



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

School of the Arts

Student name: Adél Janse van Rensburg
Student number: 18312536
Address: 3 Metje Street
Klein Windhoek
Namibia
9000

Cell phone: +264.81.128.4600
E-mail address: onbeatmusic.cc@gmail.com



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

School of the Arts

A dissertation submitted in partial fulfilment of the requirements for the MMus (Music Therapy) degree

Under pressure: Music therapy for examination anxiety in Grade seven learners

Adél Janse van Rensburg
Student number: 18312536

School of the Arts
Faculty of Humanities
University of Pretoria

Date: March 2020

Supervisor: Dr Carol B Lotter



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

School of the Arts

Declaration

Qualification: MMus Music Therapy

Title of dissertation: Under pressure: Music therapy for examination anxiety in Grade seven learners.

I, Adél Janse van Rensburg, (u18312536) declare that this dissertation is my own original work and has never been submitted to any other institution of higher learning. All sources cited or quoted in this research paper are indicated and acknowledged in the comprehensive list of references. I understand what plagiarism is and am aware of the University's policy and implications in this regard.

A handwritten signature in black ink, appearing to read 'A. Janse van Rensburg'.

A. Janse van Rensburg

U18312536

April 2020



Acknowledgements

Doing this degree would not have been possible without the input and help of many more people than mentioned below. Nonetheless, I gratefully acknowledge the assistance and support of the following people throughout this endeavour and wish to especially thank:

- My husband, Francois- for his never-ending, tireless efforts to support and encourage and always “having my back”. You are solid as a rock!
- Dr Carol Lotter- my supervisor, for her patience, guidance, ever-availability and moral support.
- My three precious children Karla, Tanya and Ruan – for their amazing positive support and believing in me.
- My father, Klaus Erdmann, who always encouraged us to travel roads less travelled and provided me a home-away-from-home.
- Family and friends- for their flexibility, love and endless support.
- Jess Landzaad and Joey Chen, my fellow students and soon to be music therapist-colleagues – for teamwork, motivation and the immense value you added to this journey and my life.

I also extend my gratitude to:

- Prof Cilas Wilders- for his immeasurable input and vast knowledge of, and love for research.
- Carina Strydom- for conducting the valuable research intervention and her positive input.
- Arno van Wyk, Elna de Jager and learners of the Windhoek Afrikaanse Privaatskool who participated in this research project- for their huge contribution to a new approach in addressing examination anxiety.

Finally, I am humbly thankful for God’s Grace, allowing me to see this journey through.

I dedicate this research to Amy Viljoen, with whom I embarked on this this journey.



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

School of the Arts

To those music therapists – past, present, and future- who dare to follow where people and music lead.

Mercédès Pavlicevic and Gary Ansdell
In Community Music Therapy (2004)



Table of contents	Page
Abstract	x
Keywords	xii
Chapter 1: Introduction	1
1.1 Background and context	1
1.2 Aim of the study	4
1.3 Research questions	4
1.4 Conclusion	4
Chapter 2: Literature review	6
2.1 Introduction	6
2.2 Educational systems, testing regimes and academic stress	6
2.3 Defining terminology: anxiety, examination stress, test anxiety, worry and evaluation anxiety	8
2.4 Effects of anxiety and stress on learners	9
2.4.1 Somatic effects	9
2.4.2 Psychological effects	10
2.5 The measurement of examination anxiety in learners	11
2.6 General approaches to the treatment of examination anxiety in learners	13
2.7 Music therapy and examination anxiety	14
2.8 Conclusion	14
Chapter 3: Methodology	16
3.1 Introduction	16
3.2 Research paradigm	16
3.2.1 Ontology and epistemology	17



3.2.2	Mixed methods convergent parallel form	17
3.3	Research questions	19
3.4	Research design	19
3.5	Sampling	19
3.6	Data collection	22
3.6.1	Quantitative data collection: RCMAS-2 Questionnaire: Source A	22
3.6.2	Qualitative data collection	27
3.6.2.1	Focus group interviews: Source B	27
3.6.2.2	Thick descriptions: Source C	29
3.7	Data preparation	31
3.7.1	Quantitative data preparation	31
3.7.2	Qualitative data preparation	32
3.8	Data analysis	33
3.8.1	Quantitative data analysis	33
3.8.2	Qualitative data analysis	34
3.8.3	Integration of qualitative and quantitative analyses	35
3.9	Research quality and study limitations	36
3.10	Ethical considerations	36
3.11	Conclusion	38
Chapter 4: Data Analysis		39
4.1	Introduction	39
4.2	Quantitative data analysis	39
4.2.1	Results	40
4.2.1.1	RCMAS-2 Validity scales	41
4.2.1.1.1	Validity scale 1: Inconsistent responding (INC)	42
4.2.1.1.2	Validity Scale 2: Defensiveness (DEF)	44
4.2.1.2	RCMAS-2 Anxiety scales	47
4.2.1.2.1	Anxiety Scale 1: Total anxiety (TOT)	48
4.2.1.2.2	Anxiety Scale 2: Physical anxiety (PHY)	50
4.2.1.2.3	Anxiety Scale 3: Worry (WOR)	51



4.2.1.2.4	Anxiety Scale 4: Social anxiety (SOC)	53
4.2.2	Statistical analysis of combined data	56
4.2.3	Summarising quantitative findings	59
4.3	Qualitative data analysis	60
4.3.1	Transcription	60
4.3.1.1	Transcription of focus groups	61
4.3.1.2	Transcription of thick descriptions	63
4.3.2	Coding	64
4.3.3	Development of higher codes	67
4.3.4	Development of themes	69
4.4	Conclusion	70
Chapter 5:	Discussion	71
5.1	Introduction	71
5.2	Quantitative discussion: RCEMAS-findings	71
5.3	Qualitative discussion	75
5.3.1	Theme 1: Subjective experience of examination anxiety	76
5.3.1.1	Anxiety provoking factors	77
5.3.1.2	Impact of anxiety: Psychological responses	81
5.3.1.3	Impact of anxiety: Somatic responses	81
5.3.1.4	Anxiety Management	83
5.3.2	Theme 2: The face of examination anxiety	86
5.3.2.1	High and excessive energy levels	87
5.3.2.2	Responses to relaxation	88
5.3.2.3	Personal disclosure of examination anxiety	89
5.3.2.4	Fear of being exposed	89
5.3.3	Theme 3: Individual and group shifts experienced in the music	90
5.3.3.1	Shifts in personal experience of examination anxiety	91
5.3.3.2	Personal engagement and social interaction in the music	93
5.3.3.3	Increased self-expression through music-making	95



5.3.3.4	Extent of focus	95
5.3.3.5	Interpersonal interaction	97
5.3.3.6	Music therapy as strengthening	97
5.3.3.7	Music therapist's aims and initiatives	99
5.3.4	Conclusion	102
Chapter 6:	Conclusion	103
6.1	Introduction	103
6.2	Summary of findings	103
6.3	Limitations of study	104
6.4	Future recommendations	105
6.5	Closing comments	106
	References	107



List of figures	Page
Figure 2.1 Yerks-Dodson Law	11
Figure 4.1: Inconsistent responding results for the control group pre- and post-test	42
Figure 4.2: Inconsistent responding results for the experimental group pre- and post-test	43
Figure 4.3: Defensive responding results for the control group pre- and post-test	45
Figure 4.4: Defensive responding results for the experimental group pre- and post-test	46
Figure 4.5: Anxiety scale 1: Total anxiety results for control group pre-and post-test	48
Figure 4.6: Anxiety scale 1: Total anxiety results for experimental group pre- and post-test	49
Figure 4.7: Anxiety scale 2: Physical anxiety results for control group pre-and post-test	50
Figure 4.8: Anxiety scale 2: Physical anxiety results for experimental group pre-and post-test	51
Figure 4.9: Anxiety scale 3: Worry results for control group pre-and post-test	52
Figure 4.10: Anxiety scale 3: Worry results for experimental group pre-and post-test	53
Figure 4.11: Anxiety scale 4: Social anxiety results for control group pre-and post-test	54
Figure 4.12: Anxiety scale 4: Social anxiety results for experimental group pre-and post-test	55



Figure 5.1: EGP6's representation of examination anxiety	78
Figure 5.2: EGP8's representation of examination anxiety	80
Figure 5.3: EGP5's representation of examination anxiety	83
Figure 5.4: EGP10's representation of examination anxiety	86
Figure 5.5: EGP6: Self-affirmation	92
Figure 5.6: EGP2's representation of examination anxiety and scattered thoughts	96



List of tables	Page
Table 3.1 Scales Scored on the RCMAS-2	23
Table 3.2 Attendance record of the during the music therapy intervention.	30
Table 3.3 Segment of Raw Data: RCMAS-2 Questionnaire pre-test: experimental group and control group	32
Table 4.1 Independent Samples Tests for significant differences between the experimental group and the control group with regard to the pre-test	40
Table 4.2 Descriptive statistics and statistical analysis for physical anxiety (PHY), Worry (WOR), Social anxiety (SOC) and Total anxiety TOT).	56
Table 4.3 T-Test for Performance Anxiety between the control group and experimental group	59
Table 4.4 A segment of a focus group interview transcription before coding	62
Table 4.5 Segment of a thick description before coding	63
Table 4.6 Example of Level 1 segmenting in focus group 1	65
Table 4.7 Example of organised segments under Level 1 codes in focus groups	65
Table 4.8 Example of organised segments under Level 1 codes in thick descriptions	66
Table 4.9 Example of Level 2 coding in a focus group	67
Table 4.10 Example of Level 2 coding of thick descriptions	68
Table 4.11 List of Level 2 codes	69
Table 4.12 Synopsis of higher level codes and themes.	70



Appendices	Page
Appendix A: RCMAS-2 Questionnaire	124
Appendix B: Letter of Information: Chairman of School Board and Headmistress	126
Appendix C: Letter of Consent: Chairman of School Board and Headmistress	128
Appendix D: Letter of Information: Parents/Guardian	129
Appendix E: Participant information: Leaflet	131
Appendix F: Letter of Consent: Parent/Guardian: Reply Slip	133
Appendix G: Letter of Assent: Participant: Reply Slip	134
Appendix H: Example of a completed RCMAS-2 questionnaire	135
Appendix I: Focus Group Interview Schedule	137
Appendix J: Index of session plans for music therapy intervention	139
Appendix K: Raw Data: RCMAS-2 Questionnaire pre- and post-test control group	147
Appendix L: Raw Data: RCMAS-2 Questionnaire pre- and post test experimental group	148
Appendix M: Permission to conduct research study from Pretoria University	149
Appendix N: Letter of Information: Namibian Ministry of Education	150
Appendix O: Letter of Approval: Namibian Ministry of Education	151
Appendix P: Letter of Educational Psychology Support	152
Appendix Q: Letter of Confirmation: Music therapist	153
Appendix R: Complete focus group 1 interview transcription in Afrikaans before coding	154
Appendix S: Complete focus group 2 interviews transcription in Afrikaans before coding	190
Appendix T: Segmentation for focus group 1 with translation	201
Appendix U: Segmentation for focus group 2 with translation	211
Appendix V: Complete transcription of thick descriptions before coding	217
Appendix W: Complete Level 1 codes for focus group 1	222



Appendix X:	Complete Level 1 codes for focus group 2	233
Appendix Y:	Complete Level 1 codes for thick descriptions	240
Appendix Z:	Complete list of Level 2 codes for focus group 1	246
Appendix AA:	Complete list of Level 2 codes for focus group 2	248
Appendix AB:	Complete list of Level 2 codes for thick descriptions	249
Appendix AC:	RCMAS-2 Questionnaire frequencies summary	252
Appendix AD:	Pre and post results on mathematics tests	253
Appendix AE:	Summary of thematic analysis	254



Abstract

In this exploratory study, a mixed methods approach was utilised to explore what music therapy can offer learners who experience anxiety prior to writing examinations; especially Mathematics, which is considered anxiety provoking. Twenty-one learners of the Windhoek Afrikaanse Privaatskool, Namibia, were randomly selected and divided into an experimental group and a control group. The study included a pre- and post-test. As part of the pre-test, both sets of data (quantitative and qualitative) were collected on the first day of the examination period in November 2018, before and after writing a Mathematics paper. Due to the allocated time frame for this study, the pre-test was performed when the learners were still in Grade 6. During the post-test conducted in March 2019, when the same learners were in Grade seven, similar procedures were followed.

Quantitative data were obtained through participants completing the RCMAS-2 questionnaire that measured anxiety and three anxiety scales - Physical anxiety, Worry and Social anxiety - were encapsulated in the Total anxiety score. Quantitative data were analysed by implementing descriptive statistical analysis.

Qualitative data were collected using focus group interviews and three thick descriptions of meaningful progressive phases of the music therapy process. The data were analysed using thematic analysis. The three themes of 1) Subjective experiences of examination anxiety, 2) The face of examination anxiety in the music and 3) Individual and group shifts experienced in the music, formed the crux of the qualitative discussion.

The music therapy intervention consisted of seven weekly music therapy sessions, were facilitated by an independent music therapist and conducted over a period of seven weeks leading up to writing the second Mathematics examination.



Overall, the music therapy intervention did not yield strikingly positive impacts on the learners if one considers the quantitative data as the yardstick. Findings from the RCMAS-2 questionnaire suggested that participants experienced an increase in Total Anxiety. The qualitative findings showed that Grade seven learners perceived music therapy to be beneficial. It is therefore suggested that music therapy could be implemented in schools to help reduce pre-exam stress levels, as well as encourage learners to take responsibility for their own management of anxiety by providing strategies of managing anxiety and stress. The researcher recommends that more studies should be conducted to research the benefits thereof and how it would be applicable to wider communities and non-African contexts.



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

School of the Arts

Keywords

Examination anxiety, primary school, Grade seven learners, music therapy,
examination anxiety management, mixed methods



1 INTRODUCTION

“Stress in addition to being itself, was also the cause of itself, and the result of itself.”

(Selye, 1936)

1.1 Background and context

Umuzdas (2019) explained that the difference between the perception of anxiety and fear become apparent over a period of time. Fear is defined as a person’s response to external threats and dangers in a specific moment, whereas anxiety is the response of an individual to internal fears and threats and implicates concerns about the future. Anxiety is considered one of the most primitive human emotions and there are multiple types of anxiety such as performance anxiety, test anxiety and general anxiety.

A review of the literature indicates a lack of precision regarding terminology used to describe the “fear of being evaluated.” Putwain (2007) explained that, due to domains not being clearly defined, the terms "academic stress", "examination or test anxiety" and "worry" are used interchangeably in research referring to the same social phenomenon. For the purpose of this study, the term "examination anxiety" is thus used as an umbrella term to describe negative effects associated with examinations and will encompass respective terms such as worry, test anxiety, assessment anxiety and evaluation stress. The term examination anxiety thus represents an amalgamation of physiological over-arousal, tension and somatic symptoms, combined with worry, dread and atychiphobia (fear of failure) that presents itself prior to or during examination situations (Chamberlain and Sadreddini, 2016; Putwain, 2007; Putwain, 2008a).

Anxiousness has become a focal point of our daily vocabulary and conversation. Some feelings of anxiousness are common and helpful to stay mentally and physically aware. Many learners may experience a normal amount of anxious feelings or apprehension in certain situations. However, test taking is a specific academic event in which learners usually experience high levels of anxiety that become a problem to their ability to accurately demonstrate their knowledge and abilities. Overwhelming evidence in literature



proposes that examination stress is detrimental to one's health. According to Ken Schuster, a neuropsychologist and Director of Clinical Training at the Child Mind Institute in San Francisco Bay, this type of examination anxiety has the potential to cause childhood disintegration. He explains that certain abilities of learners experiencing examination anxiety become diffused, to such an extent that they tend not to think clearly and subsequently exercise poor judgment.

Learners in primary school settings (ages 6 to 13) are increasingly exposed to a competitive environment and are under constant pressure to produce better academic results (Reynolds, 2018). According to Reynolds (2018), author of the revised children's manifest anxiety scale-RCMAS-2, a related change between the original RCMAS and the RCMAS-2 is the identification of a new group of items pertaining to the experience of performance anxiety. Therefore, these learners' responses to the items covered by the RCEMAS-2 are consistent with the statement that learners today perceive an even greater need than before to achieve or perform adequately in school and among their peers (Reynolds, 2018). Accumulating evidence shows that schools are a significant source of anxiety among learners presenting with chronic pain and that anxiety contributes to school-related functional impairment (Jastrowski Mano, 2017). Consequently, such academic pressure, due to the competitive environment, leads to stress and anxiety as indicated in the research (Leonard, 2015). Putwain's (2008a) research also informs this study by showing that learners can experience severe stress and anxiety prior to writing examinations.

Literature pertaining to the involvement of music therapy exists as an effective treatment for general anxiety. However, the body of knowledge indicating the effect of music therapy on primary school learners suffering from examination anxiety seems scarce. This study hopes to fill a gap in the literature and to provide a useful tool in addressing the experience and management of examination anxiety in primary school learners.

Contemporary literature regarding the treatment of examination anxiety in the primary school learner appears to be limited. Spielberger, Anton and Bedell (2015) identified systematic desensitisation, a form of behavioural therapy, and relaxation as most



frequently used approaches in addressing examination anxiety. Music therapy may be a non-invasive contemporary approach and an ideal tool that could help primary school learners manage their anxiety with regard to writing examinations.

In 2017 a national UK survey was undertaken by a British daily newspaper, *The Guardian*, in which eight out of 10 participating primary school learners (82%) reported an increase in mental health matters around the time of the exams (Weale, 2017). They complained about grappling with their comprehension of subjects, mounting and excessive workloads and feelings of unpreparedness, and were showing increased signs of stress and anxiety. Other symptoms reported were insomnia, depression, anxiety, panic attacks, low self-esteem, suicidal thoughts, self-harming tendencies and a worsening of pre-existing mental health conditions (Weale, 2017).

Statistics from Childline in the United Kingdom also indicated that during 2016 and 2017 an exponential rise in examination stress was reported by 12 to 15 year olds. Peter Wanless (2017), chief executive of the National Society for the Prevention of Cruelty to Children (NSPCC), the United Kingdom's leading children's charity, confirmed that many learners who are struggling to manage the pressure to succeed in examinations, annually contact the centre. Approximately 3135 counselling sessions on examination stress were delivered, indicating a rise of 11% in a two year period. Counsellors warned that schools should guard against raising the accountability measures of their testing system too high, since it can be damaging to both teachers and pupils and affect their wellbeing.

The above statements can easily be applied to the present-day climate faced by local primary school learners in Namibia. In search of literature for this current study, the researcher did not come across sufficient research which could attest to the prevalence and symptoms of examination anxiety in primary school learners in a South African or Namibian context. Within a sub-Saharan context in Zimbabwe, Paul and Hlanganipai (2017) examined the prevalence and severity of stress, anxiety and depression among Form 4 learners (the Namibian equivalent of Grade 11). Results indicated that most learners (90%) experienced varying levels of stress, anxiety and depression due to fear of failure and its consequences. Furthermore, poor preparation before taking an



examination, poor examination taking skills, and additional pressures from multiple sources seem to complicate the matter. In his study on student performance in Grade 12, Tlale (2016) recognised that stress might primarily be the cause of learners performing poorly and blamed the media, parents and present day politicians for measuring the success of education against student performance.

1.2 Aim of the study

This mixed methods study aimed to explore what group music therapy sessions could offer a group of Grade seven learners in addressing examination anxiety. It was envisaged that the outcome of this study would contribute to an understanding of primary school learners' experience and management of examination anxiety.

1.3 Research questions

The main research question guiding this exploratory study is: What is the role of music therapy in addressing examination anxiety in a group of Grade seven learners?

The following sub-questions are also included and focus on the effects of examination anxiety that primary school learners experience prior to and during examinations, ways music therapy may enable them to manage examination anxiety, and how music therapy can be used as a coping strategy:

- How do Grade seven learners experience examination anxiety?
- How do Grade seven learners experience group music therapy in relation to managing examination anxiety?

1.4 Conclusion

From the literature reviewed it is apparent that young learners experience examination anxiety prior to writing examinations. Incorporating the research problem, as well as the



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

School of the Arts

research questions stated above, the following chapter will offer a detailed literature review of examination anxiety, providing valuable background information on this social phenomenon.



2 LITERATURE REVIEW

2.1 Introduction

This chapter reviews the literature and explores the concepts central to this current study. These concepts have specific pertinence to the educational system, testing regimes, academic stress that primary school learners are experiencing before or during writing school examinations and the role of music therapy as an intervention for anxiety.

Examination anxiety presents as psychological or somatic symptoms and earlier literature on learners' examination anxiety dating back to the 1940's, already indicates that focus was placed on the mentioned symptoms. Liss (1944) was of the opinion that being anxious during examinations was a common experience, and that in some instances, phobias (although less frequent) could be equally devastating in their impact on a learner. He concluded that both anxiety and phobia might often terminate in dysfunction, maladjustment and serious emotional distortions and may have a significant influence on physical well-being and psychological stability. Negative emotions such as depression and anxiety are deemed the result of negative thinking patterns and are influenced by psycho-social factors. Somatic disturbances present in times of examination, are indicated as being gastrointestinal, genitourinary, respiratory and cardiovascular in nature (Liss, 1944). Sarason (1960) stated that people's daily lives are partly influenced by their test performance because they operate within a test-conscious and test-giving culture. Putwain (2008a) pointed out that examination anxiety was already a concern more than seventy years ago. Zeidener (1993) argued that candidates applying for demanding jobs and admission into highly competitive educational programs, will also experience the importance of test scores more intensely, due to the evolving information age.

2.2 Educational systems, testing regimes and academic stress

Every Child Matters (ECM), an enterprise in the United Kingdom (UK), is of the opinion that schools are responsible for the psychological and emotional well-being of their learners (Spratt, 2006). ECM also expresses the hope that aspects of stress, anxiety and



examination anxiety will not be trivialised, but considered more seriously than before. Nicholson (2016) advised that it is imperative for schools and teachers to make time to address social, emotional and mental health issues in the development of learners.

Lunt (2003) stated that an obsession with academic evaluation exists in the United States of America. Denscombe (2000) emphasised that the lack of similar literature published in the United Kingdom might be an inclination to disregard stress and anxiety experienced by youths. Learners' experiences of anxiety over examinations and other forms of evaluation are somehow trivialised and regarded as less meaningful than those of adults.

Bedell and Marlowe (1995) explained the detrimental effects examination anxiety may have on learning and academic performance, and confirmed that information regarding this matter is well represented in the existing literature. As young learners progress through an educational system they will typically experience a greater frequency of situations where they will be tested. Parallel to this comes higher expectations and pressure from parents and schools to perform well and these expectations may become internalised in a young person (McDonald, 2001). Some learners and parents have removed themselves from this system in pursuit of systems which offer other forms of assessment (e.g. home schooling).

According to Glacer (1994) assessments are critical components of educational systems and the role of evaluation continues to evolve as policy makers turned to assessment as a method to improve education. In a consensus study published by authors of The National Academic Press (2001) it was stated that an overall public support for "higher academic standards" (P9) remains and standards influencing the educational system, no doubt exists. The inherent quality of that influence, and whether higher standards truly improve student learning, is however queried. In a recent publication Hopfenbeck (2019) raised her concern as to whether the instruments applied in any measurement process are fit for purpose and not overly difficult compared to that of a high performing educational system such as in Finland.



Laura Nicholson (2016), associate tutor at the department of psychology at Edge Hill University, explained that some parents in the UK are dissatisfied with the testing regime their learners face and signed a petition in an attempt to boycott primary school examinations. According to Sharma and Jagdev (2012), learners are often ill-equipped to cope with stress during the transition from childhood to adulthood, because they are constantly entangled in a web of academic stress and examinations. Once the adaptive resources available to an individual are exceeded due to academic-related demands, stress is the unavoidable outcome. Serious psychological, social and emotional health consequences may result if a student is unable to cope effectively with academic stress (MacGeorge, Samter and Gillihan, 2005).

Concerns with regard to the educational problem of evaluation anxiety were identified by Hill (1984) and she expressed a desire to investigate what can be done to abolish its interfering effects in the school setting. Putwain (2008a) questioned at which point the tolerability of stressful examinations become unacceptable and when it would be appropriate to “draw the line”. Hill (2016) added another important angle to this research study by highlighting the educationally debilitating effects of Maths anxiety. She highlighted Maths anxiety as a negative emotional response to present or future situations involving Mathematics.

2.3 Defining terminology: anxiety, examination stress, test anxiety, worry and evaluation anxiety

In relation to this study, the terms anxiety, examination stress, test anxiety, evaluation anxiety and worry frequently emerged, and were used interchangeably. As stated in the introduction, an umbrella term of "examination anxiety" is used for the purpose of this paper. For informative purposes, it may be beneficial to investigate the difference between these terms. Putwain (2008c) is of the opinion that the term "test anxiety" might be too narrow a construct to capture the characteristics of examination stress, but due to its lack of specificity, does not find the broad notion of “examination stress” helpful either.



When a person feels unprepared or unsure of their abilities during some stage of evaluation, they may experience feelings of nervousness or trepidation, and feelings of distress or despair may arise (McDonald, 2001). He also explained that the term "examination anxiety" forms part of a wider group of specific problems that are diagnosable and closely associated with a negative set of emotions. Denscombe (2000) stated that stress is defined in a much broader way than anxiety and that it is possible to conceptualise examinations as stressful by virtue of their own properties or functions.

Worry is described as a general human experience, but distinctively involves a predominance or component of verbal thought whose role appears to be the cognitive avoidance of threat (Borkovic, Ray and Stöber, 1998). As soon as worry becomes excessive, uncontrollable and chronically present, the discomfort and disruption a person experiences may result in a chronic condition. Both Hembree (1988) and Seipp (1991) concluded that whichever perspective one adopts in terms of test anxiety or examination stress, both have an unfavourable impact on examination performance.

2.4 Effects of anxiety and stress on learners

Once an individual becomes aware of the physiological symptoms of anxiety, the psychological results may impair performance and therefore reflect the interdependency of the two dimensions (Paul, Elam and Verhulst, 2007). Biological, genetic, social and environmental factors can increase a person's vulnerability to stress and anxiety (Weger, 2018).

2.4.1 Somatic effects

Under stress, certain brain areas, such as the hippocampus, amygdala and prefrontal cortex undergo structural remodelling, and alter behavioural and physiological responses of the anxious person (Zigmond, Rowland and Coyle, 2015). According to various researchers, indicators of anxiety can be chronic pain (Claar, Baber, Simons, Logan, and Walker, 2008), sickle cell disease (Benton, Ifeagwu, and Smith-Whitley, 2007), inflammatory bowel disease (Mackner, Crandall, and Szigethy, 2006), adolescent arthritis (Mullick, Nahar, and Haq, 2005), cancer (Grootenhuis, 2001; Schultz, 2007) and asthma



(Akcakaya, Aydogan, Hassanzadeh, Camcioglu, and Cokugras, 2003). Huberty (2010) furthermore listed somatic phenomenon such as stomach discomfort, rapid heart rates, hot flushes, sweating, headaches, muscle tension, sleeping problems and nausea as possible symptoms of anxiety.

Stress at its optimum level can also produce positive action. Hans Selye (1978) identified two types of stress responses and coined the terms “eustress” and “distress”. Eustress points towards beneficial or good stress, whilst psychological distress indicates a state of emotional suffering characterised by symptoms of depression (lost interest, sadness, desperateness) and anxiety (edginess, feeling tense) (Mirowsky, 2002). Symptoms may also be linked with somatic symptoms of insomnia, headaches and a lack of energy (Kleinman, 1991). In a study addressing eustress in education it was suggested that examination anxiety, within limits, may be considered as eustress, and not as a detrimental phenomenon causing negative effects on learners (Ramesh Bhat, 2011). On the contrary, excessive pressure can contribute to the development of physical illness such as hypertension, ulcers, skin disorders, headaches, arteriosclerosis and other life-threatening diseases (Hanser, 1985; Mullick, 2005). Terzian, Moore and Nguyen (2010) confirmed that physical health can be challenged by high levels of stress or chronic stress and that excess levels can increase the likelihood of a weakened immune system, diabetes, heart disease and obesity.

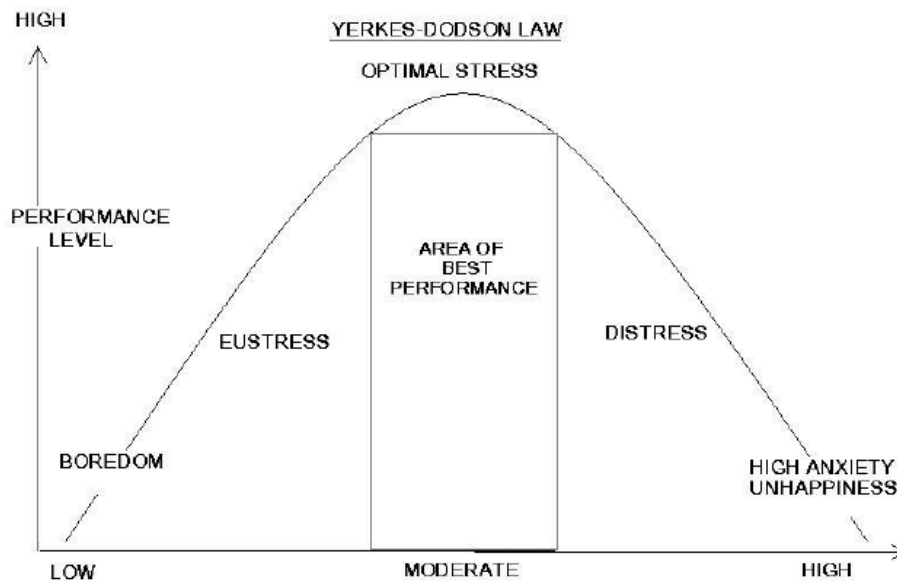
2.4.2 Psychological effects

Anxious learners are likely to engage in a variety of avoidance behaviours to lessen exposure to threat (Huberty, 2010). Hembree (1988) stated that poor performance is caused by examination anxiety which inversely relates to a learner’s self-esteem and also associates examination anxiety directly with fears of negative evaluation, defensiveness, and other forms of anxiety. On the contrary, some researchers are also of the opinion that stress is beneficial to performance until some optimal level is reached, after which performance will decline. Staal (2004) referred to Yerkes-Dodson Law (Figure 2.1) which dictates that performance increases with psychological provocation, but only to a certain



point, and should levels of arousal become too high, performance, such as writing examinations, will decline.

Figure 2.1: Yerkes-Dodson Law



2.5 The measurement of examination anxiety in young learners

A comprehensive methodological review of literature regarding the measurement of anxiety in young learners was conducted by Han (2009), who identified available scales and measurement approaches. Until recently the *Revised Children's Manifest Anxiety Scale* (RCMAS) was a good instrument to assess anxiety. The *Spence Children's Anxiety Scale* (SCAS) is an instrument designed to evaluate symptoms relating to separation anxiety, social phobia, obsessive-compulsive disorder, panic agoraphobia, generalised anxiety and fears of physical injury (Spence, 2003). To determine whether the same anxiety test score interpretation could be made cross-culturally and cross-gender, Lowe and Ang (2012) applied the *Test Anxiety Scale for Elementary Students* (TAS-E) to primary school learners in the United States of America (US) and Singapore. Findings indicated that the TAS-E scores are similar across culture and gender.



It would seem that researchers lean towards using the updated *Revised Children's Manifest Anxiety Scale - Second Edition* (RCMAS-2) which covers examination anxiety (Reynolds, 2018). Like its predecessor, the RCMAS-2 assesses the level and nature of anxiety in learners and young adults between the age of 6 and 19 (See Appendix A). This revised anxiety scale pinpoints various problems, including academic stress, test anxiety, school avoidance, peer and family conflicts and drug abuse. Not only does it identify the problem but also directs the researcher towards the solution. This scale enables the researcher to identify and assess levels of anxiety in learners and assist them in handling anxiety-provoking situations, be it academically or socially.

The continued and wide use of the RCMAS-2 in South Africa by psychologists, clinicians and researchers may be due to all the characteristics that made the previous varieties of this test important and accessible (Reynolds, 2018). Its brevity is ideal and the reading level of the test is on an elementary level. It uses a simple "yes" or "no" response format and content-based item bundles enabling researchers to identify a child's problems. It is a perfunctory self-report questionnaire and can be completed in a short span of between 10 to 15 minutes. The increased pressure that today's learners feel to perform on academic and social level, is also addressed by this adapted version and counsellors are able to monitor stress levels learners may feel and can assist them in coping with it. The test covers more physiological aspects such as Total anxiety, Worry, Social anxiety and defensiveness (Reynolds, 2018).

Reynolds (2018) indicated that one child in nine suffers from an anxiety disorder, but since anxious learners tend to be quiet, accommodating and wishing to "please", their difficulties sometimes go unnoticed. The new RCMAS-2 reaches learners flying "under the radar" and quickly brings into focus the often hidden negative feelings of worry, stress and fear that can result in academic trouble, social disengagement, substance abuse and other problems (Reynolds, 2018). The RCMAS-2 allows the teacher, counsellor, psychologist, parent or other significant adult to be aware of and to help the learner cope with increased pressures to succeed.



2.6 General approaches to the treatment of examination anxiety in learners

Studies on general non-pharmacological approaches for the treatment of general anxiety exist and vary from cognitive and behavioural therapy to psychotherapy and mindfulness-based approaches. Andersson (2007) described mindfulness-based stress reduction and attentional control as one approach to reduce anxiety in adults. Semple (2005) offered a similar cognitive-orientated approach to treat learners with anxiety.

In the process of gathering literature for this research study, the researcher discovered two older articles discussing desensitisation as a possible stress reducing approach. Barabasz (1973) and Crighton and Jehu (1969) attempted to reduce examination anxiety in elementary school learners through group desensitisation and systematic desensitisation whereupon highly anxious learners responded positively.

Research regarding the reduction of examination anxiety by examining the effectiveness of school-based interventions was conducted and six studies assessed a range of different interventions which included cognitive-behavioural techniques (Aydin and Yerin, 1994), relaxation techniques (Birtürk and Karagün, 2015; Carsley, Heath, and Fajnerova, 2015) and classroom approaches (Putwain and Best, 2012; Yeo, Goh, and Liem, 2016). Through this research it was evident that systematic prevention and early school interventions (such as the avoidance of anxiousness which include the anticipation of examinations), reduced examination anxiety in especially primary school learners.

Testbusters, a pilot program in the United Kingdom as presented by Beidel (1999), was specifically designed for younger learners and adolescents and was aimed to reduce examination anxiety and related social-judgement concerns by promoting effective study practices and test-taking strategies. The results indicated a decline in general levels of examination anxiety when taking a test and decreased self-ratings of distress (Beidel, 1999).



2.7 Music therapy for examination anxiety

Comprehensive research has been conducted in the field of general anxiety, but to a lesser extent on examination anxiety and music therapy specifically. Although some literature regarding the treatment of anxiety in adults and learners are convincing, not enough literature describing music therapy as specific treatment of examination anxiety exists.

Music triggers the brain to release endorphins and increase dopamine levels which helps to enhance a sense of well-being and also suppress the sympathetic nervous system's "flight or fight" response (Pauwels, Volterrani, Mariani, and Kostkiewics, 2014). Music therapy proves to be an effective treatment to provide natural anxiety relief and music therapists are trained to assist clients with psychological challenges and to promote their overall well-being. To reduce anxiety through multiple pathways, a range of activities such as performing, improvising, composing or listening to music can be combined with modalities such as imagery, movement or art (Bradt, Dileo, and Potvin, 2013).

To enhance self-regard among academically stressed adolescents, Sharma and Jagdev (2012) reported that music therapy revealed positive results and Pratt's (2004) meta-analytic review of research articles suggested the utilisation of music to disable stress-induced arousal. Results demonstrated that music alone, and music assisted relaxation techniques had a notable decreasing effect on arousal. Extended analysis of the studies indicated that the nature of stress reduction was significantly different when age, the type of stress, music assisted relaxation techniques, musical preference, previous music experience and the type of intervention were taken into consideration (Pratt, 2004).

