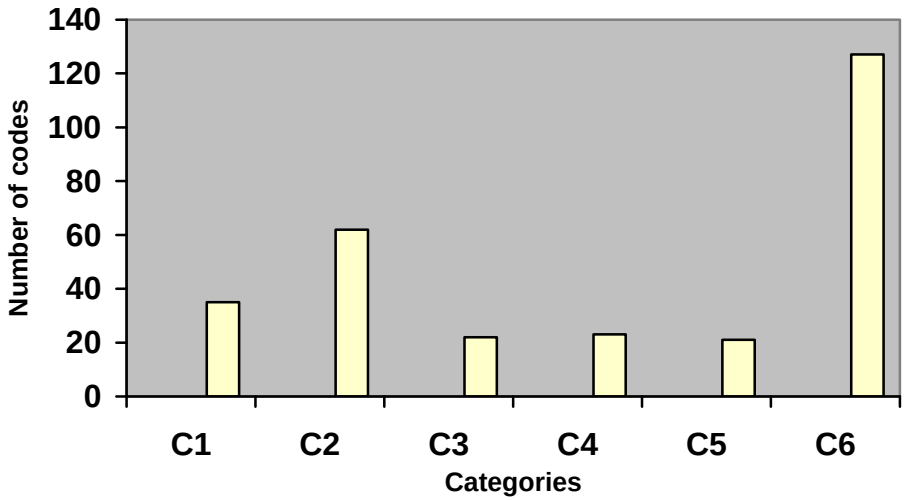
Categories:	**Codes:**
1. Music therapist's specific tasks	1a. T invites participation 1b. T's initial guidance/ T models 2. T discipline/T sets boundaries 3b. T facilitates music 4. T organises music space 9a. T's directiveness prepares for performance 18. T intervention 35. T as encourager/motivator/supporter 42. T's reflective stance 46. T stands back/allows
Total number of codes in C1:	35

2. Group music therapy as preparation for and rehearsing of musical and social roles	9b. GMT prepare for performance 13. Possibility of exploring different roles 14. Previous group dynamics influence on group 16. Group response/ group validation 17. Challenge of leadership 19. Group member/group takes ownership 20. Acceptance of leadership 21. Group negotiation 22. Group/ group member develops musical idea 27. Musical ability discovered and mobilised 28. Enabling and being enabled by peer support 40a.GMT facilitates freedom of expression 40b.GMT facilitates experimentation 41. Trust develops and grows 43. GMT as enabler of play 47. GMT provides safety and security
Total number of codes in C2:	62
3. Individual experience of group music therapy as preparation for and rehearsing of musical and social roles	15a. Individual assuming leadership 15b. Individual checks group compliance 15c. Individual provides musical material 24. Individual creative expression
Total number of codes in C3:	22
4. Working together: cooperation	3a. Shared musical experiences 8. Collaborative music/movement experience 10. Structure enables collaborative participation 12. Assigned collaborative identity 34. Invitation to perform together 39a.Connection between T and group members.
Total number of codes in C4:	23

5. The role of music	6a. Music provides consistency/ Variety within coherence 6b. Music provides stability 31. Concert/music attracts attention 37. Music provides vitality/energy 38. Music provides possibilities for spontaneity 39b.Music as connector 44. Music is controllable
Total number of codes in C5:	21
6. Growing empowerment and self-esteem	5. Energy/mutual awareness increases 7. Affirmation of self and others 11. Success experienced 23. Enjoyment 25. Growing self-confidence 27. Musical ability discovered 26. GMT process as confidence builder 29a. Public/peer affirmation 29b. Public assigns performance/talented identity 30a. Awakening/mobilising of talent leads to pride/confidence 30b. Acceptance of performer/talented identity 32. Excitement/anticipation 33. Growing confidence during performance 36. Group allows individual to shine 45. Validation as empowerment
Total number of codes in C6:	127

(Table 4.6)

The following is a graphic representation of the six categories and the weighting of the codes that fall into each category.



Graph 1: Weighting of codes in each category

I will now briefly discuss each category in terms of findings from the data. I will follow this discussion with the themes that emerged from this data.

4.6 Discussion of Categories

C 1: Music therapist's specific tasks

It became evident as I coded my data that there were a few very specific roles played by the music therapists. These roles were central to the group music therapy process. The music therapists' specific tasks, as shown by the codes in this category, include inviting participation, giving initial guidance, modelling, disciplining and setting boundaries, facilitating, organising of the therapeutic space, intervention, encouragement, motivation and support. In initial sessions at the shelter both therapists gave guidance with regards to musical activities and modelled different ways of playing the instruments. This initial guidance seemed to give the group members confidence to participate and enabled them to feel a certain level of success from early on in the group process. During these first sessions the therapists had to set boundaries with regards to what would be considered acceptable behaviour in sessions. The two older groups negotiated and agreed on group rules together. This process was facilitated by the therapists. During sessions and at the shelter concert the therapists had to encourage, motivate and support the boys as they engaged in the music as

well as relationally outside of the music. This also aided in the building of confidence and self-esteem.

These codes occurred throughout the data, which seems to indicate that although the music therapists' role was multi-faceted throughout the process, there were times throughout the process where a specific task or role was more necessary than at other times during the process. It is evident that during the beginning stages of the group music therapy process, one of the music therapists' main tasks was to provide structure, invite participation and facilitate the various activities. The following is a quote from video excerpt 1 (session 2, middle group); "therapist 1 then asks everyone to keep quiet and starts building the triad from bench 1 on the lower C boomwhackers, standing in the middle of the circle to direct the activity. Therapist 1 models a simple crotchet beat in 4/4 time, 4 crotchets in a bar at 92 beats/ minute". This clearly shows how the therapist provides structure and facilitates the musical activity.

Initially, the music therapists' tasks were thus more directive in nature. I believe that providing direction prepared the group members to perform both in sessions and eventually led to them being able to perform at the concert. Throughout the process, trust was built between the music therapists and the group members and there was a growing sense of connection as the process developed.

Nearer the end of the process one of the music therapists' tasks (code 39a) was to stand back and allow. The therapists' initial directiveness had empowered and enabled group members to perform, specifically at the concert, and the therapists' were now required to take a less directive approach. The following quote from an extract of my session notes from a session later on in the process illustrates this well: "There were moments when the group beat was not synchronised. I did not intervene as I waited to see if the group would feel this and attune to each other, this is exactly what happened and a group beat was established".

Evidently, the music therapists' specific tasks formed an integral part of the group music therapy process and therefore I believe that the same process would not have occurred had it been other professionals, even musicians, who had merely gone to prepare these children for a concert. I believe that the music therapists' tasks were central to the music therapy process and were vital in the enabling of autonomy, self-esteem and feelings of mastery and achievement.

C 2: Group music therapy as preparation for and rehearsing of musical and social roles

The analysis of the data showed that autonomy is not only enabled through individual opportunity, but is more likely to develop within a group setting. The weighting of the frequency of the codes that occur in this category is the second highest and would therefore suggest that the fact that this was group music therapy is significant. The dynamics of a group setting are varied and provide many different opportunities. Codes listed under this category include; 'GMT prepares for performance', 'possibility of exploring different roles', 'group response/ group validation', 'group member/group takes ownership', 'group negotiation', 'group/ group member develops musical idea' and 'GMT process as confidence builder'. All of these codes point to the fact that group music therapy offered different opportunities and experiences. Group members were able to explore different roles, for example a leadership role. There were group members who had never had the opportunity to be in a position of leadership, who were afforded this experience in group music therapy sessions. These roles were never static and began shifting and changing more often as the process continued. Group members also began taking ownership of the music and movement activities done in sessions. Many started initiating and providing musical ideas for the group to follow. Many were able to rehearse the social skill of negotiation in and through music. Throughout the process, confidence was built and trust developed and grew.

Group music therapy facilitated the experience of freedom and facilitated experimentation, (code 40a and 40b). This is clearly illustrated in the following quote: "I got the sense that these boys experienced a sense of freedom in this session and many tried out new things". Group music therapy provided safety and security in which these musical and sociable roles could be prepared and rehearsed. Group members were afforded different experiences within the group, both within the musical activities done is sessions as well as in the non-musical aspects of the sessions. Musical and social roles included taking on a leadership role and being validated by the group, following someone else's leadership, negotiating musical ideas with fellow group members, experimenting within the music, movement and song-writing activities and being able to assert oneself and one's ideas within the group setting.

C 3: Individual experience of group music therapy as preparation for and rehearsing of musical and social roles

This category refers to the individual experience of group members. The codes that fall under this category refer specifically to the individual's experience as a participant in group music therapy and how these experiences perhaps helped in the preparation and rehearsing of musical and sociable roles. Codes in this category are; 'individual assuming leadership', 'individual checks group compliance' 'individual provides musical material' and 'individual creative expression'.

Although there are only four codes in this category, I felt it necessary to separate the individual experience from the group experience as there was a relatively high frequency of these codes present in the data. Individuals were given the opportunity to try out different roles, and provide musical material within the group context. Children who usually played the role of a follower explored taking on leadership roles. This was a very powerful and enabling experience for the individual as they were validated and followed by other group members. This is illustrated by the following quote from the second video excerpt session, younger group): "Boy C plays one forte beat and then looks at the other group members to see if they are watching him. The other group members reach down and pick up their respective instruments and begin to play with Boy C". Boy C was one of the quieter boys in the group and other group members often told him how to play. In earlier sessions he would always comply with the groups' request. However in this session Boy C did not change his playing even when a fellow group member tried to tell him how to play. Instead Boy C shook his head and continued to play as he wanted to and watched other group members to ensure that they were following him. This illustrates that he had a growing sense of autonomy. This was something that he as an individual experienced.

C 4: Working together: cooperation

As our work continued at the shelter I noted that there was definitely a sense of growing cooperation and collaboration between the boys. This was reflected in data. Some of the codes in this category are; 'shared musical experiences', 'collaborative music/movement experience', 'structure enables collaborative participation' and 'connection between T and group members'.

This grew throughout the process, but was specifically evident as the concert drew nearer. Working together towards a common goal facilitated cooperation and collaboration. The idea of collaboration appears earlier on in the data however. In our earlier work at the shelter the more structured approach that we used enabled collaborative participation (code 10).

A collaborative identity grew throughout the process. We, as music therapists, assigned a collaborative or group identity to all the individual boys at the shelter. Specific boys belonged to specific groups, either the younger, middle or older group. We also had sessions where the whole shelter had a group music therapy session together. This assigned collaborative identity may have aided the boys in identifying with a specific group of boys, i.e. their fellow group members, who made music together every week. This assigned collaborative identity was also evident at the concert as the various groups of boys got up to perform different group items, many of which they had worked on by themselves. This category also perhaps alludes to the idea that a group, in this case a music therapy group, provides a sense of belonging to something greater than the individual. The fact that this was a music therapy group is however significant as music provides the opportunity for a collaborative music or movement experience. This kind of collaborative experience is problematic in some other therapies. Verbal group therapy, for instance, does not provide the opportunity for all group members to participate at the same time. The mediums of music and movement are unique in that they provide the opportunity for a collaborative experience. This links directly with the next category.