2.8 Conclusion

It is apparent that learners experience anxiety prior to writing school examinations at a relatively young age and that anxiety, to the extent that schools emphasise these aspects, will continue to develop as learners deal with more frequent evaluation, social judgement and feelings of failure. This research is important to the young learners of Windhoek and



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

School of the Arts

their psychological and somatic needs before writing examinations, while addressing research gaps. The researcher's aim is to produce contextually specific research imperative in exploring this incapacitating social phenomenon. How this research will be conducted will be discussed and explained in the following chapter.



3 METHODOLOGY

3.1 Introduction

This chapter presents the research methodology that guided this study. A mixed method approach was selected for this study since it allows for potential corroboration of qualitative data by the quantitative data, while still reflecting the personal nature of the participant's experience through the qualitative data (Onwuegbuzie, 2004). According to Nagy Hesse Biber (2010) the way in which data can be combined to create a multi-faceted, in-depth picture of social phenomena, such as examination anxiety, is a strength of a mixed methods approach.

In the section below, the research paradigm, method and research design applied in this study are described. Methods of sampling, data collection and analysis are explained and plans to ensure the quality of data and findings are discussed. Aspects of the music therapy interventions are highlighted as well and possible limitations and ethical considerations are addressed.

3.2 Research paradigm

Terre Blanche (2006) defined a paradigm as a complete system of practice and reasoning that explains a researcher's position according to ontological, epistemological and methodological approaches. Qualitative research discusses paradigmatic, ontological, epistemological and methodological principles of a study project, whereas quantitative research explains phenomena through collecting numerical data that are analysed using scientifically based methods, in particular statistics (Aliaga and Gunderson, 2000). This study made use of a mixed-methods approach, combining quantitative and qualitative perspectives.



3.2.1 Ontology and epistemology

This study was primarily guided by the researcher's concern to contribute socially useful knowledge to the existing knowledge base. The rationale behind the mixed methods research emphasised pragmatism as an appropriate approach to this study and reached beyond just testing an idea or describing the status quo. It is sensitive and receptive to the complexity of the social world (Feilzer, 2010). Pragmatism mainly concerns itself with unifying the insight gained through both qualitative and quantitative research into a workable compound and does not align itself with specific positions regarding ontology and epistemology (Morgan, 2014). Therefore, the researcher was convinced that pragmatism, as a research paradigm, was ideal to best address the research question, thus providing richer and fuller findings and be suitable for the combination of numerical and textual data. This study thus adopted an ontological viewpoint that reality is constantly renegotiated, debated and interpreted in light of its practicality in new unforeseeable situations that might arise during the research process. Furthermore, pragmatism holds that epistemology should not dictate the methodology; methodology should rather be chosen to answer the research question (Johnson and Onwuegbuzie, 2004). The best method is the one that solves the problem. Discovery is therefore the means, with change being the underlying aim.

Pragmatic researchers thus allow themselves the freedom to utilise various methods, techniques and procedures associated with quantitative or qualitative research. Limitations of methods and the complementary nature of the different approaches are recognised and taken into consideration. Pragmatists link the choice of approach directly to the purpose posed by the nature of the research questions (Creswell, 2003).

3.2.2 Mixed methods convergent parallel form

As social scientists, music therapists may find mixed methods research an ideal approach to facilitate the integration of qualitative and quantitative research and to address challenges that may be encountered in conducting this type of research (Bradt, Burns and Creswell, 2013). A convergent parallel design requires the researcher to concurrently



conduct the quantitative and qualitative components in the same phase of the research process, weighs the methods equally, analyses the two components independently, and interprets the results together (Creswell and Plano-Clark, 2011).

The current study included a pre- and post-test. As part of the pre-test, both sets of data (quantitative and qualitative) were collected on the first day of the examination period in November 2018, before and after writing a Mathematics paper. The 21 participants were learners of the Windhoek Afrikaanse Privaatskool, Namibia, and due to the allocated time frame for this study, the pre-test was performed while the learners were still in Grade six. During the post-test conducted in March 2019, similar procedures were followed.

Data for the quantitative measurement of examination anxiety were collected by means of the *Revised Children's Manifest Anxiety Scale - Second Edition (RCMAS-2)* questionnaire administered to the selected participants of which sixty percent (60%) were female and forty percent (40%) male. A group music therapy intervention was conducted for the experimental group, which comprised 10 learners, who in the interim advanced to Grade seven. Seven music therapy sessions of 40 minutes each, were thereafter conducted over a period of seven weeks by an independent music therapist. Thick descriptions of three excerpts from these sessions provided the second set of qualitative data. (Qualitative data source B).

As part of the post-test, and after the conclusion of the music therapy process on day one of the following examination period in March 2019, the RCMAS-2 questionnaire was completed by the now remaining 19 participants; once again before writing the Mathematics paper. Take note that one participant from the experimental group moved and that one participant in the control group was absent during the completion of the post-test questionnaires. A second focus group interview, attended by the 10 participants from the experimental group, was conducted directly afterwards. Initially both sets of data were analysed separately and then interpreted together by means of triangulation. Hanson (2005) explained that quantitative data is used to enrich the qualitative findings. Interpretation and discussion of overall findings will involve combined quantitative and qualitative data sources.



3.3 Research question

What is the role of music therapy in addressing examination anxiety in Grade seven learners?

The sub-questions below were also explored:

- How do Grade seven learners experience examination anxiety?
- How do Grade seven learners experience group music therapy in relation to managing examination anxiety?

3.4 Research design

The research design for this current study was that of a mixed-methods convergent parallel form which allowed the researcher to concurrently collect both quantitative and qualitative data. Tashakkori and Teddlie (2009) referred to “methodological eclecticism” (P98) as the selection and synergistically integration of data, utilising the most suitable techniques from a myriad of quantitative, qualitative and mixed methods, to explore an emerging phenomenon more thoroughly. This definition reaches beyond merely combining different methods to cancel out respective weaknesses. A researcher employing “methodological eclecticism” is thus a connoisseur of methods that selects the best techniques available to answer research questions that often evolve as the research unfolds.

3.5 Sampling

Collins, Ongwuegbuzie, and Jiao (2007) explained that for a mixed-methods study to maximize its credibility as a paradigm, certain challenges should be addressed. One challenge of a mixed methods approach refers to the principle of selecting the sampling design as a pivotal step in the process. Individual therapy could have been a consideration for this study, but the researcher chose to explore Grade seven learners’ experience of anxiety in a group context for the following reasons. This is a dissertation



within a coursework Masters and the researcher had time constraints in terms of the data collection period. The researcher would have had to see a substantial number of individual clients for the same number of sessions which would be time-consuming. Considering limited resources (often a reality in our context), what can be researched in group settings is more cost-effective compared to individual settings.

The researcher began the research process through contacting the Chairman of the School Board of the Windhoek Afrikaanse Privaatskool and the Headmaster of the Primary School to arrange an appointment during which the purpose and procedures of this prospective study were explained (See Appendix B) and permission obtained (See Appendix C). All discussions were conducted in Afrikaans.

Following the discussions, a small and purposive sampling technique was implemented to explore the role of music therapy in the social phenomenon of examination anxiety in Grade seven learners. Purposive sampling refers to selecting a sample based on the knowledge of a population and the purpose of the research (Onwuegbuzie, 2007). The selected group of participants for this study consisted of 21 Grade six learners, randomly chosen by the Principal of the Windhoek Afrikaanse Privaatskool.

Once the research participants were recruited, an information session with the respective parents and learners was arranged. The purpose and procedures of the current study were verbally explained and confirmed through an information letter (See Appendix D) and a leaflet (See Appendix E). The leaflet containing all the necessary information was handed out and all parties involved had the time and opportunity to consider and discuss potential participation. The researcher furthermore assured the parents present of the integrity and confidentiality pertaining to the learners' identities and explained that all personal information regarding their learners were confidential.

Ethical considerations were addressed during the information session as well as in the participant information forms. Participants were informed that the music therapy sessions would be video recorded and that their written assent was required. I requested the participants' commitment to attend at least six of the eight music therapy sessions and



also pointed out that they were allowed to exit the study at any point should they feel uncomfortable. Once the learners indicated their willingness to participate, letters of consent (See Appendix F) and assent (See Appendix G) were obtained from both the parents and participants.

To enhance the reliability of this study, the research experiment was designed to encourage regular attendance to gather as much data as possible. The music therapy sessions fell within the official school term and participants were able to attend the music therapy sessions regularly. However, where participants were absent due to various reasons or exited the study, the sample size was sufficient to the process of collecting the necessary data.

During the first phase of the study, the 21 participants (10 females, 11 males) were at the end of their Grade six year and the average age was 12 when the RCMAS-2 questionnaires were administered to them early November 2018. After completion of the questionnaire, the participants proceeded to their register classroom to write a Mathematics paper (Paper 2) and then returned to join the focus group interview. After the sixty-minute-long interview, the Headmaster of the school randomly selected the control (ten participants) and the experimental (11 participants) groups. The participants and their parents were informed as such.

The experimental group received music therapy, whereas the control group did not. Withholding potentially beneficial services from some randomly selected learners, while extending it to others for the research project, was certainly an ethical matter to consider. Conner (2004) explains that while an experimental group is being randomly selected, a control group is also selected at no extra cost in time or effort and might benefit from some aspects of the program. Should the music therapy intervention be found to be beneficial, the learners in the control group would have had the opportunity to join a group music therapy process at the conclusion of the research, should they wish to.

Ten weeks after the first phase, the 10 participants from the experimental group (six females, four males) received music therapy weekly, for seven weeks leading up to the



second phase of the study. As previously mentioned, at the end of March 2019, the participants were in Grade seven already and a similar procedure was followed for the second phase of this research study (post-test). During the completion of the second RCMAS-2 -questionnaire, one participant was absent and another moved away. Nineteen participants thus completed the post-test questionnaire. Afterwards, only the experimental group returned for a focus group interview of 40 minutes. For the purpose of this study and confidentiality, pseudonyms were created for all participants. The 10 participants from the experimental group who received music therapy were numbered EGP1, EGP2, EGP3, EGP4, EGP5, EGP6, EGP7, EGP8, EGP9 and EGP10.

3.6 Data collection

The two sets of data were collected in the same setting where the music therapy intervention was conducted. Although the researcher was concerned with the setting being associated with examination stress, the necessary measures were taken to create a familiar, comfortable space where each participant could feel a sense of control. Data were collected from three respective sources.

3.6.1 Quantitative data collection: RCMAS-2 Questionnaire: Source

Quantitative data were collected by self-administered RCMAS-2 questionnaires measuring anxiety in Grade seven learners not diagnosed with any anxiety or related disorders. Closed-ended questions allowed participants to self-complete the questionnaires in approximately 15 minutes. In order to be able to give a real account of the assumed pressure they experienced in the moment, and to ensure a high response rate, both the experimental group and the control group were requested to complete the questionnaires on day one directly before the commencement of the examination period and writing a Mathematics paper (Paper 2), which was considered anxiety provoking. (See Appendix H)

After completion of the questionnaires, the raw data sheets were assessed and processed by a statistician. Scores of both tests were calculated using SPSS Statistics software and afterwards averages and totals were captured and transferred to Excel spreadsheets. The



spreadsheets were prepared with the pseudonyms of the participants to the left and their respective scores to the right. The raw data scores captured were that of Raw Def (Defensiveness), Raw Tot (Total anxiety), Raw PHY (Physical anxiety), Raw Wor (Worry), Raw Soc (Social anxiety) and Inconsistency.

The discussion below describes how this test is constructed in measuring anxiety. As mentioned in Table 3.1 the RCMAS-2 is a revised edition and yields scores for six scales.

Table 3.1: Scales Scored on the RCMAS-2

Scales scored on the RSMAS-2		
Scale		Number of items
Validity scales		
S1	Inconsistent responding (INC)	9 pairs
S2	Defensiveness (DEF)	9 pairs
Anxiety scales		
S3	Total anxiety (TOT)	40 pairs
S4	Physiological (PHY)	12 pairs
S5	Worry (WOR)	16 pairs
S6	Social Anxiety (SOC)	12 pairs

The two validity scores help to reveal when a participant has given invalid or biased responses. Score one: Inconsistent Responding (INC) consists of nine pairs and is the count of number of item pairs for which discordant responses have been given and thus measures inconsistent responding. Score two: Defensiveness (DEF) is based on responses to nine items and measures defensiveness and also indicates whether the participant is prepared to admit to ordinary imperfections that are commonly experienced. This score was initially labelled “lie” in the first edition, but renamed in the RCMAS-2.

The remaining four scores are anxiety scales and include the Total anxiety (TOT) scale which totals the scores of the three anxiety-related scales. It is the embodiment of the RCMAS-2’s primary focus and illuminates the nature or causes of a child’s Total anxiety



and is based on the forty items listed with regard to Physical anxiety, Worry and Social anxiety, but not the DEF-score.

Physiological anxiety (PHY) addresses somatic concerns and a participant's experience of physiological responses to examination anxiety and high scores on this scale can indicate somatic signs of anxiety.

The full list of the Physical Anxiety scale is:

1	Often I feel sick to my stomach
5	I have too many headaches
7	I wake up scared sometimes
11	I have trouble making up my mind
15	Often I have trouble getting my breath
20	I get mad easily
25	It is hard for me to get to sleep at night
31	My hands feel sweaty
34	I am tired a lot
39	I have bad dreams
43	It is hard for me to keep my mind on my school work
46	I wiggle in my seat a lot

High scores on the Worry factor would indicate that the participant internalises their experiences of anxiety and that he or she may feel overwhelmed and withdrawn. Such a participant is sensitive to environmental pressures and should need to learn to talk about feelings of anxiety, and to cope by sharing and asking for help.



The full list of the Worry Anxiety scale is:

2	I am nervous
3	I often worry about something bad happening to me
6	I worry that others do not like me
8	I get nervous around people
12	I get nervous when things do not go the right way for me
16	I worry a lot of the time
17	I feel bad if people laugh at me
18	I am afraid of a lot of things
21	I worry about what my parents will say to me
26	I worry about what other people think about me
30	My feelings get hurt easily
32	I worry about making mistakes in front of people
35	I worry about what is going to happen
42	I worry when I go to bed at night
45	I worry about someone beating me up
49	I worry about saying something dumb

High scores on the Social anxiety factor would propose that the participant is likely to feel inadequate and unable to concentrate on tasks, as well as unable to meet the expectations of significant other important people.

The full list of the Social Anxiety scale is:

4	I fear others will laugh at me in class
9	I feel someone will tell me I'm doing things the wrong way
10	I fear other people will laugh at me
13	Others seem to do things easier than I can
22	I feel that others do not like the way I do things
23	I am afraid to give a talk to my class



27	I feel alone even when there are people with me
28	I get teased at school
36	Other people are happier than I am
37	I am afraid to speak up in a group
41	I worry about being called on in class
47	A lot of people are against me

Finally, a content-based group of 10 items that specifically enquire about performance anxiety, is delineated to enable clinicians to focus on this particular topic in follow-up evaluation and activities in applicable cases.

The full list of the Performance Anxiety scale is:

4	I fear others will laugh at me in class
8	I get nervous around people
10	I fear other people will laugh at me
13	Others seem to do things easier than I can
23	I am afraid to give a talk to my class
26	I worry about what other people think about me
32	I worry about making mistakes in front of people
37	I am afraid to speak up in a group
41	I worry about being called on in class
49	I worry about saying something dumb

After completion of the music therapy intervention program (which was conducted seven weeks leading up to examination), a similar procedure was followed for the collection of the second quantitative set of data. Participant CGP7 was absent during the post-test.



3.6.2 Qualitative data collection

Nyumba et al. (2018) explained that to gain an in-depth understanding of social issues, focus group discussions are frequently used and allow data to be collected from a purposively selected group of participants rather than from a broader population or statistically representative study. Qualitative data were collected in the form of focus group interviews (Source B) and thick descriptions of three excerpts (Source C) relevant to the music therapy intervention. Greene and Hogan (2005) described focus groups as discussions which seek to gain insight into a participant's experiences, attitudes and/or perceptions and have the ability to stimulate previously neglected points.

3.6.2.1 Focus group interviews: Source B

In conjunction with others, focus group interviews can be a useful technique to be utilised since flexibility is one of the greatest benefits of this approach. The use of focus group interviews in social research is furthermore recommended as it can be a rewarding experience that simultaneously offers a challenge to the researcher and an empowering opportunity for participants (Miller, 2003). Attitudes, feelings and beliefs are more likely to be revealed amidst the social gathering and in a group context, eliciting a multiplicity of views (Gibbs, 1997). Tecau (2015) mentions that focus groups enable the researcher to collect information emerging in a social interactive context, with regard to both verbal and non-verbal communication between participants. The researcher therefore relied on the interaction between learners participating in the focus group to gather insight and data.

The sample group consisted of 10 participants in each group and participants for this study were between 12 and 13 years old. Focus group interviews were an ideal method for learners of this age and offered some useful insights into the ways in which primary school learners thought about and managed their examination anxiety. Mauthner (1997) mentioned that a safe peer environment replicates the kind of small group setting in which participants can experience support and Mayal (2000) encouraged a friend being present for learners who might feel shy and alone.



Focus group interviews were conducted in Afrikaans during the pre- and post-tests. Due to the required interval between the two examination periods, the interviews were conducted approximately four months apart and lasted sixty minutes. Nyumba (2018) emphasised that regardless of the number of focus group interviews, it is imperative to consider the length of such a discussion, since participants might get tired. Based on the age of the participants, the unwritten rule for the duration of a focus group suggests one hour. The interviews took place in the music room, which was considered a non-threatening space for all participants. Also, the way in which the room was arranged, allowed me to make eye contact and observe social phenomena, body language and gestures. All recruited participants were present during both interviews, except one learner who moved. Prior to the interviews, participants were treated to drinks and snacks and once the interview started, a relaxed atmosphere was created and a conversational approach proved to be ideal.

Interviews were video recorded and audio-visual material helped me to gain insight into the social interaction and provided valuable information regarding how Grade seven learners experienced and managed examination anxiety. Krueger (1994) explained that although video recordings capture non-verbal behaviour, the presence of a camera may be intrusive and inhibits spontaneity. In cases where other resources are being used, the proper use of the moving image (in combination with audio data), allows for capturing certain aspects such as facial expressions, body and verbal language, non-verbal communication, reactions of participants in the face of an activity, listening to music or participating in focus groups, that might otherwise have gone unnoticed (Honorato, Flores, Salvato, and Leite, 2006).

Through facilitating free and open discussions, it proved useful to probe the participants' subjective cognitive and emotional perceptions and experiences of examination anxiety and how they managed their anxiety (Heary, 2002). To establish rapport and enhance the spontaneity of the participants' responses, the focus group interviews utilised open-ended questions since it allowed the interviewee to put into their own words their experience of the specific phenomena (Breakwell, 2000). Focus group interviews were thus an effective and strategic tool for observing group interactions, identifying underlying issues and



gathering information, and also helped to direct the development of the therapeutic process.

All participants were assured that disclosures shared during focus group interviews were confidential and necessary steps were taken to safeguard the process. Participants were informed about the availability of professional services should they experience any difficulties or needed a debriefing session. A referral system was in place and a local educational psychologist was available to assist should any learner experience levels of distress during intense group discussions. Greene and Hogan (2005) stated that information generated in a group context can be richer and detailed and provide a vast variety of aspects and/or issues to work with during the music therapy process. Therefore the learners' experiences of the music therapy intervention, were incorporated in the second focus group interview (See Appendix I).

3.6.2.2 Thick Descriptions of the music therapy intervention: Source C

Research indicates that music positively impacts areas of the brain that manages anxiety, with music therapy significantly lowering levels of psychological distress (Liu, Niu, and Liu, 2014). Over a span of seven weeks, prior to the collection of the second set of data, and in order to address the former, music therapy sessions for the experimental group were conducted by a HPCSA-registered, independent music therapist.

The recording of the music therapy sessions allowed the revisiting of data for further analysis, which can be of great value (Bowman, 1993). Although the presence of a camera might have inhibited the spontaneity of the participants during focus group interviews and music therapy sessions, video technology is very common in present day and there is much to be gained from its use. I foresaw difficulty in obtaining good quality recordings of the learners' voices due to background noises throughout the school. All necessary measures were taken to ensure satisfactory sound quality.

Table 3.2 represents an attendance record for the experimental group during the music therapy intervention. Weekly sessions were 40 minutes long and all 10 participants from



the experimental group received music therapy. Due to an unexpected school holiday, session eight had to be cancelled and sessions six and seven were extended. Due to health problems, participant EGP2 was absent for two sessions and participant EGP10 missed one session. Participant EGP4 however attended only two sessions and reasons for his absence were provided during the second focus group interview and will be discussed in section 5.4.3.

Table 3.2: Attendance record from the experimental group during the music therapy intervention.

Participant	Gender	No. of sess	Reason for absence
EPG1	F	7	
EPG2	F	5	Health related absences
EPG3	F	7	
EPG4	M	2*	Attended assembly, considered it more important
EPG5	F	7	
EPG6	F	7	
EPG7	M	7	
EPG8	F	7	
EPG9	M	6	
EPG10	M	7	

All sessions were conducted in the same music room on Monday mornings from 7:50-8:30, while other learners attended school Assembly. Participants were requested to arrive early in order to commence on time. The carpeted room was spacious, well-lit and well-equipped with the necessary furniture and music instruments. The instruments included a piano in the centre of the room, guitars and a variety of percussive instruments such as djembe drums, xylophones, castanets and tambourines. The therapist also provided her own variety of additional instruments and creative utensils for art work during music listening activities.



Session plans and all activities were carefully designed for each session with the session goals addressing specific areas relevant to the research question. The Hello and Goodbye songs were rituals performed during every session and activities such as spontaneous instrumental play and improvisation, artwork and drawing, listening to pre-recorded music, relaxation and movement, breathing exercises, song writing, imagery, drumming circles and singing were included. A vast range of music representative of various genres were used, varying between extremes such as DJ Ossewa and Faure's Pavanne, Enya and Prokofiev. Reflection on the process will be incorporated in chapter 5 (See Appendix J: Index of session plans for music therapy intervention).

3.7 Data preparation

Data preparation involves establishing procedures that will ensure accurate logging or transcription of data and the accurate structuring of data (McLellan, MacQueen, and Neidig, 2003). The preparation of raw data from both strands of this study will be discussed in the following section.

3.7.1 Quantitative data preparation

The format of the RCMAS-2 questionnaire is that of a pre-coded measure instrument and contains only "yes" or "no" answers. The raw data sheets of this questionnaire were processed by a local statistician, an employee of the University of Namibia (UNAM). Implementing digital software, data were transformed to numerical data and then captured in an electronic format.



Table 3.3: Segment of Raw Data: RCMAS-2 Questionnaire pre- and post-test: control group

Participant	Raw Def	Raw Tot	Raw Phy	Raw Wor	Raw SOC	T-Def	T-Tot	T-Phy	T-Wor	T-Soc	INC
CGP1 Pre	4	10	4	5	1	52	44	46	47	40	4
CGP1 Post	2	8	5	1	2	46	42	50	38	44	4
CGP2 Pre	3	14	4	7	3	49	48	46	52	47	4
CGP2 Post	1	7	2	4	1	42	41	40	45	40	4

(See Appendix K and Appendix L for complete raw data scores, pre and post-test for control group and experimental group)

3.7.2 Qualitative data preparation

Davidson (2009) explained that transcription is a selective process reflecting theoretical goals and definitions and therefore notation of verbal conversations and interaction needed to vary to meet specific goals of a study. The analysis process can also unnecessarily be delayed or negatively affected if inappropriate or inadequate protocol is followed in terms of the preparation of transcripts from audio or digital recordings (McLellan, 2003). Interview transcription decisions run along a spectrum where, on the one end of the continuum every expression is captured in as much detail as possible, yet on the other end, stutters and pauses are removed, grammar amended and slang is interpreted to standard language (Hammersley, 2010). For the qualitative strand of this current study, the focus group interviews were transcribed verbatim in as much detail as possible and subsequently coded.

Due to technical difficulties with the video recordings of the music therapy sessions, the selection of excerpts were based on pivotal moments that were deemed relevant to the study, as described by the music therapist. The excerpts selected from sessions two, four and five were lifted from the music therapist's clinical session notes during the early,



middle and late stages of the group music therapy process. It addressed the research questions and demonstrated musical and verbal examples of the participants expressing their subjective experiences of examination anxiety and also of learners verbalising lower anxiety levels, increased coping skills and levels of confidence.

3.8 Data analysis

This section will describe and discuss the various processes involved in analysing data of the quantitative and qualitative components of the study. Options to integrate findings of both components will be explored thereafter.

3.8.1 Quantitative data analysis

Inferential statistics is a technique which allows for inferences to be drawn in terms of the significance of changes following an intervention (Salkind, 2012). To be able to compare the differences between the treatment groups, this study utilised inferential statistical analysis. Allua and Thompson (2009) explained that inferential statistics involve a variety of statistical significance tests that researchers can use to make inferences about their sample data. These tests can be divided into three basic groups depending on their intended purpose: evaluating differences, examining relationships, and making predictions. A paired sample *t*-test was used to compare pre-test and post-test scores, as well as the difference between the experimental and control groups and results are summarised in chapter 4.

Bryman (2012) explained that quality procedures for quantitative research should involve internal and external validity and statistical significance. Internal validity is a term used to describe the causal relationship between the subject variables in this study, whereas external validity, containing procedural variables, represent the generalisability of the study. (Wassenaar, 2012) mentioned that small local studies, such as the current study, may suffer from limitations with regard to its generalisability. However, advantages of small studies offer insight into certain processes and structures involved in creating certain findings, aid appropriate interpretation, and enhancing the validity and



meaningfulness of its research (Erlandson, Harris, Skipper, and Allen, 1993). The value of quantitative research is determined by validity and reliability (Dunbar, 2005). Reliability concerns the consistency of measurements taken, as well as the accuracy of the data capturing process. In quantitative research, reliability is concerned with stability, inter-reliability and inter-observer consistency. Utilising the test-retest method was the most obvious way of testing for the stability of a measure. For the purpose of this study the standardised RCMAS-2 questionnaire was administered to both the experimental group and the control group on two different occasions.

3.8.2 Qualitative data analysis

Thematic analysis is a method of determining, analysing and compiling themes in a data set, an accessible and theoretically flexible approach to the process and deliver a rich and thorough account of the data (Braun and Clark, 2006). The qualitative data (Source B and C) was analysed by means of thematic analysis (Braun and Clarke, 2006) since it is compatible with pragmatic ontology and the epistemology of this mixed methods approach to this study. Roulston (2001) explained that although implicitly framed as a realist and experimental method, thematic analysis is compatible with several paradigms.

A number of steps were taken in the undertaking of thematic analysis. Initially the transcribed interview material was read and re-read, side notes were made and relevant ideas annotated. Subsequently, the transcript was read through once again, interesting features across the entire data set were coded in a systematic fashion, arranging data relevant to each code. The next step involved collating the codes into potential categories, gathering all the data relevant to each respective category. By generating a thematic “map” of level one and level two codes, categories relevant to the research question emerged. The ongoing process of refining continued until definitions relevant to the research questions were clear and three main themes were identified. By focusing on meaning across a data set, the researcher can make sense of collective or shared meanings and experiences (Braun, 2012). Chen (1997) explained the importance of quality assessment of the quantitative and qualitative components of a study where each



contributes to the study as a whole and researchers are concerned that the quality of both components may suffer as a direct consequence of being part of a mixed method study.

Bergman (2008) discussed the need of an integrative framework for determining the quality of mixed methods research that might help to make some sense out of a myriad of terms. This kind of framework addresses validity or credibility issues that may provide some criteria for reconciling two data sets, and allows for making meta-inferences about the social phenomenon under study, that goes beyond what the quantitative and qualitative strands can singularly explain. Difficulties in developing criteria to critically appraise mixed methods studies may arise because, depending on the dominant paradigm view taken, the critical appraisal criteria proposed for the methods often overlap (Sale and Brazil, 2004).

Qualitative procedures involve ensuring authenticity, credibility, transparency and trustworthiness. Trustworthiness involves characteristics of plausibility, applicability and consistency and also the persuasion of the reader by the researcher that the findings of the study are credible (Anney, 2014). This was done through ensuring that the qualitative data were transcribed and analysed in a systematic, rigorous manner yielding themes which arose directly from the data.

3.8.3 Integration of findings in mixed methods research

Triangulation is a term used to indicate a process where quantitative and qualitative research might be combined to triangulate findings so that they may be mutually corroborated (Jentoft, 2017). Quantitative and qualitative data of this study were integrated at the interpretation stage of the data analysis process to evaluate whether the results of the quantitative and qualitative strands supported one another. The results of the RCMAS-2 questionnaire were examined and used to determine whether music therapy addressed the primary school learners' anxiety levels before writing the next examination.



Consequently, the results from the focus groups were reviewed in order to understand the extent to which the primary school learner experienced and managed examination anxiety. Possible relationships between the themes that emerged through analysis of the focus group interviews, those emerging through the video analysis, as well as the findings of the quantitative analysis were explored.

3.9 Research quality and study limitations

Potential ways in which the integrity and quality of the quantitative and qualitative data and findings could be ensured, will be reviewed in this chapter. The current mixed methods research study was subjected to methodological limitations that needed to be addressed. This study methodologically refers to a relatively small set of data considering the 21 questionnaires, two focus group interviews and three thick descriptions. The results from this study are not generalisable since the study sample was too small to provide statistically significant results and follow-up studies are necessary to substantiate findings. However, considering the quantitative and qualitative data in relation to one another, this study contributed to the body of knowledge through providing insight into learners' experiences of examination anxiety and also how music therapy might offer learners support and resources for managing examination anxiety. Another aspect to consider is that the music therapy sessions were conducted over a shorter span of seven weeks, and not eight as originally planned.

3.10 Ethical considerations

Ethics concerns itself with proper conduct to work towards higher standards and norms. This section of the current study addresses ethical considerations and moral philosophies. The researcher took all the necessary precautions to ensure an ethically sound research study. Prior to the commencement of the current study, the Research Ethics Committee of the University of Pretoria granted permission for this research to be conducted (See Appendix M). South-African Universities demand a burgeoning research track record and such research is certainly subject to the requirements of research. Comprised in these



requirements are stipulations that the research is carried out within the bounds of acceptable research ethical practice (Munro, 2011).

The researcher sent a letter of information with regard to the current study (See Appendix N) and received ethical approval from the Namibian Ministry of Education (See Appendix O) to conduct the study in Windhoek. Also, as previously stated, the approval of the Chairman of the School Board and the Headmistress of the Windhoek Afrikaanse Privaatskool was obtained.

Four widely accepted philosophical principals with regard to ethical considerations are autonomy (together with respect afforded to the interviewee), nonmaleficence, beneficence and justice (Wassenaar, 2008). Since the researcher was working with learners, consent and assent were obtained from all parties.

The researcher ensured that all consenting procedures were adhered to. Valid consent was both informed and willing and therefore involved a written consent form to acquire participant agreement. Participants and parents were informed about the nature of the participants' involvement, the risks, discomforts and consequences of the research and were allowed to withdraw from this research program at any stage with no adverse consequences. Data provided by them, however, could not be destroyed, since they formed part of group music therapy sessions. By creating supporting documentation as mentioned in participant information forms, the necessary informed assent and consent was obtained from the prospective participants and their parents, to adhere to the above. During the opening stage of the focus group interviews, participants were reminded that the interviews were voluntarily and also video-recorded. To sustain a high level of confidentiality and trust, all participants received pseudonyms and no names were interlinked with any of the data, thus ensuring confidentiality and anonymity.

Social scientists consider the status of learners participating in a research project as "competent participants". They aim to protect participants and other involved parties and strive towards avoiding harm and not threatening the well-being of the child (Coyne, 2010). Nonmaleficence was ensured by fully disclosing the research process to each



participant. Had the researcher identified that any participant needed individual therapeutic support, he/she would have been referred to an educational psychologist (See Appendix P).

According to Preissle (2012), the ethics of care is rooted in relationships among people and guides qualitative researchers to conduct themselves toward others naturally and directly and to support relationships based on positive feelings and concern for each other. She emphasised caring and not exploiting. Medical ethics draw on a principle of "*Primum non nocere*" - a Latin term that means "*first, do no harm*" (Jesani, A., 2011). All participants received equal treatment and should findings have indicated that music therapy offered the alleviation of examination anxiety in primary school learners, music therapy would have been offered to those who were in the control group. Included was a letter of confirmation from the music therapist who conducted the music therapy sessions (See Appendix Q).

Finally, I concurred with Henry Beecher's much respected statement, that instead of applying rules and rigidly manage regulations to protect participants in research, the most reliable protection is the presence of an informed, conscientious, empathetic and responsible researcher (Beauchamp, 2001).

3.11 Conclusion

In conclusion, this chapter detailed the research paradigm, methodology and design of this mixed methods study. Data analysis and resultant findings of the study will be presented in chapter 4.



4 DATA ANALYSIS

4.1 Introduction

As stated, the current study focused on the effects of anxiety that Grade seven learners experience prior to writing examinations. In addition to that, the role of music therapy in managing examination anxiety as a coping strategy, was investigated. Chapter three described the research methodology that was followed to collect data for the study and chapter four will present the results and the analysis of the study.

The results will be presented sequentially, starting with the quantitative results of the pre- and post-test, followed by the qualitative results obtained through focus group interviews and the three thick descriptions. The quantitative results will present closed-ended information, statistically analysed data from the RCMAS-2 questionnaire and will be presented in the form of tables and figures of the pre- and post-tests.

These results will be presented in the form of tables and figures. Statistical and practical significance, if any, will be indicated within the result figures and tables. Each section of the RCMAS-2 is described with reference to the scores of each scale. The qualitative data report open-ended information that were collected through focus group interviews and observations. Such qualitative categories of information present personal experiences and contribute to a better understanding of the potential impact of music therapy as an intervention. Regarding the qualitative data, the process of analysis will be described by means of thematic analysis, the phases including familiarisation with the data, transcribing the data, generating and categorising codes, and eventually drawing emergent themes. Although these phases of the analysis are sequential, it is typically a recursive process, with movement back and forth between different phases (Braun and Clarke, 2006).

4.2 Quantitative data analysis

The sample group consisted of 21 learners at the start of the process and ended with 19 Grade seven learners from a primary school in Windhoek, Namibia, at the completion of



the process. The average age of the participants was 13 years. In the discussion below, the relevant results of the quantitative data obtained through the quantitative psychological anxiety assessment instrument (RCMAS-2 questionnaires), will be presented. Furthermore, the results will be presented to address the research questions with regard to a participant’s self-perception of examination anxiety.

4.2.1. Results

Levene’s test for equality of variances determines whether homogeneity of variance assumptions was met and this assumption requires that the variance of the independent variable estimates equality in the pre-test as well as the post-test grouping. Table 4.1 reports on the results of an independent sample test (Levene's test) that compares the two independent groups, to establish whether there is any statistical evidence of significant difference between the groups. No difference between the control group and the experimental group for all variables ($p>0.05$) were found. Thus the control group and the experimental group had the same scores for the pre-test.

Table 4.1: Independent Samples Tests for significant differences between the experimental group and the control group with regard to the pre-test.

	Levene's Test for Equality of Variances		t-test for Equality of Means		
	F	Sig.	t	df	Sig. (2-tailed)
TOT	.057	.813	-.100	17	.921
PHY	.914	.353	1.798	17	.090
WOR	.119	.735	-.842	17	.411
SOC	.016	.899	-.059	17	.954

TOT (Total anxiety), PHY (Physical anxiety), WOR (Worry), SOC (Social anxiety)

* $p>0.05$ =statistical significance



4.2.1.1 RCMAS-2 Validity scales

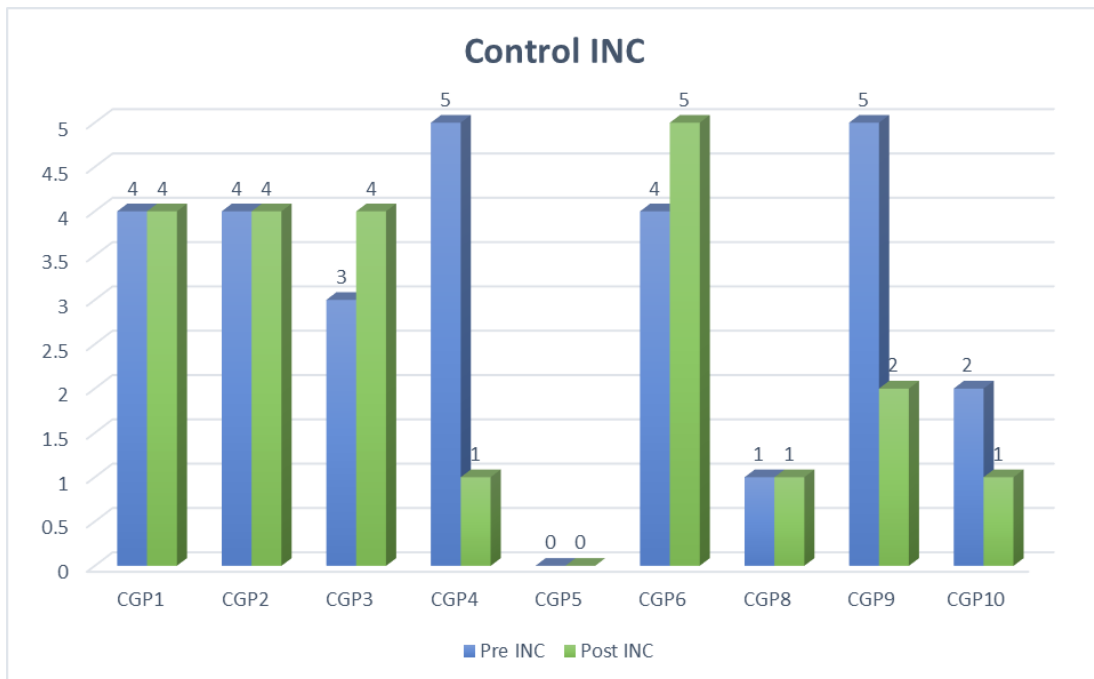
Reynolds (2018) mentioned that, as in the case with any instrument applied to measure psychological aspects of human behaviour, the validity of a measure instrument is a primary concern. RCMAS-2 scores are known as normalised *T*-scores and have a mean of 50 and a standard deviation (SD) of 10. The Inconsistent Responding (INC) index (Figure 4.1 and Figure 4.2) and the Defensiveness (DEF) scores (Figure 4.3 and Figure 4.4) are the two built-in validity scores. In the INC-score, invalid or biased responses to certain items will reveal participants responding with noncompliance, carelessness, vision problems or a lack of understanding, whilst the DEF-score addresses whether participants responded with the aim of presenting a positive image of themselves that is probably unrealistic and not indicative of their true state.

This space was intentionally left open



4.2.1.1.1 Validity scale 1: Inconsistent responding (INC)

Figure 4.1 and Figure 4.2 represent data of both the control group and the experimental group, with regard to the first validity scale indicating inconsistent responding. The INC-score flags conflicting responses and when an INC-score is higher than 6, it is important to check with a participant whether unusual circumstances were present during the testing. High INC-scores can however also be related to reading or language problems.



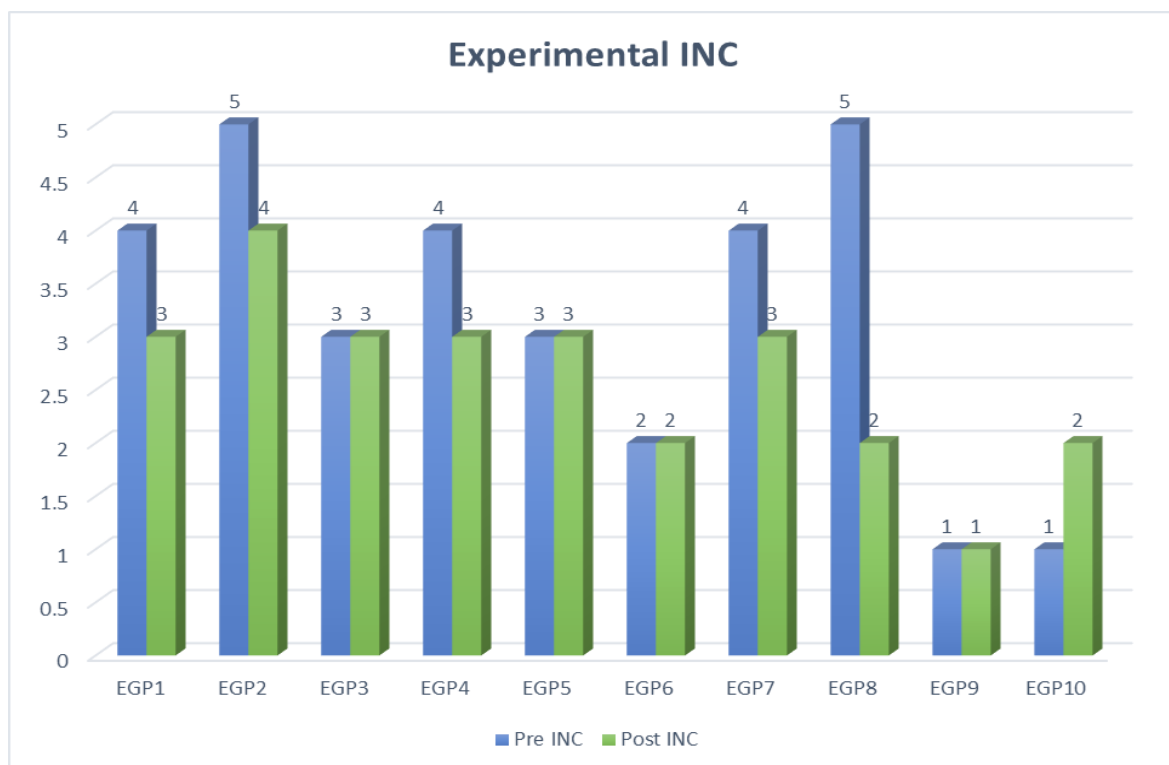
Control INC = Control group Inconsistent; CGP = Control Group Person; Pre INC = Pre-test Inconsistent; Post INC = Post-test Inconsistent

Figure 4.1: Inconsistent responding results for the control group pre- and post-test

Figure 4.1 reports on the comparison between pre and post-test scores for inconsistent responding from the control group. The post-test results indicate that four participants' scores stayed the same, three decreased and two increased. Two participants received a score of 5 for the pre-test and only one respondent for the post-test. (A score of 5 was allocated to CGP4 and CGP9 during the pre-test, and to CGP6 during the post-test). This



score is still considered within the norm. A high INC-score might have been influenced by the participant's way of answering the test; e.g. language or reading difficulties. A decrease in a post-test (CGP4, CGP9 and CGP10) is usually indicative of inconsistent answers ("lying") during the pre-test. Therefore it is important to also add additional information from the qualitative results to find some possible answers for specific cases.



Experimental INC = Experimental group Inconsistent; EGP = Experimental Group Person; Pre INC = Pre-test Inconsistent; Post INC = Post-test Inconsistent

Figure 4.2: Inconsistent responding results for the experimental group pre- and post-test

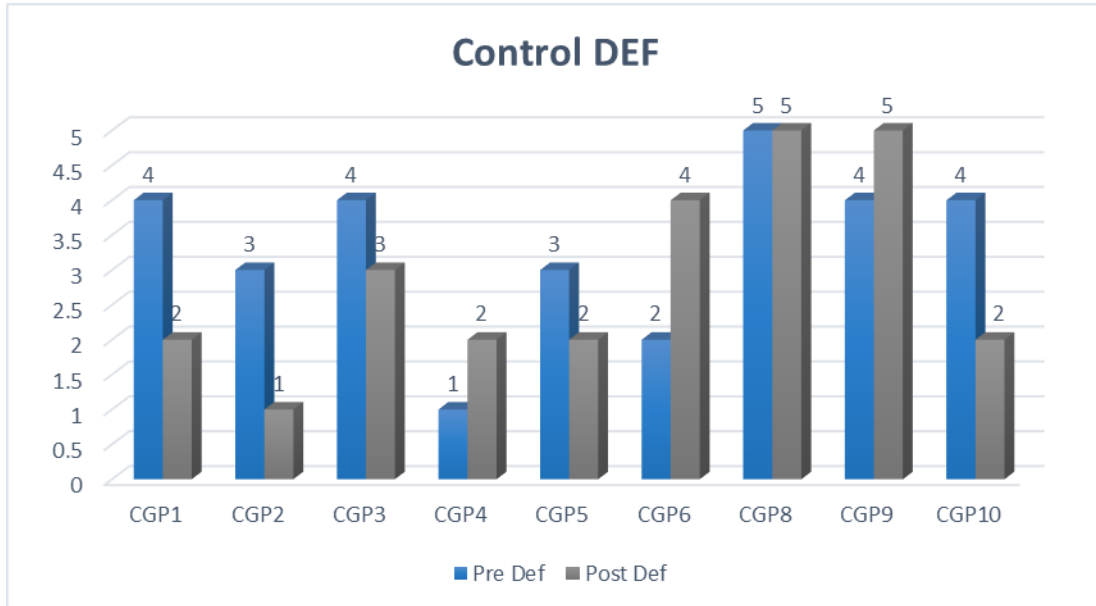
Figure 4.2 reports on the comparison between pre and post test scores for inconsistent responding from the experimental group. There was only one respondent (EGP10) who showed an increase from the pre- to the post-test with regard to the inconsistent responses in the experimental group. The majority of the group decreased (five participants) or stayed the same (four participants).



Although EGP2 and EGP8 received a score of 5 in the pre-test, which still falls within the norm, there was an obvious decrease in inconsistency. It could be argued that the participants from the experimental group showed a reduction due to the intervention. Familiarity with the procedure completing the questionnaires might be an explanation for the responses as well. It was not the aim of this study to investigate the tendencies of inconsistency, therefore clear explanations could not be offered in this regard. The qualitative results might however contribute to further clarity and will be elaborated on in Chapter 5.

4.2.1.1.2 Validity Scale 2: Defensiveness (DEF)

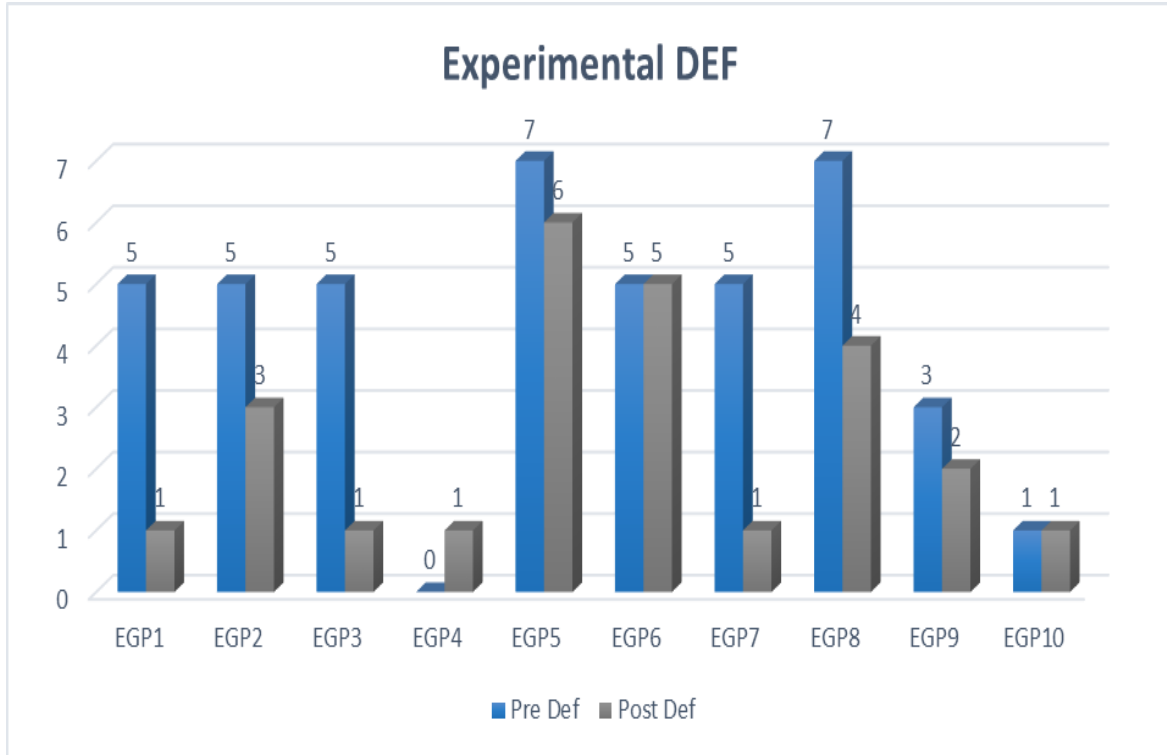
DEF-scores specify whether participants are willing to acknowledge commonly experienced everyday imperfections. It highlights an exceptional need for social desirability and/or acceptance. Unrealistically high expectations set by themselves or parents may form part of a clinical picture. High scores on the Defensiveness scale suggest participants trying to give a positive image of themselves in an immature fashion and represent an inaccurate view of the self. Participants with high scores might experience feelings of rejection and social isolation. Reynolds (2018) also emphasised that a high DEF-score might rather indicate an inflated or inaccurate view of the self, than an effort to delude others.



Control DEF = Control group Defensiveness; CGP = Control Group Person; Pre DEF = Pre-test Defensiveness; Post DEF= Post-test Defensiveness

Figure 4.3: Defensive responding results for the control group pre- and post-test

Figure 4.3 indicates the Defensiveness score for the control group. The results indicated that three participant's DEF-score increased, five participants' DEF-score decreased, and one participant's DEF-scores remained the same. The results suggest that anxious learners are likely to engage in a variety of avoidance behaviours to lessen exposure to threat (Huberty, 2010).



Experimental DEF = Experimental group Defensiveness; EGP = Experimental Group Person; Pre DEF = Pre-test Defensiveness; Post DEF = Post-test Defensiveness

Figure 4.4: Defensive responding results for the experimental group pre- and post-test

The Defensiveness score for the experimental group was reported in Figure 4.4, indicating a positive decrease in seven participants. Only one respondent's score increased and two remained the same. It is evident that the experimental group reported decreased defensiveness scores after the intervention. A higher score in DEF usually identifies a form of pretence. However, according to Reynolds (2018), emotional problems, inadequate peer relationships, academic problems at school and stressful situations at home may also contribute to a high score. The results indicated that the majority of the participants in the experimental group were less defensive in their responses, after the intervention. The intervention could be linked to the less defensive responses. The fact that the music therapy intervention addressed the "self" with regard to self-affirmation, self-esteem, and self-expression has empowered individuals to be less defensive. The reduction in defensiveness could also be attributed to the fact that the test was taken for



the second time and might reflect a certain familiarity with RCMAS-2 test procedures. Another possible explanation for an increase in the DEF-score might indicate a participant's fear of the consequences of self-disclosure. In such a case, the questionnaire might have been re-administered, after appropriate intervention to address the anxiety (Reynolds, 2018).

Considering the inconsistent and defensive responses, individual interpretation of results could provide more specific tendencies in individual cases. Against this background researchers should be alert to the fact that mean statistical results could be influenced by such (individual) tendencies, especially in smaller sample studies. Therefore, a mixed method design is recommendable for studies in anxiety related investigations, confirming research indicating certain brain regions such as the hippocampus, amygdala and prefrontal cortex undergoing structural remodelling which may alter behavioural and physiological responses of the anxious person. Various individuals may experience this differently (Zigmond, Rowland and Coyle, 2015).

4.2.1.2 RCMAS-2 Anxiety scales

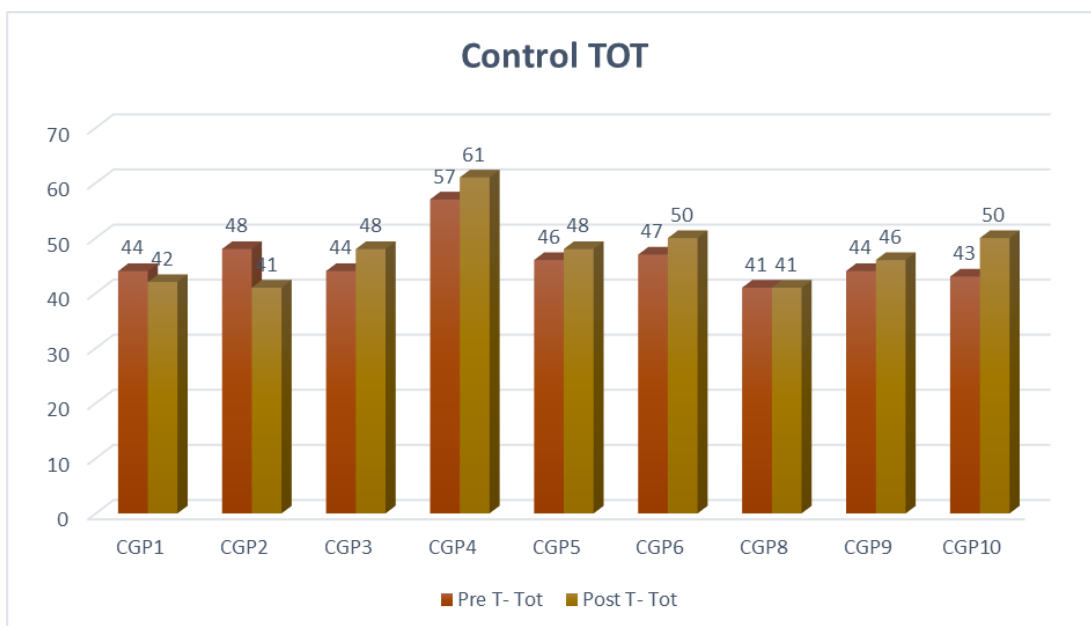
RCMAS-2 scores are known as normalised *T*-scores and have a mean of 50 and a standard deviation (SD) of 10. The term "normalised" denotes that each *T*-score value corresponds to the same percentile rank for every scale. Values between 40 and 60 are considered within the norm and values below 40 and above 60 as out of the norm and should be investigated. Results with reference to individual *T*-values will be discussed in anxiety related scales.

The components of anxiety as identified in the RCMAS-2 manual are Physical anxiety (PHY), Worry (WOR), and Social anxiety (SOC) and are relevant to the research sub-question of how Grade seven learners experience examination anxiety, both psychologically and somatically. Scores of these three scales add up to the scale of Total anxiety (TOT).



4.2.1.2.1 Anxiety scale 1: Total anxiety (TOT)

Figure 4.5 reports on the comparison between pre and post test scores for Total anxiety scores from the control group. The results indicated that six participants' score increased, two participants' scores decreased, and one participant's score remained the same. A minor increase in Total anxiety for six participants was reported for the control group. Only one respondent's increased anxiety was above 60 (CGP4=61). The T-score was therefore outside the normal range that is expected for anxiety as indicated from the RCMAS-2 results.



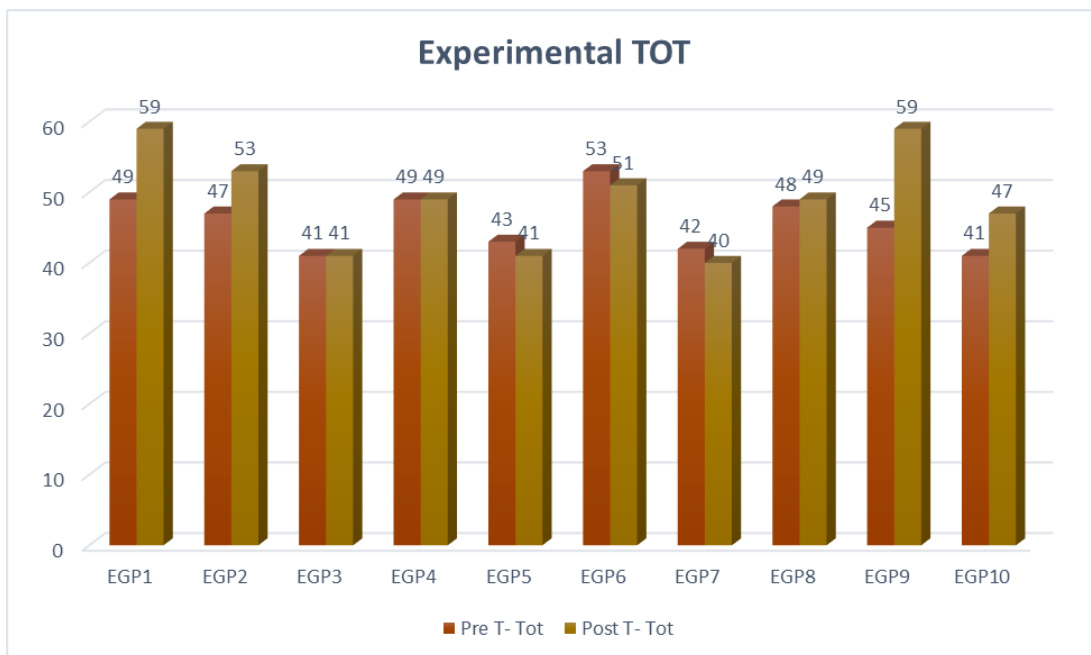
Control TOT = Control group Total Anxiety; CGP = Control Group Person; Pre T TOT = Pre-test Total Anxiety; Post T TOT= Post-test Total Anxiety

Figure 4.5: Anxiety scale 1: Total anxiety results for control group pre-and post-test

The Total anxiety score for the experimental group was reported in Figure 4.6. There is an indication of an increase in five participants, a decrease in two participants and two participants' scores remained the same. McDonald (2001) argued that should learners feel unprepared or unsure of their abilities during some stage of evaluation, they might



experience feelings of nervousness, apprehension or distress. Even feelings of depression may arise, parallel to higher expectations and pressure from parents and schools to perform well. The individual expectations may therefore become internalised in a young person and contribute to anxiety.



Experimental TOT = Experimental group Total Anxiety; EGP = Experimental Group Person; Pre T TOT = Pre-test Total Anxiety; Post T TOT = Post-test Total Anxiety

Figure 4.6: Anxiety scale 1: Total anxiety results for experimental group pre-and post-test

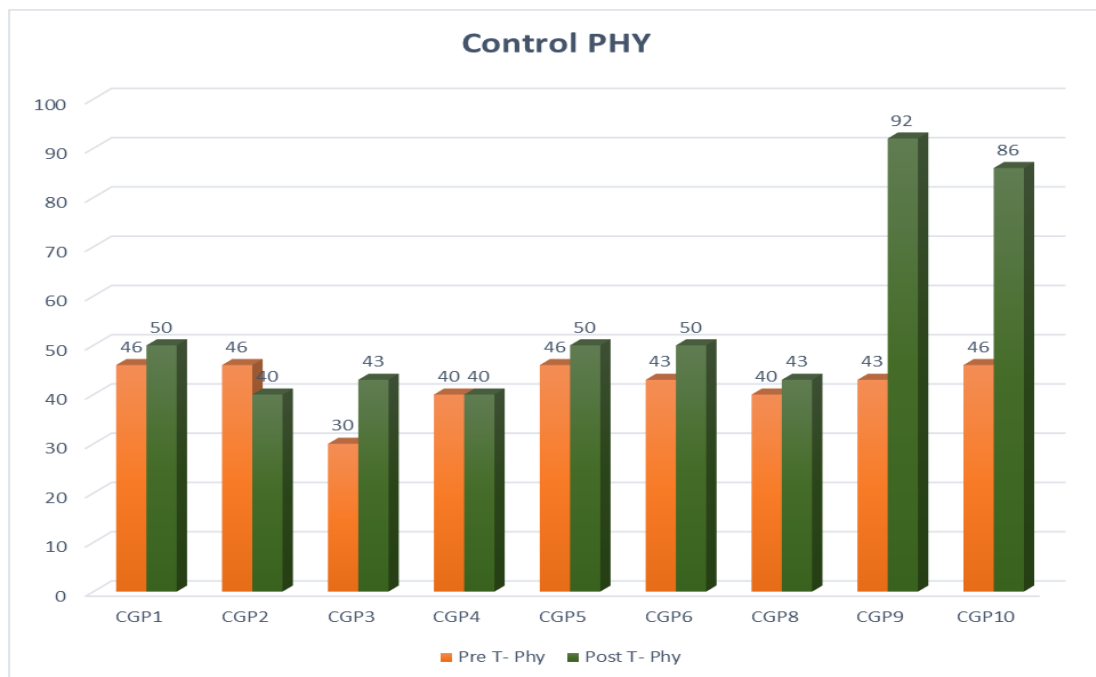
One would have expected a lowering in Total anxiety after the music therapy intervention, but to the contrary there was a small increase in Total anxiety for the majority of the participants. The pre-and post-test were related to the Mathematic examinations. Hill (2016) explained the educationally debilitating effects of Maths anxiety and highlighted it as a negative emotional response to present or future situations involving Mathematics. Mathematics anxiety has a more pronounced impact on mathematical problems that require more processing resources, and learners who are higher in working memory are more vulnerable to its deleterious impacts (Ching, 2017). Therefore past experiences,



uncertain expectations and level of preparedness could have influenced self-perceived anxiety (Reynolds, 2018).

4.2.1.2.2 Anxiety scale 2: Physical anxiety (PHY)

Figure 4.7 reports on the comparison between pre and post test scores for Physical anxiety from the control group. Results indicated a decrease in one participant, one that remained the same and a significant increase in Physical anxiety in seven participants. It is evident that the results of CGP9 and CGP10 indicate a substantial increase in Physical anxiety.



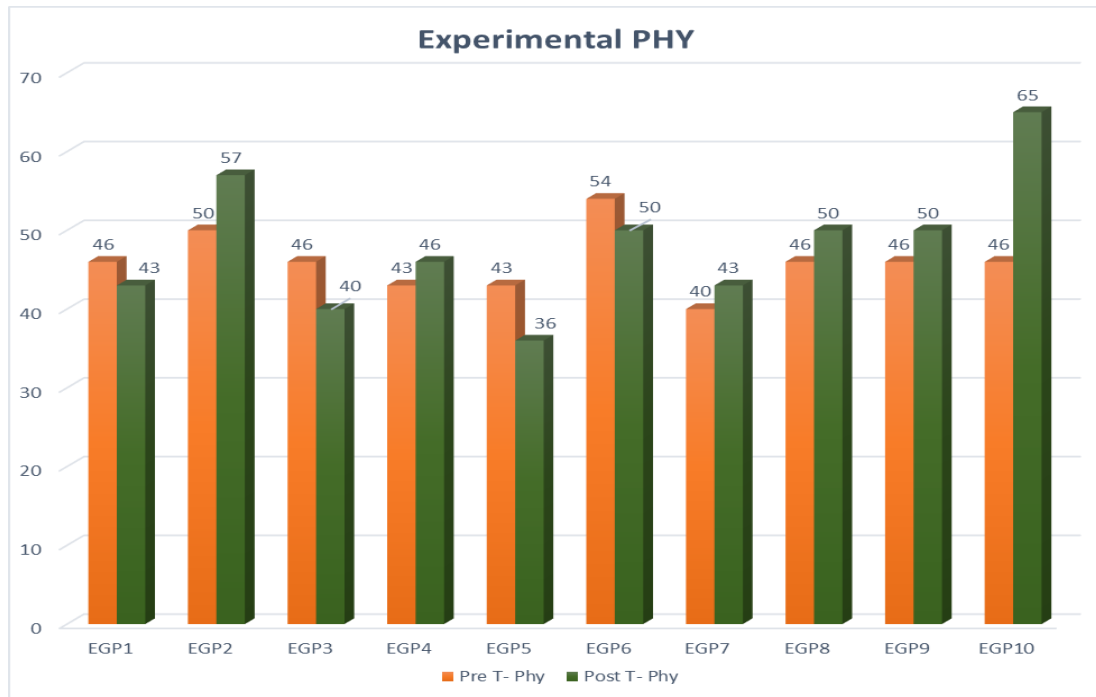
Control PHY = Control group Physical Anxiety; CGP = Control Group Person; Pre T PHY = Pre-test Physical Anxiety; Post T PHY= Post-test Physical Anxiety

Figure 4.7: Anxiety scale 2: Physical anxiety results for control group pre-and post-test

The Physical anxiety score for the experimental group was reported in Figure 4.8, indicating an increase in six participants and a decrease in four participants. However, the experimental group indicated a lower increase than the control group in Physical anxiety.



Although the music therapy intervention could have played an important role, other factors could also have contributed to the increase in Physical anxiety.



Experimental PHY = Experimental group Physical Anxiety; EGP = Experimental Group Person; Pre T PHY = Pre-test Physical Anxiety; Post T PHY = Post-test Physical Anxiety

Figure 4.8: Anxiety scale 2: Physical anxiety results for experimental group pre-and post-test

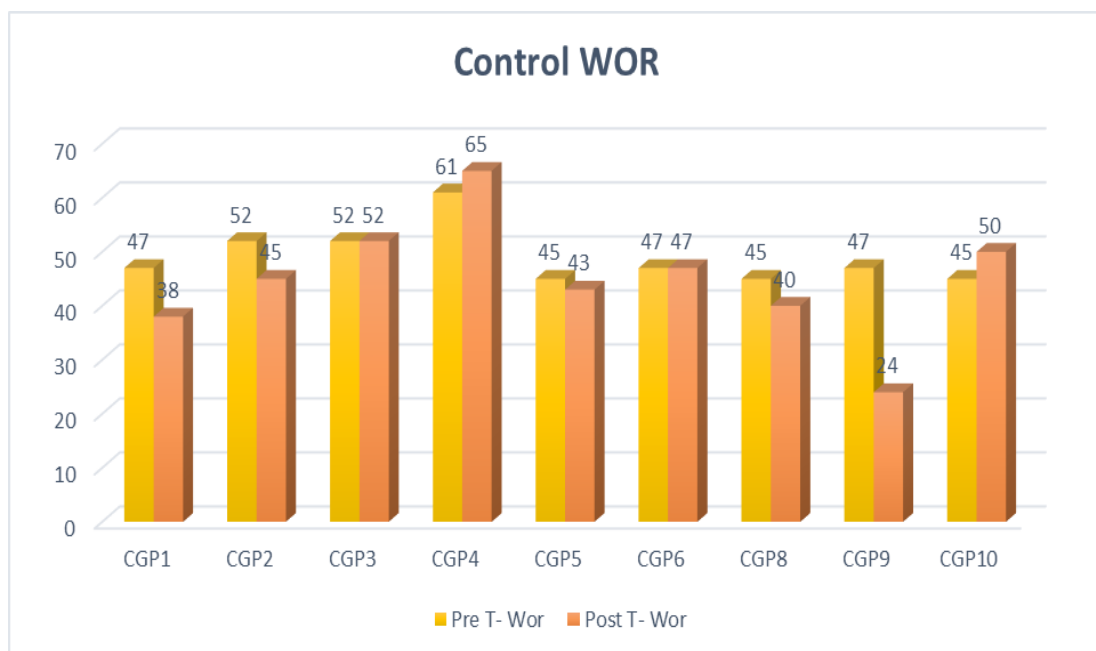
Physical anxiety is related to the somatic or physiological part of anxiety and results in physical symptoms and sensations experienced (Parnabas, 2013). The perceived thoughts that automatically come to individuals could create feelings of anxiety, anger and frustration that provoke negative emotion.

4.2.1.2.3 Anxiety Scale 3: Worry (WOR)

Elevated scores on the Worry scale suggest that the participants internalised their experiences of anxiety and that they might have felt overwhelmed, which could eventually lead to them withdrawing. Such participant(s) are sensitive to environmental pressures

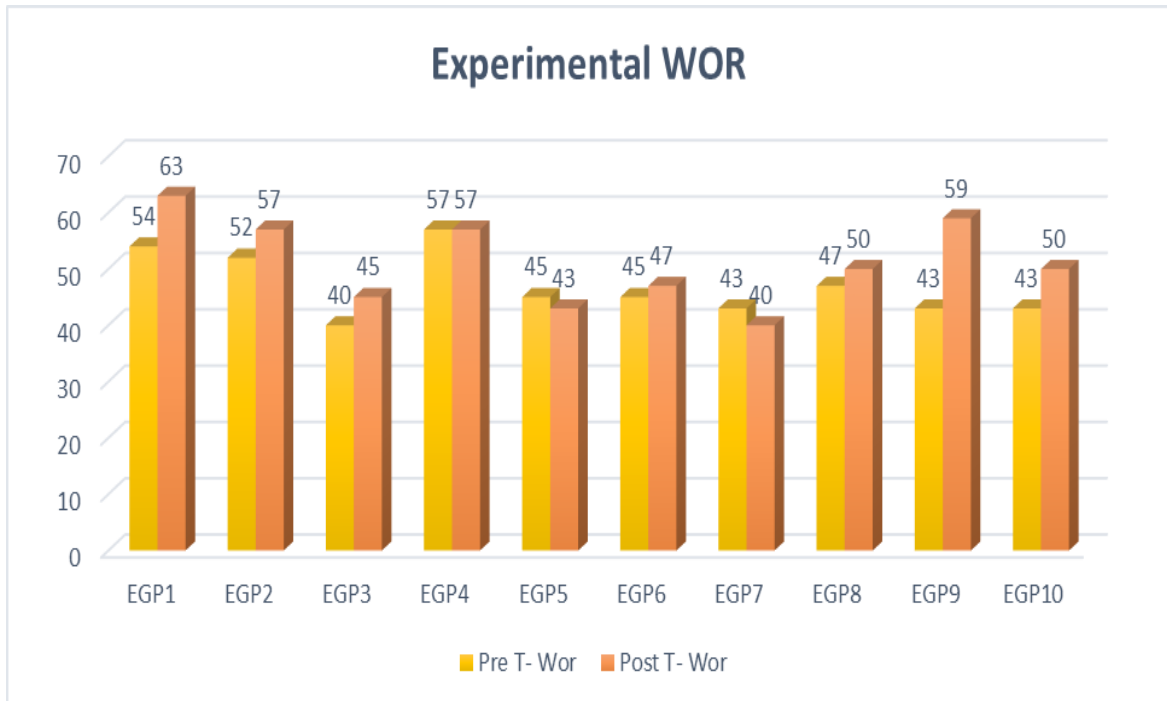


and it is advised that such an individual firstly need to learn how to express feelings of anxiety and secondly need to cope by sharing or asking for help (Reynolds, 2018). Figure 4.9 reports on the comparison between pre and post test scores for Worry from the control group. The post test score indicates an increase of Worry in two participants and a decrease in five participants, while one participant stayed the same.



Control WOR = Control group Worry; CGP = Control Group Person; Pre T WOR = Pre-test Worry; Post T WOR= Post-test Worry

Figure 4.9: Anxiety scale 3: Worry results for control group pre-and post-test



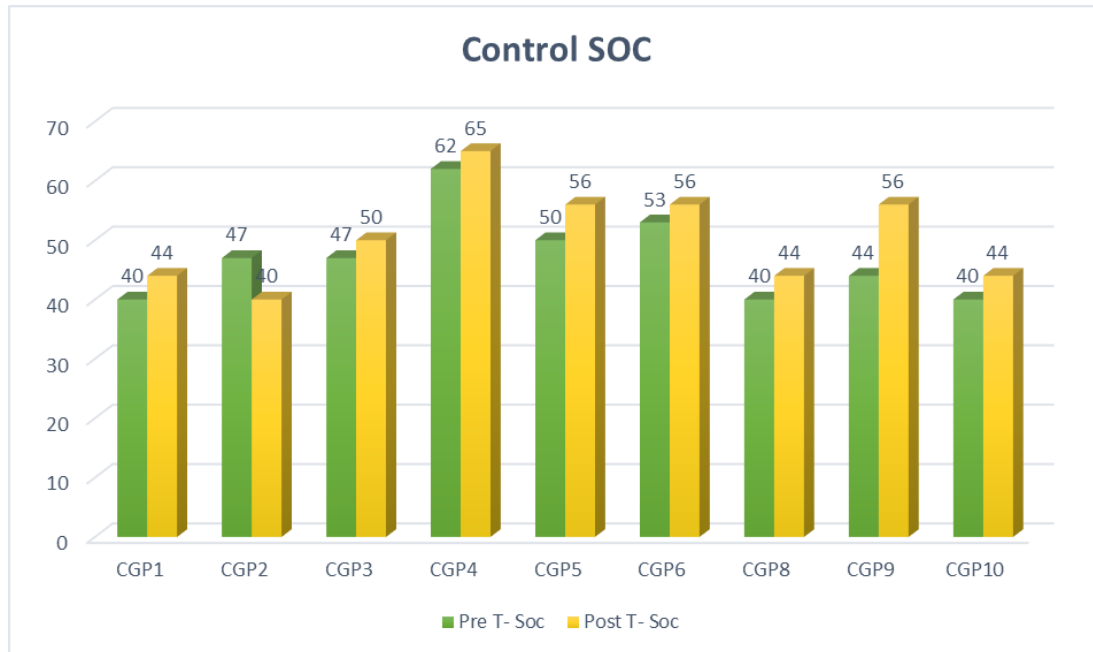
Experimental WOR = Experimental group Worry; EGP = Experimental Group Person; Pre T WOR = Pre-test Worry; Post T WOR = Post-test Worry

Figure 4.10: Anxiety scale 3: Worry results for experimental group pre-and post-test

Figure 4.10 reports on the comparison between pre and post test scores for the Worry-component from the experimental group and indicated a decrease in two participants, an increase in seven participants, while one remained the same. It is evident that there is an increase in Worry in the experimental group with medium effect size. For both groups (control group WOR and experimental group WOR) the majority of the participants' results correlate with the findings of Benedetto, La Fau and Ingrassia (2018) that negative meta-worry seems to be the most robust predictor of Total anxiety in this study.