C 5: The role of music

Music as a medium is unique. The codes that form this category are; ‘music provides consistency/ variety within coherence’, ‘music provides stability’, ‘music provides vitality/energy’, ‘music provides possibilities for spontaneity’ and ‘music as connector’. The medium of music in our group music therapy sessions transcended cultural, age and gender barriers. Many of the boys have had little experience of consistency within their lives. Music provided consistency and within this consistency there was space for variety. Music with all its different elements is flexible and able to contain without controlling. The energy in the room during group music therapy sessions would often increase from the time that sessions started to when they ended. The boys were often energised by the music.
This energising quality of music was evident at the shelter concert. Not only did the boys’ energy increase during the concert but the audience’s energy increased significantly throughout the concert as well.

Music as a medium provides the opportunity for spontaneity. When we first started working at the shelter many boys struggled to be spontaneous and creative. Throughout the process their spontaneity and creativity grew. In some of the last sessions and at the concert the boys were able to be completely spontaneous at times, as described in the thick description of

video excerpt 5 where different boys spontaneously came to the front of the group and initiated an unrehearsed dance move for the group to copy.

The concert attracted much public attention and the audience grew throughout the performance. I am not sure that the same crowd would have flocked to the shelter had this been a recital of poetry, I think that music was central to the appeal and was essentially the magnet that attracted the crowds. In this case music also served as a connector between the boys and their community. Some of the groups performed traditional songs and dances that many of the audience members knew. At times these audience members joined in the singing, or else cheered and clapped along enthusiastically. During the group music therapy process music also served as a connector between group members and between group members and therapists as previously stated.

C 6: Growing empowerment and self-esteem

This was an aspect that I noted throughout the group music therapy process and I was excited to see it emerge from the data. The graph above illustrates that this category holds the most codes and these codes occurred most frequently in the data. Some of these codes include; ‘energy/mutual awareness increases’, ‘affirmation of self and others’, ‘success experienced’, ‘enjoyment’, growing self-confidence’, ‘GMT process as confidence builder’, ‘public assigns performance/talented identity’, ‘awakening/mobilising of talent leads to pride/confidence’, ‘excitement/anticipation’, ‘growing confidence during performance’ and ‘validation as empowerment’. I believe that this category emphasises the value of music therapy in a setting like this and with this specific client group. Empowerment and self-esteem grew throughout the process and became evident when every single boy at the shelter participated in the concert. As I stated in my data, I do not believe that these boys would have had the self-confidence to perform at the concert had they not been through the group music therapy process. The group music therapy process and the concert are linked to each other and it is conceivable to think that the one would not have happened without the other. The concert with its supportive audience seemed to cement the self-confidence that the boys had started to display in latter group music therapy sessions.

Aspects that contributed to this growing empowerment and self-esteem emerged as codes from the data. All these aspects include the element of enjoyment, experiences of success, the discovery and mobilising or enabling of musical talent, being enabled by peer support, experiencing of public and peer affirmation and the awakening and mobilising of talent leading to pride and self-confidence. The following is a quote from the data that shows the last aspect mentioned, “After the concert so many people from the audience went up to Boy

A and congratulated him on his wonderful performance. Boy A then remarked that he had no idea that he could sing like that and that he was very proud of himself.

At the concert the audience assigned to the boys a performer or talented identity, and showed this by applauding and cheering loudly whenever one of the boys or a group of boys performed something. I am not sure whether any of these boys have ever been praised in this manner and they were initially unsure how to handle the applause and cheering. However they quickly accepted this performer or talented identity and received the applause and cheering from the audience, many of them interacting directly with the audience. Through the group music therapy process, preparing for the concert and the performance itself, the boys were enabled by the support and validation that they received from their peers. In turn, each individual was also able to enable their peers by validating and supporting them. During the concert they were fellow-performers and fellow-talented boys as well as boys who happened to live together at a street shelter. Many of these boys started to believe in themselves as shown in the following quote from the data (session notes), “In our last session we asked the boys to reflect on the whole music therapy process. Boy G responded by saying that he had realised that he could do something and that we had shown them that they (the boys) had talent”.

4.7 Emergent Themes

After working with the categories I came to the conclusion that some categories were already themes and that some categories could be grouped together to form emergent themes. The following is a table in which the emergent themes are listed with the corresponding group of categories (refer to Appendix vi, p.i for the working draft).

Emergent themes:	Corresponding categories:
Theme 1: Therapist's specific tasks	C 1: Music Therapist's specific tasks
Theme 2: The role of group music therapy dynamics	C 2: Group music therapy as preparation for and rehearsing of musical and social roles C 3: Individual experience of group music therapy as preparation for and rehearsing of musical and social roles C 4: Working together: cooperation
Theme 3: The role of music	C 5: The role of music
Theme 4: The preparation for and performance of a public concert: growing empowerment and self-esteem	C 6: Growing empowerment and self-esteem

(Table 4.7)

The first three themes are linked and all three could have been grouped together under the theme of group music therapy dynamics. I acknowledge that the therapist specific tasks and the role of music are inherently part of group music therapy dynamics. I reasoned however, that these two aspects provide valuable insight with regards to the research questions and I decided to address them separately. The fourth theme pertains specifically to the aspect of performance in terms of growing empowerment and self-esteem. This aspect was partly evident in the data from group music therapy sessions, but stood out particularly in terms of the codes that emerged from data from the public concert. The themes will be discussed in terms of the literature review and research questions in the following chapter.

Chapter 5

Discussion

5.1 Introduction

In the following chapter I will discuss the four emergent themes in the light of the literature reviewed in chapter 2 and my two research questions. My research questions are:

Main research question:

How does group music therapy culminating in a public concert enable the development of autonomy in children living in a street shelter?

Sub-question:

What are the implications of these findings for future music therapy work with this population group in South Africa?

The following table provides a list of the emergent themes that will now be discussed. Please refer to table 4.7 on page 46 in the previous chapter for the list of corresponding categories in each emergent theme, as per the data analysis in chapter 4.

Emergent themes:
Theme 1: Therapist's specific tasks
Theme 2: The role of group music therapy dynamics
Theme 3: The role of music
Theme 4: The preparation for and performance of a public concert: growing empowerment and self-esteem

(Table 5.1)

I will address each research question separately in terms of each emergent theme. The nature of my second research question leads me to discuss the themes from a more speculatory angle, rather than a theoretical one.

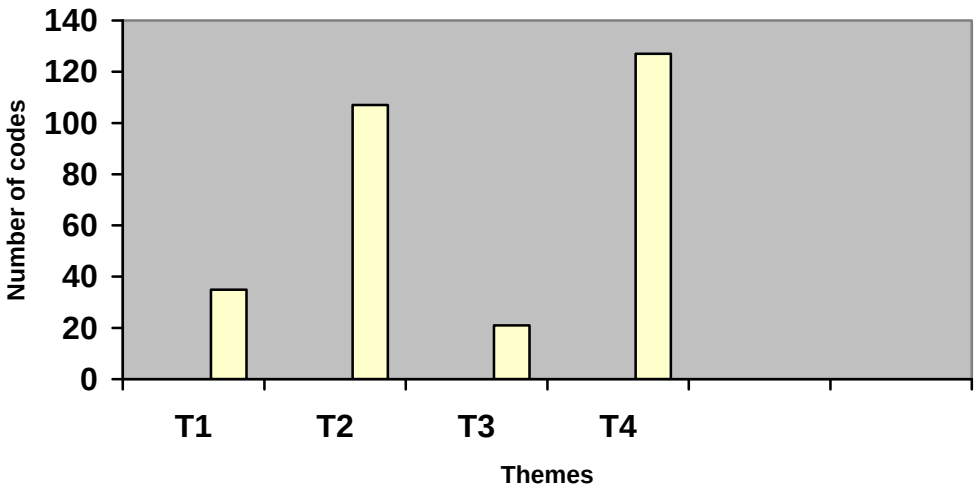
5.2 Addressing the Research Questions

Laiho (2000) quotes Atonovsky, stating that “agency is an important aspect of health. The ability to feel that life is manageable contributes to feelings of coherence” (p. 55). In initially observing life at the shelter, my co-therapist and I came to the conclusion that the boys did not often experience autonomy. There were few opportunities for them to experience a sense of achievement or feelings of mastery. This was evident in their lack of self-esteem and self-confidence as stated by Atonovsky. My findings in this study are similar to those of Bissel (Smidt, 2006) who links low self-esteem in sheltered Bangledeshi children to their experience of not feeling autonomous. As previously stated, we initially noted that boys at the shelter did not have opportunities to experience autonomy, and that this presented in low self-esteem.

Winkley (1996) states that a “sense of inner security gives rise to feelings of hope and is the basis of self-esteem” (p. 6). In accordance with Winkley’s statement, we noted that the boys experienced a lack of inner security. There was a general lack of energy and a sense of hopelessness when we first started conducting group music therapy sessions at the shelter. This however began to change throughout the group music therapy process.

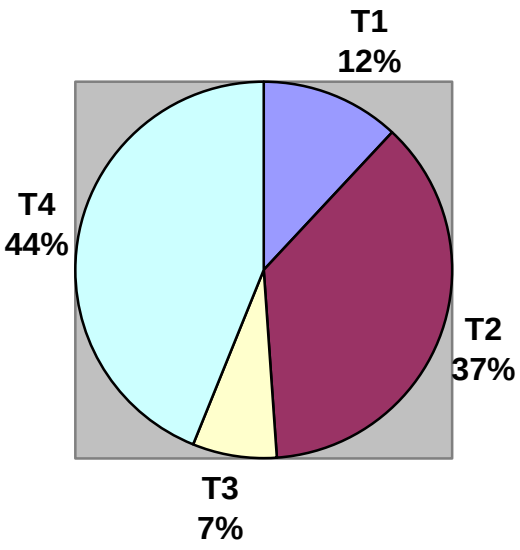
There were no other therapy groups or therapeutic interventions offered at the shelter during the period of time that we conducted group music therapy sessions at the shelter. There were no other changes in life at the shelter and so one can assume that the changes noted and the data that emerged from work at the shelter can be linked to the group music therapy process, which culminated in a concert. The four emergent themes refer to different aspects of group music therapy. I feel that all four aspects were important in enabling the development and experience of autonomy.

The following is a graphic representation of the weighting of the number of codes in each theme.



Graph 2: Weighting of codes in each theme

The following is a pie chart depicting the percentage of codes occurring in each theme.



Pie graph 1: Percentages of codes in each theme

5.2.1 Main research question:

How does group music therapy culminating in a public concert enable the development of autonomy in children living in a street shelter?

Theme 1: Therapist's specific tasks

This emergent theme refers to the specific tasks or roles performed by the therapist. As shown in the pie graph above, this accounts for 12% of the codes that emerged from the data. These various tasks were vital in enabling the development and experience of autonomy.

Initial tasks

Pavlicevic (2002), writing about children traumatised by violence in South Africa, notes that "we can see how children who have not experienced fluid, reciprocal, intersubjective emotional relationships have a decreased capacity to develop a sense of valuing themselves or others" (p. 108). This state of affairs, as outlined by Pavlicevic, was evident in our initial work at the shelter and the therapists had to provide the opportunity for the boys to experience an intersubjective emotional relationship. This opportunity of experiencing an intersubjective emotional relationship was provided by the therapists performing various tasks, for example by inviting participation, giving initial guidance, setting boundaries, intervening, encouraging, motivating and supporting (as per codes 1a, 1b, 2, 18 and 35). In terms of frequency, the codes that occurred most often in the data were 'T's initial guidance/T models' (code 1b) and 'T facilitates music' (code 3b). These two codes occurred 7 and 6 times respectively and thus suggests that of all the data pertaining to the therapists' tasks, these were the most important. This links with the notion stated above that the therapist's guidance and modelling can create a space in which an intersubjective emotional relationship is formed.