4.2.1.2.4 Anxiety Scale 4: Social anxiety (SOC)

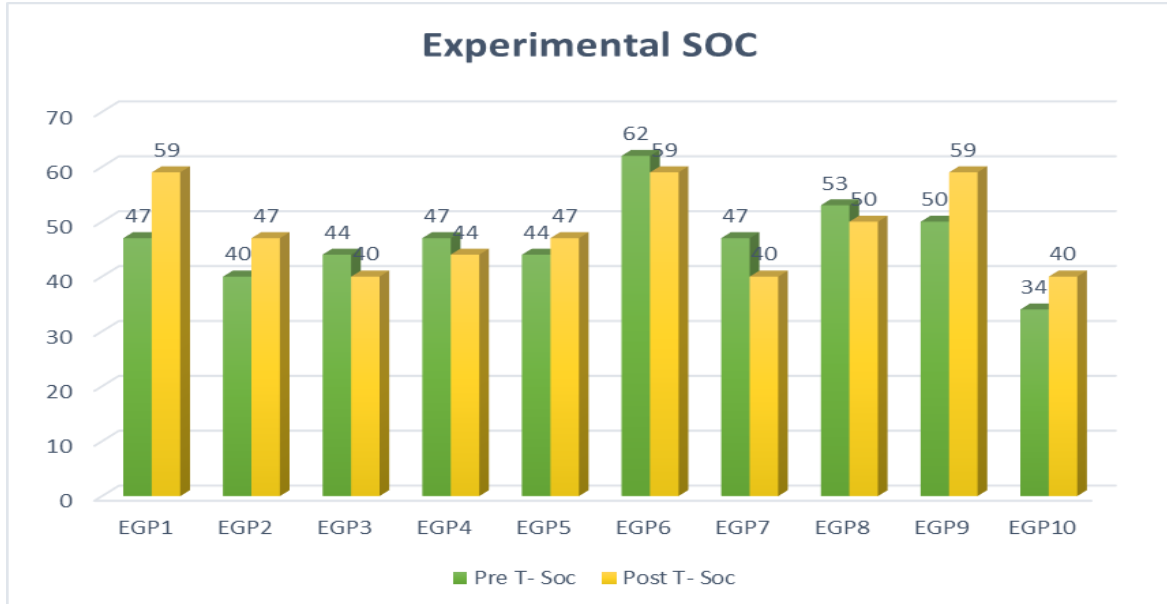
High scores on the Social anxiety factor suggest that the participant is likely to feel inadequate and unable to concentrate on tasks, as well as unable to meet the expectations of significant or other important people.



Control SOC = Control group Social anxiety; CGP = Control Group Person; Pre T-SOC = Pre-test Social anxiety; Post T SOC= Post-test Social anxiety

Figure 4.11: Anxiety scale 4: Social anxiety results for control group pre-and post-test

Figure 4.11 indicates the Social anxiety score for the control group. The post test scores showed a significant increase in Social anxiety for the majority from the control group (eight participants) and a decrease in only one participant. The increase may be indicative of a learner who feels inadequate, is unable to meet the expectations of important people in their lives or it may not be possible for them to concentrate as such. The results of CGP4 were flagged by the researcher as a reason for concern with regard to the substantially high score linking to the research sub-question of experienced examination anxiety in this study. It is also evident that individual cases *T*-scores, such as that of CGP4, shown to be above 60 for both tests should be followed up by professional consultation.



Experimental SOC = Experimental group Social anxiety; CGP = Experimental Group Person; Pre T-SOC = Pre-test Social anxiety; Post T SOC= Post-test Social anxiety

Figure 4.12: Anxiety scale 4: Social anxiety results for experimental group pre-and post-test

Figure 4.12 reports on the comparison between pre and post test scores for Social anxiety from the experimental group. The results of the post test scores showed an increase in Social anxiety in five participants and a decrease in five participants. One participant's (EGP10) results are outside of the normal range in the pre-test (T -score=34), indicating a significant increase (T -Score=40) during the post-test which is a reason for follow-up conversations by a psychologist. (Referrals were made).

It is well known that anxiety is a common undeniable phenomenon of learners' daily lives. On the one hand it influences their academic performance and effectiveness indicative in different situation, and on the other hand one should keep in mind that an average level of anxiety could be useful in achieving certain goals and academic performance. Ramesh Bhat (2011) argued that examination anxiety, within limits, may be considered as eustress, and not as a detrimental phenomenon causing negative effects on learners. On the contrary, excessive stress can contribute to the development of physical illness such as hypertension, ulcers, skin disorders, headaches, arterio-sclerosis and other serious



diseases (Hanser, 1985; Mullick et al., 2005). The results presented indicate that most of the learners function within the normal parameters of anxiety, but with the exception of a few specific cases. For a follow-up study, researchers should consider specific case studies to implement as intervention.

4.2.2 Statistical Analysis of Combined Data

Table 4.2 comprises descriptive statistics for the *t*-scores of the four components Physical anxiety (PHY), Worry (WOR), Social anxiety (SOC), and Total anxiety (TOT) as reported for the anxiety scale in the pre- and the post-test.

Table 4.2: Descriptive statistics and statistical analysis for Physical anxiety (PHY), Worry (WOR), Social anxiety (SOC) and Total anxiety TOT).

		Pre-Test					Post Test					
		N	Min	Max	Mean	SD	N	Min	Max	Mean	SD	ES
PHY	EXP	10	40	54	46	5.5	10`	36	57	46.9#	6.5	0.15
	CON	9	<30	46	42.1	3.9	9	40	64	49#	8.7	1.02***
WOR	EXP	10	40	57	46.9	5.6	10`	40	63	51.1##	7.6	0.62**
	CON	9	45	61	49.0	5.3	9	38	65	47##	8.1	0.29*
SOC	EXP	10	34	62	46.8	7.5	10`	40	59	48.5	8.0	0.21*
	CON	9	40	62	47.0	7.3	9	34	65	48.1	9.6	0.12
TOT	EXP	10`	41	53	45.80	4.0	10`	40	59	48.9	6.9	0.54**
	CON	9	41	57	46.0	4.6	9	41	61	47.44	6.3	0.26*

N (total of participants), Min (minimum) Max (maximum), Mean (mean value for the group) SD (standard deviation), SEM= (standard error of the mean)

ES (effect size) * $d=0.2$ be considered a 'small' effect size - ** $d=0.5$ represents a 'medium' effect size - *** $d=0.8$ a 'large' effect size.

paired significant statistical correlation between EXP and CON post-test $p<0.05$

From the descriptive pre-test results, it is evident that the average *t*-score for Physical anxiety (46 and 42) is lower than the average *T*-score of 50 as indicated by RCMAS-2. The minimum and maximum also range within the normal parameters (*t*-score=40-60), except for the control group, where the minimum was <30. The minimum, maximum and



mean *t*-scores for most of the other three variables (Worry, Social anxiety and Total anxiety) were within the normal parameters (40-60).

The exceptions emerged for Social anxiety minimum *t*-score in the experimental group (*t*-score=34) and maximum *t*-score for both the experimental group (*t*-score=62) and the control group (*t*-score=62). There were no significant statistical differences ($p > 0.05$) between the control group and the experimental group in the pre-test.

The standard error of the mean (SEM) provided evidence on statistical inference based on the sampling distribution. The SEM is the standard deviation (SD) of the theoretical distribution of the sample means. In the control group the mean variation is indicated by the SEM=1.83 and the SEM in the experimental group SEM=1.22. The SD from the control group is (SD=3.9) and that from the experimental group is (SD=5.5). Last mentioned results are an indication that the experimental group do have a greater variance from the mean *t*-score of 46, as opposed to the control group with regard to the *t*-score of 42. For all the other variables, the standard error of the mean (SEM) and the standard deviation (SD) of the pre-test reported similar patterns for the experimental group and the control group in Table 4.2. The highest standard error of the mean (SEM) and the standard deviation (SD) were reported for Social anxiety (EG SEM=2.37 / SD=7.5 and CG SEM=2.43 / SD=7.3). Physical and Social anxiety could therefore be seen as variables where variations from the mean could influence the general tendencies of the results.

The descriptive post-test results indicated similar patterns as in the pre-test with some exceptions. Overall, in both the experimental group and the control group, the maximum *t*-score increased, except for that from the experimental group's SOC *t*-score (pre-test max = 62 vs post-test max=59).

The results for Physical anxiety indicated a decrease in the minimum scores (experimental group pre-test min = 40 vs post-test min=36), an increase for maximum scores (EG pre-test max = 54 vs post-test max=57 and CG pre-test max = 46 vs post-test max = 64) and the mean scores (EG pre-test mean = 46 vs post-test mean = 47 and CG pre-test mean = 42 vs post-test mean=49). The maximum for the control group was also



outside the normal range (from 40-60) for the *t*-score. Furthermore, the results from the control group for Physical anxiety indicated a medium practical significant ($d=0.5$) effect between the pre- and post-test. Although there was no statistically significant difference ($p<0.5$) between the experimental group and the control group in the pre-test, the post-test indicated a significant result between the two groups. The control group reported a significant increase (pre-test mean=42 vs post-test mean=49) and SD as well as SEM from pre-to post-test. A large increased standard deviation (SD) from pre- to post-test for the control group group (Pre-test SD=5.5 vs Post-test SD=8.7) is an indication of a larger variation from the mean for the total sample.

The results in Table 4.2 on Worry indicated an increase of the *t*-scores from pre- to post-tests in most segments. There was only a decrease in the minimum Worry for the control group (CG pre-test min = 45 vs post-test min=38), the mean Worry for the control group (CG pre-test mean = 49 vs post-test mean=47) and similar value for the minimum in the experimental group (EG pre-test min = 40 and post-test min=40). There was a statistical significant difference ($p<0.05$) between the experimental group and control group in the post-test. Furthermore, the results for Worry indicated a medium practical significant effect ($d=0.5$) between the pre- and post-test for the experimental group. There was a large increase of standard deviation (SD) in both groups from pre- to post-test. It is an indication of a larger variation from the mean within the group. Due to the sample size it is also important to take note of variations within the results to get a clear understanding of possible effects and/or tendencies of the intervention.

The mean values from the pre- to post-tests in Social anxiety, in Table 4.2, indicated a small increase for both group's *t*-scores (EG pre-test mean=47 vs post-test mean=49 and CG pre-test mean=47 vs post-test mean=48). It should be flagged that the maximum value for both the experimental group and the control group's *t*-score is higher than the indicated normal range of 40-60. No statistical or practical significant differences were reported for Social anxiety. The highest SD is reported for this variable, which could indicate a larger range from the mean value. In this regard it is noticeable of the variation within the group and how they experience Social anxiety. In conclusion, it must be



mentioned that Social anxiety is evident within this sample and could be related to performance in a specific context (Reynolds, 2018).

The mean values for Total anxiety (TOT), as reflected in Table 4.2, also showed an increase in both the experimental group and the control group (EG pre-test mean = 46 vs post-test mean=49 and CG pre-test mean = 46 vs post-test mean=47). Both groups' maximum values increased (EG pre-test max = 53 vs post-test max=59 and CG pre-test max = 57 vs post-test max = 61) (mean = 47 vs post-test mean=48). It must be noted that the maximum value for both the experimental group and the control group's *t*-score is higher than the indicated normal range of 40-60. No statistical and practical significant differences were reported for Social anxiety. The highest SD is reported for this variable, which could indicate a larger range from the mean value. In this regard it is noticeable of the variation within the group and how they experience Total anxiety. In conclusion, it must mentioned that Social anxiety is evident within this sample and could be related to performance in a specific context (Reynolds, 2018).

Table 4.3: T-Test for Performance Anxiety between the control group and experimental group

	Group	N	Mean	Std. Deviation	Std. Error Mean
Performance anxiety	EG	10	3.80	3.190	1.009
	CG	9	4.00	2.784	.928

No difference between the control group and the experimental group with regard to Performance Anxiety ($p = 0.887 > 0.05$).

4.2.3 Summarising quantitative findings

In the RCMAS-2 manual Reynolds (2018) explained an increased emphasis on performance in academic settings in general, and particularly on test results, not only in the classroom, but also to meet national guidelines. Performance anxiety specific to test performance is progressively more common. A valuable addition to the above includes a



section asking about performance anxiety, addressed in RCMAS-2 (items 4, 8, 10, 13, 23, 26, 32, 37, 41 and 49). However, no difference between the control group and the experimental group with regard to Performance Anxiety ($p = 0.887 > 0.05$) was noted.

Only between pre- and post-test scores of Physiological Anxiety and Worry, was there a difference between the control group and the experimental group as indicated in Table 4.2. Overall, the findings indicated an increase in anxiety in both the pre and post group with regard to all of the variables.

4.3 Qualitative data analysis

In a mixed-method research that employs interviews as a means of data collection, the use of a reflexive, iterative process represents a cost-effective, constructive, and theoretically thorough process through which to collect verbal interview data (Halcomb, 2006). According to Loubere (2017) the recording and verbatim transcription of interviews is regularly considered to be a tedious but essential aspect of the qualitative research process. Transcription and thematic analysis were used to structure, analyse and interpret the qualitative data obtained through the focus group interviews and the thick descriptions. The procedure of data analysis will be discussed below, outlining the processes of transcription, coding, categorising and identifying themes.

4.3.1 Transcription

Transcription is undeniably a necessary methodological tool for researchers, has been widely implemented by academics across the social sciences and is supported as a means of primarily improving the elasticity of qualitative research. Ansdell and Pavlicevic (2001) explained that transcripts of data are representations where one modality is translated into another and as with any translation, it not only “transports” information but also transforms the meaning.



4.3.1.1 Transcription of qualitative data: Focus Groups

The permanence of the medium of video-recordings allowed familiarisation and orientation with the data. Video recordings of the two focus group interviews were therefore repeatedly viewed and examined in detail to ensure that the verbatim transcripts, in Afrikaans, were as accurate as possible. Similar templates for both the focus group interviews and thick descriptions were implemented. The recorded verbal interactions were typed verbatim in a Microsoft Word document and contextual comments and non-verbal behaviour were noted down and added to the text. In addition, pauses, accents and non-verbal utterances were indicated in the transcript. Texts were chronologically transcribed and these transcriptions were transferred to prepared Excel tables. Davidson (2009) explained that the process of transcription is theoretical, selective, interpretive, and representational.

For this study transcriptions proved to be an effective way for the researcher to orientate herself with the qualitative data and to gain an overall impression of the content. Table 4.4, following, presents a segment of a focus group interview transcription before coding. For the sake of the focus group interviews, the researcher is referred to as “MT” and participants are represented according to their pseudonyms. The reader should however not be misguided through confusing the registered music therapist who conducted the music therapy intervention with the researcher. (FG = Focus Group; EG = Experimental Group; CG = Control Group and P9 represents participant 9). Table 4.4 is an example of a segment of the Afrikaans focus group interview.



Table 4.4 A segment of a focus group interview transcription before coding

FG AND LINE NR		VERBATIM
FG1-32 33 34	CGP9	Uh, voor die tyd het ek redelik 'n bietjie gestres, maar toe ek by die vraag kom toe onthou ek wat om te doen.
FG1-35 36	MT	Okay, dink jy dit het iets met voorbereiding te doen of was jy net bang vir die vraestel?
FG1-37 38 39	CGP9	Ja, toe ons soos deur die vrae gegaan het toe kan ek nie onthou wat om te doen nie, maar toe ek die vraag fisies gedoen het, toe onthou ek
FG1-41	MT	—toe onthou jy die stappe wat om deur te gaan?
FG1-43 44 45	CGP1	Tannie, daai rustig was net voor die tyd (*maak vuiste met hande en kyk vir EGP3*) en toe stres ek weer in die vraestel toe ek die vrae weer lees.
FG1-47	MT	So vooraf was jy rustig?
FG1-48	CGP1	Ja.
FG1-49 50	MT	En toe terwyl jy skryf toe raak jy bietjie gestres?
FG1-51 52 53 54	CGP5	My, ek weet nie, maar soos, ek is soos, wanneer my vriende en almal soos praat voor die tyd, en ander goed, ek praat net nie. Ek dink net die heelyd aan daai, die vraestel of waaroor ek ook al nou voor stres en my maag voel so *beduie deurmekaar*
FG1-56 57 58	MT	So wanneer julle, nou voor skool hier aankom, kom ons sê die klomp maats sê nou “Dis Wiskunde”, luister jy nie na al daai praatjies nie?

(See Appendix R and Appendix S: Complete focus group 1 and focus group 2 interviews transcriptions in Afrikaans before coding)



4.3.1.2 Transcription of qualitative data: Thick descriptions

As previously pointed out, the music therapy intervention was conducted by a local music therapist at the Windhoek Afrikaanse Privaatskool which is a private primary and secondary school. This school is characterised as a close-knit community of mostly Afrikaans-speaking parents, teachers and learners and is known for its successful implementation of the South African IEB programme. The music therapy group for the WAP anxiety group was a randomly selected group of Grade seven learners for the purpose of the researcher’s dissertation for the M.Mus (Music Therapy). Due to technical difficulties, it was not possible to video-record all music therapy sessions properly. The clinical session notes by the music therapist were however written with care and provided ample research material. The transcripts of the thick descriptions were labelled chronologically as TD1, TD2 and TD3, and were mainly transcribed in English. The verbatim verbal comments of the participants however, remained in Afrikaans to convey the true essence of the experience. The example in Table 4.5 below is a short segment of a thick description before coding. The first column indicates the number of the thick description (TD2), followed by the line number (48). The music therapist’s text or comments of the participants appear in column 2.

Table 4.5: Segment of a thick description before coding. (TD2, lines 48-57)

TD2-48	Every member took great care in making their art works and the feedback time
TD2-49	afterwards allowed for further self-affirmation. Although other members
TD2-50	tended to scoff at each individual’s feedback at times, they all
TD2-51	shared their unique experiences with conviction and even a sense of pride.
TD2-52	We ended session 5 with another relaxation exercise, but rather than their
TD2-53	playing pre-recorded music, I played music on the piano, matching the
TD2-54	energy levels of the participants. I allowed enough space in the music for
TD2-55	comments and chit-chat by making use of fermatas and rubato, but I
TD2-56	created continuity by including these moments into the music by matching
TD2-57	and waiting, and returning to the theme in a rondo-like form. Loud talking by

(See Appendix V: Complete transcription of thick descriptions before coding)



4.3.2 Coding

Codes for this study were generated from two sources of data (two focus group interviews and three thick descriptions). There are different ways thematic analysis can be approached and all variations are possible. Braun and Clarke (2006) defined thematic analysis as a method of determining, analysing and collecting themes in a data set, and highlighted coding as the starting point of this process. Qualitative data coding therefore refers to the process which enables a researcher to understand the world from a participant's point of view by interpreting the participant's narratives, discovering and identifying topics, issues, similarities and differences (Sutton, 2015).

Braun and Clarke (2006) referred to inductive coding where coding and theme development are directed by the content of the data. Seidell (1998) mentioned that codes represent the decisive link between the original textual material on the one hand and theoretical concepts of the researcher on the other. This important step in the process involves breaking the data, relevant to the context of the study, down into meaningful components or parts and labelling them.

Gibbs (2007) described a system of open coding which enables a systematic and comprehensive analysis of qualitative data sources. The first step in coding therefore involved the formulation of first level codes by actively reading and scrutinising the data for patterns and meanings. Coffey (1996) referred to this process of coding as an essential data-reduction task. Attention-grabbing features of the data relevant to the research question, were coded in a methodical style across the complete data set, collating data relevant to each code (Braun and Clarke, 2006). Some codes were phrases whilst others were only words and texts, and not every line was coded. Verbatim text remained in Afrikaans, with translations thereof indicated in brackets.

An example of verbatim segments appears in Table 4.6. Column one represents the focus group (FG) and the line number, whilst column two is reserved for verbatim text. Pseudonyms were removed.



Table 4.6: Example of segmenting in focus groups

FG1-032	voor die tyd het ek redelik 'n bietjie gestres (<i>before the exams I stressed quite a bit</i>)
FG1-110	Uhm, ek stres voor elke toets (<i>uhm, I stress before every test</i>)
FG1-446	maar as ek weet ek sukkel met daai (tipe)som of iets soos dit dan stres ek so bietjie <i>(but because I know I have trouble with that (kind of) equation, or something alike, I stres a bit)</i>
FG1-045	en toe stres ek weer in die vraestel toe ek die vrae weer lees (<i>and then I stressed again during the exams once I read the questions again</i>)
FG1-129	Of 'n toets wat baie, baie langvrae het (<i>or a test including many, many long questions</i>)
FG1-130	baie teorie het wat jy moet leer uit jou kop uit (<i>test including a lot of theory memorised and known off by heart</i>)
FG1-153	Ek weet nie, omdat ek voel daar is minder werk en dan moet jy harder leer om die minder werk beter te ken <i>(I don't know, because I feel there is less work [to master] and then you [actual] need to learn harder to be able to know less work better)</i>
FG1-155	soos dat jy, omdat dit minder is om te leer beteken jy moet dit beter ken (<i>it is because it is less work to study, it implicates you should know it better</i>)

(See Appendix T and Appendix U: Segmentation of focus group 1 and focus group 2 interviews with applicable translations)

In Table 4.7 is an example of organising verbatim segments under Level 1 codes with the translation of the Afrikaans segments in brackets.

Table 4.7: Example of organised segments under Level 1 codes in focus groups

	Anticipation
	Anticipation of examination anxiety <u>prior</u> to exam session
FG1-032	voor die tyd het ek redelik 'n bietjie gestres (<i>before the exams I stressed quite a bit</i>)
FG1-110	Uhm, ek stres voor elke toets (<i>uhm, I stress before every test</i>)
FG1-446	maar as ek weet ek sukkel met daai (tipe)som of iets soos dit dan stres ek so bietjie <i>(but because I know I have trouble with that (kind of) equation, or something alike, I stres a bit)</i>
	Anticipation of examination anxiety <u>during</u> exam session



FG1-045	en toe stres ek weer in die vraestel toe ek die vrae weer lees (<i>and then I stressed again during the exams once I read the questions again</i>)
	High volume of work
FG1-129	Of 'n toets wat baie, baie langvrae het (<i>or a test including many, many questions</i>)
FG1-130	baie teorie het wat jy moet leer uit jou kop uit (<i>test including a lot of theory to be memorised and known off by heart</i>)
FG1-153	Ek weet nie, omdat ek voel daar is minder werk en dan moet jy harder leer om die minder werk beter te ken <i>(I don't know, because I feel there is less work [to master] and then you [actual] need to learn harder to be able to know less work better)</i>
FG1-155	soos dat jy, omdat dit minder is om te leer beteken jy moet dit beter ken <i>(it is as if, because it is less work to study, it implicates you should know it better)</i>

(See Appendix W and Appendix X: Complete Level 1 codes of focus groups 1 and 2)

A similar process was followed to segment and code the text of the three thick descriptions of the music therapy intervention. In Table 4.8 is an example of segmented Level 1 codes.

Table 4.8: Example of organised segments under Level 1 codes in thick descriptions.

	High energy levels
TD1-13	During session 1 there was an overall feeling of high energy as could be
TD1-17	The high energy level of the first session was maintained throughout the duration
	Loud and fast drumming
TD1-14	heard in the loud and fast drumming rhythms,
	Making noise
TD1-21	drown their own and others' vocal chants in instrumental sounds.
TD1-33	by excessive noise-making, loud giggling and continuous (loud) insults
	Intensified energy
TD1-26	intensify during session 2 and despite creativity and more variety in rhythm
	Nervous energy
TD1-36	(This lack of ability to relax) highlighted a nervous energy and a

(See Appendix Y: for complete Level 1 codes of thick descriptions)



4.3.3 Development of higher codes

All Level 1 codes were revised again to gain an overview, printed, cut out and then transferred to a working document which allowed appropriate grouping of codes. This graphic process proved to be valuable to present potential higher level codes and indicated how related concepts, ideas and themes relevant to the research questions, resonated with “congregated” groups. Level 1 codes, were thus grouped together and assigned a label of a Level 2 code. Table 4.9 is an example of Level 2 codes grouped together under Anxiety Provoking Factors (APF) and Impact of Anxiety: Psychological responses (IAP). The code of APF2 represents the second of seven codes (high volume of work) as belonging to the category of Anxiety Provoking Factors and IAP3 would represent “False sense of calmness” under Impact of Anxiety.

Table 4.9: Example of Level 2 coding in a focus group

APF		Anxiety provoking factors
APF1		Anticipation
	APF1a	Anticipation of examination anxiety <u>prior</u> to exam session
	APF1b	Anticipation of examination anxiety <u>during</u> exam session
APF2		High volume of work
APF3		Perceived level (importance) of examination
APF4		Duration of examination period
APF5		Time limits during examination session
APF6		Period of preparation prior to examination
APF7		External factor: Attentional stressors- distracting, disruptive
IAP		Impact of Anxiety: Psychological responses
IAP1		Loss of memory: forgetfulness, doubt, confusion, mental blocks
IAP2		Loss of concentration: no focus, daydreaming, scattered thoughts
IAP3		False sense of calmness
IAP4		Denial / avoidance
IAP5		Insomnia

(See Appendix Z and Appendix AA: Complete list of Level 2 codes for focus group 1 and 2)



In Table 4.10 is an example of Level 2 coding of the thick descriptions. Highlighted headings represent the Level 2 codes.

Table 4.10: Example of Level 2 coding of thick descriptions

	High and excessive energy levels
TD1-13	High energy
TD1-14	Loud and fast drumming
TD1-17	High energy
TD1-21	Making noise
TD1-26	Intensified energy
TD1-33	Noise making
TD1-36	Nervous energy
TD2-47	Chaos
TD2-47	Noise
TD1-21	Overpowering volume (drowning)
TD1-27	Overpowering volume (driving)
TD1-22	Exaggerated actions
	Spontaneity
TD1-16	Spontaneous movement
TD1-16	Spontaneous verbal communication
	Interpersonal interaction
TD1-23	Bossiness
TD1-24	Shy and apologetic behavior
TD1-33	Loud insults
TD1-37	Competitiveness
TD2-47	Disconnect
TD2-63	More synchrony in breathing
TD2-72	Awareness of each other
TD2-72	Empathy for others
TD2-71	Sensitive matching by the group
TD3-103	Enthusiasm and careful consideration

(See Appendix AB: Complete list of Level 2 codes of thick descriptions)



In Table 4.11 is a synopsis of Level 2 coding emerging from thematic analysis.

Table 4.11: Synopsis of Level 2 codes

Anxiety provoking factors
Impact of Anxiety: Psychological responses
Impact of Anxiety: Somatic responses
Anxiety Management
High and excessive energy levels
Spontaneity
Interpersonal interaction
Somatic responses (to impact of anxiety somatic responses)
Experiences of examination anxiety
Music therapist's aims and initiatives
Difficulty with relaxation
Personal experiences of examination anxiety
Increased self-expression through music-making
Extent of focus
Shifts in personal experience of examination anxiety
Personal engagement in the music
Music therapy as strengthening
Fear of being exposed

4.3.4 Development of themes:

Following data codification, Level 2 codes were further developed and grouped together according to related concepts and ideas. Three main themes developed from the above-mentioned 18 Level 2 codes and form the crux of the qualitative discussion in Chapter 5.

Table 4.12 provides a synopsis of higher codes grouped together, developing into the three main themes that emerged during thematic analysis, and are relevant to the main research question and sub-questions.



Table 4.12: Synopsis of higher level codes and themes.

Higher level codes	Themes
Anxiety Provoking factors	Theme 1: Subjective experiences of examination anxiety
Impact of anxiety: Psychological responses	
Impact of anxiety: Somatic responses	
Anxiety management	
High and excessive energy levels	Theme 2: The face of examination anxiety in the music
Spontaneity	
Difficulty with relaxation	
Somatic responses	
Personal experiences of examination anxiety	
Fear of being exposed	
Shifts in personal experience of examination anxiety	Theme 3: Individual and group shifts experienced in the music
Personal engagement in the music	
Increased self-expression through music-making	
Extent of focus	
Interpersonal interaction	
Music therapy as strengthening	
Music therapist's aims and initiatives	

4.4 Conclusion

This chapter offered a description of the processes followed for data analysis, accompanied by a summary of results. As indicated in the research design and required for convergent parallel research, quantitative data were analysed through inferential statistics and qualitative data through thematic analysis. The transcription and coding process, as well as the development of Level two codes and main themes, were discussed and relevant examples were provided. In Chapter 5 the findings and the integration of both data sets will be discussed with regard to their relevance to the research questions, incorporating appropriate literature.



5. DISCUSSION

5.1 Introduction

In this chapter the research questions are addressed by interpreting the findings from chapter 4 of this current study and drawing on relevant, supporting literature. As indicated in the methodology chapter (See chapter 3.2.2), and consistent with a mixed methods convergent parallel study, the results of both quantitative and qualitative methods weigh equally, and were analysed independently incurring results that were interpreted together (Creswell and Plano-Clark, 2011). Accordingly, the research question and the two sub-questions in relation to an amalgamation of the findings of both data sets, will be further discussed below.

The main research question and sub-questions guiding this study are:

What is the role of music therapy in addressing examination anxiety in a group of Grade seven learners?

How do Grade seven learners experience examination anxiety?

How do Grade seven learners experience group music therapy in relation to managing examination anxiety?

5.2 Quantitative discussion: RCMAS-findings

Quantitative data were collected by using the RCMAS-2 questionnaires (pre-and post-tests) which were used for measuring anxiety in young learners not diagnosed with any anxiety or related disorders. The RCMAS-2 is a revised edition and yields scores for six scales which include two validity scales and four anxiety scales (See 3.6.1). The scales measured Inconsistency (INC), Defensiveness (DEF), Total anxiety (TOT), Physical anxiety (PHY), Worry (WOR) and Social anxiety (SOC).

As presented in chapter 4, the first two validity scales, measuring Inconsistent responding and Defensiveness, indicated that learners in both the experimental group and control



group displayed less inconsistent and defensive responses in the post-test, with the experimental group indicating a greater change in response especially with regard to defensive responses. This might suggest that, in the post test the learners (of both groups), completed the questionnaire with less uncertainty due to the familiarity of the procedure. Secondly, learners may have been less guarded when completing the post-test questionnaire. In addition, the even less inconsistent and defensive responses in the experimental group could be an indication of the impact of the music therapy intervention in addressing examination anxiety and the management thereof. Furthermore, the post-test responses from the experimental group might indicate that, apart from the learners being more familiar with the process, that having completed the pre-test questionnaires and participated in the music therapy intervention, they may have found a forum to voice their personal experiences of examination anxiety in a more honest manner. It is acknowledged that the sample for the study is small, and the music therapy intervention limited in terms of duration, but nonetheless, may have provided the learners with an opportunity to examine their own experiences of examination anxiety and be heard by others in the process.

The remaining four scores on the RCMAS-2 are specific anxiety scales which collectively comprise the Total anxiety scale. These scales illuminate the nature or causes of a child's Total anxiety scores reflecting Physical anxiety, Worry and Social anxiety. Overall, and contrary to what was expected, the findings indicate an increase in anxiety in both the pre and post group with regard to all of the variables, except for Worry scale where a decrease occurred in the control group.

The increase in Total anxiety could be attributed firstly to the fact that the post test was conducted on the day the learners wrote their first Mathematics test of their Grade seven year, whereas the pre-test was conducted when the same learners wrote a Mathematics test at the end of their Grade six year. This may have accounted for heightened anxiety due to the additional stress of writing on new work in a higher grade. In addition, completing the questionnaire may have been perceived as another form of being evaluated or assessed, which could have triggered feelings of anxiety. The Total anxiety score results of participant CGP4 were hence indicative (Inc down from 5-1, Def increased



from 1-2, Total increased from 57 to 61, Worry increased from 61 to 65, Social raised from 62 to 65). This might be indicative of the participant's sensitivity towards the expectations of others, the tendency to please or to feel inhibited and withdrawn from social interaction. I speculate that he may be under pressure to perform and may experience pressure from either teachers or parents, or possibly be competing with his peer group.

As presented in chapter 4, the Physical anxiety scale indicated an increase in Physical anxiety for both the experimental group and the control group, with the control group indicating a greater increase than the experimental group. Whilst it may have been expected that Physical anxiety would decrease in the experimental group due to participation in the music therapy intervention, this was not the case. Participants of both groups reported sweaty hands, feeling sick to their stomachs, having too many headaches, having trouble breathing, waking up scared, having trouble making up their minds, "getting mad easily", feeling tired a lot, having bad dreams, finding it hard to keep their minds on schoolwork and wiggling in their seats a lot, during the pre-test. In the case of two individuals, CGP9 and CGP10, their scores increased substantially, exceeding the "within-the-norm" range. This was noted and suggestions for follow up were made to the relevant personnel in this regard. (See Appendix AC: RCMAS-2 Questionnaire frequencies summary)

During the post-test, two extra participants from the experimental group reported an increase in shortness of breath and one extra participant reported waking up scared, whilst the control group reported symptoms of being frequently tired and unable to keep their minds on schoolwork. However, noticeable in the findings, with regard to the response of "getting mad easily", there was a dramatic increase in the control group with respect to this specific section. During the pre-test only one of 10 participants responded, whilst in the post-test six of 10 responded. This may have to do with these responses being more consistent to their actual experience of examination anxiety, and may therefore be linked to the findings of the less inconsistent responses in the post test. These results however indicated a lesser ability to manage emotions arising while feeling anxious. The experimental group may have benefited from the music therapy intervention,



contrary to the control group who did not receive music therapy and did not have the opportunity to express their emotions.

As previously indicated in chapter 4, the results of the Worry scale indicated an increase for the experimental group, but a decrease for the control group. Participants from the experimental group reported increasing feelings of nervousness around people or when things did not go their way. They were constantly worried, expressing the fact that they feel bad when suspecting people are laughing at them or being concerned about what others may think of them. The participants also appeared to worry about feelings of being hurt, making mistakes in front of other people and seemed to continuously worry about what was going to happen. More participants from the control group reported feeling nervous about what their parents would say to them.

As presented in chapter 4 the Social anxiety scale indicated an increase in both the experimental group and the control group. Participants reported their fears of being teased or laughed at, of someone telling them they are doing things wrongly/not accepting the way they do things or of others being able to do things better than them. Other reported feelings included experiencing people being against them and feelings of loneliness, even when there are people around. Most of these participants indicated that they are afraid to talk to their class, to speak up in a group and worry about being called on in class. For the component regarding “other people are happier than me” in the Social anxiety scale, a rather significant increase was reported for the experimental group. During the pre-test only one of 10 participants indicated that others seem to be “happier” than herself, whereas during the post-test six of 10 participants indicated as such. In the control group there was an increase in three participants reporting feelings of being afraid of being laughed at. Bedell and Marlowe (1995) explained the detrimental effects examination anxiety may have on learning and academic performance and confirmed that as young learners progress through an educational system, they will usually experience a greater frequency of situations where they will be tested. Parallel to this comes higher expectations and pressure from parents and schools to perform well and these expectations may become internalised in a young person (McDonald, 2001). The quantitative discussion above confirms that once an individual becomes aware of the



physiological symptoms of anxiety, the psychological results may eventually impair performance, and therefore reflect the interdependency of the two dimensions (Paul, Elam and Verhulst, 2007).

A notable finding from the study is that two of the 10 participants from the control group and five of the 10 experimental group participants showed an improvement in their Mathematics results. Although this improvement may be attributable to a number of factors such as that learners might have received extra Maths lessons or been supported by parents and teachers, it may also be that the learners who participated in the music therapy intervention experienced the opportunity to express their experience of examination anxiety and gained a means to manage their anxiety in some way. (See Appendix AD: Pre and post results on mathematics tests)

In sum, whilst the findings from the analysis of the RCMAS-2 do not report statistically significant results, the responses to the questionnaire, nonetheless, illuminate how learners experience examination anxiety. The results are not generalisable due to the limitations of a small sample size, and the logistics of the study requiring the questionnaire to be administered when the learners were in two different grades, with the pre-test taking place at the end of Grade six and the post-test being conducted early in their Grade seven school year. Close examination of the results may provide insight into the responses of learners in the focus group interviews, as well as how the learners were observed during the music therapy intervention. The following section in the chapter deals with the qualitative findings that arose from the analysis of the focus group interviews and the clinical descriptions written by the music therapist. Where applicable, this discussion will refer back to the results of the RCMAS-2.

5.3 Qualitative discussion

This section will address the research questions with reference to the three themes which were identified through the thematic analysis of the focus group interviews and the thick descriptions as described in chapter four. The three themes are i) Subjective experience



of examination anxiety, ii) The face of anxiety in the music and iii) Individual and group shifts experienced in the music. (See Appendix AE: Summary of thematic analysis)

5.3.1 Theme 1: Subjective experience of examination anxiety

Theme one, Subjective experiences of examination anxiety, will be discussed with reference to the five higher order codes comprising this theme. These are: i) anxiety provoking factors, ii) the impact of anxiety: psychological responses, iii) the impact of anxiety: somatic responses, iv) experiences of examination anxiety and v) anxiety management as detailed in Table 4.12. These experiences were expressed by learners in the focus group interviews, and in the music therapy intervention as reported by the music therapist. It should be noted that the terms “stress” and “anxiousness” were used interchangeably by the learners, and will, therefore, be referred to in the discussion. The following quotation was taken from the first focus group interview where the interview question probed the participants’ personal understanding of examination anxiety. The metaphor expressively represents this participants’ experiences of examination anxiety. The majority of participants reported being aware of feelings or thoughts of anxiety prior to writing school examinations, from an average to a severe level, as well as experiencing the fear of being evaluated or of being regarded a failure. Considering the Social, Physical and Worry components of anxiety, indicated in 5.2, the experience of examination anxiety is experienced differently by each learner to a greater or lesser degree. Sharma and Jagdev (2012) explained that young learners are often ill-equipped to cope with stress during the transition from childhood to adulthood and experience heightened emotional reactivity to aversive events such as writing examinations. Grupe (2013) highlighted the psychological processes at the core of anxiety pathology as the anticipatory cognitive, affective, and behavioural processes executed to evade or the impact of potential threats.

Ek dink “angstigheid” is basies soos ‘n spook wat heelyd so agter jou aangaan, dan wil hy nou die heelyd so hier inkom om jou te probeer.angstig maak en laat stres, maar aan die einde moet jy net jou Ghostbustertassietjie aantrek en net vir hom.* met die masjien (wys skiet).

EGP7, FG1-67



(I think “anxiousness” is basically like a ghost permanently following you, repeatedly trying to enter and to intimidate you and trying to make you anxious and stressed, but in the end you just need to wear your Ghostbuster outfit and just it ... with a machine [shoot gesture]).*

5.3.1.1 Anxiety provoking factors

The first aspect that this theme deals with is what was expressed by the learners as anxiety provoking factors. Various anticipatory factors provoke feelings and thoughts of anxiety, of which some relate to the before-examination period and others to factors arising while writing the respective papers. While Caruso (2013) argued that the tendency to change is due to cognitive and somatic components changing according to time and situation, Weinberg and Gold (2011) indicated that the level of anxiety has the tendency to become higher or lower during performances, such as writing exams. Recent evidence proposed that learners may experience increased levels of stress or anxiety due to academic demands placed on them, coupled with an apparent inability to accurately demonstrate knowledge and abilities (Darling-Hammond, 2020).

Anticipation plays a role in causing increased feelings of anxiety. Grupe (2013) explained that environmental cues indicating the presence of immediate threat, give rise to intensely “fearful” defensive behaviours (“fight or flight”), whereas more unpredictable threat cues yield “anxious” risk assessment behaviour that is expected to persist until such uncertainty is resolved. Learners are thinking (obsessing) and (pre-) talking about upcoming examination periods and/or papers during casual conversations the morning of the examination. These verbal exchanges seem to increase the level of examination anxiety within the individual as well as peers, whether actively involved in the discussions or only as listeners. CGP5 confirmed that he prefers not to talk about upcoming exams with his friends the morning before they write due to him being already stressed and experiencing somatic symptoms (FG1-51).

The anticipation of writing examinations appears to be a significant factor, be it prior to the examination period or whilst writing a paper in anticipating questions. While some learners



experience a false sense of calmness before starting with the written examination and tend to tense up once they read the questions, the majority experience higher levels of examination anxiety before an examination period, than when writing the paper itself. While clutching her fists, CGP1 confirmed that feelings of being calm only lasts until she reads the questions on the paper (FG1-43).

Some participants believe that the term “examination” is intimidating and provokes feelings of dread and anxiousness, while others reported that examinations represent a period of stress, worry and seclusion. Others mentioned that periods of examination represent an intensified period of focus where they “zoom” in on prescribed work and preparation, cognitively blocking out any distracting factors. Upon being asked to put their experience of examination anxiety on paper during the music therapy intervention, participant EGP6 created an image as represented in Figure 5.1.



Figure 5.1: EGP6’s representation of examination anxiety.

The high volume of work and an insufficient period of preparation prior to the examination period, is reason for mounting feelings of anxiety. CGP10 indicated that this also has an impact on her sleep patterns and that she cannot sleep the evening before writing examinations (FG1-1031). Paul and Hlanganipai (2017) explained that insufficient



preparation before taking an examination, poor examination taking skills and additional pressures from multiple sources seem to complicate matters. Weale (2017) emphasised that learners grapple with their comprehension of subjects, with mounting and excessive workloads and feelings of unpreparedness, and showing increased signs of stress and anxiety, highlighting symptoms associated with examination anxiety as that of depression, general anxiety, panic attacks, low self-esteem, suicidal thoughts, a decline of pre-existing mental health conditions, self-harming tendencies and insomnia. Staner (2003) mentioned that sleep disturbances such as insomnia and having nightmares, are highly prevalent in anxiety and is an adaptive reaction to stress. This was indicated through the RCMAS-2 post-test Physical anxiety scores, with participants reporting “having bad dreams” and “waking” up scared.

Another anxiety provoking factor suggested by the data is that anxiousness appears to intensify should the level of a certain subject be perceived as more important than others. Criteria of “big” subjects varied subjectively from papers counting highest marks (FG1-123), the “longest” (FG1-127) or most “difficult” paper (FG1-128), to those requiring substantial memorisation of facts or theory (FG1-130). Cycle or assessment tests are perceived as being equally anxiety provoking since these tests are taken amidst all other continuing extra-curricular activities. EGP3 expressed in “I feel much, I feel more stressed [writing cycle tests] than with regular exams and projects”, as opposed to a quieter period of examinations (FG1-158), allowing them to only focus on one paper at a time (FG1-160).

Time constraints on tests and the fear of not finishing tests or examination papers within the allocated time is a common source of anxiety. As demonstrated in this quote by participant EGP8 “Then I do not think about my work, I think about the time only, then I start messing up working too fast, because I am stressed” (TD3-89-90) and in the image seen in Figure 5.2, participants reported being under constant pressure about time limits and that feeling anxious is inevitable, despite adequate levels of preparation.



Figure 5.2: EGP8's representation of examination anxiety.

Worrying about time limits during an examination session and not being able to complete papers in the allocated time frame, is extremely anxiety provoking and on average, participants reported experiencing severe somatic responses. In addition to time being experienced as anxiety provoking, participants' sensitivity to environmental pressures might show an increase in examination anxiety. As indicated, the quantitative data confirmed an increase in the Worry-score for the majority from the experimental group which resonated with the findings of Benedetto, La Fau and Ingrassia (2018) that negative meta-worry seems to be the most robust predictor of Total anxiety. A possible explanation for the increase might be that such participants tend to internalise their experiences of examination anxiety and although they may feel overwhelmed, will tend not to communicate feelings of worry (Reynolds, 2018). During the focus group interviews, participants reported the extent to which certain external factors were experienced as anxiety provoking and attentional stressors such as a disruptive environment and other distractions were highlighted. Participants indicated somewhat contradictory opinions with regard to the venues in which they prepare for examinations or write the examinations. Although each participant indicated their own preference in this regard, the majority mentioned a preference for a space devoid of noise and visual distractions for the preparation and writing of examinations.



5.3.1.2 Impact of anxiety: Psychological responses

The second aspect of theme one is the impact of examination anxiety on learners expressed as psychological and somatic responses. With reference to the psychological impact of examination anxiety, a substantial number of participants mentioned either a loss of memory or a loss of concentration. A loss of memory included moments of forgetfulness and doubt as well as moments of confusion, whilst a loss of focus and/or concentration resulted in participants day dreaming or making unnecessary mistakes. Upon being asked what anxiety is like for him, EGP9 answered that it is something causing him to make unnecessary mistakes after which he simply tends to freeze (FG1-65). Parnabas (2013) confirmed that the higher the level of somatic or cognitive anxiety experienced, the lower the performance. He also mentioned that the cognitive aspect of anxiety, as a mental factor, is characterised by various negative expectations of success or self-evaluation, negative self-talk, worries about performance, images of failure, an inability to concentrate, and disrupted attention. Some participants explained experiencing a mental block and not being able to continue writing the paper. EGP3 described it as “if I do not inhale deep enough, it feels as if I continuously breathe in a shallow way, as if I cannot breathe sufficiently- then it is as if my brain doesn’t receive enough oxygen, feels kind of fuzzy and then I don’t think as thorough” (FG1-1000), upon which EGP1 confirmed “Then it’s all blank, Ma’am. Blank, you simply go blank” (FG1-1006).

5.3.1.3 Impact of anxiety: Somatic responses

Participants demonstrated an awareness of how their bodies react to examination anxiety by describing their subjective somatic responses in varying degrees in detail. CGP10 described her physical discomfort as “when I study I sit at my desk, then I get uncomfortable, then I sit on my bed again, then I get uncomfortable there, then I go sit at my desk again” (FG1-1063). Physical anxiety is related to the somatic or physiological part of anxiety and results in physical symptoms and sensations experienced (Parnabas, 2013). The majority of participants as indicated in 5.2 reported headaches, stomach unease, sweaty hands, hot flushes, restlessness and a rapid or accelerating heartbeat. Jarvis (2002) referred to a physiological aspect of anxiety, which relates to autonomic



arousals that can cause negative symptoms such as feelings of edginess, high blood pressure, dry throat, muscular tension, rapid heart rate, butterflies in the stomach and sweaty hands.

Participants reported on their somatic responses to examination anxiety in an emotional manner and complained about excessive sweating to a level where towels are needed to dry themselves. Examination anxiety, as a negative emotional state, is considered to be debilitating towards performance, which may have an incapacitating effect on learners' functioning (Weinberg, 2011). Participant EGP7 expressed his experience stating "like cloths or something such as a small towel or a small wipe, so that we can dry our sweating hands a bit or dry it when we are hot, to enable us to wipe ourselves" (FG1-1015). According to Putwain (2008a) a physiological over-arousal will result in somatic symptoms such as excessive sweating, and in combination with worry and a fear of failure, it is the representation of examination anxiety.

As indicated in Figure 4.7 and Figure 4.8, results of the Physical anxiety-score indicated an increase in physical anxiety in the majority of the participants, particularly with reference to EGP10, whose score increased from 46 to 65. To a lesser extent some participants reported shivering up to a point where it amounted to more of an excessive and uncontrollable tremble (EGP8, FG1-197). Others complained about dry mouths and being thirsty (CGP1, FG1-348). For others breathing became shallow and one participant explained that she started hyperventilating (EGP3, FG1-1007). In Figure 5.3 EGP5 reported an accelerated heartbeat during examinations, also confirming the tenseness of an examination period combined with possible expectations from significant others (TD3-85). "This is my heart beat, my Mom's reprimanding me, and I stress."



Figure 5.3: EGP5's representation of examination anxiety.

5.3.1.4 Anxiety Management

Another aspect of theme one refers to the learner's personal management of examination anxiety. Whilst anxiety management might have been identified as a separate theme, it was decided to be incorporated within this theme as learners' subjective experiences of examination anxiety and the management thereof, run hand in hand. Although the management of examination anxiety is somewhat distinct from the subjective experience of examination anxiety, it is yet linked because it is related to the learners' responses to anxiety. The following section describes participants' awareness of and use of coping strategies and tools enabling them to manage anxiety provoking matters.

With regard to participants' personal management of examination anxiety, a distinction between active efforts to manage their anxiety levels, and that of a more passive approach, became apparent. Prescribed medication appears to be useful for those diagnosed with attentional disorders and enables learners to focus and concentrate better (CGP9). CGP9 prefers a "mind over matter"-approach to focus cognitively once he becomes aware of examination anxiety and expresses it as "my stress fades once I concentrate on the questions" (FG1-111). Periods of examination represent an intensified stage of focus and participants "zoom" in on prescribed work and preparation, cognitively blocking out any distracting factors. EGP6 described it as "This is what it's like when I



study-you only focus on studying and there's no time for any other activities such as sports. So, everything's just in one direction, and there is no going back" (TD3- 86). Some participants reported that creating imaginative narratives proved to be a valuable and productive strategy for managing their examination anxiety. CGP1 expressed it as "I create like stories in my head and I don't know why, but it just helps me to work faster and be more concentrated" (FG1-388), whilst EGP7 described that it might sound weird, but "I start singing in my head" (FG1-373).

It has been argued that physical exercise can increase self-efficacy and reduce anxiety (Anderson, 2013). Organised sport and physical activities such as swimming, rollerblading and playing with pets were reported to be a general and popular way of managing examination anxiety. CGP10 confirmed this by saying that "yes, and it is nice to take a break, because then your head, then you just get a bit of fresh" (FG1-749). According to social cognitive theory, an individual's sense of self-efficacy regarding the ability to exercise control over possible threats, has an important relationship to anxiety arousal (Anderson, 2013). Individuals who trust their capability to manage potential threats (high self-efficacy) are not overwhelmed by feelings of worry and experience lower levels of anxiety arousal. Participants calculating their existing marks before writing an examination, found the current status of their marks self-assuring and therefore felt more self-confident. This was confirmed by EGP10 who mentioned "I found it to be a good thing to know what my marks were before writing exams" (FG1-44).

Another self-reported strategy for the management of examination anxiety, reported during the focus group one interview, was active music making on instruments such as guitar and piano. Thoma (2013) referred to music-making activities as beneficial, impacting health through stress-reducing effects. Taheri-Karamah (2017) explained that the higher a learner's level of self-efficacy, the lower the level of examination anxiety and impact on academic performance. EGP3 confirmed this by saying that "after I studied, I would just play a song that I know well, and then I try playing on the guitar, and that helps me to forget about the stress" (FG1-627).



Receptive music listening is another way in which learners cope with anxiety. In an effort to block out other distractions, music-listening's relaxing effect has been reported by many participants. Music listening is listed as one of the many techniques used in music therapy and is considered passive because no music engagement or active participation is involved (American Music Therapy Association, 2015). Yinger and Gooding (2013) offered more insight from a neuroscientific viewpoint and explained that receptive and active music activities differ in the areas of the brain that they activate. Listening to music involves subcortical and cortical areas of the brain, including the amygdala, medial geniculate body in the thalamus, and the left and right primary auditory cortex. The time of day to listen to music varies from before participants go to sleep, in the car on the way to school or on headphones just before they write the examination. One boy (CGP9) reported listening to Baroque music to help him "wind down", whilst for others breathing exercises were self-calming and were reported to be a valuable relaxation technique. To a lesser extent, sleep and rest appear to be a passive, rejuvenating approach of managing examination anxiety (EGP7).

Many boys reported playing games, creating new constellations with Lego blocks, or fiddling with a variety of anti-stress toys such as fidget spinners, to name but a few sensory, self-regulating toys. Schechter (2017) explained a lack of scientific evidence for the purported benefits of such toys with regard to decreased anxiety, and have been banned by many educational institutions, as is the case at the Windhoek Afrikaanse Privaatskool. Other participants reported a preference for watching TV-channels such as YouTube, or engaging in interactive console games such as Xbox. El-Shamy (2004) explained that different generations develop different learning styles and have been affected by their use of technology. At a very early age, younger learners demonstrate comfort with technology, especially computers and the internet, as well as playing video games.

Various customs and study techniques were reported that proved to be valuable management-tools. During the first focus group interview, participants discussed and shared their beliefs in reliable study techniques enabling them to manage examination anxiety and to cope with the high volume of work. Planning ahead (CGP9), setting up



study-tables (CGP5) and doing summaries (CGP1) appears to be of value. Other study techniques include functional bullet point notes, drawings, sketches and diagrams plotted down on their respective examination papers prior to writing the exam. One participant (EGP4) explained that to him summaries proved to be a “waste of time” and added that reading prescribed work repetitively is more valuable. Another participant (EGP2) mentioned verbal repetition in combination with movement (walking around) as being the only way she can cope with expected levels of preparation and examination anxiety. She described it as “When I study, like some people tend to learn using their heads, but I cannot do it that way, oh, then I repeat it to myself out loud, so that once I hear it, it goes into my head” (FG1-929).

Interestingly enough, participants’ perceptions that taking regular breaks proves to be significant in their management of examination anxiety, concurs with recent studies that show that physical activity breaks do indeed not worsen examination anxiety or Math test performance, but can effectively be implemented without inhibiting scholastic performance (Mavilidi, 2020).

5.3.2 Theme 2: The Face of examination anxiety in the music

“Al leer ek hoe hard, ek stres.” (*No matter how hard I study, I stress*).



Figure 5.4: EGP10's representation of examination anxiety.



Theme two, the face of examination anxiety in the music, will be discussed with reference to the five higher order codes comprising this theme. These are: i) high and excessive energy levels, ii) difficulty with relaxation iii), somatic responses iv) personal experiences of examination anxiety and v) a fear of being exposed. These codes emerged from the observations reported by the music therapist, as well as from experiences expressed by learners in the second focus group interview. Selective verbal expressions and sketches of participants with regard to their personal experience of examination anxiety are included in the discussion. (Figure 5.4)

Ansdell (2001) explained that the ability to respond to music is an inborn human trait and that it fosters relationships and empathy by co-creating expressive sound and movement in time. The music therapy intervention offered a space where participants were allowed to explore examination anxiety in music and the various “faces” of anxiety presented itself on various and distinctive levels.

5.3.2.1 High and excessive energy levels

The music therapist described the music, particularly in the earlier sessions, as appearing to have no sense of regulation, and the intention of creating stability, structure and synchronisation was difficult at first. Excessive energy and overpowering energy levels characterised many of the music-making interactions during the earlier phases of the music therapy intervention. Clients displayed extremely high levels of energy, played instruments exaggeratedly and forcefully, and tended to simply make excessive noise, drowning out the contributions of one another. Tempi were fast and volumes overpowering and driving, adding to an existing bursting level of energy. Uninhibited spontaneous movement and verbal communication of clients contributed to this underlying nervous energy. Chaos, disorder and noise seemed to fill the music space and it was audibly reflected in the music making. Pavlicevic (1997) referred to dynamic form as a way of understanding, how in clinical improvisation, the form of the music reflects the vitality affects of the clients. Similarly, in an article by Smeijsters (2012), Aigen was quoted referring to analogy in music therapy, where the client’s musical processes are analogies of his/her psychic processes; that there is equivalence between the form of the musical



expression and the form of the inner experience. With this in mind, it may be considered that what was being expressed through the music, were high levels of anxiety which might have been difficult for the learners to manage. Despite the music therapist's attempts to establish synchronisation in group improvisations and negotiate changes in the overall musical presentation, the group's energy level continued to intensify. In this regard, the music therapy possibly allowed participants a space where this energy could be channelled and experienced and seemed to be an ideal platform to let the music absorb the energy levels. According to Juliette Alvin (1992) music can hold whatever an individual puts into it. She explained that music cannot break, cannot judge and that musical instruments can be used as a container for emotions, experiences and anxieties that are too difficult to voice. This is a form of transference which can be cathartic in leading towards anxiety relief.

5.3.2.2 Responses to relaxation

The presence of anxiety seemed to be present in other aspects of the music therapy intervention. The music therapist reported that during relaxation exercises participants initially found it difficult to relax and showed an inability to settle down for long periods of time. During the relaxation exercises there was a sense of restlessness and obvious physical discomfort amongst participants and they tended to make fun of the activity. The increase in the Physical anxiety scores as discussed in 5.2, especially with reference to physical restlessness, concur with how most participants experienced settling down and relaxing while listening to music, to be challenging and difficult. The music therapist indicated that towards the end of the music therapy intervention and during another relaxation exercise, participants were observed to be able to stay in a relaxed body position for slightly longer, allowing an increased period of silence amongst them. Only during the final phase of the music therapy process, were participants able to experience their own ability to manage their own personal disquiet.

Thoma (2013) mentioned that listening to relaxing music impacts the psychobiological stress system and that listening to music prior to a stressor, such as examination anxiety,



primarily affects the autonomic nervous system in terms of a faster recovery and furthermore highlighted the valuable effects of music listening on the human body.

5.3.2.3 Personal disclosure of examination anxiety

Throughout the course of the music therapy process, opportunities were given for participants to share at a personal level. Time-constraints, the anticipation of upcoming exams despite levels of preparation and other anxiety provoking factors discussed earlier in the chapter, seemed to feature prominently for the learners as they brought these matters into the music therapy sessions. Space was intentionally created during the music therapy intervention for the learners to share their experiences of examination anxiety. Expressed through the data are responses such as EGP8 saying “then I do not think about the work, I only think about the time, then I start start messing up, working too fast, because I am stressed” (TD3-89) and EGP1 that “I think about the time [limit] a lot, and it doesn’t help to study harder or more” (TD3-95).

The personal disclosure by participants, as reported by the music therapist, included references to examination anxiety, seemingly very present to the learners. The fact that intentional time within the music therapy intervention was given for learners to reflect on their anxiety, allowed these personal experiences to be brought into the therapy space enabling the necessary reflection.

5.3.2.4 Fear of being exposed

The music therapy intervention took place during periods while the majority of the school’s learners attended morning Assembly, which was valued as a religious event and most of the participants indicated that they would prefer to not miss out on attending. Some of those who did attend the sessions, reported feelings of being exposed, due to the fact that they were not present at Assembly. Some indicated that they preferred to not explain their absence during Assembly to other learners, due to being concerned about being stigmatised or worry about what others would say. Other participants mentioned being put on the spot, feeling that their musical and verbal contributions were being scrutinised by



co-members during the music therapy process. Barbeau (2018) explained that a major contributing factor to anxiety may be perceived threats to the ego, such as participants feeling judged or exposed. EGP2 expressed such feelings as “I feel so weird when we, when everybody is looking at you and then you have to do a beat, or something. So then, this is not so nice anymore. Yes, everybody is looking at you, everybody is looking at you” (FG2: 287-290).

Furthermore, EGP1 mentioned that “except for the matter of, like when you arrive at Assembly late, you walk in and everybody asks where you were and then I am like...*pulled a face” (FG2-297). The fear of being exposed concurs with being sensitive to environmental pressures and experience social anxiety as indicated in 5.2. The increase in the Social anxiety scores of the RCMAS-2 might seem to support how some participants might have felt exposed. Also, Social anxiety scores highlight participants’ sensitivity to the expectations and opinions of others. As the results of the majority from the experimental group indicated an increase in Social anxiety, this may be due to a sensitive awareness to the expectations of their peer group, as well as other significant others such as parents and teachers. Music therapy is an effective tool in uncovering and working through fears and anxieties in the music therapy space, and although a long-term psycho-analytic approach is not always possible, Fagen (1982) mentioned that recognition of basic Freudian anxiety is sometimes crucial and should the learner be willing, exploring images of anxiety can happen within the music. The use of voice is encouraged and learners can be requested to depict and expand their images, to embellish and exaggerate them with sound effects.

5.3.3. Theme 3: Individual and group shifts experienced in the music

Theme 3, Individual and group shifts experienced in the music, will be discussed with reference to seven higher order codes. These are i) shifts in personal experience of examination anxiety ii) personal engagement in the music iii) increased self-expression through music-making iv) extent of focus v) interpersonal interaction vi) music therapy as strengthening and vii) the music therapist's aims and initiatives. These experiences were



expressed by learners in the second focus group interview and during the music therapy intervention as reported by the music therapist.

5.3.3.1 Shifts in personal experience of examination anxiety

During the music therapy intervention, participants were given the opportunity to create drawings while listening to selected music. During one drawing exercise, participants were invited to reflect on their awareness and experience of examination anxiety and in another exercise, the therapist's aim was that of self-expression and self-affirmation. Figure 5.1 and Figure 5.5 symbolise the process of EGP6. The drawing on the left represents her personal experience of examination anxiety, expressed as "this is what it's like when I study; you only focus on the studies,-there is no time for other activities. Like, everything just in one direction. There's no going back. I stress a lot before [exams]"). Whilst the drawing on the right is a creative expression of the "self" and represents this participant's journey during the music therapy process, the "wings" in the second picture resemble some form of expanding light. The images seem to reflect the inner sanctum of this participant's experiences and a possible shift in self-perception. It is also notable, that although this participant's post-test score for Worry increased, the results for Total, Physical and Social anxiety indicated a decrease. This seems to concur with the second image. Whilst other factors may have contributed to this participant's lessened anxiety, it would seem that the music therapy intervention created a beneficial space for individual expression and exploration, as reflected in these images.



Figure 5.1: Examination anxiety Figure 5.5: Self-affirmation

During the second focus group interview the participants reported experiencing moments of improved memory (FG2-146) and being able to remember more about exam work than during previous exams (FG2-146). Improved concentration, with regard to writing Mathematic papers, was specifically reported when EGP7 mentioned that “I could concentrate nicely on Maths” (FG2-74).

Added to this remark, was a reference to imaginative play, “once I created music in my head” (FG2-76). Although the quantitative data generally indicated an increase in the Total anxiety levels of participants for both the control group and the experimental group, some participants reported being more relaxed writing their exam papers before and during the session (FG2-91, 98, 102, 108, 115,130, 154, 349). An added possibility might point to the fact that perhaps they grew to like the music therapy and wanted to affirm the process. Also, contrary to previous complaints about insomnia and disturbed sleeping patterns, one participant reported being able to sleep the evening before the examination (EGP1, FG2-99). During the music therapy intervention, breathing (exercises included during music-centered relaxation) was a focal point of discussion and suggested as a possible relaxation technique to self-calm and self-manage anxiety. Participants who implemented the technique successfully reported moments of improved breathing (FG2-107, 113).



During the feedback session in the post-test focus group interview, two boys (EGP4 and EGP10) mentioned that they experienced no change after receiving the music therapy intervention. The results of the quantitative post-data for EGP4 offered insight, reporting less inconsistent and defensive responses, no change in Total anxiety and Worry, a slight decrease in Social anxiety, and an increase in Physical anxiety. This might indicate that the participant answered more truthfully during the post-test. This honest response during the second focus group interview (as to not experiencing change through the music therapy intervention) concurs with the validity scales scores of the post test for this participant. Participant EGP10's results indicated less defensive responding and in this case, all anxiety scales' scores showed an increase, of which Physical anxiety increased significantly. Furthermore, EGP10 was the only participant from the experimental group whose INC-score showed an increase in the post-test, indicating a less truthful response. This participant's Physical anxiety score exceeds the normal cut-off point and is being considered for follow-up consultation.

A few participants (FG2-121, 144, 344, 345, 361, 369) experienced an undetermined change as indicated by responses such as "I feel a change, but I do not really know what to say" (FG2-361) and "there was a change" (FG2-144), but nevertheless reported the music therapy intervention being a positive experience and expressed their desire to be continue with music therapy in the future (FG2-121, 144, 344, 345, 361, 369).

5.3.3.2 Personal engagement and social interaction in the music

Participants were reported to have eagerly engaged in active music making, singing and favoured activities involving some form of musical improvisation. During the second focus group interview, some of the participants started singing the Hello and Goodbye Songs spontaneously and animatedly. This might implicate that participants internalised this structure and songs of the music therapy intervention as a means of anxiety relief and doing it spontaneously is testament to that. Being able to have a choice in selecting their own instruments was highlighted (FG2-253) and some indicated that being able to lead during turn-taking activities was meaningful for them (FG2-248). For one participant it made a difference to receive positive feedback on her contribution and the validation



thereof impacted her social interaction within the group and relations with her peers (FG2-248).

Appreciation for music listening, combined with a drawing exercise, was highlighted by four participants and the opportunity to personally share their experiences proved to be valuable to them (FG2-194, 195, 207, 234). Participant EGP6 additionally expressed being appreciative of the relaxation exercise “especially so close to the examination,” whilst another acknowledged the privilege of being part of this current study (FG2-191). The majority from the experimental group (eight participants) reported that the intervention was a positive experience and as mentioned, enjoyed activities of active music making, where playing a variety of instruments and singing were highlighted. They reported a special preference for activities such as turn-taking and improvisation, with appreciation for the opportunity given for free, creative musical and artistic expression (FG2-175, 176, 183, 189, 197, 209, 252).

During the first focus group interview, the researcher observed participants behaving in a reserved manner, for example avoiding eye contact. Although some participants seemed to be attuned to one another, the overall disconnect was palpable and members tended to be short-tempered and dismissed one another. An underlying sense of aggression featured in spoken insults, participants mocking one another or exchanging looks. However, during the second focus group interview the change in social relations and communication were noticeable. Members seemed to display less passive aggression, seemed less tense and more comfortable with one another, including making eye contact when communicating. Participants confirmed experiencing various humorous interactions together, improved communication (FG2-350) and feeling more relaxed in the company of their peers. The music therapy intervention facilitated opportunities for group improvisations, turn taking and call-and-response exercises. During the second focus group interview, participants reported favourably of their experiences thereof, which may suggest that they were more at ease with one another, since they had experienced a different form of social interaction through the music.



Hohmann (2017) mentioned beneficial effects of music therapy on emotional and motivational outcomes, participation, locus of control and perceived helpfulness. Furthermore, the social aspects that were supported during the music therapy intervention, included supporting of emotional expression, group interaction, development of skills, and improved quality of life.

Finally, eight participants indicated a desire to continue with music therapy, but notably requested that it not be scheduled during the Assembly slot since Assembly is valued as an important religious gathering. EGP4's absence from music therapy sessions was in fact due to him choosing to attend Assembly (See 3.2).

5.3.3.3 Increased self-expression through music-making

During the music therapy intervention, participants had opportunities to explore multiple ways of individual self-expression through music making. This afforded exploration and creativity within the music and provided platforms for self-affirmation. As reported by the music therapist, "every member took great care in making their art work" and the feedback time afterwards allowed for further self-affirmation. Although some members tended to scoff at each individual's feedback at times, they eventually all shared their unique experiences with conviction and even a sense of pride" (TD248-51). The therapist's aim towards synchronisation and greater self-regulation was facilitated in the music. When participants feel safe and supported in the music space, it allows them free expression and spontaneity, opportunity to present themselves with a new sense of self-esteem and a sense of pride, and to achieve a sense of synchrony, all of which were described in her account of the music therapy process.

5.3.3.4 Extent of focus

The participants experienced examination anxiety in a way which seemed to impact their ability to focus. Participant EPG2's scores indicated an increase in all four of the anxiety scales. During the final feedback session, after participants were encouraged to create a drawing of their own awareness of examination anxiety while listening to a piece of music,



EGP2 reported scattered and racing thoughts (See Figure 5.6). “The flowers represent what I look like on the outside, but inside my head everything’s just so, I think about everything, then I’m at this question, then jumping to that question” (TD3-99). The comment expresses her experience during examination circumstances. This participant, however, reported a change in focus after the music therapy intervention (FG2-138) and this resonated with the therapist’s observations of how the participants’ capacity to focus, even for short periods, can change over time.



Figure 5.6: EGP2’s representation of examination anxiety and scattered thoughts.

The music therapist observed a slight change in the behaviour of the participants during the above-mentioned session. During this relaxation and drawing exercise, contrary to their behaviour during the previous relaxation exercise, members seemed to be able to focus for a longer period of time. The drawing exercise served as a tool to keep participants focused during the music listening activity. This short period of increased focus might have indicated a shift in the extent of focus for some participants. Towards the final phase of the music therapy intervention, the music therapist experienced the participants’ behaviour as less restless and experienced longer periods of silence and they were able to breathe in a more synchronised manner, as well as improvise together with more consideration than before. Some participants indicated a preference for more passive activities such as relaxation (FG2-195) and breathing exercises (FG2-107,113),



and this may be due to the fact that these techniques were experienced as beneficial for improving focus and facilitating relaxation.

5.3.3.5 Interpersonal interaction

The music therapy process provided opportunity to enhance social behaviour amongst participants and also addressed the disconnect amongst them. Typical behaviour was that of bossiness, competitiveness, exchanging meaningful looks, excessive and animated speaking, giggling and fun-poking amid loud insults. Some participants displayed shy and almost apologetic demeanor which could be indicative of high Social Anxiety scores. However, during the latter part of the music therapy intervention, participants were reported to have displayed increased social awareness, displaying increased empathy for others and sensitively matched and supported the group during their music-making. As stated in 5.3.3.4 participants were eventually also able to breathe in synchrony to pre-recorded music and were more considerate during music improvisations. Considering the post-scores for the experimental group, which indicated an increase in all four of the anxiety scales, breathing in synchrony and being socially sensitive to one another might have been challenging for the majority of the group. In this regard, the music therapy intervention might have contributed, albeit in small measure, to a shift with regard to interpersonal interaction.

Social anxiety in the peer group is currently regarded as typical of early adolescence and involves domains of self-consciousness and peer acceptance (Mallet, 1999). Taking into consideration the awkwardness of peer interactions typical to this age group, combined with the high levels of anxiety, it is suggested that a longer period of music therapy might yield more development in managing social anxiety, as well as further understanding social norms and utterances.

5.3.3.6 Music therapy as strengthening

As was demonstrated in the discussion when referring to the response of participants to the music, the music therapy intervention seemed to have provided resources for well-



being and strengthening. One participant reported that the freedom of improvisational activities contributed to him being more creative with problem-solving during writing his Mathematics paper (EGP7, FG2-74) and that imaginative narrative play encouraged him to dare to explore alternative options in writing his exam paper. “When I got to the calculation I'd like, glance at the question, and I had trouble answering it, and then I thought- and then I tried to just check out which calculation might work better” (EGP7, FG2-151).

According to Finnegan (2012) music, being a sound-based medium, also means that it is experienced directly in and through the body, which gives it a sensory quality distinct from other art forms. Engaging in music is done mainly because it offers emotional rewards (Juslin, 2010). According to Johnson (2007), being in contact with one's emotions is important since it lies at the heart of our capacity to experience meaning, and meaning is one of the essential ingredients in a sense of wellbeing (Batt-Rawden, 2005). For two participants music therapy provided a platform for expressive physical outlets. EGP4 announced assertively that he “played out all the energy on the instruments” (FG2-202) and EGP8 found it valuable to be able to “draw what I feel like” (FGP-235). Some less expressive learners reported an increase in their level of expressiveness (FG2-358, 374, 379) and simply preferred making noise on djembe drums.

Music offers what Seidler (2007) referred to as an “emotional space” where, according to De Boise (2015), it is socially accepted to experience a wide range of different emotional and affective states. EGP3 mentioned feeling less shy and serious, feeling more expressive (FG2-374) and also feeling more confident (FG2-117). EGP2 related to this statement, “actually I am very loud, so I relax more when I can make music”, confirming music as a regulating tool to help her relax (FG2-356). Another participant highlighted the relaxation effect the music therapy provided “and so close to the exams, this [music listening] was nice” (EGP6, FG2-195).