If one considers the therapeutic relationship as an intersubjective emotional relationship, it is clear that the relationship that develops between therapist and client emulates the mother-infant relationship. This links to literature reviewed on Winnicott's theory of play. In his theory on play, which he believes is first experienced between mother and infant, Winnicott (1971) states that:

> Play is immensely exciting. It is exciting not primarily because instincts are involved, be it understood! The thing about playing is always the precariousness of the interplay of personal psychic reality and the experience of control of actual objects. This is the precariousness of magic itself, magic that arises in intimacy, in a relationship that is being found to be reliable (p. 47).

Initially, one of the specific tasks or the therapist was to invite group members to ‘play’. This code (1a) occurred 4 times in the data, but represents an aspect that was evident in our early work at the shelter. The therapist then modelled or guided, much as a mother guides her infant when involved in play. As the therapists and group members began to ‘play’ together, this playing became more and more exciting. As trust increased, so did the ‘magic’ and I believe that this was the ‘magic of intimacy’. This study also resonates with Pavlicevic (1995) reflections on Winnicott’s theory. She states that “play leads us towards authentic autonomy” (p. 150).

In this case ‘play’ that occurred between the therapists and group members enabled the development of authentic autonomy.

Other tasks

The therapist specific task of providing encouragement, motivation and support (code 35) was vital throughout the process. The code occurred 4 times in the data, which was the third highest rate of occurrence of a code in this theme. This aspect was inherent in work at the shelter. It was our experience at the shelter that many of the boys’ self-esteem and self-confidence were often undermined by comments made by their carers. This was noted by Winkley (1996), who states that a “child’s self-esteem may be systematically undermined by cruel comments” (p. 206).

As reviewed in chapter 2, Donaldson and Swart-Kruger (1994) state that “emotionally, undoubtedly the greatest risk to which most street children are exposed is the loss or lack of an adequate relationship with an adult” (p. 9). This was our experience at the shelter. Initially, it was difficult to establish a relationship with the boys, more than likely due to their lack of positive attachment experiences in the past. However, the therapist specific tasks such as facilitating the music, organising the music space, directiveness laying the basis for performance in a concert, inviting participation, guiding and modelling, setting of boundaries, and the therapist eventually being able to stand back and allow (as per codes 1a, 1b,2, 3b, 4, 46), laid the basis for a positive attachment experience. Due to this experience of positive attachment, the boys were able to explore different roles, both socially and musically and I believe that this ultimately led to the development of autonomy, including improved self-esteem, self-confidence and feelings of achievement and mastery.

Theme 2: The role of group music therapy dynamics

This emergent theme addresses my main research question directly as it refers specifically to how the dynamics of group music therapy enables the development of autonomy. This study suggests that the aspect of group music therapy dynamics was the second most important factor in terms of enabling the development of autonomy. Theme two reflects 37% of the codes that emerged from the data. My findings resonate with those of Kools, who states with regards to clinical practice and youth in foster care that:

> Interventions can aim at reducing social isolation and detachment. Exploration of social interactions within a therapeutic relationship can provide opportunities for self-reflection, feedback, role playing and learning (Kools, 1996, p. 270).

Musical and social roles

My research shows that group music therapy as a clinical intervention with sheltered street children afforded both the group as a whole and the individual within the group an opportunity to prepare for and rehearse social and musical roles within a supportive and contained environment. In accordance with Kool's findings, I found that group music therapy enabled the boys to explore different roles, both in the music and socially during sessions. These social and musical roles were often rehearsed and integrated within the music played during sessions. A group member would, for instance, explore a leadership role (social role) musically by initiating a musical idea for the group to follow.

Codes pertaining to roles, both social and musical, include 'possibility of exploring different roles' (code 13), 'individual assuming leadership' (code 15a), 'individual checks group compliance' (code 15b), 'individual provides musical material' (code 15c) 'challenge of leadership' (code 17), 'acceptance of leadership' (code 20) and 'group/group member develops musical idea' (code 22). This group of codes occurred 27 times in the data. This suggests that the aspect of roles in terms of the dynamics of group music therapy was important in enabling development of autonomy. Boys who had never assumed leadership roles began to do so and boys who only asserted their leadership, had the experience of following somebody else. This had an effect on relationships between the boys. The boys began relating to each other in different ways. Some of the less confident boys, who lacked self-esteem, grew in confidence as they experienced being in control of their environment. This seemed to have an impact on their relationships. Boys who had, at times, been marginalised by more dominant boys were shown greater respect and friendliness.

With regards to the individual's experience of group music therapy, this study's findings resonate with Pavlicevic's thoughts on the individual in group music therapy. She states that "the children are invited, through the music, to be fully themselves and their acts are acknowledged as presenting both their internal and external worlds, and how they are in the world" (Pavlicevic, 1994, p. 5). This became more evident as the group music therapy process continued. This was specifically evident in the older group. The older boys began to share more personally, both in music and in verbal exchanges that took place during group sessions. Their musical acts came to represent both their internal and external worlds; this was specifically evident in the song that they wrote together, in latter sessions, and performed at the shelter concert. The writing of the song was negotiated between all group members. The song, which included a drumming section, beat- boxing section, a section where the lyrics were rapped by a soloist, a section where the whole group rapped a repeated phrase and a section that involved dance moves, was original and creative. This song reflected a more 'westernised' musical influence, most likely influenced by the kind of music that they listen to, for example, music of the kwaito, rap, hip-hop and house genres.

The two codes pertaining to negotiation (code 21) and individual creative expression (code 24) are the highest frequency codes in this theme. The notion of group negotiation occurred 14 times within the data and suggests that the process of negotiation can offer the opportunity to exercise one's own autonomy, while still having to respect the ideas of others. The notion of the individual being able to express creatively occurred 15 times within the data and strengthens the idea that creativity and autonomy are linked as per Winnicott's theory.

Cooperation

I did not find literature pertaining to the aspect of working together or cooperation within the group music therapy setting, or how cooperation could potentially enable the development of autonomy. As mentioned in chapter 1, I did not find any group music therapy literature that mentioned the development of autonomy as a possible outcome of the group music therapy process. This could be due to the fact that the development of autonomy may be understood as something that is an individual experience, not a group experience. However, this study shows that autonomy can be enabled and developed through a group music therapy process. Cooperation or collaboration seems to be specifically relevant. The idea of cooperation accounts for 22% of the data regarding this theme. The code that refers to the group sharing a collaborative musical or movement experience (code 8) occurs 8 times within the data. This suggests that a connection is formed between group members themselves and between group members and therapists when a musical or movement experience is shared.

Code 10 – 'structure enables collaborative participation' – occurred 4 times within the data. This code suggests that structure- being the structure of the music therapy session itself, the structure of activities, as well as the structure inherent in the music itself- not only invites participation, but also enables a collaborative experience. The boys would not have been able to all talk together sensibly, but they were able to make music together. The idea of collaborative participation and shared musical and movement ideas link with a sense of belonging to a group.

Perhaps if the group music therapy process had continued for a longer period of time, collaboration would have become an even greater component in enabling the development of autonomy.

Although not directly linked to categories falling under theme 2, some of the data under theme 2 strongly suggests reflected literature pertaining to music therapy goals and to Winnicott's theory on play, as discussed below.

Goals for group music therapy

In terms of goals for the group music therapy process, this study in general suggests that our goals were similar to those that Pavlicevic (2003) outlines in her book, *Groups in Music*. She considers possible goals for a music therapy group. These include the exploration of emotional and relational issues, addressing trauma, conflict, illness and related issues. Other goals include the prevention or deterioration of illness, the development of group skills, the enhancement of creativity and self-expression and lastly sustaining health (p. 94). Secondary goals may include the enhancement of a feeling of belonging, self-esteem and self confidence (p. 94). In general this study found that the group music therapy process did afford the boys the opportunity to explore emotional and relational issues, specifically the older boys. In latter sessions, many of the older boys began connecting their experiences in the music that they played, to their emotions.

The music therapy group facilitated freedom of expression and experimentation (as per code 40a and 40b). These codes occurred only 3 times in the data, so could be considered as less important. However, if one considers my working definition of autonomy, which includes the notion of freedom, then the fact that this aspect did emerge from the data is important and shows the potential value of group music therapy in the development of autonomy.

The secondary goals as outlined by Pavlicevic (2003) can however, be considered as primary goals within our process. This could specifically be due to the population group that we worked with, and the lack of trust, self-esteem, feeling of belonging and self-confidence which were all aspects that were central to our process. This emerged from the data, where

group music therapy provided safety and security (code 47) and trust developed and grew (code 41). Although these two codes occurred less frequently, I suspect that this may be due to the short duration of our work at the shelter. These aspects may have occurred more frequently had the therapeutic process been longer or if this study had been a more in-depth look at these specific aspects.

Group music therapy as an enabler of play

This study shows that group music therapy is an enabler of play (code 43). Although this particular code only occurred once within the data, I believe that the notion of play is inherent in some of the other codes in this theme. 'Individual creative expression' (code 24), for example, suggests play in the Winnicottian sense, as play and creativity are linked. Winnicott (1971) states that "it is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self" (p. 54). Group music therapy offers individuals within the group the experience of creative expression. According to Winnicott, this leads to self-discovery, which is what occurred throughout the group music therapy process, specifically with regards to the discovery of musical ability and talent and the subsequent performance.

As previously mentioned play is an important factor in the development of autonomy and is mentioned in theme 1 as well. This is congruent with what Fine and Mechling (1993) state regarding play: "Play performs a crucial role in the developmental and social lives of young people" (p. 137). Pavlicevic (1995) states that play, in the Winnicottian sense**,** "leads us towards authentic autonomy" (p. 150). In this case group music therapy provided the safe and contained space in which 'playing' was encouraged and facilitated by the therapist. This consequently enabled the development of autonomy, including feelings of achievement and mastery and improved self-esteem and self-confidence.

Theme 3: The role of music

This theme refers specifically to the role of music in group music therapy and how it enables the development of autonomy. According to this study, this was the least important aspect enabling the development of autonomy as it accounts for 7% of the codes that emerged from the data. Although this is the theme with the lowest weighting with regards to the data, I feel that medium of music is a given in any music therapy process. Had this study focused specifically on the role of the music itself, and the data had been chosen accordingly, it would have featured prominantly. I feel that this theme alludes to the power and possibilities held within the medium of music and shows that music therapy is an important and valuable

clinical intervention with this population group. Indeed, I believe that the music was the vehicle of the progress we witnessed..

Music is controllable

The inherent qualities of music such as rhythm, melody, harmony, dynamics and timbre as outlined by music therapists Darnley-Smith and Patey (2003), are controllable. In the music therapy session, the music therapist could, for instance, assign quieter instruments to dominant members of a group, and louder instruments to timid members if need be, or entrain a group with low energy to a to a different energy state by gradually introducing crescendos, accelerandos, more complex rhythmic patterns and harmony. This indeed related to the music therapists' initial tasks where music was modelled and used to create safety, increase energy levels and explore roles.

Furthermore the findings of this study are similar to what music therapist Laiho (2004) states with regards to music. She states that "music can have a strong contribution to adolescents' sense of agency and self-esteem. Music is a way of controlling the environment" (p. 55). My findings show that music was central in contributing to the children's sense of agency and self-esteem, in other words their development of autonomy. My findings with regards to music being controllable (code 44) were just as Laiho (2004) stated. Even though this specific code only occurred once in the data, I believe that this aspect of music is inherent in many of the other codes, for example in code 23, 'individual expresses creatively'. In order for the individual to express creatively, he realises that he is in control of the musical or movement idea he is expressing.

Many of the boys began to realise that they could control and influence what was happening musically. Some of them began tentatively exploring this, by initiating subtle changes. When these changes were incorporated or mirrored to the rest of the group by one of the therapists, the boy concerned would recognise that he had controlled and affected the music. This recognition seemed to have a positive effect on their self-esteem and as the process continued, different boys began taking musical initiative by introducing tempo, dynamic and rhythmic changes.

Music is consistent and containing

Winkley (1996) states that a "sense of inner security gives rise to feelings of hope and is the basis of self-esteem" (p. 6). Wigram (2004) speaks of rhythmic and tonal grounding. The use of a basic beat, predictable rhythmic structure and a tonal centre provide consistency and containment. The music generally played at the shelter had a strong rhythmical structure and an underlying tonal centre which provided the stability and consistency (code 6a and 6b) that

could develop a sense of inner security. Codes 6a and 6b together occurred 7 times within the data, making them the most frequently occurring codes in this theme. This suggests that this quality of music was the greatest contributor to enabling the development of autonomy.

Music allows for spontaneity and energy

Donaldson and Swart-Kruger (1994) state that, "the notion of freedom is consistently reported as both the goal and highest value of street children" (p. 9). Music provides opportunity for exploration, freedom and spontaneity (code 38). This code occurred 3 times in the data, which suggests that it was not the greatest contributing factor but that it did contribute to enabling autonomy. The boys could explore, be spontaneous and experience freedom within the music, because the music always offered a safe and consistent container. The boys' ability to be spontaneous grew throughout the group music therapy process, in music and movement activities. At the shelter concert they were able to initiate spontaneous moves during the group dance; I do not think that they would have been capable of this spontaneity when we first started working at the shelter.

Music also provides the opportunity to experience energy and vitality (code 37). This code occurred 5 times within the data, making it the second most important factor enabling the development of autonomy in this theme. Musical elements such as crescendos, accented beats and accelerando's inherently increase energy. The group often shared an accelerando, specifically at the end of the greeting songs, and the energy in the room was always higher after a shared accelerando. As mentioned in chapter 1, there was a very low energy present at the shelter when we started working there. This changed throughout the group music therapy process and filtered into life at the shelter. This resonates with what Darnley-Smith and Patey (2003) suggest with regards to assumptions made my many music therapists about music, where "a wide range of feelings and emotions may be experienced in response to musical sounds, whether pre-composed or improvised" (p.37).

Music fosters a positive attachment experience

In her book, *Nurturing attachments: Supporting children who are fostered or adopted*, Golding (2008) states with regards to attachment theory that the child uses his first relationship experience as a basis for future relationships. It is in this relationship that a child will experience positive feelings of regard and being liked and accepted. This early experience then leads to feelings of independence and autonomy. As stated in the literature review, it is supposed that many sheltered street children have not had positive first attachments. In the case of group music therapy, the music served as connector (code 39b)

and was instrumental in the forming of positive relationships. This led to feelings of independence and autonomy as outlined by Golding.

Theme 4: The preparation for and performance of a public concert: Growing empowerment and self-esteem

This theme addresses the part of my main research question pertaining to the role of a public performance in the group music therapy process. I realise that the preparation and performing of the concert was all part of the group music therapy process. This theme accounts for 44% of the codes that emerged from the data, suggesting that the preparation for and performance of a concert was the most prominent factor in enabling the development of autonomy, specifically in terms of growing empowerment and self-esteem.

Preparing for a concert

The group as a whole and as individual group members were able to explore different musical roles within the group setting, as explored in theme 2. This included the development and sharing of musical and movement ideas. These ideas eventually led to the development of songs and dances that were performed at the concert.

The music therapy group provided a space in which talents could be discovered and nurtured, as well as the opportunity for strengths to be developed. Many of the boys did not know that they had musical talents. The discovery, development and encouragement of these talents subsequently led to feelings of mastery and achievement, which in turn led to improved self-esteem and self-confidence. This is reflected in code 27 (musical ability discovered) and code 30a (awakening/ mobilising of talent leads to pride/confidence), these two codes together occurred 12 times in the data. This suggests that the discovery and subsequent mobilising of musical talent is an empowering experience that leads to confidence and pride. I believe that this experience of success (code 11) in the music therapy group enabled the boys to perform at the concert held at the shelter at the culmination of our work there.

The notion of the process of group music therapy as a confidence builder (code 26) emerged from the data, occurring 9 times. This implies that the process of group music therapy was an important factor that enabled the development of autonomy and suggests that the same public performance would not have been possible had the boys not been part of the group music therapy process. Growing self- confidence (code 25) is a high frequency code that occurs throughout the data, both from data from group music therapy sessions as well as from the public performance. This code occurs 11 times in the data and suggests that self-confidence grew over time.

The concept of self-confidence is linked to the concept of autonomy in much of the literature reviewed in chapter two and is included in my working definition of autonomy. I would therefore like to suggest that the growth in self-confidence, fostered in both group music therapy sessions and at the concert, led directly to the enabling, development and experience of autonomy.

The talented identity

The findings of the study echo the idea of Brown (2002), that music therapy has the potential to enable a person to fulfil a role larger than that of a person with a problem or handicap. This was specifically evident at the shelter concert. The boys were assigned a talented or performer identity by the audience (29b). This code was found 18 times in the data, making it one of the highest frequency codes in the data. This suggests that the experience of being assigned a 'positive' identity that focuses on strengths is a very empowering experience. The study resonates with what music therapist Rolvsjord (2004) states about the role of performance in music therapy. She states that "therapy is not only about curing illness or solving conflicts and problems; it is also about nurturing and developing strengths and potentials" (p. 100).

By accepting this identity (code 30b), the boys experienced feelings of success, achievement and mastery. This code was one of the most frequently occurring codes, occurring 17 times in the data. This suggests that not only is the assigning of a talented identity important in enabling the development of autonomy, including improved self-esteem and feelings of mastery and achievement, but also that the acceptance of this identity is vital. The high frequency of both these codes implies that this was a central factor in enabling the development of autonomy. Laiho (2004) quotes Kurkela's view on performance, stating that "the satisfaction of performing is gained from the feelings of success and capability" (p. 56). The findings of this study are congruent with Kurkela's view, as the notion of success (code 11) and enjoyment (code 23) occurred frequently in the data. Together these codes occurred 17 times in the data, with the notion of enjoyment playing a larger role than the experience of success.

This study is congruent with Powell's (2004) findings. Powell believes that performance allows staff members and other carers to see the children with whom they work on a daily basis in a different light. This was the case at the shelter concert. The staff members who work with the boys could not believe that the boys were so talented. They became proud of the boys as the concert continued and clapped and cheered for them. Bearing in mind that the boys respect and look up to these staff members, this would have improved their self-esteem and self-confidence. This aspect extended to the audience as well. Many audience

members were from the surrounding community. The concert attracted public attention (code 31); this code occurs 4 times in the date and alludes to the power of music to draw a crowd.

The audience grew throughout the concert, as people from the surrounding community and people walking past the shelter to catch the train stayed to listen. They clapped and cheered for the boys as they performed and the audience's energy level increased substantially throughout the performance. This is reflected in code 32 (excitement/anticipation). This code occurred 9 times throughout the data, specifically in terms of the data from the public performance and suggests that a public performance can offer experiences of excitement and anticipation. The audience was also able to experience the boys in a different way and their support and encouragement gave the boys a sense of worth and success and in turn led to improved self-esteem and self-confidence and the experience of autonomy. This was reflected in code 29a (public/peer affirmation), a high frequency code, which occurred 18 times in the data. This emphasises the fact that a supportive audience at a public concert can play an integral part in enabling feelings of mastery and achievement, the experience of success and validation (as per code 45). This links with what Oosthuizen, Fouché and Torrence (2007) state regarding performance. They state that performance affirms the performers' identity within the context of their community.

5.2.2 Sub-question:

What are the implications of these findings for future music therapy work with this population group in South Africa?

As previously stated, there is no literature on music therapy with this specific client group. The following discussion of my sub-question is therefore speculatory in nature and built on my own experiences working with this client group. It is my hope that the following discussion may be of use to music therapists who work with this population group in the future. As Tyler (2002) states:

> Children, even more than adults, spend most of their waking hours in groups, first at home in the family, then at school and frequently in after-school or weekend group activities. Music in particular draws children together in groups, whether through organised singing and playing in choirs, orchestras and bands or in activities where music is significant such as dancing, from ballet to pop (Tyler, 2002, p. 216).

Theme 1: Therapist's specific tasks

The therapist needs to be aware of the different tasks that she will perform within a group music therapy setting in order to provide the best and most effective therapeutic environment as possible. This may apply specifically to trainee music therapists who are still learning and discovering the many roles assumed by a music therapist. The findings of this study with regards to therapist specific tasks have subsequently informed my own clinical thinking, and will continue to do so with all population groups, but specifically with sheltered street children.

This study implies that the specific tasks carried out by the therapist have a definite impact on how the group process develops and that the therapist should not underestimate the importance of her various roles in the music therapy group.

This study shows that the therapist's tasks change over time. This highlights the importance of regular reflection on the part of the therapist, in order to ensure that she caters for the group members' shifting and changing needs. Trust between group members and therapist develops over time and cannot be forced, but must be allowed to develop naturally over time. This is particularly important when considering future work with this population group as sheltered street children may take a long time to trust an adult. In a commentary on Bowlby's attachment theory, Bower (1995) summarises the basic principles of attachment theory as the idea that:

> Children need a stable attachment figure whom they will seek out in times of danger. A secure attachment forms the basis from which a child can explore the world and underpins the capacity for forming relationships with other trusted people (p. 31).

The therapist may provide the opportunity for a sheltered street child to experience a positive attachment. This is powerful when one considers the distinct possibility that many sheltered street children would not have had a positive first attachment experience.

Trust grew over time and it was only after about six weeks of working at the shelter, that my co-therapist and I felt that the boys were starting to trust us. Unfortunately we were only able to work at the shelter for 14 weeks and I believe that there were still many therapeutic possibilities with the boys. We did set boundaries with regards to the period of time that we would be working at the shelter from the start and as the end of the process drew near, we mentioned how many sessions we had left at the beginning of the session. Even though group music therapy was offered over a relatively short period of time, this study illustrates that music therapy, conducted within a short timeframe, still offers many different opportunities.

Theme 2: The role of group music therapy dynamics

In her article on a pilot project set up in South Africa with a group of children, Pavlicevic (1994) outlines some important aspects of group music therapy dynamics. She states that "the session was seen as providing an enriching, nurturing and challenging environment which, hopefully, would resonate with the children's inner creative potential" (p. 5). Regarding future work with this specific population group in South Africa, it is important to note the merits and possibilities that group music therapy offers the sheltered street child. The group setting is initially less threatening for the child and may encourage participation earlier than in individual music therapy. I do however believe that individual music therapy would have its own merits if used with this population group.