5.3.3.7 Music therapist's aims and initiatives

The music therapy space created by the therapist offered a safe space for participants to explore, and aims were directed at encouraging self-expression. Group music therapy intervention offered an environment in which participants felt supported through musical and verbal expression. As reported by the music therapist, specific music therapy aims were purposefully implemented to create opportunities for self-affirmation, improving self-esteem and freedom of individual expression during the second (sessions 3-5) and third (sessions 6 and 7) phase of the music therapy intervention. The music therapist aimed to facilitate a process of continuity and synchrony with less disconnect amongst participants. The therapist facilitated space for spontaneity and freedom of movement which proved to be valuable as this musical freedom provided a platform for the exploration of individual abilities. In addition, verbal cues for breathing initiated a discussion of providing relaxation techniques (focusing on specifically examination anxiety) for learners to engage with and implement themselves. The therapist's focus on examination anxiety specifically created opportunities for participants to share personal experiences and to reflect on the music therapy process. In a session including music listening and drawing, participants were given the chance to share and discuss their drawings and images, reflecting on their own experience of examination anxiety.

Informed by the early sessions, which were characterised by excessive energy levels and group dyssynchrony, the therapist's aim towards synchronisation and greater self-regulation was facilitated through the use of various music therapy techniques such as group improvisation, turn taking, relaxation and breathing exercises, and music listening activities. Since participants felt safe and supported in the music space, it allowed them freedom and spontaneity to express themselves and achieve a sense of synchrony.

5.3.3 8 The role of music therapy as an intervention for examination anxiety

“Music hath charms to sooth a savage breast, to soften rocks, or bend a knotted oak”

The Mourning Bride

Congreve (1697) in Zarate (2012)



Zarate (2012) used this famed quote to explain the power of music to break down barriers and create transformation or change the structure of things that are thought to be immutable. She mentions the various shapes and structures of anxiety and that “soothing” certain symptoms is only one fragment of a complicated whole, and emphasised that there are other voices of anxiety that need a platform for expression.

The main research question guiding this study sought to explore the role of music therapy in addressing examination anxiety. Although the research does not conclusively confirm music therapy’s claim to address and alleviate examination anxiety in a Grade seven learner’s life, a unique experience was offered to the learners through providing a space in which their own experiences of anxiety could be reflected on and held through the medium of music. According to Zabihi (2016), music therapy is a non-invasive method to alleviate examination anxiety and Barbeau (2018) confirmed that the perceived advantages of musical involvement outweighed their negative (e.g. stressful, anxiety provoking) aspects.

Moore (2013) argued that emotion regulation is an internal process through which an individual maintains a relaxed state of arousal by curbing one or more aspects of emotion, and where the neural aspects underlying emotion regulation suggest an interaction between cognitive control areas and areas involved in emotional reactivity. She highlighted that there are certain music features and experiences that produce desired and undesired neural activation patterns implicated in emotion regulation and confirmed that desired activation patterns occurred when listening to preferred and familiar music when singing, and when improvising (in musicians). Also, that undesired activation patterns arose when introducing complexity, dissonance and unexpected musical events. The therapeutic value of engagement in sessions, and the ability to self-regulate, provided shifts in personal expression and offered creative tools for the management of examination anxiety. During the post-test the results from the control group’s Physical anxiety score indicated a substantial increase. There was no increase in this component in the experimental group, and one might assume that the music therapy intervention had an effect with regard to emotional regulation and management. The participants’ ability to



manage and regulate emotions might thus have played a role in the discrepancy observed in the scores of Physical anxiety.

The increase in the Physical anxiety and the Total anxiety score might clarify the fact that learners could not settle down during the music intervention. This could also relate to the fact that the intervention created heightened awareness of the state of anxiety, and due to the age of the learners and the brevity of the music therapy process, this might have unsettled the learners, or they had not sufficiently integrated insights gained from the music therapy intervention. With participants reporting being under constant pressure with reference to time limits and inevitable anxious feelings despite levels of preparation, one such a participant's (EGP8) process during the music therapy intervention is notable. Although EGP8 received an INC-score that still falls within the norm, results showed a significant decrease in inconsistent responses. Also considering the decrease in her post scores for Defensiveness and Social anxiety, one might speculate that the music therapy intervention might have played a role and afforded this participant the freedom of letting her guard down during the post-test.

For the researcher it was not only what the music therapy intervention had done but also what was observed. During the first focus group interview, EGP4's behaviour was rather dismissive and he preferred to not fully engage in discussions. During the music therapy intervention he attended two sessions only because he preferred attending Assembly, and furthermore was of the opinion that he experienced no change after the music therapy intervention. During the second focus group interview, he respectfully acknowledged the music therapy intervention and considered exploring more instruments (FG2-352). The researcher observed a shift in social behaviour, and since this participant did not engage fully in the music therapy intervention process, one might consider whether the social awareness of co-group members might have had an effect. During the final phase of the music therapy intervention, participants were able to engage in activities with a greater degree of conviction and a sense of pride. Music therapy offered the participants an opportunity to manage their own personal disquiet and allowed them to settle down for longer. However, more focus on the relaxation components of the music therapy intervention would have been ideal since participants struggled to relax, as reported by



those having trouble getting their breaths or fidgeting a lot. That being said, the music therapy intervention was not long or individualised enough to give the participants the opportunity to manage their physical symptoms emerging during this intervention. A relatively helpful finding during the course of the current study was the value the RCMAS-2 questionnaire added as an assessment tool.

5.3.4. Conclusion

In the discussion above the three main themes derived from thematic analysis were discussed in detail, addressing the main research questions and sub-questions. Results from the inferential statistical analysis were considered and the role of music therapy as intervention was included as well. From the findings of the current study, it was demonstrated that music therapy is an intervention which enables learners to give expression to examination anxiety in raw musical form, to share their personal stories, to transfer energy of anxiety into instruments and music, to experience regulation with regard to difficult emotions, the inability to focus and difficulty with relaxation, as well as serving as a tool for personal creativity, exploration and expression.



6 CONCLUSION

6.1 Introduction

The aim of this exploratory study was to investigate how group music therapy addressed examination anxiety in Grade seven learners of the Windhoek Afrikaanse Privaatskool. In the preceding chapter the analysed data from both the qualitative and quantitative sources were considered and integrated, whilst addressing the main research questions and sub-questions. In conclusion, this final chapter will summarise the findings and consider limitations of the study. Also, possibilities for future studies will be suggested, followed by some closing comments.

6.2 Summary of findings

The findings of both the quantitative and qualitative methods of this research are not intended to be generalised outside the context in which it transpired and the discrepancy between quantitative and qualitative data not only calls for a larger statistically applicable quantitative study, but also strengthens the argument that music therapy intervention can be part of the treatment plan and play a vital role in an educational setting, such as primary schools. Overall the music therapy intervention did not yield strikingly positive impacts on the learners, if one considers the quantitative data as the yardstick. The RCMAS-2 questionnaire suggested that participants experienced an increase in Total Anxiety. Through the reflections of the learners, and as reported by the music therapist, understanding the role of the music therapy intervention provides insight into the role it played within this study, and the potential role of music therapy in the support of learners experiencing examination anxiety.

It is suggested that these results be used to explore how strengths-based and arts-based group therapy methods may be effective in engaging vulnerable learners in a beneficial helping process. According to the findings of this study, the use of music therapy is an inexpensive and safe method to address examination anxiety and it is recommended to implement music therapy in educational settings. The need for the incorporation of music



therapy interventions into the educational systems lies in the fact that music therapy affords individual experiences in which the severity of examination anxiety can be addressed and managed. This has an implication on future music therapy practice in educational settings. Schools can play an imperative role in addressing the unmet mental health needs of their learners by increasing access to cost-effective interventions. Music therapy provides unparalleled access to such learners and represents a single setting through which the majority of learners can be reached (Ryan, 2012). In a similar vein (as seen in chapter 5) group music therapy assisted learners in experiencing calmer states, provided a platform for their experiences to be shared through addressing the area of focus, especially towards examination preparation and writing. and in gaining more self-confidence through shared creative processes experienced as strengthening.

6.3 Limitations of study

There are some limitations in this study. The first limitation is that due to the small sample size, the quantitative data is not generalisable, although valuable as a corroborative data source. The second limitation is the short duration of the music therapy intervention and the fact that an in-depth analysis of the intervention was not conducted. Seven sessions are not necessarily sufficient to address the complexity of Examination Anxiety in enough depth, to generate data which would indicate strong links between music therapy and the alleviation of examination anxiety. The third limitation of the study were the technical difficulties with video recordings which resulted in valuable visual data not being available to “endorse” the music therapy intervention; thus relying on the observations reported by the music therapist. A fourth limitation is the fact that the learners conducted the pre-test whilst in Grade six at the conclusion of the year, and completed the post test at the beginning of the test phase in Grade 7. The new grade, increased volume and difficulty of the work, and other such factors, may have played a role in the increase of anxiety as reported in the quantitative findings.



6.4 Future recommendations

The present study touched on only a small segment of a vast expanding body of research on examination anxiety. Understanding the causes of examination anxiety in learners is a critical step in developing early interventions that ameliorate such anxieties and the negative impact on achievement (Ching, 2017). Future studies may also benefit from investigating effects of music therapy on other aspects of examination anxiety, such as anticipatory anxiety and a fear of failure.

Results shown in the quantitative data suggested the possibility that the group music therapy intervention may have effected a gradual shift over time and this requires further research. The design of the study would need to include a larger sample and the impact of the music therapy intervention measured in a more systematic manner.

To explore learners' experiences of examination anxiety in relevance to their peer group relations, the importance of relationships for youth in managing anxiety and exam stress, might be a suggestion for further studies. Human beings are social by nature and exploring a psychosocial factor such as anxiety in a group context may offer participants support and a sense of belonging, group acceptance and shared involvement. Participants may feel understood by peers who suffer from similar conditions. Dodding, Nasel, and Howell (2008) stated that group therapy can be an acceptable format for clients and can facilitate positive outcomes for participants.

Anxiety is a universal emotion and an experience of everyday life (Staner, 2003) and an important aspect of this research is the need for a complementary intervention such as music therapy in educational settings and addressing the debilitating social phenomenon of examination anxiety in young learners. A relatively helpful finding during the course of the current study was the value added by the RCMAS-2 questionnaire as an assessment tool. Developing such an assessment tool for primary school learners might be valuable in an educational setting.



6.5 Closing comments

Learners can only benefit from anxiety-reducing interventions such as music therapy. Although learners have their own, unique ways of dealing with examination anxiety, Martin (2008) described academic buoyancy as a construct reflecting everyday resilience within a positive environment, and this defines a learner's ability to successfully deal with academic setbacks and challenges that are typical of the normal course of school life, such as examination pressure. Umuzdas (2019) encouraged learners to control their anxieties and attach a great importance to develop a conscious approach to manage their examination anxiety, on par with the importance they attach to their scholastic development from the beginning of their school life.

This study sought to contribute to the field by exploring how examination anxiety is experienced by Grade 7 learners and to investigate ways in which music therapy supports learners in the management thereof. The insights gained through the study shed some light on the possibilities for future research and for the potential of music therapy to be included as a psycho-social intervention within educational settings. Terzian (2010) emphasised that it is of the utmost importance for families, schools and other program providers to help their learners cope with anxiety. It will minimise the risk for negative health and behavioural development. The fact that excessive anxiety in relation to examination situations may not only have severe consequences for the individual, but can also create a source of contagion in his/her academic environment, makes intervening and preventative action desirable (Crighton, 1969).



References

- Akcakaya, N. A. (2003). Psychological problems in Turkish asthmatic children and their families.
- Aliaga, M. &. (2000). *Interactive Statistics*. Upper Saddle River, NJ Prentice Hall.
- Allua, S. &. (2009). Inferential Statistics. *Air Medical Journal*, 28(4), 168-171.
doi:<https://doi.org/10.1016/j.amj.2009.04.013>
- Alvin, J. &. (1992). *Music Therapy for the autistic child*.
- Anderson, E. &. (2013). Effects of Exercise and Physical Activity on Anxiety. *Front Psychiatry*.
- Anderson, N. L. (2007). Mindfulness-Based Stress Reduction and Attentional Control. *Clinical Psychology and Psychotherapy*, 14, 449–463.
- Anney, V. (2014). Ensuring the Quality of the Findings of Qualitative Research: Looking at Trustworthiness Criteria. *Journal of Emerging Trends in Educational Research and Policy Studies*, 5(2), 272-281.
- Ansdell, G. &. (2001). *Beginning research in the arts therapies: A practical guide*. London UK: Jessica Kingsley.
- Ansdell, G. (2001). Music Therapist's Dilemma. *British Journal of Music Therapy*.
doi:<https://doi.org/10.1177/135945750101500101>
- Association, A. M. (2015).
- Aydin, G. &. (1994). The effect of a story-based cognitive behavior modification procedure on reducing children's test anxiety before and after cancellation of



- an important examination. *International Journal for the Advancement of Counselling.*, 17(2), 149-161.
- Barabasz, A. (1973). Group Desensitization of test anxiety in elementary school. *The Journal of Psychology.*
- Barbeau, A. &. (2018). Music Performance Anxiety and Perceived Benefits of Musical Participation Among Older Adults in Community Bands. *Journal of Research in Music Education.*
doi:<https://doi.org/10.1177/0022429418799362>
- Batt-Rawden, K. D. (2005). Music listening and empowerment in health promotion: A study of the role and significance of music in everyday life of the long-term ill. *Nordic Journal of Music Therapy*, 14(2), 120-136.
- Beauchamp, T. &. (2001). *Principles of Biomedical Ethics*. Oxford University Press.
- Bedell, J. &. (1995). *An evaluation of test anxiety scales: convergent, divergent and predictive validity*. Bristol: Taylor & Francis.
- Beidel, D. T.-F. (1999). Teaching Study Skills and Test Taking Strategies to Elementary School Students.
- Benedetto, L. L. (2018). Exploring meta-worry and perceived parenting behaviours in adolescents' anxiety. *Life Span and Disability*, 2, 117-141.
- Benton, T. I.-W. (2007). Anxiety and depression in children and adolescents with sickle cell disease. *Curr Psychiatry Rep.*, 9(2), 114-121.
- Bergman, M. (2008). *Advances in Mixed Methods Research*.
doi:<https://dx.doi.org/10.4135/9780857024329>



- Birtürk, A. &. (2015). The effect of recreational activities on the elimination of state-trait anxiety of the students who will take the SBS Placement Test. *Educational Research and Reviews*, 10(7), 8940900.
- Borkovec, T. R. (1998). Worry: A Cognitive Phenomenon Intimately linked to Affective, Physiological, and Interpersonal Behavioral Processes. *Cognitive Therapy and Research*, 22(6).
- Bowman, M. (1993). *Children's Use of Computer-based Interactive*. Ayr: University of Paisley.
- Bradt, J. D. (2013). Music for stress and anxiety reduction in coronary heart disease patients. *Cochrane Database Syst Rev.*, 28(12).
- Bradt, J., Burns, D. S., & Creswell, J. W. (2013). Mixed Methods research in Music. *Journal of Music Therapy*, 50(2), 123-148.
- Braun V., & C. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Braun, V. &. (2012). *APA handbook of research methods in psychology*. American Psychological Association.
- Breakwell, G. H.-S. (2000). Research Methods in Psychology. *SAGE*, 367-391.
- Bryman, A. (2012). *Social Research Methods*. Oxford University Press.
- Carsley, D. H. (2015). Effectiveness of classroom mindfulness colouring activity for test anxiety in children. *Journal of Applied School Psychology*, 31(3).
- Caruso, C. D. (2013). The relationship between Cognitive and Somatic Anxiety on Performance of Student-Athletes of University Malaysia Perlis. *Sport and Art*, 1(3), 61-66.



- Chen, H. (1997). Applying mixed methods under the framework of theory-driven evaluations. 1997(74). Retrieved from <https://doi.org?10.1002/ev.1072>
- Ching, B. (2017). Mathematics anxiety and working memory: Longitudinal associations with mathematical performance in Chinese children. *Contemporary Educational Psychology, 51*, 99-113.
- Claar, R. B. (2008). Pain coping profiles in adolescents with chronic pain. *Pain, 140*(2), 368-375.
- Coffey, A. H. (1996). Qualitative Data Analysis: Technologies and Representations. *Sociological Research Online*. doi:<https://doi.org/10.5153/sro.1>
- Collins, M. O. (2007). A Mixed Methods Investigation of Mixed Methods Sampling Designs in Social and Health Science Research. *Journal of Mixed Methods Research, 1*(3), 267-294.
- Conner, R. (2004). Ethical issues in the use of control groups. *New Directions for Program Evaluation, 7*, 63-75.
- Coyne, I. (2010). Social scientists consider the status of children participating in a research project as competent participants . They aim to protect participants and other involved parties and strive towards avoiding harm and not threatening the well-being of the child. *Child: Care, Health and Development, 36*(4), 452-454.
- Creswell, C. W. (2014). Assessment and management of anxiety disorders in children and adolescents. *Archives of Disease in Childhood*.
- Creswell, J. &-C. (2011). Designing and Conducting Mixed Methods Research. SAGE.



- Creswell, J. (2003). *Research Design*. SAGE Publications Ltd.
- Crichton, J. &. (1969). Treatment of examination anxiety by systematic desensitization or psychotherapy in groups.
- Darling-Hammond, L. F.-H. (2020). Implications for educational practice of the science of learning and development. *Applied Developmental Science*, 24(2).
- Davidson, C. (2009). Transcription: Imperatives for Qualitative Research. *International Journal of Qualitative Methods*.
- De Boise, S. (2015). *Men, masculinity, music and emotions*. Hampshire: Palgrave Macmillan.
- Denscombe, M. (2000). Social conditions for stress: Young people's experience of doing GCSE's. *British Educational Journal*, 26(3), 259-374.
- Dodding, C. N. (2008). All in for mental health: A pilot study of group therapy for people experiencing anxiety and/or depression and a significant other of their choice. *Mental Health Family Medicine*, 5(1), 41-49.
- Dunbar, G. (2005). *Evaluating research methods in psychology: a case study approach*. Malden: Blackwell.
- El-Shamy, S. (2004). *Training for the New and Emerging Generations*. Pfeifer.
- Erlandson, D. E. (1993). *Doing naturalistic inquiry: A guide to methods*. SAGE.
- Fagen, T. (1982). Music therapy in the Treatment of Anxiety and Fear in Terminal Pediatric Patients. *Music Therapy*, 2(1), 13-23.



- Feilzer, M. Y. (2010). Doing Mixed Methods Research Pragmatically: Implications for the Rediscovery of Pragmatism as a Research Paradigm. *Journal of Mixed Methods Research Sage*, 4(1).
- Finnegan, R. (2012). Music, experience and the anthropology of emotion. In M. H. Clayton, *The cultural study of music: A critical introduction* .
- Gibbs, A. (1997). Focus Groups. *Social Research Update*(19).
- Gibbs, G. (2007). *Analysing Qualitative Data*. London:Sage.
- Glaser, R. &. (1994). Assessment, Testing, and Instruction: Retrospect and Prospect. *Review of Research in Education*, 20(1), 393-419.
- Greene, S. &. (2005). Researching Children's Experience:Exploring children's views through focus groups. *SAGE Research Methods*, 237-253.
- Grootenhuis, M. &. (2001). Social and emotional adjustment in young survivors of childhood cancer. *NCBI*, 9(7), 489-513.
- Grupe, D. &. (2013). Uncertainty and Anticipation in Anxiety. An integrated neurobiological and psychological perspective. *Nat Rev Neurosci*, 14(7), 488-501.
- Halcomb, E. &. (2006). Is verbatim transcription of interview data always necessary? *Applied Nursing Research*, 19, 38-42.
- Hammersley, M. (2010). Reproducing or construting? Some questions about transcription in social research. *Qualitative Research*, 10(5), 553-569.
- Han, H. (2009). Measuring Anxiety in Children:A methodological review of the literature. *Asian Nursing Research*, 3(2).



- Hanser, S. (1985). Music Therapy and Stress Reduction Research. *Journal of Music Therapy*, 22(4).
- Hanson, W. C. (2005). Mixed method research designs in counselling psychology. *Journal of Counselling*, 52(2), 224-235.
- Heary, C. (2002). The Use of Focus Group Interviews in Pediatric Health Care Research. *Journal of Pediatric Psychology*, 27(1), 47-57.
- Hembree, R. (1988). Correlates, Causes, Effects, and Treatments of Test Anxiety. *Sage Journals*.
- Hill, F. M. (2016). Maths anxiety in primary and secondary school students: Gender differences, developmental changes and anxiety specificity. *Learning and Individual Differences*, 48, 45-53.
- Hill, K. &. (1984). Test Anxiety: A major educational problem and what can be done about it. *The Elementary School Journal*, 85(1), 105-126.
- Hohmann, L. B. (n.d.). Effects of therapy and music-based interventions in the treatment of substance disorders: A sustematic review. *PLOS*.
- Honorato, A. e. (2006). A video-gravacao como registr, a devolutiva procedimento: pensande sobre estratégias. *Reuniao Anual da Associacao Nacional de Pos-Graduacao e Pesquisa em Educacao*(29).
- Hopfenbeck, T. (2019). The use and abuse of assessment. *Assessment in Education: Principles, Policy and Practice*, 26(6), 637-642. doi:<https://doi.org/10.1080/0969594X.2019.1689323>
- Huberty, T. (2010). Anxiety & Anxiety Disorders. *National Association of School Psychologies*.



- Jarvis, M. (2002). *Sport Psychology*. New York: Routledge.
- Jastrowski Mano, K. (2017). School Anxiety in Children and Adolescents with Chronic Pain. *Pain Research and Management*. doi:<https://doi.org/10.1155/2017/8328174>
- Jentoft, N. (2017). Against the flow in data collection: How data triangulation combined with a 'slow' interview technique enriches data. *Qualitative Social Work: Research and Practice*.
- Jesani, A. (2011). Can ethics committees address society's concerns about standards in research? *Indian Journal of Medical Ethics*.
- Johnson, M. (2007). *The meaning of the body: Aesthetics of human understanding*. Chicago: University of Chicago Press.
- Johnson, R. &. (2004). Mixed Methods Research: A Research Paradigm Whose Time Has Come. *SAGE Journals*.
- Juslin, P. &. (2010). *Handbook of music and emotion: Theory, research, and applications*. Oxford University Press.
- Kleinman, A. (1991). *Rethinking Psychiatry. From Cultural Category to Personal Experience*. New York: New York: The Free Press.
- Krueger, R. (1994). *Focus groups: A practical guide for applied research* (2nd ed.).
- Leonard, N. G. (2015). A multi-method exploratory study of stress, coping, and substance use among high school youth in private schools. *Front Psychol*, 6. doi: 10.3389/fpsyg.2015.01028



- Liss, E. (1944). Examination Anxiety. *American Journal of Orthopsychiatry*, 14(2).
doi:<https://doi.org/10.1111/j.1939-0025.1944.tb04885>.
- Liu, X. N. (2014). Effects of five-element therapy on elderly people with seasonal affective disorder in a Chinese nursing home. *Journal of Traditional Chinese Medicine*, 34(2), 159-161.
- Loubere, N. (2017). Questioning Transcription: The Case for the Systematic and Reflexive Interviewing and Reporting (SRIR) Method. *Forum: Qualitative Social Research*, 18(2).
- Lowe, P. &. (2012). Cross cultural examination of test anxiety among US and Singapore students on the Test Anxiety Scale for Elementary Students(TAS-E). *Educational Psychology*, 32(1).
- Lunt, P. (2003). The histories of social psychology. *Social Psychological Review*, 5(1), 3-19.
- MacGeorge, E. S. (2005). Academic Stress, Supportive Communication, and Health. *Communication Education*, 54(4).
- Mackner, L. C. (2006). Psychosocial functioning in pediatric inflammatory bowel disease. *NCBI*, 12(3), 239-244.
- Mallat, P. &.-T. (n.d.). Social anxiety with peers in 9- to 14-year-olds. Developmental process and relations with self-consciousness and perceived peer acceptance. *European Journal of Psychology of Education*, 14, 387-402.
- Martin, A. (2008). Academic Buoyancy: Towards an Understanding of Students' Everyday Academic Resilience. *Journal of School Psychology*, 46(1), 53-83.



- Mauthner, M. (1997). Methodological aspects of collecting data from children: Lessons from three research projects. *Children & Society*, 11, 16-28.
- Mavilidi, M. O. (2020). Effects of an Acute Physical Activity Break on Test Anxiety and Math Performance. *International Journal of Environmental Research and Public Health*.
- Mayall, B. (2000). *Conversations with children: Working with generational issues*. In P. Christensen, ed. & A. James (eds). Falmer Press.
- McDonald, A. (2001). The Prevalence and Effects of Test Anxiety in School Children. *Educational Psychology*, 21(1).
- McLellan, E. M. (2003). Beyond the Qualitative Interview: Data Preparation and Transcription. *SAGE Journals*, 15(1), 63-84.
- Miller, R. &. (2003). *The A-z of Social Research: A dictionary of Key Social Science Research Concepts*. Sage Publications.
- Mirowsky, J. &. (2002). Selecting outcomes for the sociology of mental health: Issues of measurement and dimensionality. *Journal of health and Social Behaviour*, 43, 152-170.
- Moore, K. (2013). A Systematic Review on the Neural Effects of Music on Emotion Regulation: Implications for Music Therapy Practice. *Journal of Music Therapy*, 50(3), 198-242. doi:<https://doi.org/10.1093/jmt/50.3.198>
- Morgan, D. (2014). Pragmatism as a Paradigm for Social research. *Qualitative Inquiry*. doi:<https://doi.org/10.1177/1077800413513733>
- Mullick, M. N. (2005). Psychiatric morbidity, stressors, impact, and burden in juvenile idiopathic arthritis. *NCBI*, 23(2), 142-149.



- Munro, A. (2011). Ethics and Design Research at South African Higher Education Institutions: A Prolegomenon. *Sixth International DEFSA Conference Proceedings*.
- Nagy Hesse-Biber, S. (2010). *Mixed methods research: merging theory with practice*. New York: Guilford Press.
- Nicholson, L. (2016). *The Conversation*. Retrieved from <https://theconversation.com/stressed-out-the-psychological-effects-of-tests-on-primary-school-children-58913>
- NSPCC. (2017). *Exam stress overwhelming for thousands of children*. Retrieved from NSPCC: <https://www.nspcc.org.uk/what-we-do/news-opinion/exam-stress-overwhelming-for-thousands-of-children/>
- Nyumba, T. W. (2018). The use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods in Ecology and Evolution*, 9(1), 20-32.
- Nyumba, T. W. (2018). The use of focus group methodology: Insight from two decades of application in conservation. *British Ecological Society*. doi:<https://doi.org/10.1111/2041-210x.12860>
- Onwuegbuzie, A. &. (2004). Enhancing the interpretation of "significant" findings: the role of mixed methods research. *The Qualitative Report*, 9(4), 770-792.
- Onwuegbuzie, A. &. (2007). A typology of mixed methods sampling designs in social science research. *The Qualitative Report*, 9(4), 770-792.
- Parnabas, V. M. (2013). The Relationship between Cognitive and Somatic Anxiety on Performance of Student-Athletes of Universiti Malaysia Perlis (UNIMAP). *Sport and Art*, 1(3), 61-66.



- Paul, G. E. (2007). A longitudinal study of students' perceptions of using deep breathing meditation to reduce testing stresses. *Teaching and Learning in medicine.*, 19(3), 287-292.
- Paul, M. &. (2017). Examining the Prevalence and Severity of Anxiety, Depression and stress among Form Four Examination Candidates. *Journal of Psychology*, 8(1), 1-10.
- Pauwels, E. V. (2014). Mozart, music and medicine. *PubMed.gov*, 23(5).
- Pavlicevic, M. (1997). *Music Therapy in Context: Music, Meaning and Relationship*. Jessica Kingsley Publishers.
- Pratt, R. (2004). Art, dance, and music therapy. *Physical Medicine and Rehabilitation Clinics of North America*, 15, 827-841.
- Preissle, J. (2012). *The SAGE Encyclopedia of Qualitative Research Methods*. SAGE Publications.
- Press, T. N. (2001). *Investigating the influence of standards: A Framework for research in mathematics, science and technology education*. National Research Council.
- Putwain, D. &. (2012). Do highly test anxious students respond differentially to fear appeals made prior to a test? *SAGE*.
- Putwain, D. .. (2016). "Sink or swim": buoyancy and coping in the cognitive test anxiety-academic performance relationship". *Educational Psychology*, 36(10).



- Putwain, D. (2007). Researching academic stress and anxiety in students: some methodological considerations. *British Educational Research Journal*, 33(2).
- Putwain, D. (2008a). Examination stress and test anxiety. *British Psychological Society*, 21, 1026-1029.
- Putwain, D. (2008c). Supporting assessment stress in Key Stage 4 students. *British Educational Research Journal*, 34(2), 83-95.
- Ramesh Bhat, M. S. (2011). Eustress in Education: Analysis of the perceived Stress Score (PSS) and Blood Pressure (BP) during Examinations in Medical Students. *Journal of Clinical and Diagnostic Research*, 5(7), 1331-1335.
- Reynolds, C. &. (2018). *Revised Children's Manifest Anxiety Scale*. Torrance, CA: Western Psychological Services.
- Roulston, K. (2001). Data analysis and 'theorizing as ideology'. *SAGE Journals*.
- Ryan, J. &. (2012). Treating adolescents with Social Anxiety Disorder in Schools. *Child Adolescent Psychiatry*, 21(1).
- Sale, J. &. (2004). A Strategy to Identify Critical Appraisal Criteria for Primary Mixed Methods Studies. *Quality & Quantity*, 38, 351-365.
- Salkind, N. (2012). *Introducing inferential statistics*. Boston: Pearson.
- Sarason, S. a. (1960). *Anxiety in elementary school children: A report of research*. New York: John Wiley & Sons.
- Schechter, R. S. (2017). Fidget spinners: Purported benefits, adverse effects and accepted alternatives. *Current opinion in Pediatrics*, 29(5), 616-618.



- Schultz, K. N. (2007). Behavioral and social outcomes in adolescent survivors of childhood cancer: a report from the childhood survivor study. *NCBI*, 20(25(24)), 3649-3656.
- Seidell, J. (1998). *Qualitative data Analysis*.
- Seidler, V. (2007). Masculinities, bodies, and emotional life. *Men and Masculinities*, 10(1), 9-21.
- Seipp, B. (1991). Anxiety and academic performance. *Anxiety Research*, 4(1), 27-41.
- Selye, H. (1956). *The stress of life*. New York: McGraw-Hill Book Company.
- Selye, H. (1978). *The Stress of Life*. Amazon books.
- Semple, R. R. (2005). Treating Anxiety With Mindfulness: An Open Trial of Mindfulness Training for Anxious Children. *Journal of Cognitive Psychotherapy*, 19(4), 379-392. doi:DOI: 10.1891/088983905780907702
- Sharma, M. &. (2012). Use of music therapy for enhancing self-esteem among academically stressed adolescents. *Pakistan Journal of Psychological Research*, 27(1), 53-64.
- Smeijsters, H. (2012). Analogy and metaphor in music therapy: Theory and practice. *Nordic Journal of Music Therapy*, 21(3), 227-249.
- Spence, S. (n.d.). *Spence Children's Anxiety Scale*. Retrieved from Spence Children's Anxiety Scale: <https://www.scaswebsite.com/>
- Spielberger, C. A. (2015). *Emotions and anxiety*. Psychology Press.



- Spratt, J. S. (2006). Part of who we are as a school should include responsibility for well-being. *Pastoral Studies in Education*, 24(3), 14-21.
- Staal, M. (2004). *Stress, Cognition, and Human Performance: A. NASA/STI*.
- Staner, L. (2003). Sleep and anxiety disorders. *Dialogues in Clinical Neuroscience*, 5(3), 249-258.
- Sutton, J. (2015). Qualitative Research: Data Collection, Analysis, and Management. *The Canadian Journal of Hospital Pharmacy*, 68(3), 226-231.
- Taheri-Kharameh, Z. (2017). Academic self-efficacy and test-anxiety among students of medical sciences. *BMJ Open*.
- Tashakkori, A. &. (2009). *Foundations of Mixed methods Research: Integrating Quantitative and Qualitative Approaches in the Social and behavioral Sciences*. SAGE Publications.
- Tecau, A. &. (2015). Nonverbal communication in the focus -group. *Transilvania University of Brasov: Economic Sciences*, 8(57).
- Terre Blanche, M. &. (2006). *Histories of the present: Social science research in Context*. Cape Town: University of Cape Town Press.
- Terzian, M. M. (2010). Assessing stress in children and youth: A guide for out-of-school time program practitioners. *Research-to-Results*, 22.
- Thoma, M. L. (2013). The Effect of Music on the Human Stress Response. *PLoS One*, 8(8).
- Tlale, L. (2016). Student distress on Grade Twelve Studies and Examinations. *International Journal of educational Sciences*, 15(3), 318-327.



- Umuzdas, M. T. (2019). An Examination of the Performance Anxiety Levels of Undergraduate Music Teaching Students in the Instrument Exams According to various Variables. *International Journal of Higher Education*, 8(4).
- Wassenaar, D. &. (2012). *Ethical Issues and Ethics Reviews in Social Science Research*. Oxford. doi:10.1093/oxfordhb/9780199739165.013.0019
- Weale, S. (2017). *More children suffering from stress from Sats, survey finds*. Retrieved from The Guardian: <https://www.theguardian.com/education/2017/may/01/sats-primary-school-children-suffering-stress-exam-time>
- Weger, M. &. (2018). High anxiety trait: A vulnerable phenotype for stress-induced depression. *Neuroscience and Biobehavioural Reviews*, 87, 27-37. doi:https://doi.org/10.1016/j.neubiorev.2018.01.012
- Weinberg, R. &. (2011). *Foundations of Sport and Exercise Psychology*. Champaign,IL: Human Kinetics.
- Yeo, L. G. (2016). School-based intervention for test-anxiety. *Child and Youth Forum*, 1-17.
- Yinger, O. &. (2013). Music Therapy and Music Medicine for Children and Adolescents. *Child and Adolescent Psychiatric Clinics of North America*, 23(3).
- Zabihi, R. J. (2016). The effects of music therapy on anxiety and depression of cancer patients. *Indian Journal of Palliative Care*, 22(4), 455.
- Zarate, R. (2012). *The Sounds of Anxiety: A quantitative study of Music Therapy and Anxiety*. Lesley University: Graduate School of Arts .
- Zeidner, M. (1993). *Test Anxiety: State of the Art*.



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

School of the Arts

Zigmond, J. C. (2015). *Neurobiology of Brain Disorders*.



Appendix A: RCMAS 2 Questionnaire

Circle one answer for each sentence.
Please press hard when marking your responses.

- 1. Often I feel sick in my stomach. Yes No
- 2. I am nervous. Yes No
- 3. I often worry about something bad happening to me. Yes No
- 4. I fear other kids will laugh at me in class. Yes No
- 5. I have too many headaches. Yes No
- 6. I worry that others do not like me. Yes No
- 7. I wake up scared sometimes. Yes No
- 8. I get nervous around people. Yes No
- 9. I feel someone will tell me I do things the wrong way. Yes No
- 10. I fear other people will laugh at me. Yes No

Continue with Item 11 unless you have been told to stop here.

- 11. I have trouble making up my mind. Yes No
- 12. I get nervous when things do not go the right way for me. Yes No
- 13. Others seem to do things easier than I can. Yes No
- 14. I like everyone I know. Yes No
- 15. Often I have trouble getting my breath. Yes No
- 16. I worry a lot of the time. Yes No
- 17. I feel bad if people laugh at me. Yes No
- 18. I am afraid of a lot of things. Yes No
- 19. I am always kind. Yes No
- 20. I get mad easily. Yes No
- 21. I worry about what my parents will say to me. Yes No
- 22. I feel that others do not like the way I do things. Yes No
- 23. I am afraid to give a talk to my class. Yes No
- 24. I always have good manners. Yes No

continue on back page

What I Think and Feel (RCMAS™-2)

AutoScore™ Form

Cecil R. Reynolds, Ph.D., and Bert O. Richmond, Ed.D.

Directions

First fill in the background information.
If you don't know your ID number, ask your examiner.

The sentences on this form tell how some people think and feel about themselves. Read each sentence carefully, then circle the word that shows your answer. Circle *Yes* if you think the sentence is *true* about you. Circle *No* if you think it is *not true* about you. Give an answer for every sentence, even if it is hard to choose one that fits you. Do not circle both *Yes* and *No* for the same sentence. If you want to change an answer, draw an X through your first answer and then circle your new choice.