The group music therapy setting offers the opportunity to belong. This is an important aspect of working with this population group and should be taken into consideration in future work with sheltered street children. The music therapy group allows exploration of different musical and social roles, both individually and as part of a group. These specific children may not have other opportunities for such creative exploration in other areas of their lives; hence the importance of an intervention like group music therapy for sheltered street children.

Theme 3: The role of music

The inherent qualities of music and its accessibility to so many people make the use of music an important clinical intervention with this population group. The music served many purposes, but one of the most important ones was that it formed a connection between the boys and the therapists. I believe that trust would have taken far longer to form had we not had the music as a connector between us.

Music seemed to remind some of the boys of their cultural heritage and as the group music therapy process continued, one sensed that there was cultural pride growing amongst the boys. The music helped them to access this. This is important when considering the growing number of children living on the streets and in shelters. These children are no longer part of their original culture, but music offers them the opportunity to belong again and be reminded of their cultural heritage. This speaks of the power of music and the importance of using it in future music therapy work with this population group.

Theme 4: The preparation for and performance of a public concert: Growing empowerment and self-esteem

The role of preparing for and performing a public concert should not be underestimated in future work with this population group. The use of performance is not considered part of a 'conventional' approach to music therapy, but from the perspective of community music therapy, it is seen as having therapeutic possibility and value. I would therefore suggest that knowledge of the principles of community music therapy as well as an understanding of the potential value of performance is of the utmost importance when considering future work with this population group. The preparation for the concert meant that we were able to identify, mobilise and encourage musical talent within the music therapy groups. This led directly to a sense of worth, success and improved self-esteem. This was a generally empowering experience for the boys.

The concert attracted public attention (code 31) and the head of the shelter hoped that this would bring more funding and interest to the shelter. He believed that if people saw how talented the boys were, they may be more inclined to offer financial aid to the shelter. This may in turn improve the quality of life for the boys living at the shelter. In discovering musical talent at the shelter, my co-therapist and I began to discuss how we would be able to create opportunities outside of the shelter for these boys to excel. There were a few boys who showed exceptional musical ability and it is our hope that work at the shelter may continue next year and that perhaps these boys will have an opportunity to prove their musical ability outside the shelter. We are looking into the possibility of sending one of the younger boys for an audition at the Drakensburg Boys' Choir School. An opportunity like this could change his life forever.

I believe that it was in preparing for a concert that many of the boys realised they were musically talented and it was evident how this improved self-esteem and self-confidence. Had our work not culminated in a concert, I do not believe that the work would have been as rich as it was, hence the importance of performance in future work with this population group.

When considering this aspect with regards to future work with this population group, I feel that it is vital to note that empowerment and self-esteem are important concepts when considering this population group. Rutter (1989) links childhood adversities to diminished self-esteem and self-efficacy in later life. It was evident in our initial work at the shelter that many of the children did have diminished self-esteem and self-efficacy. We witnessed throughout the group music therapy process that self-esteem and self-efficacy grew and were greatly improved by the end of the music therapy process. Based on the findings, one

can assume that the group music therapy process counteracted some of the effects of the adversities that many of these children have faced.

5.3 Conclusion

From the preceding discussion it is evident that group music therapy can be of great value with this specific population group. It is clear from the discussion that different elements of group music therapy culminating in a concert enabled the development of autonomy, including improved self-esteem, self-confidence and feelings of achievement and mastery.

It is also clear from the discussion of the sub-question that group music therapy could be considered an important clinical intervention with this population group. Findings from this study could inform and provide valuable insights for future music therapy work in this field.

Chapter 6

Conclusion

6.1 A Personal Note

Throughout the process of conducting this study, I have been reminded time and again of the importance of music and the therapeutic possibilities that exist within this medium. The inherent qualities of music, such as rhythm, pulse, tempo, dynamics, melody and harmony, provide the opportunity for different experiences. The various elements of music can provide containment and predictability as well as a space for creating spontaneously. When I first started working at the shelter, there were aspects of the work that interested me immediately. The difference between our initial observations of life at the shelter and how the boys presented, and our observations of how they presented at the end of our work there was truly inspiring. It convinced me more than ever that music therapy is a powerful intervention, specifically with this population group. I feel that this is important as there is no music therapy literature pertaining to this specific population group. It is my hope that the findings of this study will encourage further study and clinical work with sheltered street children. It is also my hope that this study will continue to inform my own and other music therapist's thinking in future work with this population group.

6.2 Limitations of the Study

- This study focuses only on the boys living at this specific street shelter and is therefore context specific. There may be a different dynamic present in a group of girls or in a group where there are both girls and boys participating.
- Different studies could possibly reveal other aspects of group music therapy that enable the development of autonomy.
- I focused on the development of autonomy, which includes self-esteem and feelings of mastery and achievement. There were, however, other aspects that presented themselves in group music therapy sessions that would make an interesting study. Examples include the development of personal and group identity, a deeper investigation into how they began to take ownership of the music, how music therapy

sessions addressed their emotional needs and perhaps a greater look at the potential existing for music therapy in the wider community surrounding the shelter.

- Due to the fact that this was a semester placement, we were only able to conduct group music therapy sessions over a three month period. We first had to establish trust with the boys and perhaps a longer therapeutic process would reveal other aspects of group music therapy that enable autonomy.

6.3 Recommendation for Further Study

- This study focuses on the boys living in this specific street shelter. A study could be conducted at a different shelter, in order to ascertain whether findings are similar.
- A different study could be conducted at a girls' shelter or mixed shelter in order to compare findings.
- This study focuses specifically on group music therapy as an intervention. A study could be conducted in which individual music therapy is offered as an intervention.
- A study that introduces the aspect of performance earlier on in the process could be conducted in order to ascertain whether this aspect, when introduced earlier, makes a difference.
- A study based on long-term work could provide more in-depth information.

6.4 Conclusion

The main focus of this study has been how group music therapy culminating in a concert enables the development of autonomy. The study revealed that different aspects of the group music therapy process were vital in the enablement and development of autonomy. These aspects were the therapist's specific tasks, the role of group music therapy dynamics, the role of music, and the role of preparing for and performing in a concert, leading to growing empowerment and self-esteem.

Therapist specific tasks included inviting participation, offering initial guidance, setting boundaries, intervening, organising the music space, facilitating, supporting, motivating and encouraging. The specific tasks that the therapist performed changed throughout the process and different tasks were required at different stages throughout the process. Initially the therapists' role was more directive in nature, with the therapists providing and initiating the musical material used in sessions. As the sessions progressed, however, the boys began initiating more and providing musical material. The therapists thus stood back and allowed

this to happen, encouraging the group members to take the lead. According to the study, this aspect accounted for 12% of the codes that emerged from the data. This shows that this was the third most important aspect that enabled the development of autonomy. The therapists perhaps had fewer tasks to perform as the process continued, as the boys began to take ownership of the sessions and as trust developed between group members and therapists. According to this study, the two most important tasks were offering initial guidance and modelling and facilitating the music.

The role of group music therapy dynamics was the second highest aspect enabling the development of autonomy. According to this study, this aspect accounts for 37% of the codes that emerged from the data. This is a large percentage and points to the fact that the dynamics inherent in a group music therapy process formed an integral part in the enabling of autonomy. According to this study the most important dynamics of group music therapy in terms of enabling the development of autonomy were group negotiation, the group or a group member developing a musical idea, and having a collaborative music experience. Within the group music therapy sessions, group members had the experience of cooperating together towards a common goal, for example by writing a song together, or by playing a group improvisation in which each group member's part played a crucial role in the overall 'successful' execution of the improvisation. Codes pertaining to roles, both social and musical were the highest frequency codes in this theme, occurring 27 times in the data. This suggests that the aspect of roles in terms of the dynamics of group music therapy was the most important aspect in enabling the development of autonomy.

The role of music was reflected in 7% of the data and thus appears to be the least important aspect contributing to the development of autonomy. I believe the opportunities that music offered were central to the development of the group music therapy process. Music offered consistency, stability and order. These aspects are of the utmost importance when considering the development of autonomy. Music also provided vitality, energy and possibilities for spontaneity. Music connected group members and therapists. Its inherent qualities, such as tempo, dynamics and rhythm, were controllable. All these inherent qualities of the music were givens, and at the heart of the process through which autonomy was enabled and developed and through which improved self-esteem and feelings of mastery and achievement were fostered. According to this study, the most important role of music was providing vitality and energy, providing consistency and providing stability.

The role of preparing for and performing a public concert, leading to growing empowerment and self-esteem was reflected in 44% of the data and therefore suggests that this was the greatest aspect enabling the development of autonomy. Musical talent and ability were discovered and mobilised. This discovery led to feelings of mastery and achievement through the experience of success and validation. When this talent was recognised and encouraged, the individual performer or group was assigned a 'talented' identity. When the individual or group accepted this identity, they were empowered. This study suggests that the assigning and acceptance of the 'talented' identity is one of the main factors contributing to the enabling and developing of autonomy.

The literature shows that self-esteem and autonomy are linked; Self-esteem was included in my working definition of autonomy. This included aspects such as affirmation, the experience of success, enjoyment, growing self-confidence, excitement, anticipation, the discovery and mobilising of musical talent and the assignment and acceptance of a talented identity. This study therefore strengthens the link between autonomy and self-esteem as stipulated in much of the literature. I would like to suggest that growing empowerment and self-esteem led directly to the enabling the development of autonomy.

There were no other therapy groups or interventions offered during the period of time that we conducted music therapy sessions at the shelter. Based on the findings of this study, I therefore safely assume that autonomy was enabled and developed through the group music therapy process culminating in a public concert.

It is my hope that these findings will add to the field of music therapy literature in general, but more specifically to the largely undocumented field of music therapy for sheltered street children. It is also my hope that this study and its findings may be used to gain funding for further music therapy work with sheltered street children, as the numbers of children living on the streets and in shelters are increasing due to HIV/Aids, poverty and abusive circumstances. I believe that music is a powerful and non-invasive therapeutic tool to use with this population group.

I would like to close with the following quote by Pavlicevic:

> Humans are susceptible to the power of music since it is a universal phenomenon and since it exists in all human beings (1997, p. 34).

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Appendix i

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

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

UNIVERSITY OF PRETORIA
UNIVERSITEIT VAN PRETORIA

PRETORIA 0002 SOUTH AFRICA

Date: January 2009

MUSIC THERAPY SESSIONS: PERMISSION FOR ATTENDANCE AND TO RECORD

I give permission for----------to receive music therapy sessions with students enrolled in the Masters of Music Therapy Degree Programme of the University of Pretoria from_____ to ___ __ 2009. I understand that _____has the personal choice to attend music therapy sessions and may withdraw at any stage.
I also grant permission for sessions to be recorded onto video and/or tape. I understand that these recordings will be used for clinical, research and educational purposes as part of the students' music therapy training. This includes supervision sessions with their clinical supervisors, and as part of their clinical case study presentations for their examinations. I understand that visual and audio recordings of sessions are standard music therapy practice, enabling detailed analysis of the sessions in order to gain clinical direction to ongoing sessions. Privacy and confidentiality are assured, in line with professional ethical practice. At the end of the student's training, these tapes will form part of the training archives (to be preserved for 15 years) and will become the property of the Music Department, University of Pretoria. This material will not be distributed or sold. I understand that I can arrange to view / listen to the recordings should I so wish.