There are no right or wrong answers. Only you can tell us how you think and feel about yourself. Remember, after you read each sentence, ask yourself, "Is it true about me?" If it is, circle *Yes*. If it is not, circle *No*.

Date: _____

Name or ID number: _____

Age: _____ Grade: _____ Gender: Girl Boy

Race/Ethnicity: American Indian/Alaska Native

Asian

Black/African American

Hispanic/Latino

Native Hawaiian/Pacific Islander

White

Other

School: _____

Examiner: _____



The RCMAS-2 is available online at platform.wpspublish.com. Additional copies of this form (W-467A) may be purchased from WPS. Please contact us at 800.648.8857 or www.wpspublish.com. Copyright © 2008 by Western Psychological Services. Not to be reproduced, adapted, and/or translated in whole or in part without prior written permission of WPS (rights@wpspublish.com). All rights reserved. Printed in USA. 9 8 7 6



25. It is hard for me to get to sleep at night. Yes No
26. I worry about what other people think about me. Yes No
27. I feel alone even when there are people with me. Yes No
28. I get teased at school. Yes No
29. I am always good. Yes No
30. My feelings get hurt easily. Yes No
31. My hands feel sweaty. Yes No
32. I worry about making mistakes in front of people. Yes No
33. I am always nice to everyone. Yes No
34. I am tired a lot. Yes No
35. I worry about what is going to happen. Yes No
36. Other people are happier than I am. Yes No
37. I am afraid to speak up in a group. Yes No
38. I tell the truth every single time. Yes No
39. I have bad dreams. Yes No
40. I get angry sometimes. Yes No
41. I worry about being called on in class. Yes No
42. I worry when I go to bed at night. Yes No
43. It is hard for me to keep my mind on my schoolwork. Yes No
44. I sometimes say things I should not say. Yes No
45. I worry about someone beating me up. Yes No
46. I wiggle in my seat a lot. Yes No
47. A lot of people are against me. Yes No
48. I have told a lie. Yes No
49. I worry about saying something dumb. Yes No



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

School of the Arts

Appendix B: Letter of Information- Chairman of School Board and Headmistress



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities

Department of Music

Music Therapy Unit

Tel- 012 420 5372

Fax- 012 420 4517

musictherapy2@up.ac.za

Date- 30 June 2018

Letter of Information

Dear XXXXX

My name is Adél Janse van Rensburg and I am currently enrolled for a Master's degree in Music Therapy at the University of Pretoria.

The title of the study is- **Under pressure- Music therapy for examination anxiety in primary school learners.** My study leader and supervisor is Dr Carol Lotter and her contact information appears at the top of this letter.

This study aims to determine whether music therapy can serve as an effective treatment/tool to alleviate examination anxiety in primary school learners.

I would prefer to conduct my research at the Windhoek Afrikaanse Private School in 2019 and as the primary researcher; I will adhere to all ethical practice.



For the proposed study one group of Gr 7 learners will be involved and the study will be conducted in three phases at the school itself. Phase 1 includes the completion of a self-reported questionnaire and a focus group interview both for the experimental and the control group. Phase 2 involves the intervention in the form of music therapy conducted by Mrs. Carina Strydom, weekly for 8 weeks, for the experimental group only. During phase 3, a post-intervention questionnaire will be completed and a final focus group interview will conclude the study.

Should the outcome of this study prove that music therapy indeed serves as a tool to alleviate examination anxiety, I undertake to repeat the music therapy program with the control group as well.

Participation in the study is completely voluntary and learners will be free to withdraw at any time. There are no risks or direct benefits in participating in this project. If a learner decides to withdraw there will be no negative consequences, nor do they need to explain the reason for dropping out of the program.

I will make an appointment with both you and Mrs. De Jager to explain the research study in detail. I will also schedule an appointment with prospective participants and their parents and inform them accordingly.

The study will only begin after I obtained approval from the Namibian Ministry of Education and the Research Ethics Committee of the Faculty of Humanities, University of Pretoria, respectively.

Please do not hesitate to contact me or my supervisor if you require more information about the study.

Best regards

Adél J. v. Rensburg
081.128.4600



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

School of the Arts

Appendix C: Letter of Consent- Chairman of the School Board and Headmistress

WINDHOEK
AFRIKAANSE PRIVAATSKOOL



Administratiewe Kantoor
Administrative Office

Tel: +264 61 244 219
Faks/Fax: +264 61 238 664
E-pos/Email: wap@wap.edu.na
Webwerf/Website:
www.wap.edu.na
Posbus/PO Box 86564, Eros,
Windhoek
Fisiese Adres/Physical Address:
Drakensbergstr. 5, Eros, Windhoek



Windhoek Affies

Sportkantoor
Sports Office

Tel: +264 61 244 219
Faks/Fax: +264 61 249 049
E-pos/Email: sport@wap.edu.na
Webwerf/Website:
www.wap.edu.na
Posbus/PO Box 86564, Eros,
Windhoek
Fisiese Adres/Physical Address:
Drakensbergstr. 5, Eros, Windhoek



Treintjieskool

Treintjieskool/WAP
Pre-Primêre Skool
Pre-Primary School

Tel: +264 61 250 040
Faks/Fax: +264 61 255 257
E-pos/Email:
waptreintjie@wap.edu.na
Webwerf/Website:
www.wap.edu.na
Posbus/PO Box 86564, Eros,
Windhoek
Fisiese Adres/Physical Address:
Olaf Palmestr. 162, Eros, Windhoek

Dinamies. Gefokus. Suksesvol.

9 August 2018

TO WHOM IT MAY CONCERN

I hereby confirm that Mrs Adel J. v Rensburg have permission to do her research study on how music therapy can help with examination anxiety in primary school learners, during 2019 at Windhoek Afrikaanse Privaatskool.

She explained the process of the research and the school have no objections against it.

You are welcome to contact me for any further enquiries.

Kind regards.

Ms E. de Jager

Principal: Primary School



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

School of the Arts

Appendix D: Letter of Information- Parent/Guardian



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Music

Music Therapy Unit

Tel- 012 420 5372

Fax- 012 420 4517

musictherapy2@up.ac.za

Date- 27 July 2018

Letter of Information

Dear Parent

My name is Adél Janse van Rensburg and I am currently enrolled for a Master's degree in Music Therapy at the University of Pretoria.

The title of the study is- **Under pressure- Music therapy for examination anxiety in primary school learners**. My study leader and supervisor is Dr Carol Lotter and her contact information appears at the top of this letter.

This study aims to determine whether music therapy can serve as an effective treatment/tool to alleviate examination anxiety in primary school learners.

I would prefer to conduct my research at the Windhoek Afrikaanse Privaatskool, starting November 2018 and as the primary researcher; I will adhere to all ethical practice.

The research thesis will be written in English and therefore the questionnaires will be completed in English as well. I will be able to assist should any prospective participant need help with translation.



For the proposed study one group of Gr 7 learners will be involved and the study will be conducted in three phases at the school itself. Phase 1 includes the completion of a self-reported questionnaire and a focus group interview both for the experimental and the control group. Phase 2 involves the intervention in the form of music therapy conducted by Mrs. Carina Strydom, weekly for 8 weeks, for the experimental group only. During phase 3, a post-intervention questionnaire will be completed and a final focus group interview will conclude the study.

Should the outcome of this study prove that music therapy indeed serves as a tool to alleviate examination anxiety, I undertake to repeat the music therapy program with the control group as well.

Participation in the study is completely voluntary and learners will be free to withdraw at any time. There are no risks or direct benefits in participating in this project. If a learner decides to withdraw there will be no negative consequences, nor do they need to explain the reason for dropping out of the program.

I will schedule an appointment with you as a parent of the prospective participant to inform you accordingly.

The study will only begin after I obtained approval from the Namibian Ministry of Education and the Research Ethics Committee of the Faculty of Humanities, University of Pretoria, respectively.

Please do not hesitate to contact me or my supervisor if you require more information about the study.

Best regards

Adél J. v. Rensburg

081.128.4600



Appendix E: Participant information- Leaflet

What is this about

I am studying for a Master's degree in Music Therapy and I need to do a research project before I can become a music therapist. I want to explore if music therapy can make examination anxiety better for primary school children like you. I need your help with this project and want to ask if you will work with me, please?

Yes No

If you say no, it's okay. If you say yes, go to Check 1 and 2.

CHECK 1

I will talk to your parents and they will have to sign a consent form to give their permission that you may participate in this research program.

CHECK 2

You will also have to complete an assent form. Assent means "I agree".

How it works

PHASE 1

- On the first day of the exams in November 2018, you will complete a short questionnaire in English. You will only need to answer **Yes** or **No** and will be able to finish in 15 minutes. I will be there to translate for you if you need help with some of the words.
- You will then write your **first examination paper**.
- After you have written this first paper, you will come back and **we will have a group conversation** for no longer than 90 minutes. (Your teachers and parents will be informed of all arrangements.)



• CONTACT INFO •

Adel van Rensburg - 081 128 4600 • My email address: onbeatmusic.cc@gmail.com
My Supervisor: Dr Carol Lotter • Her email address: Carol.Lotter@up.ac.za



PHASE 2

6-8 weeks before your April exams in 2019, you will come to the Music room weekly to do some music sessions with a lady called **Carina Strydom**, who already is a music therapist. Various activities will include **free improvisation on voice, drums** and other **percussive instruments, music listening** and **imagery experiences, relaxation and movement to music, song writing, drawing** and **clay work to music**.

PHASE 3



- On the first day of the exams in April 2019, you will complete a short questionnaire in English again. You will only need to answer **Yes** or **No** and will be able to finish in 15 minutes. I will be there to translate for you if you need help with some of the words.

- You will then write your **second examination paper**.

- After you have written this first paper, you will come back and **we will have a group conversation** for no longer than 90 minutes again. *(Your teachers and parents will be informed of all arrangements.)*



What you should know



- I will video record all of you as you answer questions to collect data.

- You may stop or quit the program any time you like. You can tell me so, or point to the STOP sign.



- The data I will collect, will be stored for 15 years at the University of Pretoria and may be used in current and future research.

Do you understand how this works, what to expect and what to do?

Yes

No



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

School of the Arts

Appendix F: Letter of Consent: Parent/Guardian- Reply Slip



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Music

Tel- 012 420 5372

Fax- 012 420 4517

musictherapy2@up.ac.za

Date- 30 June 2018

LETTER OF INFORMED CONSENT- REPLY SLIP

FULL NAME of PARTICIPANT- _____

RESEARCH TOPIC- Examination anxiety

- I hereby give consent for my child to participate in the aforementioned research project.
- I acknowledge that the data may be used in current and future research.
- I am aware that data will be stored for 15 years at the University of Pretoria.
- I grant permission for all sessions to be video recorded.
- I confirm that I understand what is required of him/her in the research project.
- I am aware that my child may withdraw from the study at any time should he/she wishes to do so.

Signature of Parent

Date-

Primary researcher- Adél J. v. Rensburg
M Mus Music Therapy Student (Student Number 18312536)
081.128.4600

Dr C Lotter (Music Therapy, University of Pretoria)
Carol.Lotter@up.ac.za



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

School of the Arts

Appendix G: Letter of Assent: Participant: Reply Slip



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Music

Music Therapy Unit

Tel- 012 420 5372

Fax- 012 420 4517

musictherapy2@up.ac.za

Date- 30 June 2018

LETTER OF PARTICIPANT PERMISSION- REPLY SLIP

FULL NAME of PARTICIPANT- _____

RESEARCH TOPIC- Examination anxiety

- I hereby assent to participate in the aforementioned research project.
- I acknowledge that the data may be used in current and future research.
- I am aware that data will be stored for 15 years at the University of Pretoria.
- I grant permission for all sessions to be video recorded.
- I confirm that I understand what is required of me in the research project.
- I am aware that I may withdraw from the study at any time should I wish to do so.

Signature of Participant

Date-

Adél J. v. Rensburg-
M Mus Music Therapy Student (Student Number 18312536)

Dr C Lotter (Music Therapy, University of Pretoria)
Carol.Lotter@up.ac.za



Appendix H: Example of a completed RCMAS-2 questionnaire

wps.

RCMAS-2 Scoring Worksheet (Items 1-24)

Item	Response	DEF	PHY	WOR	SOC
1.	<input type="radio"/> Yes		<input type="checkbox"/>		
2.	<input type="radio"/> Yes			<input type="checkbox"/>	
3.	<input checked="" type="radio"/> Yes			<input checked="" type="checkbox"/>	
4.	<input checked="" type="radio"/> Yes				<input checked="" type="checkbox"/>
5.	<input type="radio"/> Yes		<input type="checkbox"/>		
6.	<input checked="" type="radio"/> Yes			<input checked="" type="checkbox"/>	
7.	<input type="radio"/> Yes		<input type="checkbox"/>		
8.	<input checked="" type="radio"/> Yes			<input checked="" type="checkbox"/>	
9.	<input type="radio"/> Yes				<input type="checkbox"/>
10.	<input checked="" type="radio"/> Yes				<input checked="" type="checkbox"/>
11.	<input checked="" type="radio"/> Yes		<input checked="" type="checkbox"/> 4		
12.	<input type="radio"/> Yes			<input type="checkbox"/>	
13.	<input type="radio"/> Yes				<input type="checkbox"/>
14.	<input checked="" type="radio"/> Yes	<input checked="" type="checkbox"/>			
15.	<input type="radio"/> Yes		<input type="checkbox"/>		
16.	<input checked="" type="radio"/> Yes			<input checked="" type="checkbox"/>	
17.	<input checked="" type="radio"/> Yes			<input checked="" type="checkbox"/>	
18.	<input type="radio"/> Yes			<input type="checkbox"/>	
19.	<input checked="" type="radio"/> Yes	<input checked="" type="checkbox"/>			
20.	<input type="radio"/> Yes		<input type="checkbox"/>		
21.	<input type="radio"/> Yes			<input type="checkbox"/>	
22.	<input checked="" type="radio"/> Yes				<input checked="" type="checkbox"/>
23.	<input checked="" type="radio"/> Yes				<input checked="" type="checkbox"/>
24.	<input type="radio"/> Yes	<input type="checkbox"/>			
		DEF	PHY	WOR	SOC
Raw score (Items 1-24) ▶		2	1	5	4

Figure 1 (continued)
Completed RCMAS-2 AutoScore™ Form



RCMAS-2 Scoring Worksheet (Items 25-49)					
Item	Response	DEF	PHY	WOR	SOC
25.	Yes		<input checked="" type="checkbox"/>		
26.	Yes			<input checked="" type="checkbox"/>	
27.	Yes				<input checked="" type="checkbox"/>
28.	Yes				<input checked="" type="checkbox"/>
29.	Yes	<input type="checkbox"/>			
30.	Yes			<input checked="" type="checkbox"/>	
31.	Yes		<input type="checkbox"/>		
32.	Yes			<input checked="" type="checkbox"/>	
33.	Yes	<input type="checkbox"/>			
34.	Yes		<input checked="" type="checkbox"/>		
35.	Yes			<input type="checkbox"/>	
36.	Yes				<input checked="" type="checkbox"/>
37.	Yes				<input checked="" type="checkbox"/>
38.	Yes	<input checked="" type="checkbox"/>			
39.	Yes		<input type="checkbox"/>		
40.	No	<input type="checkbox"/>			
41.	Yes				<input checked="" type="checkbox"/>
42.	Yes			<input checked="" type="checkbox"/>	
43.	Yes		<input checked="" type="checkbox"/>		
44.	No	<input type="checkbox"/>			
45.	Yes			<input type="checkbox"/>	
46.	Yes		<input type="checkbox"/>		
47.	Yes				<input type="checkbox"/>
48.	No	<input checked="" type="checkbox"/>			
49.	Yes			<input checked="" type="checkbox"/>	
		DEF	PHY	WOR	SOC
Raw score (Items 25-49) ▶		2	3	5	5
Raw score (Items 1-24) ▶		2	1	5	4
Raw score total ▶		4	4 ⁵	10	9
			23 TOT raw score		
Short Form (SF-TOT) raw score (Items 1-10 only): _____					

Scoring Instructions

Inconsistent Responding (INC) Index

To calculate the Inconsistent Responding (INC) index score, enter the circled response that has been given to each INC item in the labeled spaces below. For the first eight item pairs, if the responses to the items are *different*, make a check mark in the right-hand column. For the ninth item pair (Items 38 and 48), if the responses are *the same*, make a check mark in the column. Tally the check marks to obtain the INC index score and enter it in the space provided. *Note:* If you have administered the Short Form, no INC index score can be calculated.

INC item pairs		Add to INC score
2 <u>N</u>	8 <u>Y</u>	1 <input checked="" type="checkbox"/> (check if different)
3 <u>Y</u>	35 <u>N</u>	2 <input checked="" type="checkbox"/> (check if different)
4 <u>Y</u>	10 <u>Y</u>	2 <input type="checkbox"/> (check if different)
6 <u>Y</u>	49 <u>Y</u>	___ (check if different)
7 <u>N</u>	39 <u>N</u>	___ (check if different)
19 <u>Y</u>	33 <u>N</u>	1 <input checked="" type="checkbox"/> (check if different)
23 <u>Y</u>	37 <u>Y</u>	___ (check if different)
24 <u>N</u>	29 <u>N</u>	___ (check if different)
38 <u>Y</u>	48 <u>N</u>	___ (check if the same)

INC index score: **3**

Raw Scores

On the Scoring Worksheet, place a check mark in the box to the right of each item for which Yes is circled, *except* for Items 40, 44, and 48. For Items 40, 44, and 48, place a check mark in the box if No is circled. If both Yes and No are circled for any item and neither response is crossed out, exclude that item. If no answer is circled, exclude the item. To generate the raw score for each RCMAS-2 scale, tally the check marks you have entered in each column and enter the sum in the space labeled *Raw score* provided at the bottom of each page of the Scoring Worksheet. Add the two raw score subtotals for each scale and record the result in the space labeled *Raw score total* on the second page of the Worksheet. To calculate the TOT raw score, tally the scores for the PHY, WOR, and SOC scales only, then enter the sum in the space provided. *For the Short Form*, simply count the number of Yes responses that have been given to the first 10 items to obtain the SF-TOT raw score.

Profile Sheet

Select the Profile Sheet that corresponds to the respondent's age—6 to 8, 9 to 14, or 15 to 19—and transfer the raw score for each RCMAS-2 scale from the Scoring Worksheet to the appropriate space provided at the bottom of the Profile Sheet. Also record the INC index score in the designated space near the bottom of the Profile Sheet. If you have administered the Short Form, select the Short Form Profile Sheet and enter the SF-TOT raw score in the space that corresponds to the respondent's age. Next, find the raw score value in the column above each score and circle the value. Follow the row in which the raw score value appears to the left or right margin of the Profile Sheet. There you will find the T-score and percentile rank that correspond to that raw score value. Enter the T-score in the space provided under the corresponding raw score at the bottom of the Profile Sheet. For all Profile Sheets except the Short Form, connect the circled values with straight lines to produce a graphic representation of the RCMAS-2 results.

Figure 1 (continued)
Completed RCMAS-2 AutoScore™ Form



Appendix I: Focus Group Interview Schedule

PRE-INTERVENTION FOCUS GROUP SCHEDULE

1. Icebreaker

A pleasant conversational setting will facilitate the implementation of this initial phase of the research project and will not be reminiscent of a classroom. Some comfortable chairs or seating area will be provided.

To put children at ease about recording the focus groups, it might be useful to allow them to familiarize themselves with the recording devices, possibly even recording themselves or their peers, and then playing it back to them so that they understand how they sound (Porcellato, Dughill, and Springet, 2002).

Participants will create their own name tags and say something about themselves.

Some snacks and drinks will be provided.

2. Outline aims and ground rules- confidentiality, respect, escape clause

The researcher will inform the participants about the research aims and will establish the ground rules at the beginning. Participants will understand that-

- they may not use their cell phones to record images or make audio clips
- whatever happens or is being shared in the room, is confidential and may not be talked about outside the session
- all will treat one another with respect, especially when opinions differ
- they may quit the program at any time should they not feel at ease

3. Initiate spontaneous conversation regarding paper that was just written and the participants' comments about the questionnaire.



4. Engagement questions

Explore somatic and emotional effects

-Tell me how you feel before writing a test or an examination?

5. Exploration questions

-What is it like before you write an examination paper?

-How do you feel physically before writing an examination paper?

-Do these feelings get more intense the closer you get to write an examination paper?

-What are the reasons for you to feel anxious before writing an examination?

-What would encourage you to feel less stressed before writing an examination?

-What do you do when you are feeling anxious before an examination?

-How do you manage examination stress?

6. Exit questions

Is there anything else you would like to add about examination anxiety?



Appendix J: Index of session plans for music therapy intervention

WAP Examination anxiety group

Motivation for goals:

Social support / the need to belong (fear of not belonging)

Strengthening perceived control

Core causes of anxiety and fear

3 motivational components of academic performance:

expectancy (beliefs in own ability) (!!!)

- value component
- affective component (emotional reaction to task) – **enhanced emotional awareness** – identify distracting emotional response between task-related thoughts
- Self-regulating (metacognitive strategies) (drumming with leitmotiv as a rondo-form exercise)

Trait mindfulness: acknowledge anxious thoughts, but do not pass judgment nor ruminate on them

Perspective: perceived danger (sometimes too afraid to try...)

Sense of agency (control over the situation)

Sense of humour / play

Managing physical manifestations of fear / calming skills

Improved insight



Session 1

18 February 2019

Goals:

1. To allow for a sense of agency with in a safe and contained group setting
2. Management of the physical manifestations of fear and to experience self-regulating abilities

Introduction

- ✚ Safe space
- ✚ You cannot make a mistake
- ✚ Name

Hello song

Ons is

Songs: Somebody to lean on

Doo doo doo

Drumming

- ✚ Show the techniques
- ✚ Basic drum patter to be played together
- ✚ Introduce your pattern and back to chorus
- ✚ Train
- ✚ Improvisation

Goodbye song

Ek sê totsiens,

Ek sê dit weer,

En oor 'n week

Ontmoet ons weer

Song: Halala (ewig is ons Afrika) Johannes Kerkerrel



Session 2

25 February 2019

Goals:

1. To allow for a sense of agency with in a safe and contained group setting
2. Management of the physical manifestations of fear and to experience self-regulating abilities

Greeting song

- ✚ Invitations for solo contributions
- ✚ Spontaneous instr. Play
- ✚ Changes in rhythm and tempo

Drumming

- ✚ Improvisation
- ✚ Train
- ✚ Chant with drumming (Rondo) (continuity and holding)

With Cajong

Singing

- ✚ Somebody to lean on
- ✚ Doo doo doo
- ✚ Briljantjie (D.J. Ossewa)
- ✚ With instrumental play

Relaxation

Enya – short peace, slowing down breathing and he pace

End

Ek sê totsiens,
Ek sê dit weer,
En oor 'n week
Ontmoet ons weer

Song: Sonbrilletjies:



Session 3

4 March 2019

Goals:

1. To allow for a sense of agency with in a safe and contained group setting
2. Management of the physical manifestations of fear and to experience self-regulating abilities

Absent: Jana

Greeting song

- ✚ NO INSTRUMENTS
- ✚ Invitations for solo contributions
- ✚ Changes in rhythm and tempo
- ✚ Solo contributions

Briljantjie (which key?)

- ✚ Movement first
- ✚ Guitar and singing with movement
- ✚ (Make own movements to copy)

Movement

- ✚ Justin Timberlake
- ✚ Free movement with “follow my leader”
- ✚ Toning down with piano / pre-recorded music

Drumming

- ✚ Improvisation
- ✚ Train
- ✚ Vocal chant with drumming (Rondo) (continuity and holding)

Breathing

Singing (with Cajong)

- ✚ Do do do in voices, Someone to lean on

Goodbye chant

Ek sê totsiens, Ek sê dit weer,
En oor 'n week, Ontmoet ons weer



Session 4

11 March 2019

Goals:

1. To allow for a sense of agency with in a safe and contained group setting
2. Management of the physical manifestations of fear and to experience self-regulating abilities
3. Allowing for self-affirmation in a contained space

Greeting song

- Tempo must meet energy
- Add words
- Different keys and tempo's

Movement

- Justin Timberlake
- Add beatboxing
- Movement with follow-my-leader
- Brijlantjie

Drumming

- Playing someone's energy (Solo and th at piano?)
- Drumming with breathing

Drawing

- with same music (piano guys)
- verbal feedback

Singing with instruments

- Direct the group on instruments (Th at piano)
- End ritual
- Move into goodbye song (rhythm)
- *What is your favourite music piece / song?*



Session 5

18 March 2019

Goals:

4. To allow for a sense of agency with in a safe and contained group setting
5. Management of the physical manifestations of fear and to experience self-regulating abilities
6. Allowing for self-affirmation in a contained space

Greeting song

- With drums and piano
- Tempo must meet energy
- Different keys and tempos (contrasts – self-regulation)

Drumming

- Taking the lead and following one another
- Broaden experience
- Train

Boomboxing

With

Examination anxiety

Play your examination song

End song

Turn-taking



Session 6

25 March

2019

Extended session

Goals:

1. To allow for a sense of agency with in a safe and contained group setting
2. Management of the physical manifestations of fear and to experience self-regulating abilities
3. Allowing for self-affirmation and expression in a contained space

Greeting song

- With drums and piano
- Tempo must meet energy
- Different keys and tempos (contrasts – self-regulation)

Music and drawing

Play music (CD 2:14: Prokofiev, Romeo and Juliet Mantagues and Capulets) and ask clients to put onto paper “picture how you feel when writing an examination”

Feedback

Draw / play something that helps you calm down

Movement and relaxation

Be directive and tone down gradually

Drumming

Train and improvisation

Move into ending



Session 7 END

27 March 2019

FINAL SESSION

- Drumming with greeting song
- Reflection: What did you learn about yourself?
- Directing the group: stress – relax (instrumental play and vocal sounds)
- Use examination pictures – play calm music and add to picture your strengths
- Drumming/music
- Snacks



Appendix K: Raw Data: RCMAS-2 Questionnaire pre and post-test control group

Participant	Raw Def	Raw Tot	Raw Phy	Raw Wor	Raw SOC	T-Def	T-Tot	T-Phy	T-Wor	T-Soc	INC
CGP1 Pre	4	10	4	5	1	52	44	46	47	40	4
CGP1 Post	2	8	5	1	2	46	42	50	38	44	4
CGP2 Pre	3	14	4	7	3	49	48	46	52	47	4
CGP2 Post	1	7	2	4	1	42	41	40	45	40	4
CGP3 Pre	4	10	0	7	3	52	44	<30	52	47	3
CGP3 Post	3	14	3	7	4	49	48	43	52	50	4
CGP4 Pre	1	21	2	11	8	42	57	40	61	62	5
CGP4 Post	2	24	2	13	9	46	61	40	65	65	1
CGP5 Pre	3	12	4	4	4	49	46	46	45	50	0
CGP5 Post	2	14	5	3	6	46	48	50	43	56	0
CGP6 Pre	2	13	3	5	5	46	47	43	47	53	4
CGP6 Post	4	16	5	5	6	52	50	50	47	56	5
CGP7 Pre	5	21	4	9	8	56	57	46	57	62	5
CGP7 Post	A	A	A	A	A	A	A	A	A	A	A
CGP8 Pre	5	7	2	4	1	56	41	40	45	40	1
CGP8 Post	5	7	3	2	2	56	41	43	40	44	1
CGP9 Pre	4	10	3	5	2	52	44	43	47	44	5
CGP9 Post	5	12	9	3	0	56	46	64	43	34	2
CGP10 Pre	4	9	4	4	1	52	43	46	45	40	2
CGP10 Post	2	16	8	6	2	46	50	61	50	44	1



Appendix L: Raw Data: RCMAS-2 Questionnaire pre and post test experimental group

Participant	Raw Def	Raw Tot	Raw Phy	Raw Wor	Raw SOC	T- Def	T- Tot	T- Phy	T- Wor	T- Soc	INC
EGP1 Pre	5	15	4	8	3	56	49	46	54	47	4
EGP1 Post	1	22	3	12	7	42	59	43	63	59	3
EGP2 Pre	5	13	5	7	1	56	47	50	52	40	5
EGP2 Post	3	18	7	9	3	49	53	57	57	47	4
EGP3 Pre	5	7	4	1	2	56	41	46	40	44	3
EGP3 Post	1	7	2	4	7	42	41	40	45	40	3
EGP4 Pre	0	15	3	9	3	36	49	43	57	47	4
EGP4 Post	1	15	4	9	2	42	49	46	57	44	3
EGP5 Pre	7	9	3	4	2	64	43	43	45	44	3
EGP5 Post	6	7	1	3	3	60	41	36	43	47	3
EGP6 Pre	5	18	6	4	8	55	53	54	45	62	2
EGP6 Post	5	17	5	5	7	56	51	50	47	59	2
EGP7 Pre	5	8	2	3	3	56	42	40	43	47	4
EGP7 Post	1	6	3	2	1	42	40	43	40	40	3
EGP8 Pre	7	14	4	5	5	64	48	46	47	53	5
EGP8 Post	4	15	5	6	4	52	49	50	50	50	2
EGP9 Pre	3	11	4	3	4	49	45	46	43	50	1
EGP9 Post	2	22	5	10	7	46	59	50	59	59	1
EGP10 Pre	1	7	4	3	0	42	41	46	43	34	1
EGP10 Post	1	13	6	6	1	42	47	54	50	40	2
EGP11 Pre	6	15	4	6	5	66	49	46	50	53	2
EGP11 Post	A	A	A	A	A	A	A	A	A	A	A



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

School of the Arts

Appendix M: Permission to conduct research study from University



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Department of Music/ Faculty of Humanities

27 September 2018

Dear Adele

I am delighted to inform you that your proposal was accepted by the Music Proposals Committee. Congratulations on a good proposal. Please take note of the comments by the reviewers on the proposal. Make the necessary changes and then apply for a username and password. You need to write to Dorcas.mokalapa@up.ac.za and/or to PGHumanities@up.ac.za for a username and password in order to upload the proposal online.

REVIEWER COMMENTS

It seems that there are still many unclear sections, and grammar to be corrected.

The research design is mostly clear. It is important that she add how she will select the participants and how she will assign them to the control or experimental groups (matching?). For me these are the two most pressing methodological changes. HOWEVER the document should have been language edited before being submitted and all the grammatical errors, errors of syntax, punctuation errors and referencing errors have to be corrected before this proceeds to the ethics committee.

This is a valid study which should provide a better understanding of anxiety related to examinations in primary school learners. I suggest that the candidate adapts the title of the study to indicate Grade 7 learners, since the study does not include learners of all primary school ages. Language editing will benefit the overall quality of the proposal. Furthermore, a clarification of the research methodology will assist in the candidate to understand the data collection and analysis process.

Good luck with this study!

All the best with your research!

Clorinda
Chair: Music Proposals Committee
Department of Music
Musicproposals06@gmail.com



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

School of the Arts

Appendix N: Letter of Information Namibian Ministry of Education



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Music

Tel- 012 420 5372

Fax- 012 420 4517

musictherapy2@up.ac.za

Date- 30 June 2018

Letter of Information

RE- Adél Janse van Rensburg- Student number- U18312536

Dear XXXXXX

My name is Adél Janse van Rensburg. I am a student at the University of Pretoria and I am currently enrolled for a Master's degree in Music Therapy.

The title of my study is- **Under pressure- Music therapy for examination anxiety in primary school learners.** My study leader and supervisor is Dr Carol Lotter and her contact information appears at the top of this letter. This study aims to determine whether music therapy can serve as an effective treatment to alleviate examination anxiety in primary school learners. As the primary researcher, I will adhere to ethical practice.

In order for me to be able to conduct my research, I will need the approval of the Namibian Ministry of Education. This study will only begin after I obtain the Department's approval and that of the Research Ethics Committee of the faculty of Humanities, University of Pretoria.

Please do not hesitate to contact me or my supervisor if you have any further questions about the study.

Best regards

Adél J. v. Rensburg



Appendix O: Letter of Approval: Namibian Ministry of Education



REPUBLIC OF NAMIBIA

**KHOMAS REGIONAL COUNCIL
DIRECTORATE OF EDUCATION, ARTS AND CULTURE**

Tel: [08 264 61] 293 9411
Fax: [08 264 61] 231 367/248 951

Private Bag 13236
WINDHOEK

File No: 12/3/9/1

Ms Adel J. v. Rensburg
University of Pretoria
Contact: 081 128 4800

RE: PERMISSION TO CONDUCT RESEARCH

Your letter dated 30 June 2018 refers.

Permission is hereby granted to you to do research for your Master Degree in Music Therapy titled: "Under Pressure: Music Therapy for Examination Anxiety in Primary School learners" where the study is aiming to determine whether music therapy can serve as an effective treatment to alleviate examination anxiety in primary schools in Khomas Region.

The following conditions must be adhered to:

- Permission must be granted by the School Principal;
- Teaching and learning in the respective schools should not be disrupted;
- Teachers/Learners who will take part in the research should do so voluntarily;
- A copy of your thesis with the findings/recommendations must be provided to the Directorate of Education, Arts and Culture, Khomas Regional Council.

I trust this confirmation will suffice.

Yours sincerely

Gerant N. Vries 29/08/2018
 Gerant N. Vries
 DIRECTOR OF EDUCATION, ARTS AND CULTURE
 PRIVATE BAG 13236 WINDHOEK
 29-08-2018
 DIRECTOR
 KHOMAS REGION



Appendix P: Letter of Educational Psychology Support

EDUCATIONAL PSYCHOLOGIST

Dr Marelise Calitz

M.Ed (Educational Psychology & Specialised Teaching)
HED- University of Stellenbosh; Ddiac (Play therapy) UNISA
Educational Psychologist: CPE00017
Psychometrist Independent Practice PMT 35823 (SA)
PRACTICE NR: 086 002 0521515

mcalitz@afol.com.na

t: 061-413350 / 081 127 8210

f: 061-413351

Marx Psychiatry, Heliodoor

Medical Centre, Eros

PO Box 80608 WINDHOEK



To whom it may concern

PSYCHOLOGICAL SERVICES FOR PARTICIPANTS IN RESEARCH STUDY OF ADEL VAN RENSBURG

Herewith assistance to any participant in stated study, who might need individual psychotherapy, is offered from the side of the Marx Psychiatry team.

I, Marelise Calitz, will be available for neurological or developmental based assistance and play therapy. Dr Marx, psychiatrist, will assist with psychiatric problems and medication when needed. Sandra Van Schalkwyk, also an educational psychologist, will also be available to assist with behaviour therapy and family relations based cases.

Regards.

Dr Marelise Calitz
Educational Psychologist



Appendix Q: Letter of Confirmation- Music Therapist

6 October 2018

To whom it may concern

Dear Sir/Madam,

I hereby confirm that I will be conducting 8 group music therapy sessions for purposes of the completion of the MMus (Music Therapy) mini dissertation, "*Under pressure: Music therapy for examination anxiety in grade 7 learners*", for Mrs Adel van Rensburg. The sessions will be recorded. Supervision will be offered by Dr Carol Lotter.

Carina Strydom (Registered music therapist)

Carina Strydom Music Therapy

HPCNA: MTH00001

E-mail: carjan@iway.na

A handwritten signature in black ink, appearing to read 'Carina'.