_____ Name and relationship to client (Relative guardian/care-worker)

_____ Representative: Child Soul Care Shelter
_____ NAME: ……., MMus (MT) Student

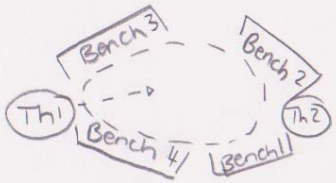
_____ Mrs C Lotter MMUS (Music Therapy)Training Programme

Appendix ii

Data Source A: Video and audio excerpts

1) Autonomy in the process of developing/ being enabled

Set-up of the room:



Data source: Video excerpt 1

Who:	Time and Place:	Thick description:	Code:
Middle group	23 February 2009, session 2	The group members are seated on four benches that face each other. This is the last activity of the session. During the hello song many members have played similar rhythms to each other during the individual parts of the hello song. Therapists 1 and 2 have handed out one boomwhacker to each group member. The group members on each bench have got the same note, and each bench of boys has got a different note. Each bench forms a sub-group within the bigger group. Three boys on bench 1 have got lower C boomwhackers. 3 boys on bench 2 have got E boomwhackers. 3 boys on bench 3 have got G boomwhackers and four boys on bench 4 have got higher C boomwhackers. Therapist 1 has got a C boomwhacker and Therapist 2 has got a D boomwhacker. The boomwhackers therefore make up a C Major triad with the added second interval when Therapist 2 plays as well. (1a) (1b) Therapist 1 asks everybody to play together and every group member plays on their respective boomwhackers forte in a quick tempo at 200 beats/minute.	1a. T invites participation 1b. T initial ~~directive~~ guidance/T models

(2)

Therapist 1 then asks everyone to keep quiet and starts building the triad from bench 1 on the lower C boomwhackers, standing in the middle of the circle to direct the activity. (1b) Therapist 1 models a simple crotchet beat in 4/4 time. 4 crotchets in a bar at 92 beats/ minute. Bench 1 joins in playing the simple rhythm. Bench 2 then joins in, playing on E boomwhackers. Therapist 1 invites bench 3 on G boomwhackers to join in and they do. After 3 bars therapist one invites bench 4 on higher C boomwhackers to join in. Therapist 2 joins in on D boomwhacker. (3a) The group shares a common beat for a few bars and (3b) therapist 1 gradually increases the tempo and the group shares an accelerando. the accelerando reaches 160 beats/ minute. Therapist 1 gradually stops sub-groups playing, until only the lower C boomwhackers are playing. Therapist 1 then motions for bench 1 to make a ritardando (3b) (4) and they stop playing. Therapist 1 then says that a song will now be built starting with bench 2 on the E boomwhackers. Therapist 1 models the same simple 4/4 crotchet pattern in a moderate tempo and members from bench 2 begin playing. Once (1a) (1b) the basic beat has been established, therapist 1 invites bench 1 to join in. Bench 1 playing the lower C boomwhackers plays on crotchet beats on beat 1 and 3. Therapist 1 invites bench 3 on G boomwhackers to join in and shows them to play two quaver notes on (1a) (1b) beat 4. Therapist 1 moves to bench 4 and invites the group members on higher C boomwhackers to join in playing on each beat. Therapist 2 assists bench 1 with their counting as they struggle to only play on beats 1 and 3 and tend to want to play on all the beats. Therapist 1 then moves to bench 3 and changes the rhythm that they are playing to two crotchets, two quavers and one crotchet per bar. Therapist one initiates an accelerando and the group shares an accelerando.

2. T disciplines / T sets boundaries

3a Shared music / shared musical experience

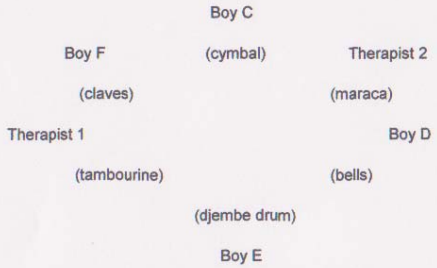
3b T facilitates music

4. T organises music space

		1 The group tempo increases to 132 beats/ minute. Therapist 2 begins	
		2 playing a syncopated rhythm on the D boomwhacker, playing mostly	
		3 on the offbeat. The music gains momentum and group members	5. Energy/mutual awareness increases
		4 watch each other. The overall group beat remains consistent.	6a. Music provides consistency
		5 Therapist 1 asks bench 2 on E boomwhackers to stop playing, which	6b. Music provides stability
		6 they do. Therapist 1 motions for bench 4 on higher C boomwhackers	
		7 to stop and the bench 3 on G boomwhackers stop. Bench 1 on lower	7. Affirmation of self & others
		8 C boomwhackers is the last group to stop and play a short ritardando	
		9 before stopping together. Group members spontaneously start	8. Collaborative music/movement experience
		10 clapping and cheering at the end of this boomwhacker 'song', this is	
		11 the first time that they have clapped or cheered for themselves after	9a. Directiveness prepares for performance
		12 an activity. The group, directed by therapist 1 and supported and	
code: perhaps concert due to performance ability?		13 helped by therapist 2 'performed' this song together. The structure	9b. GMT prepares for performance
		14 and directive nature of the activity seemed to encourage participation	10. Structure enables collaborative participation
Assigning collaborative autonomous identity?		15 from all the group members and perhaps gave the boys a feeling of	
		16 success.	11. Success experienced
			12. Assigned collaborative identity.

Data source: Video excerpt 2

Location of instruments and group members:



Who:	Time and Place:	Thick description:	Code:
Younger group	14 April 2009, session 6	This clip is taken from a session with the younger group. This is a closed group consisting of four boys and two therapists. The room is set up with a few instruments placed in a circle. There is an instrument for every child and each therapist. The group moves around the circle of instruments as the therapists sing a song. Some group members join in with the singing. When the singing stops each group member has to stop at the instrument in front of him. The group member who stops in front of the cymbal is then the leader for that round and the other group members have to follow the way in which the leader plays, for example, if the leader is playing loudly then each group member has to play loudly on his instrument. We had used this activity in previous sessions and what would inevitably happen would be that one group member would try to influence how another group member, who's turn it was to be in the leadership role, played. In some cases the leader would be influenced and change their way of playing to what the other group member had suggested. Boy F was usually the boy who tried to	(13) Experiment with different roles / Possibility of exploring different roles (14) Previous group dynamics influence on individual

influence the leader and Boy C was often the boy to be influenced when in the leadership role.

Boy C is standing in front of the cymbal and it is his turn to lead. Boy C plays one forte beat and then looks at the other group members to see if they are watching him. The other group members reach down and pick up their respective instruments and begin to play with Boy C. Boy C stops beating and looks so see that other group members have also stopped. Boy C starts beating in a regular beat, 120 beats/minute, softly this time. Boy F plays loudly and looks at Boy C. Therapist 2 intervenes and motions to Boy F that he must watch Boy C. Boy C then looks at Therapist 2 and continues soft beating and in the same steady tempo. The other group members watch Boy C, play softly and in the same tempo that Boy C is playing in. Boy C continues beating softly and makes eye-contact with Boy E and then with Boy F. Boy F lifts his arms up and motions to Boy C that he should play loudly. Therapist 1 intervenes and shows Boy F that Boy C is to be followed. Boy C looks from group member to group member again and watches how each one is playing. Boy F tries again to motion to Boy C to play loudly, this time he also plays a few loud beats. Boy C looks at boy F and shakes his head, continuing with the soft beating in the same tempo. Boy F then returns to playing softly.

15a. Ind assuming leadership
15b. Ind checks group compliance
15c. Ind. provides musical material
16. Group response/Group validation
17. challenge of leadership
18. T intervenes
19. Group member/group takes ownership
20. Acceptance of leadership/ stops challenging leadership

Data source: Co-therapist's thick description of audio clip from session 9 with the older group

Who:	Time and Place:	Thick description:	Code:
Older group	4 May, 2009, session 9	Therapist 1 and I have decided to work on items for the concert. After working with most of the boys who will be performing, the older boys have a chance to work on their song for the concert. This has formed part of the song-writing process. All of the boys gather in the living room and the therapist asks the boys if they remember the song they wrote. Some of them say they do and others seem unsure. The therapist is also not sure if everyone was present when the song was written. Nonetheless, the group is prompted to think about the message they would like to give their peers. We begin working on the words that one of the boys, Melody, had written for the group. After a while, when the boys negotiate in their own language what to do, they decide to condense the information of the second part which the therapist writes on a flip chart. They decide to end the verse with "enough is enough". The boys talk about over-emphasising the words "enough is enough". This is evident in their body language, even though they are speaking their own language. The boys then work on their words as a rap and develop the words: "open your eyes stay strong follow your dreams love who you are open your eyes stay strong" The boys struggle with deciding how they are going to rap the words and so decide to work on the beginning of the song, find the beat, and	9b. 1b. 1a. 21. Group negotiation 22. Group/group member develops musical idea.

then come back to the rap section. Boy J gives the basic beat, a rap beat, and all the boys join in with the drumming. After playing this for 8 bars, Boy J attempts to end the drumming, but the group continues. They again organise how they will signal the end of the drumming and arrange that Boy J will lift his hands high. He tells everyone to watch him so that they will know when to stop playing. After working through the drumming the therapist asks what they would like to do next and suggests dancing, beat-boxing, rapping or drama. The group decides to beat-box and this is practised together. The boys seem to enjoy the beat-boxing and laugh as they hear the different sounds. The drumming is then played first, after which Boy J ends the drumming, and the boys begin beat-boxing together. This is again negotiated amongst the boys and they begin speaking in their own language. The therapist is then informed that the group wants Boy K, the boy who wrote the song, to rap the words. He stands up and begins working out how to rap the words while the rest of the group beat-boxes. He struggles to fit the words in and we take time to work through the rap. It does not seem to fit in and he is not confident with his singing. He decides to practise the song during the week and put it all together with the group in the following session.

Again the therapist prompts the group for what they would like to do next and they decide to do some dancing. They negotiate that they would like some members to continue playing the drums, while the rest dance. The boys take time deciding who is going to dance. 6 boys stand up and the therapist suggests that they could perhaps perform a dance together. They ask one of the boys to teach them some moves. The moves are quite complicated and they work on some different moves. The boys begin moving freely to the basic beat played by the

15.
16.
17.
21.
15.
16.
19.
23. Enjoyment
21
96.
16.

	1 2 3 4	drummers. The dancing seems to be of a somewhat 'gangster' style and the group laughs as they work through the movements. Eventually Boy L comes to the front and dances by himself while the rest of the group cheers and whistles.	23. 24. Ind expresses creatively.

2) Autonomy being expressed

Data source: Video excerpt 3

Who:	Time and Place:		Thick description:	Code:
Boy A and Boy B	23 May 2009, Shelter concert	1	When we started music therapy at the shelter Boy A and Boy B came	25. Growing self-confidence.
		2	across as being very shy. Whenever they spoke to us they covered	
		3	their mouths and did not make eye-contact. Throughout the group	26. GMT process as confidence builder
		4	music therapy process they gained in confidence. During work at the	
		5	shelter we discovered that Boy A had a beautiful voice and we	27. Musical ability discovered and mobilised.
		6	encouraged him to learn a song to perform at the concert. At first he did	8.
		7	not seem keen, but after a few more weeks he said that he would	
		8	perform it at the shelter concert. Boy A asked if Boy B could perform the	28. Enabling and being enabled by peer support.
		9	song with him, which he did. These boys have had no training and	
		10	learnt the song over a 3 week period. I believe that these boys would	
		11	never have had the courage to stand up and perform when we first	
		12	started working at the shelter, but through the process they were	
		13	enabled to perform. After the concert so many people from the	29a. Public/peer affirmation
		14	audience went up to Boy A and congratulated him on his wonderful	29b. Public assigns performance/ talented identity.
		15	performance. Boy A then remarked that he had no idea that he could	30a. Awakening/mobilising of talent leads to pride/confidence
		16	sing like that and that he was very proud of himself. The concert took	30b. Acceptance of performer/ talented identity
		17	place outside at the shelter. The audience sat within the wire fence.	31. Concert/music attracts attention
		18	Throughout the concert more and more people came to listen. Some	32. Excitement/anticipation.
		19	came into the shelter grounds and others stood watching the concert	
		20	from outside.	
		21	The concert MC, a boy from the shelter, introduces Boy A and Boy B	
		22	and asks them to come forward. The audience starts cheering for them	
		23	and they both skip to the front and prepare for their performance by	
		24	taking the microphones. Therapists help the boys with the microphones	

and music stand. Therapist 1 moves behind the keyboard and plays an introduction to the piece. Boy A sings the first chorus and verse as a solo. (33) He is a little nervous at first, but he becomes more comfortable as it continues. His voice is clear and beautiful. He does not miss a note and there is complete silence from the audience. (31) Boy A then motions to Boy B that he must start singing with him. Boy B joins in with the second chorus and they sing together. Once they have sung the second chorus, Boy A starts beat boxing and therapist 1 stops playing the keyboard accompaniment. Boy A provides the beat and support for Boy B. Boy B then starts rapping the words of the last verse. At this point Boy B is the focus of attention. (29a) (29b) As soon as the boys finish singing the audience starts cheering and clapping enthusiastically. The MC congratulates them on a good performance and the audience cheers and claps a second time.

33. Growing confidence during performance.

34. Invitation to perform together.

Data source: Video Excerpt 4

Who:	Time and Place:	Thick description:	Code:
Boy G	23 May 2009, shelter concert	When we first started working at the shelter Boy G was silent in sessions and did not interact with the other group members or initiate things in sessions. It was only after attending about six group sessions that Boy G started interacting and initiating ideas. This continued to grow and develop over time and three weeks before the concert Boy G came to the therapists and said that he had written a song and that he wanted to perform it at the concert. We worked on an accompaniment for the song. He had the words and the melody that he wanted us to use and we then added guitar, keyboard and rhythm to the song, using a rap drum setting on the keyboard for the rhythm. Initially Boy G was nervous during practices and would get irritated with himself if he made mistakes. We as therapists encouraged and motivated him and slowly his confidence grew. We had three practices with him before the concert. On the day of the concert he was dressed like a rapper and came and greeted us as soon as we arrived, saying that he was nervous, but very excited about his performance. He also asked if people were really going to be watching the concert. We had one run through before the concert and his peers from the shelter listened to his song and cheered for him, many of them telling him that they really liked his song. As with the previous excerpt, this performance took place outside the shelter. The MC introduces Boy G and invites him to perform his song. There is some cheering from the crowd and the head of the shelter is heard to say "Ah, go (name of Boy G)!" in an encouraging and excited manner. Boy G comes forward quickly and takes the microphone offered to him	25. 26. 24 27 36. 35. T as encourager / motivator, supporter 32. 29a. 29a, 29b. 32

by the MC. He acknowledges the crowd and nervously takes his hat off and then puts it back on. He moves around and does not face the crowd directly. Therapists perform a sound check and make a few adjustments. Therapist 1 looks at Boy G and re-assures him and motions for him to step forward. He then faces the crowd directly and tests the microphone by saying "one, two, one, two". He thanks everyone for coming to listen, introduces himself and then says that he would like to sing the song that he wrote called "Unity is very important". Therapist 1 plays guitar and therapist 2 plays keyboard and controls the rap rhythm from the keyboard. Therapist 2 starts the rhythm and moves in time to the beat. Boy G smiles. Therapist 1 then begins playing a D major chord on the guitar. Boy G looks focused and starts tapping his foot in time to the music. The crowd starts cheering loudly for him. Therapist 2 starts clapping along and encourages the audience to join in. Boy G then lifts his left arm up and moves his whole body in time to the music. He then says "one, two" again, testing the microphone. He starts interacting with the audience. He says a few phrases and invites the audience to enjoy the song with him. The audience responds to him by clapping and cheering. He then starts singing his song.

" Unity is very important, yeah
Unity is very important, yeah
Unity in our community
Unity in our country
No colour, no race"

Therapist 1 and 2 continue providing the accompaniment throughout the song. At the end of the song Boy G says to the audience "thank you, thank you, thank you so much...I love you all". The audience cheers and applauds him.

		In our last session we asked the boys to reflect on the whole music therapy process. Boy G responded by saying that he had realised that he could do something and that we had shown them that they (the boys) had talent.	26. 309 11

first dance move. Boy S, one of the older boys, moves to the front immediately and initiates an original dance move, which the group copies. He smiles and laughs as he does this and the crowd's cheering becomes louder. He then moves away from the middle and returns to his place. Immediately Boy T moves to the front and initiates his own original move, which is also copied by the group. The crowd energy is high as they clap and cheer along. Boy T returns to his place and Boy G moves to the front. He faces the group and initiates an original move, somewhat shyly at first and then when he sees the group copying, with more confidence. Therapist 2 moves to the front again and the group returns to the choreographed dance. This section is shorter than the first time and therapist 2 moves aside. Boy F, one of the younger boys tries to push his friend, Boy E into the middle, but Boy E is shy and resists this. Therapist 2 encourages Boy E to dance in front. Boy E comes out, but then returns to his place quickly. The rest of the group continues moving in time to the music, but doesn't try take over Boy E's turn, clapping along encouragingly. After Boy E returns to his place, Boy U, one of the older boys, comes to the front and initiates a movement that the group then copies. His comical movements elicit louder cheering and whistling from the audience. Boy E then decides to come forward and he starts dancing freely in front of the group. Therapist 2 has already moved back in front of the group and does not see that Boy E has come forward. Therapist 2 starts dancing the choreographed part again, Boy E continues dancing however and from the crowd's reaction, Therapist 2 turns around and sees Boy E dancing and moves aside. Boy E continues for a few more seconds and then returns to his place. The group returns to dancing the choreographed piece. Therapist 2 turns around and initiates a movement which the group copies. There is

Appendix iii

Data source B: Session notes

Data source: Session notes 1

Session information:	Session notes:	Code:
2 February 2009, extract from session notes after an initial open group session.	This is going to be an interesting placement; I loved my first day there and felt that the music brought a vitality and energy to the shelter that was not there when we arrived.	37 Music brings vitality & energy.
2 March, extract from session notes on session with middle group. Session 4	Started off the session today with a spontaneous drumming activity. Each group member playing what they liked, when they liked. I then took into the hello song. The sound merged into one as we started beating the rhythm together, The hello long is high in energy and each individual solo was different, very few copied each other. The song gathered momentum as it continued and there seemed to be a real flow in our sound. The group members sang along and loudly and they seemed to enjoy their 'solo moments'.	3. 5, 24. 31 38. Music provides vitality/energy
10 March, session notes from an open group.	We were unable to have separate groups today as not all the boys were around. This led to us sharing one large open group that was very spontaneous in nature and in which I felt that we really connected with the boys and in which they connected with each other. The boundaries between the older boys (generally the leaders) and the younger boys (generally the followers) were blurred in some parts of the session, specifically during the reggae song. During the improvisation the older boys tended to dominate. Therapists should have perhaps intervened in order to 'steer' the improvisation a little more, although was perhaps more authentic as boys really led the improvisation. The energy in the room increased significantly as the session progressed. I got the sense that that these boys experienced a sense of freedom in this session and many tried out new things.	39. Connection (T/grop members). 39b. Music as connector. 40a. GMT facilitates experience of freedom 40b. GMT facilitates experimenting new things.

16 March, session notes from middle group, session 6.	1	This was the first session in which I felt that the boys are starting to trust my co-	41. Trust develops & grows.
	2	therapist and I. There was lovely interaction between group members and	39a 42. Ts reflective stance.
	3	between group members and therapists. My sessions are still quite activity based	
	4	and perhaps lack a sense of musical flow. I explain a lot verbally and should	
	5	perhaps keep it more in the music; this could specifically be done when finished	
	6	with the hello song to move directly into a drumming activity. The use of a	
	7	choreographed dance worked very well with the group and I felt that they took	19
	8	ownership of the dance immediately and perhaps experienced success as a	11
	9	group. There were lovely moments of self-expression in the 'solo' parts of the	
	10	dance and it seems that the boys are far less inhibited than when we first started	
	11	working at the shelter.	
26 March, session notes from younger group, session 5.	12	I really enjoyed this session and there was a high level of playfulness. This	43. GMT enables play
	13	playfulness and spontaneity seems to grow from session to session and I feel that	
	14	these children have really taken ownership of the music. The energy level	19. 37.
	15	increases considerably during sessions. The children seem to enjoy playing and	
	16	there was a highly relational aspect in this session. There seems to be more	23.
	17	awareness of each other in the group setting and I feel that moments of validation	39a
	18	were experienced by all group members. Boy C and Boy D really started to push	44. Music is controllable.
	19	the boundaries as they have begun to realise that they control the music. I feel	45. Validation as empowerment.
	20	that these experiences of being validated when pushing the boundaries may have	
	21	been an empowering experience for them.	

20 April, session notes from middle group, session 8.	1	There was a high energy level in the group today. The session flowed better as I	37
	2	continued the music in the different sections of the improvisation. The	
	3	improvisation had different sections. It was relatively structured, but within this	
	4	there was flexibility as group members initiated things. There were moments	
	5	where the group beat was not synchronised. I did not intervene as I waited to see	46. T stands back.
	6	if the group would feel this and attune to each other, this is exactly what happened	
	7	and a group beat was established. The group really enjoyed the music listening	
	8	and drawing activity and I feel that it gave them a different mode of expression.	
20 April, session notes from younger group, session 6.	9	This session was meaningful in I felt, in that the various group members initiated	24
	10	many things in the various activities. There was greater interaction between group	42
	11	members and group members and therapists. I feel that the group members have	
	12	become more autonomous and that the music has become more authentic as I	15a.
	13	use cues given by the group to steer activities. Boy C was insistent in playing how	
	14	he wanted to and did not follow other group members when they tried to tell him	
	15	how to play. There has been real development in all group members with regards	
	16	to this, they don't merely follow each other, but rather insist that the group follows	
	17	what they are doing. This session was pivotal in this regard. I think the group is	47. GMT provides safety & security.
	18	now feeling safe and secure and willing to try out new things.	

4 May, session notes from concert rehearsal.	1	The boys are very excited for the upcoming concert and more and more of them	31
	2	want to perform solo items, especially songs or poems that they have written	32
	3	themselves. This is something I don't think would have happened in the beginning	30a
	4	stages of our work. They have grown so much in self-confidence. I believe that	24
	5	this can be directly attributed to experiences of validation and acceptance that	26
	6	they have had during sessions. The group session have encouraged expression	45
	7	and experimenting within a supportive environment, it would seem that this has	
	8	enabled many of these boys to become more expressive and autonomous. John	
	9	(name has been changed), head of the shelter has said that he has seen a huge	
	10	difference in the boys. He is also now excited for the concert and says that he	
	11	wants all their sponsors to be there.	
23 May, extracts from personal reflections after shelter concert.	12	When Sherri and I arrived at the shelter there was an air of anticipation. John	32
	13	(head of the shelter, name has been changed) had organised chairs for people to	
	14	sit on and they had been placed in the open area outside the shelter. The boys	
	15	were a mixture of nerves and excitement. Many of them had put on their best	30a
	16	clothes and were looking for combs to comb their hair. Many of them took great	
	17	care of their physical appearance for the concert. John was also excited for the	
	18	concert and he disappeared for an hour in order to get ready. I got the impression	31
	19	that he wanted visitors and guests to see the shelter at its best.	

Appendix iv

Codes

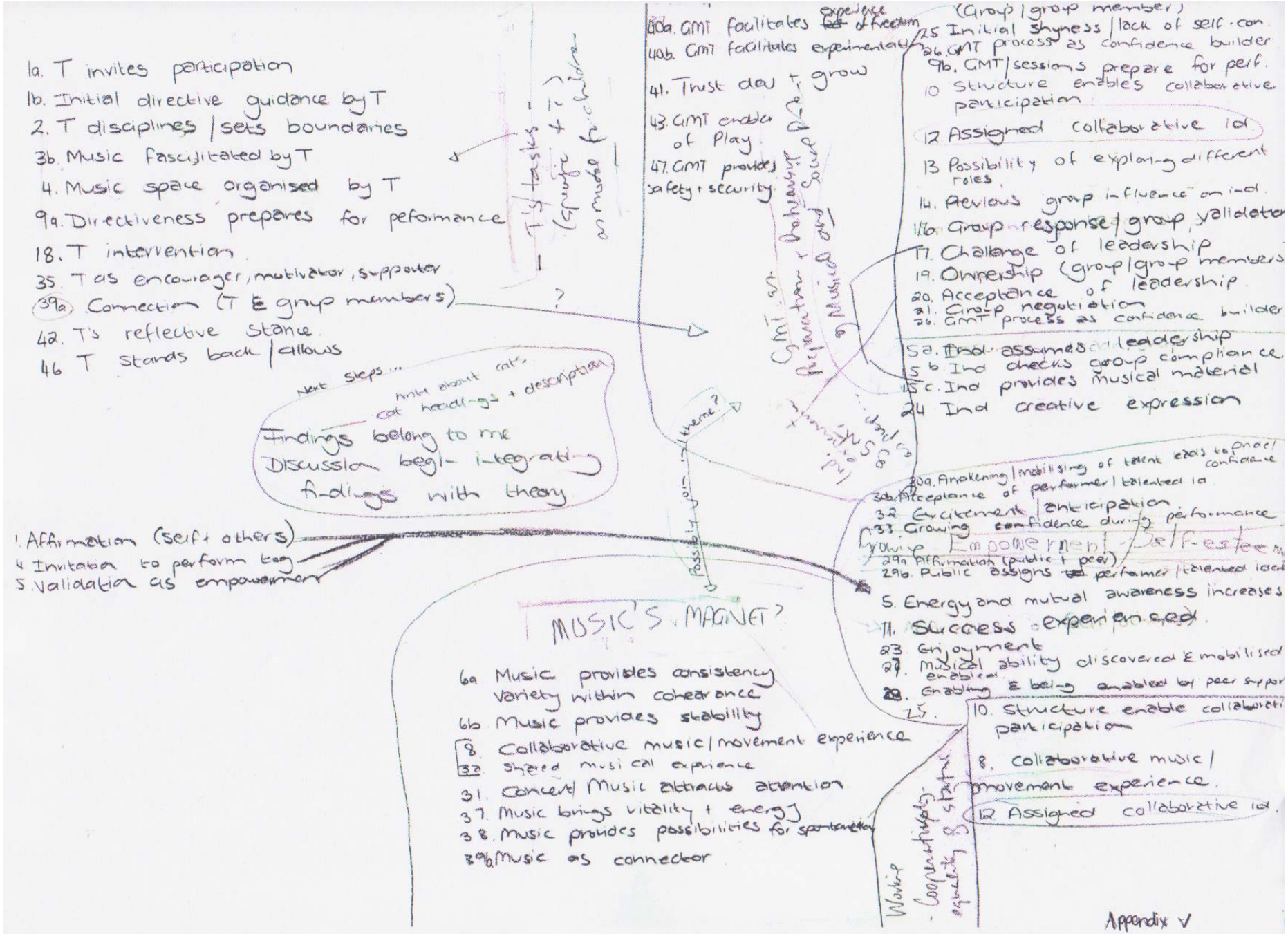
1a. Therapist invites participation (A14, B7, F8
1b. Initial directive guidance by T (A15, B3, B16, B17, F5, C7, G21, N20 models
2. T discipline / T sets boundaries (B,
3a. Shared musical experience (B9, C1, Q9, S6
3b. Music facilitated by T (B11, B14, B29, C6, K7, L9
4. Music space organised by T (B14, B28, N16,
5. Energy/mutual awareness increases (C3, Q6, Q8, R16
6a. Music provides consistency (C6, C7, N22, S3 variety, within-composition
6b. Music provides stability (C4, N22, S3
7. Affirmation of self/others (C9, P7
8. Collaborative music (movement experience) (C12, I7, N2, N13, N20, P8, Q6, S6
9a. Directiveness prepares for performance (C12)
9b. GMT sessions prepare (for collaborative performance) (C12, G18,
10. Structure enables participation (C14, F2, N3, S3
11. Success experienced (C16, I11, M2, R8.
12. Assigned collaborative identity (C14,
13. Possibility of experimenting (explicit) different roles (D7, Q19
14. Previous group influence on ind. (D11, S15
15. Assuming leadership (Ind) / Check (Group) Compliance (Provides musical material) (E3, E14, G12, G5, G24, S13, S15
16. Group response / Group validation (C6, E12, G12, H2, R17.
17. Challenge of leadership (E9, E14, E16, E18, G13,
18. T intervention (E9, E16,
19. Group member / group takes ownership (E19, G22, G28, N11, R7, R14
20. Acceptance of leadership (E20,
21. Group negotiation (F1-G1, G14, G12-G15
22. Group / Group member develops musical ideas (F11-G1, G8, G28
23. Enjoyment (creative) (G9, H2, N20, O1-4, O5, O19, P1, P7, Q9, R15.
24. Individual Expression (H8, K6, O1-4, O5, O8, O12, Q4, Q6, Q9, R9, S9, T2
25. Initial shyness / lack of self-confidence (I1-3, I6, K1-3, K10, L1, O8, R10,)
26. GMT process as confidence builder (I3, I10-13, K3, M2, R10, T4,
27. Musical ability discovered. Embellished (I4, K6-7)

40a. GMT facilitates experience of freedom (Q20,
40b. GMT facilitates experimentation (Q24, T6
41. Trust dev + grow (R1,
42. T's reflective stance (R3-6, S11
43. GMT enabler of play. (R12,
44. Music is controllable (R14,
45. Validation as empowerment (R20, T5
46. T stands back (allows) (S5,
47. GMT provides safety & security (S17, T1

1. GMT/session prepare for collaborative performance (C_{12}, G_{18},
2. Structure enables participation (C_{14}, F_2, N_3, S_3
3. Success experienced (C_{16}, I_{11}, M_2, R_8.
4. Assigned collaborative identity (C_{14},
5. Possibility of experimenting (explaining) different roles (G_7, Q19
6. Previous group influence on ind. (O_{11}, S_{15}
7. Assuming leadership (ind) / Check (ind) on compliance (group) / Provides musical material (E_3, E_{14}, G_2, G_5, G_{26}, S_{13}, S_{15}
8. Group response / Group validation (E_6, E_{12}, G_{12}, H_2, R17.
9. Challenge of leadership (E_9, E_{14}, E_{16}, E_{18}, G_{13},
10. T intervention (E_9, E_{16},
11. Group member / group takes ownership (E_{19}, G_{22}, G_{28}, N_{11}, R_7, R14
12. Acceptance of leadership (E_{20},
13. Group negotiation (F_{1-7}, G_{11}, G_{14}, $G_{12}-G_{15}$
14. Group / Group member develops musical ideas ($F_{11}-G_{11}$, G_8, G_{28}
15. Enjoyment (creative) (G_9, H_2, N_{20}, O_{1-4}, O_5, O_{19}, P_1, P_7, Q_9, R15.
16. Individual ^Expression (H_2, K_6, O_{1-4}, O_5, O_8, O_{12}, Q_4, Q_6, Q_9, R_9, S_9, T_2
17. Initial shyness / lack of self-confidence (I_{1-3}, I_6, K_{1-3}, K_{10}, L_1, O_8, R_{10},)
18. GMT process as confidence builder (I_3, I_{10-13}, K_3, M_2, R_{10}, T_4,
19. Musical ability discovered & mobilized / enabled (I_4, K_{6-7},
20. Enabling and being enabled by peer support (I_8, O_{12}, Q9
21. Public / Peer affirmation (I_{13}, J_{12-15}, K_{22}, L_{13}, L_{18}, L_{27}, O_{1-4}, O_8, O_{19}, P_5, P_9, P_{13}.
22. Public assigns performer / talented identity (I_{13}, J_{12-15}, K_{18}, K_{23}, L_{18}, L_{27}, N_{19}, O_{1-4}, O_5, O_{19}, P_9, P_{13}
23. Awakening / mobilising of talent leads to pride / confidence (I_{15}, L_{26}, M_2, O_{1-4}, O_5, P_1, P_{10}, T_2, T_{15}
24. Acceptance of performer / talented identity (I_{15}, L_2, L_{5-8}, L_{15-18}, O_{1-4}, O_5, O_8, P_{10}
25. Concert / Music attracts attention (I_{17}, P_{13}, T_1, T_{18}.
26. Excitement / anticipation (I_{22}, K_{14}, K_{24}, N_{19}, O_6, O_{12}, P_7, T_1, T_{12}.
27. Growing confidence during performance (J_4, L_{11}, O_{20}, P_1, P_5
28. Invitation to perform together (J_6, N_3,
29. T as encourager / motivator / supporter (K_{12}, I_6, L_4, O_{14},
30. Group allows space for ind to shine (O_{17}, O_{24}, P_1
31. Music brings vitality & energy (Q_1, Q_9, Q_{19}, R_{14}, S_1
32. Music provides possibilities for spontaneity (Q_4, Q_9, Q_{12}
33. Connection (T / group members) (Q_{13}, R_2, R15
34. Mixing (Q_{111}

47 GMT provides safety & security (S_{17}, T_6.

Appendix v



Appendix vi

Emergent Themes.

Cats

1. Therapist's specific Tasks. - Theme 1?
2. GMT as preparation & Rehearsing of musical & sociable Roles.
3. Ild experience of GMT as preparation & rehearsing of musical + sociable roles.
4. Working Tog: Co-operativity
5. Music's magnetism
6. Growing empowerment & self-esteem.

Possible Themes.

1. T specific tasks
2. The Role of GMT : C 2, C 3, C 6, C 4
3. The Role of preparing for concert + performing : C 2 C 4, C 3, C 6
4. The Role of Perf : C 2 C 4, C 3, C 6
5. Music's Magnetism : C 5

Appendix vi