**Appendix R: Complete Focus group 1 interview transcription in Afrikaans
before coding**

Focus Group 1: November 2018

FG AND LINE NR		VERBATIM TEXT
FG1-32 33 34	CGP9	Uh, voor die tyd het ek redelik 'n bietjie gestres, maar toe ek by die vraag kom, toe onthou ek wat om te doen.
FG1-35 36	MT	Okay, dink jy dit het iets met voorbereiding te doen of was jy net bang vir die vraestel?
FG1-37 38 39 40	CGP9	Ja, toe ons soos deur die vrae gegaan het toe kan ek nie onthou wat om te doen nie, maar toe ek die vraag fisies gedoen het, toe onthou ek
FG1-41 42	MT	—toe onthou jy die stappe wat om deur te gaan?
FG1-43 44 45 46	CGP1	Tannie, daai rustig was net voor die tyd (*maak vuiste met hande en kyk vir EGP3*) en toe stres ek weer in die vraestel toe ek die vrae weer lees.
FG1-47	MT	So vooraf was jy rustig?
FG1-48	CGP1	Ja.
FG1-49 50	MT	En toe terwyl jy skryf toe raak jy bietjie gestres?
FG1-51 52 53 54 55	CGP5	My, ek weet nie, maar soos, ek is soos, wanneer my vriende en almal soos praat voor die tyd, en ander goed, ek praat net nie. Ek dink net die heelyd aan daai, die vraestel of waaroor ek ook al nou voor stres en my maag voel so *beduie deurmekaar*



FG1-56 57 58	MT	So wanneer julle, nou voor skool hier aankom, kom ons sê die klomp maats sê nou “Dis Wiskunde”, luister jy nie na al daai praatjies nie?
FG1-59 60	CGP5	Nee, ek... Wanneer hulle soos daaroor praat en ek weet ek stres daaroor, dan dink ek die heelyd daaraan
FG1-61	MT	Okay, so dit stres jou eintlik meer?
FG1-62	CGP5	Ja.
FG1-63	CGP6	Ek begin twyfel
FG1-64	MT	As julle sê vir my julle stres-vertel vir my hoe voel jy? Hoe “lyk” of “voel” angstig vir jou?
FG1-65	EGP9	lets wat jou laat onnodig foute maak.
FG1-66	EGP9	Ek gaan heeltemal..., dan begin ek net so ‘freeze’
FG1-67 68 69 70 71 72	EGP7	Ek dink angstig is basies soos ‘n spook wat heelyd so agter jou aangaan, dan wil hy nou die heelyd so hier inkom om jou te probeer angstig maak en laat stres, maar aan die einde moet jy net jou Ghostbustertassietjie aantrek en net vir hom...met die masjien...(skiet)
FG1-73 74	CGP1	Jou maag trek op ‘n knop en jou hande begin sweet.
FG1-75	EGP1	Ja, my hande begin ook sweet.
FG1-76	CGP9	Jou hart begin vinniger klop.
FG1-77	CGP7	My kop begin pyn.
FG1-78 79	EGP1	My maag op ‘n kol op, kop begin pyn.
FG1-80	CGP1	En jy kry warm.
FG1-81	CGP9	Jou hart begin vinniger klop.
FG1-82 83	EGP3	Ek en CGP2 het altwee begin warmder kry, dis hoekom ek so rooi is. *beduie na rooi gesig*
FG1-84	CGP8	Ek het begin bewe.
FG1-85	MT	Okay, ek het ‘n knop op my maag, my kop wat pyn, ek het ‘n hart wat



86		klop, gloede. Wie het nog 'n effek?
FG1-87	CGP9	Ek. Ek het begin bewe. *knik sy kop effens trots*
FG1-88		*kyk glimlaggend na CGP8*
FG1-89		*lag en reageer as of sy nie saamstem nie*
FG1-90	CGP1	My hande het begin sweet. *baie kinders stem saam*
FG1-91 92	MT	Voel julle dus so altyd? Is dit met elke vraestel so of net noodwendig met Wiskunde?
FG1-93		Uh-huh. *skud kop*
FG1-94	EGP9	Juffrou, my hande sweet altyd as ek enige iets skryf.
FG1-95	MT	Enige toets?
FG1-96		*steek hand op*
FG1-97 98	CGP1	Myne sweet net in eksamens of groot toetse.
FG1-99	MT	Eksamens en groot toetse.
FG1-100 101	EGP7	Ek stres net in die begin en aan die einde. Die eerste toets en dan die laaste.
FG1-102	MT	Die eerste vraag?
FG1-103	EGP7	Nee, die heel eerste toets en dan die heel laaste toets.
FG1-104	MT	Maar nie tydens die eksamen nie?
FG1-105	EGP7	Ja, ook.
FG1-106 107	MT	So die eerste vraestel en die laaste vraestel, maar niks tussen in nie?
FG1-108		*stem saam*
FG1-109 110 111	CGP9	*steek hand op en laat sak dan weer, huiwer om te praat* Uhm, ek stres voor elke toets, maar my stres gaan weg as ek fokus op die vrae.
FG1-112 113	MT	So die vooraf is vir jou erger as wanneer jy eers begin skryf.



FG1-114	MT	Okay, kom ons gesels gou nog 'n bietjie.
FG1-115 116	MT	CGP9, jy sê vir my jy stres vooraf, maar as jy eers begin skryf het minder. *knik sy kop*
FG1-117	MT	CGP1, en jy het vir my gesê jy stres meer
FG1-118	CGP1	Ja, en op groot toetse.
FG1-119	MT	Okay. Ja? Wat beskou julle as groot toetse?
FG1-120 121 122	CGP10	Juffrou, soos as ons net bietjie dan stres ek nie so erg nie, maar gewone of eksamen toetse en ook, (bemeesteringstoetse)...dan stres ek meer.
FG1-123	EGP7	Vraestelle wat die meeste punte tel.
FG1-124 125	MT	Die meeste punte tel? So, wat is die... Ek aanvaar jy sê "belangrike vakke"?
FG1-126	EGP3	Ja, soos die hoofvakke.
FG1-127	EGP9	[Wat] die langste vat om te skryf.
FG1-128	CGP9	Die moeilikste vak.
FG1-129 130 131 132	EGP3	Of 'n toets wat baie, baie langvrae het, wat soos baie teorie het wat jy moet leer uit jou kop uit. Nie soos somme wat jy doen nie, maar soos alles wat jy moet leer...
FG1-133 124	MT	Okay, so, volgende-as jy deur jou vraestel beweeg en jy's voorbereid vir die deel wat ek kom, stres jy minder?
FG1-135	CGP10	Ja.
FG1-136 137	MT	En as daar nog van die vrae kom wat jy nie voorbereid is nie, dan is die stresvlakke weer op?
FG1-138	CGP10	Ja, ek weet nie. *trek skouers onseker op*
FG1-139	EGP7	Hello. *waai vir kamera*
FG1-140 141	MT	Wat doen jy om rustig te wees? Julle kan vir my sit, kids, sodat ek julle almal daai kant van die kamera het.
FG1-142	EGP3	EGP7
FG1-143	MT	Laat ek net mooi na die tyd–
FG1-144	EGP2	Moenie dit doen nie!



FG1-145 146	MT	Julle mag nou-nou vir my elke ou sy naam vir die kamera gaan sê.
FG1-147	CGP5	CGP5
FG1-148	CGP5	..bemeesteringstoetse vir my erger....
FG1-149 150	MT	Okay, een kind sê byvoorbeeld nou vir my bemeesteringstoets is vir haar erger as ander?
FG1-151	EGP3	Ja.
FG1-152	MT	Hoe voel julle daaroor?
FG1-153 154 155 156	EGP3	Ek weet nie, omdat ek voel daar is minder werk en dan moet jy harder leer om soos die minder werk beter te ken, soos dat jy, omdat dit minder is om te leer beteken jy moet dit beter ken.
FG1-157	MT	Okay, so hoe voel jy daaroor?
FG1-158 159 160	EGP3	Ek voel baie, ek voel meer gestres as by gewone eksamens, want by eksamens is dit as of ek meer konsentreer op wat ek leer.
FG1-161 162	MT	So dis die tydperk waarin jy dan is, dan weet jy dit is 'n eksamen periode, dan voel jy beter oor dit?
FG1-163	EGP3	Ja.Mens moet stres, want dis eksamen?
FG1-164	MT	Okay, kan ek daai stukkie vir ons neerskryf?
FG1-165 161 162 163	CGP1	En tannie, sy, *stamp vir EGP3 liggies met elmboog* voor elke toets, dan sê sy ek's nou bang, sy raak vir klein goeijies raak sy, sy begin soos te bewe en sy kry warm
FG1-164 165 166	CGP5	Dan kry sy anyway neëntig.
		EGP5
	EGP3	Ja, maar dan doen ek goed.
FG1-167	EGP10	Ons stres ook. *ongeluklig*
FG1-168 169	MT	Dan doen jy in elk geval goed, ten spyte van hoe jy gevoel het?



FG1-170	EGP3	Ja.
FG1-171	CGP1	Ja.
172		*EGP6 sê iets vir EGP3 en die groep meisies
173		lag onderlangs*
FG1-174	MT	Okay, vertel vir my nog. EGP8, ek ken mos jou gesiggie al
175		van die Treintjieskool af.
FG1-176	EGP8	*raak skaam*
FG1-177	MT	Hoe voel jy oor 'n eksamen?
FG1-178	EGP8	Ek voel eers, uhm, ek voel eers soos ek is te kalm, maar as ek
179		begin skryf,
180		en ek dink nou aan die tyd, dan is ek soos die tyd loop so
181		vinnig–
FG1-182	MT	Kry jy klaar?
FG1-183	EGP8	Ja, ek kry klaar, maar dan begin ek stres, want dan is ek bang
184		ek kry nie soos vinnig klaar of so iets nie, so begin ek, ek begin
185		so ... raak my brein so.. dan kan ek nie meer dink nie.
186		*CGP2 trek haar wenkbroue op en EGP2 stamp haar liggies
187		en fluister “hou op man”*
188		
FG1-189	EGP3	Dan voel sy angstig.
FG1-190	MT	En as jy nou sê, jy voel angstig, hoe voel angstig, hoe lyk
191		angstig vir jou?
FG1-192	CGP1	Hoe voel jy as jy angstig is?
FG1-193	EGP8	Ja, soos ek begin, my hande begin sweet, en, dan begin ek so
194		
FG1-195	CGP1	Begin jy warm kry...
FG1-196	EGP8	Ja, warm kry, en dan begin



197		voel dit vir my asof ek bietjie ruk, soos, ja.
FG1-198 190 200	MT	Dis ongelukkig deel van die lewe daai,nê, maar waar voel dit vir jou erger, dat dit half nie net meer 'n bewe is nie, dat dit in 'n ruk ingaan?
FG1-201 202	EGP8	Ja, dit voel so. *EGP10 en EGP11 begin te bewe (koggel haar)*
FG1-203 204 205 206 207	MT	Wie van julle stres glad nie? *EGP6, CGP7, EGP9, CGP8, EGP11, CGP5 en EGP4 steek hulle hande op* *EGP7 steek sy hand op*
FG1-208	CGP4	Julle het probleme.
FG1-209	?	Partykeer.
FG1-210 211 212	MT	Nee nee, hou daai hande op, ek wil gou vinnig kyk watter dogters sê hulle stres nie, seuns, wie sê hulle stres nie voor die tyd nie? (14:25)
FG1-213	CGP4	Hierdie mense het probleme.
FG1-214 215	EGP10	*probeer CGP5 se hand vir hom op te steek*
FG1-216	CGP5	Ai, ek het 'n joke gemaak.
FG1-217 218		*CGP7, EGP9, CGP8, EGP7 en EGP4 steek hulle hande op*
FG1-219	?	Hoe stres jy nie?
FG1-220	EGP10	Dis onmoontlik.
FG1-221 222	MT	Okay, meer seuns as dogters. Is jy lekker kalm voor 'n eksamen?
FG1-223	CGP7	Ja.
FG1-224	EGP10	*skud sy kop*
FG1-225	MT	En, kom ons praat gou oor–
FG1-226	CGP1	Hy's altyd kalm.



FG1-227		*sommige kinders, veral van die meisies lag*
FG1-228	CGP8	Hy's deur die mis.
FG1-229		*amper almal lag*
FG1-230	CGP8	Hy's deur die mis.
FG1-231	MT	CGP7, dit lyk nie as of dit jou pla nie?
FG1-232	CGP7	*skud sy kop*
FG1-233 234	MT	Kom ons praat gou vinnig oor voorbereiding. Uhm, ons weet ons leer vir 'n eksamen.
FG1-235	CGP1	Ja.
FG1-236 237	MT	Maak dit by jou 'n verskil of jy geleer het of nie?
FG1-238	CGP1	Ja!
FG1-239 240		Nee. *laggend*
FG1-241 242 243	MT	Ja, maar nou is dit 'n kwessie van jy dink jy't geleer en hier kom die vraestel, en jy't nie geleer nie.
FG1-244	Almal	Ja.
FG1-245 246 247 248 249 250 251 252	MT	So, jou vlak van voorbereiding voor die tyd is mos nou 'n faktor, né? Want ons almal weet ons wil voorberei. So, praat gou bietjie met my daaroor. Wie maak baie staat op dit wat hulle in toetse geleer het en wie leer bitter hard voor 'n eksamen? Kom ons begin by die een kant. Wie maak staat op al die leerwerk van die toetse?
FG1-253	EGP10	Uh-huh.
FG1-254 255		*EGP6, CGP3, EGP9, EGP11 en CGP9 steek hulle hande op*
FG1-256	MT	Okay, hande af. Wie leer bitter hard voor eksamens?



257		*CGP3, EGP8, EGP1, CGP7, CGP8,
258		CGP5, EGP4, CGP4, EGP7, CGP1
259	, EGP3, CGP2 en EGP2 steek hulle hande
260		op*
261		
262		
FG1-263		*party seuns, wat nie een keer hulle hande opgesteek het nie,
264		lag*
FG1-265	MT	Okay, en dan wil ek die volgende ding weet: wie werk op
266		opsommings?
267		*CGP3, EGP8, EGP1, EGP9, CGP6
268	, CGP5, EGP11, CGP9, CGP1
269	 en EGP6 steek hulle hande op*
270		
FG1-271	EGP4	Dit is 'n mors van tyd.
FG1-272	CGP1	Ek kan net op opsommings leer.
FG1-273	MT	Alright, hande af. En wie lees net deur?
FG1-274		*EGP9 steek sy hand op*
FG1-275	EGP10	Ek lees nie net deur nie, ek lees dit baie keer!
FG1-276	MT	Ja, jy herhaal.
FG1-27	EGP10	Ja. *glimlaggend*
FG1-278	MT	Okay, lees deur baie; met herhaling, dan tel hy.
279		
FG1-280	EGP4	Of ek druk soos toe en dan sonder om te kyk–
FG1-281	MT	–toets jy jousef.
FG1-282	
FG1-283	MT	Gou-gou net 'n klein dingetjie en dan wil ek graag almal moet
284		luister. Sit gou neer. Ons het in navorsing het ons 'n term wat –
285		is ons nou stil, ek wil vra jy moet rustig wees dat ek seker maak
286		almal hoor mooi, want dis waarvoor jy geteken het op daai
287		papier van my. Dit wat ons vandag hier praat is konfidensieel.



288		Konfidensieel van julle af na my toe, konfidensieel van my af na julle toe, konfidensieel na buite toe. Tjommie, CGP5, jy moet nou stilsit. Dit beteken as jy vandag sê “ek werk met toedruk” en iemand anders hoor dit en hy wil dit nou vir sy maatjie buitekant vertel, dan mag hy nie.
289		
290		
291		
292		
293		
294		
295		
296		
FG1-297	CGP1	Mag hy nie?
FG1-298	MT	Hy mag niks wat ons vandag vir mekaar, van mekaar sê, mag aan ander mense vertel word nie. Nie eers vir ma of pa nie of best buddy in ‘n ander graad ses klas nie, né? Dit is wat ‘n mens bedoel met konfidensialiteit. So, eendag as jy prokureur of jy’s ‘n ou in ‘n baie hogere pos – julle girlies, waar julle ook al wil gaan werk – as konfidensialiteit inkom dan beteken dit ‘n mens praat nie uit nie. [Dit] kom terug by kan ek jou vertrou?” of “kan ek jou nie vertrou nie?” So, as ‘n mens dan nou iets sê, dan moet julle weet vandag wou iemand gesê het “ek bewe nie net nie, my tone kielie ook” , mag nie een van julle, hierdie klompie kinders, buitekant gaan vertel nie. “Het julle geweet daai kind se tone kielie as hy of sy stres oor eksamens!
299		
300		
301		
302		
303		
304		
305		
306		
307		
308		
309		
310		
311		
312		
313		
314		
FG1-315		*kinders lag*
FG1-316		Verstaan julle my punt?Wat ek wil sê? Okay, so ons mag sê wat ons wil, maar daar is een ding wat ons net nie doen nie: ons koggel nie.
317		
318		



319		Wat is koggel?
FG1-320	EGP10	(Lag)
321	EGP3	Terg.
FG1-322	EGP3	Tart.
FG1-323	MT	*koggel*
FG1-324	CGP4	Juffrou, ek terg my broer baie.
FG1-325	MT	Ja, maar dis oraait. Broers mag geterg word buite die..
326		
FG1-327	EGP11	En susters.
FG1-328	MT	So, okay. Ek het nou vir julle gevra in terme van fisiese ervarings. Hoe jy voel voor die tyd.
329		
FG1-330	CGP9	*steek sy hande onseker op, laat sak dit dan weer*
331		
FG1-332	MT	Ek gaan net gou weer sê, dan wil ek hê jy vir my onthou wat jy gesê het. Knop op die maag, jou kop pyn, jou hart klop, gloede, party bewe, party s'n gaan tot op ruk...
333		
334		
335		
FG1-336		*EGP6 en EGP1 kyk vir EGP8*
337		
FG1-338	EGP11	*begin te ruk*
FG1-339	MT	...en party sweet. Okay, is hier nog iets?
FG1-340	EGP1	Hande.
FG1-341	MT	Hande sweet?
FG1-342	EGP1	Ja. *skaam*
FG1-343	EGP11	*tik aan vriende en begin dan te ruk*
FG1-344	EGP7	"mimicking"
FG1-345	MT	Okay, en ja, julle voel hom seker onder die arms?
346		
FG1-347		*party kinders antwoord "nee"*



FG1-348	CGP1	Ek raak ook vinnig dors, my mond is droog.
FG1-349	MT	Dors?
FG1-350	CGP1	Dors.
FG1-351		*party kinders antwoord "ja"*
FG1-352	EGP11	*ruk nog steeds*
FG1-353	CGP9	*probeer iets sê*
FG1-354	CGP1	So, ek drink baie water.
FG1-355	MT	Terwyl julle eksamen skryf?
FG1-356	CGP1	Ja.
FG1-356 358 359 360 361 362	MT	Dis 'n valid punt daai. Right, so ons het nou gepraat oor die vooraf. So, okay, ons het nou gepraat oor fisiese goed. Dit wat jou lyf vir jou vertel. Wat gebeur hier? *beduie na kop* Hoe dink jy in jou kop? Hoe voel jy oor dit? Wat dink jy voor die tyd?
FG1-363 364 365 366 367 368	EGP3	Partykeer as ek soos 'n som doen en dan doen ek die heel verkeerde som en dan as ek dan later terug gaan dan onthou en dan twyfel ek die heelyd oor wat ek moet skryf en dan later aan het ek in die eerste plek die regte som sê-maar-nou neerskryf.
FG1-369	MT	So, ons praat van twyfel?
FG1-370	CGP1	Ja, twyfel
FG1-372		Okay...?
FG1-373 374	CGP1	Klink baie weird, maar ekke, ek weet nie, ek begin sing in my kop. Ek weet nie hoekom nie.
FG1-375	EGP10	*kyk verbaas na vriend*
FG1-376	EGP2	*lag*
FG1-377 378	CGP2	*kyk weg en stamp dan liggies vir EGP2* Moenie lag nie.
FG1-379	EGP2	*sit skaam haar hand voor haar mond*



FG1-380 381	MT	Wat sing jy? Sing jy dan nou 'n liedjie of sing jy byvoorbeeld, –
FG1-382	CGP1	'n Gewone liedjie! Ek weet nie, ekke–
FG1-383	MT	Dink jy dit kalm jou, maak jou kalm?
FG1-383 385 386	CGP1	Ek dink so. Want ekke weet nie, ek het vanoggend, ek het soos net 'n liedjie gehoor, nou begin ek hom sing.
FG1-387	MT	Dit maak jou kalm?
FG1-388 389 390 391	CGP1	Ja... Of ek speel soos stories in my kop om. Ek weet nie hoekom nie, maar dis baie weird. Maar dan, ek weet nie, dit help my net om vinniger en meer gekonsentreerd te werk.
FG-392	MT	Okay, gefokus te werk?
FG1-393	CGP1	Ja.
FG1-394	MT	En hoe lank hou die liedjie aan?
FG1-395	CGP1	Ek weet nie.
FG1-396	MT	Tot dat jy klaar geskryf is?
FG1-397 398	CGP1	Ja, tot dat ek agterkom ek sing en ek werk nie. Soos ek wérk, maar ek sing.
FG1-399 400	MT	Baie baie interessant. CGP9 jy wou nou-nou iets gesê het?
FG1-401	CGP9	O ja, ek wou sê my been skud heeltyd.
FG1-402		*party kinders stem saam*
FG1-403	EGP6	Tannie, en ek kan nie stil sit nie.
FG1-404 405	MT	*knik kop* Okay, ek het daai ene, dis 'n lyf-reaksie.
FG1-406	EGP7	Ek gebruik my verbeelding.
FG1-407	MT	Jy gebruik jou verbeelding as jy wat?
FG1-408 409 410	EGP7	Ja, soos juffrou sê gewoonlik vir ons in die klasdaar's soos sulke voorste goedjie, dan moet ons soos die stories opmaak. Of soos die storie opmaak in ons kop, en dan doen ek die som.



411		
412		
FG1-413	MT	Okay. *skryf neer*
FG1-414	EGP7	Maar gewoonlik raak ek bietjie baie ver uit hand uit. Soos ek, in
415		die einde is dit 'n outjie wat 'n kar ry en dan kom daar 'n
416		dinosaur dan vreet hy
417		
FG1-418	MT	Aggg. *lag*
FG1-419	CGP2	*fluister*
FG1-420	CGP2	Ai, hou op man.
FG1-421	MT	Okay, ek was daar by die manne hoek. So, ons het gepraat oor
422		lyf-effekte en nou oor emosionele-effekte, né? So, iets wat jou
423		bangmaak, wat is die effek wat hy het? Wie van julle het daai
424		hand opgesteek en gesê hy is glad nie bang voor die tyd nie?
425		
426		
FG1-427		*EGP6, EGP8, CGP7, EGP9,
428		CGP8, EGP4, EGP11 en EGP7
429	 steek hulle hande op*
430		
FG1-431	MT	Hoekom is jy nie bang nie?
FG1-432	EGP11	(Hoekom is jy nie bang nie?)
433		Ek weet nie . *lag*
FG1-434	MT	Het jy genoeg voorbereiding gedoen?
FG1-435		*meeste antwoord "ja"*
FG1-436	MT	Het jy genoeg geleer? Pla die akademie nie? Is jy oor die
FG1-437		algemeen rustig?
FG1-438	CGP8	Ja.
FG1-439		*interaksie tussen CGP2, EGP2 en EGP6*
FG1-440		
FG1-441	MT	Jy wou gesê het, CGP10?



FG1-442 443 444 445 446	CGP10	Soos, partykeer as ek weet ek het baie hard geleer en dit baie goed gevind om te weet wat my punte was en ek kyk rugby, dan stres ek nie voor die tyd nie, maar as ek weet, ek sukkel met daai som of iets soos dit dan stres ek so bietjie.
FG1-448	MT	Dan maak dit jou benoud?
FG1-449	EGP11	*doen iets agter die kamera*
FG1-450		*party kinders lag*
FG1-451	MT	Kom sit jy vir my hier.
FG1-452	EGP11	Ai.
FG1-453 454	EGP3	Hy loop om, hy kom loop nie voor verby nie, hy loop agter verby.
FG1-455 456	MT	Nou sit hy reg voor daai kamera. *kinders lag*
FG1-457 458 459 460	MT	Vorbereiding help jou om minder benoud te wees? Okay. Stukkie vir stukkie. CGP2? Stres jy oor eksamen? *meisie groepie lag*
FG1-461	CGP2	Partykeer...
FG1-462	MT	Okay, en onthou ons praat nie punte nie.
FG1-463	CGP6	Dit pla nie regtig vir CGP2 nie.
FG1-464	CGP2	Ai, hou op.
FG1-465	CGP6	Jy't dan so gesê!
FG1-466	CGP2	Aiiii.
FG1-467 468	EGP3	Nie dat dit haar nie pla nie, sy's baie rustig, sy's rustig oor haar akademie.
FG1-469	MT	Akademie?
FG1-470	CGP2	Ja.
FG1-471 FG1-472	MT	Werk jy lank voor die tyd of werk jy elke dag bietjie-bietjie?



FG1-473 474	CGP2	Nee, ek sal net soos twee weke voor die tyd, voor die eksamens
FG1-475	CGP6	*saggies* Net twee weke.
FG1-476 477	EGP10	*saggies* So 'n dag.
FG1-478 479 480	MT	Ek het nog 'n vraag hierso: wie van julle se ouers begin vir julle sê wanneer is dit nou tyd om te begin konsentreer op eksamen?
FG1-481 482		*CGP9, EGP8, CGP3 en CGP2 steek nie hulle hande op nie*
FG1-483 484 485 486 487 488 489 490 491	MT	Alright, ek sien, en die kamera sien ook. Nou is dit vir my, ek sal later mos kan sien daar het baie hande opgegaan. Sê hulle vir jou wanneer moet jy leer en hoeveel moet jy leer of is dit meer op 'n beplanningsfase waar jy saam met jou ma of pa sit en sê: "Okay, ek gaan nou bietjie aan hierdie vak tyd spandeer en dan gaan ek na daai vak toe."? Of gaan dit meer oor beplanning?
FG1-492		*party antwoord "ja" en ander "nee"*
FG1-493	CGP5	'n Rooster. My ma stel net 'n rooster op.
FG1-494	MT	Bly jy by die rooster?
FG1-495	CGP5	Partykeer. *lag effens*
FG1-496 497 498 499 500 501 502 503	EGP3	Ek het partykeer, het my ma vir my 'n rooster opgestel, maar ek het vir my ma gesê ek gaan self begin stadig aan dit werk, en toe het my ma gesê, want daar is een vak wat ek baie minder geleer het en toe sê sy ek moet net bietjie meer aandag gee aan hom, dat ek net bietjie meer, ja, want daar is baie werk wat gedoen moet word.



FG1-504 505 506	CGP9	My ouers, hulle beplan nie regtig iets nie, ek beplan dit dan nou self, en dan begin ek net leer.
FG1-507	MT	Okay, en jy kom betyds deur al jou werk?
FG1-508	CGP9	*knik sy kop*
FG1-509 FG1-510	MT	So, kan ek dan nou gou-gou vra: as julle voor die tyd betyds leer, maak dit die stres minder?
FG1-511		*kinders antwoord “ja” en “nee”*
FG1-512	EGP10	*skud sy kop*
FG1-513	MT	Stres jy anyway?
FG1-514	EGP10	*knik sy kop glimlaggend* Ek stres anyway. Dis eksamens.
FG1-515 516 517 518	CGP10	As ek te ver voor die tyd leer dan vergeet ek die goed as wanneer ek sê-maar-nou ‘n dag voor die tyd deurgaen, maar party goed ken ek nou, maar party goed dan vergeet ek.
FG1-519	MT	Okay. Vertel vir my – sê?
FG1-520 521 522 523	EGP3	Nog ‘n gewoonte wat ek het is ek leer net die dag voor die tyd en ek gaan dit nie weer soos die oggend voor die tyd deur of, dan maak dit my deurmekaar.
FG1-524 525	CGP1	Ja, dit maak vir my deurmekaar om die oggend voor die tyd weer deur te gaan.
FG1-526	MT	So, as jy gister geleer het is dit die laaste?
FG1-527 FG1-528		*CGP1 en EGP3 antwoord “ja”*
FG1-529	Boy?	Dit maak my net deurmekaar.
FG1-530	MT	Wie leer nog die oggend voor die tyd?
FG1-531 532		*EGP11, CGP8 en CGP3 steek hulle hande op*
FG1-533	MT	Of gaan jy net dan nog deur?
FG1-534		*EGP1, EGP8 en CGP2 steek ook hulle hande



535		op*
FG1-536 537	CGP1	Ek gaan net soos die hoofpunte ...wat ek wil deurgaan
FG1-538	MT	Jy't nou vir my iets gesê?
FG1-539 540 541	EGP4	Nee, mens vergeet, ekke vergeet ook as ek soos die oggend weer dit leer, ek leer dit net eenkeer die ander dag en dan–
FG1-542 543	MT	En dan is dit klaar. Niks weer voor die tyd of deur gaan of niks nie?
FG1-544 545	EGP4	Behalwe as ek soos een dingetjie vergeet het en dan kyk ek net–
FG1-546 547 548 549	MT	Net 'n bevestiging van daai punt wat jy soek. So voorbereiding speel 'n rol? Vertel vir my wat doen julle nog om byvoorbeeld van stres ontslae te raak?
FG1-550 551	EGP3	In die oggende as ek klaarmaak vir skool dan luister ook net liedjies.
FG1-552 553 554	MT	Okay, so musiek luister. Kan ek vinnig net gou by show of hands sien: wie luister musiek in die oggende?
FG1-555 556 557 558		*CGP3, EGP1, CGP8, CGP9, EGP7, EGP11, EGP3, CGP2, EGP2 en EGP6 steek hulle hande op*
FG1-560		Dit hang af.
FG1-561	EGP1	Op die radio, ja.
FG1-562 563	MT	Ja, maar is dit net aan in die huis of is dit aan by jou?
FG1-564		*party kinders antwoord “by my”*



FG1-565	MT	In jou kamer? In die huis? (26:42)
FG1-566	?	In die kar.
FG1-567 568 569	CGP9	*huiwer om sy hand op te steek en te praat* Ek luister musiek, soos klassieke musiek as ek leer, saggies in die agtergrond.
FG1-570 571 572	MT	Baie belangrike faktor hierdie wat hy op die tafel sit. En, uhm, luister gou na die vraag: Wie van julle leer mét musiek?
FG1-573 574		*CGP9 en EGP6 steek hulle hande op*
FG1-575	EGP10	Uh-huh, ek sal net slaap, so ek kan nie.
FG1-576		*kyk rond en steek dan sy hand op*
FG1-577	MT	Ek praat van soos met oorfone of musiek in die huis?
FG1-578		*niemand steek nog verder hulle hande op nie*
FG1-579	MT	So, van 22 [na] drie? Okay, vertel my daarvan?
FG1-580 581	CGP9	Uhm, daar's hierdie klassieke musiek wat my pa speel–
FG1-582	?	Barok.
FG1-583 584 585	CGP9	Ja, Barok. –wat ek luister met oorfone op, maar dis saggies terwyl ek leer, dan help dit my konsentreer.
FG1-586	MT	Waar het jy gehoor van Barokmusiek?
FG1-587	CGP9	By my pa.
FG1-588	MT	Wie is jou pa?
FG1-589	CGP9	Mnr. X _____.
FG1-590 591	MT	Want dis 'n baie bekende feit, né, dat selfs voordat kinders gebore is, indien jy vir hulle Barokmusiek speel, daar sinapse in



592		die brein vorm wat kinders kan help met,veral Wiskunde. Daar is groot navorsing gedoen oor hierdie tipe van ding, so dis 'n baie, baie goeie gewoonte wat jy daar het.
593		
594		
595		
596		
FG1-597	EGP7	*verduidelik hoe hy nou klassieke musiek gaan begin luister*
598		
FG1-599	CGP9	My, my pa...
FG1-600	CGP10	Tannie, al wat ek doen in die aande om my baie rustig te maak,
601		dan luister ek dit om my
602		aan die slaap te maak, soos musiek.
FG1-603	MT	So, jy luister jou musiek eerder teen die einde van die dag?
604		
FG1-605	CGP10	Ja.
FG1-606	MT	En die res van julle het gesê voor skool? Ek praat nou spesifiek
607		van voor eksamens, help dit dan?
608		
FG1-609		*kinders antwoord saggies "ja"*
FG1-610	MT	In elk geval?
FG1-611	EGP7	Ja, uhm, ek het ook klassieke musiek, want my pa het sulke
612		stokkie wat net soos klassieke musiek op het en hy vrek
613		daaroor, so hy prop dit net so in ons DVD-speler, dan luister ons
614		maar ook daar net die musiek, want hy hou nogals ook baie van
615		dit en gewoonlik wanneer hy op die radio praat en goeters is dan
616		speel hy gewoonlik–
617		
618		
FG1-619		Die musiek is die heelyd daar?
FG1-620	EGP7	Ja.
FG1-621	CGP9	My pa het gesê hoe hy vir my gewys, geleer, toe hy vir my



622		daarvan sê dat ek dit moet gebruik, het hy gesê hy gebruik dit altyd as hy soos stres by die werk of iets, dan sit hy dit aan en doen sy werk.
623		
624		
625		
FG1-626	MT	En dit help hom? En dit tel nou nog?
FG1-627	EGP3	Partykeer in die aande nadat ek geleer het, dan speel ek soos net 'n liedjie wat ek baie goed ken en dan probeer ek soos die kitaar, En dan help dit my net om te vergeet van die stres.
628		
629		
630		
631		
FG1-631	MT	Okay, ek het musiek, noem vir my nog iets?
FG1-632	EGP6	Juffrou, ek skop bal of speel met my honde, as ek klaar geleer het,
633		
FG1-634	MT	Aktiwiteite?
FG1-635	EGP6	Ja.
FG1-636	MT	Speel met troeteldiere en bal skop.
FG1-637	EGP7	Ek slaap.
FG1-638	MT	Slaap is 'n ding wat gesond maak ook.
FG1-639	EGP11	Ek speel met TechDecks.
FG1-640	EGP9	Ek kyk YouTube.
FG1-641	MT	Okay, wie is nog–
FG1-642	CGP3	Tannie, as ek klaar geleer het, dan vat ek my tennis raket, en slaan die bal–
643		
FG1-644	CGP1	Ja, ek doen dit ook! Net daai *beduie met hand*
645		
FG1-646	MT	So bietjie fisiese aktiwiteit. Jy het dit ook gesê. Bal skop en slaan, so fisiese aktiwiteite. Vir jou dieselfde?
647		
648		
FG1-649	CGP8	Ek speel gewoonlik met fidget spinners.
FG1-650	MT	Fidget spinners?
FG1-651		*party kinders verduidelik en beduie*



FG1-652	MT	O, daai wat jy so... *beduie met hand*
FG1-653	EGP7	'n Vroeteltol.
FG1-654	MT	Vroeteltol?
FG1-655		*kinders antwoord ja*
FG1-656	MT	Ag, laat ek tog daai woord neerskryf.
FG1-657	EGP7	Dis dieselfde met die kiddie–
FG1-658	EGP10	Maar ons mag dit nie meer by die skool hê nie.
FG1-659	EGP11	Want kinders begin met dit speel.
FG1-660	EGP3	En hulle speel te hard daarmee en dan–
FG1-661	MT	Bal: skop/slaan...
FG1-662	EGP11	Speel met TechDecks.
FG1-663	EGP7	Die skateboards.
FG1-664	MT	Laat jy my nou hier laat “ educate” en hoor wat is alles–
665		
FG1-666	CGP9	Dis mini skateboards.
FG1-667	EGP11	Dit is mini skateboards wat jy met jou vingers speel en dan doen
668		jy sulke tricks.
FG1-669	MT	Ja, ek weet hoe lyk hy, maar wat noem jy dit?
FG1-670	EGP7	TechDecks.
FG1-671	CGP8	Of jy kry ook 'n Fingerboard, maar dis die groter ene.
672		Professionele met die
673		Fingerboards.
FG1-674		*groep meisies lag skelm*
FG1-675	?	Ha, professionele mense.
FG1-676	EGP11	Ja, dis 'n sport.
FG1-677	CGP8	Want kyk, die TechDecks is maar die cheapies, maar die
678		Fingerboards het bearings.
FG1-679	?	Rerige hout.
FG1-680	MT	Okay, so hierdie lyk vir my soos 'n seunsding wat deurkom?
681		



FG1-682	CGP1	Mhh.
FG1-683		*seuns stem saam*
FG1-684 685	MT	Hoeveel van julle speel TechDecks en Fingerboards?
FG1-686 687		*CGP8 en CGP7 steek hulle hande op*
FG1-688	EGP7	Net my vriende.
FG1-689 690		*stamp liggies en grapperig aan EGP7*
FG1-691	MT	Wie van julle se ouers het dit afgevat?
FG1-692	CGP7	*steek sy hand op*
FG1-693	EGP4	Maar mens speel meer daarmee as wat jy leer.
FG1-694		*party kinders stem saam*
FG1-695 696	EGP7	Iemand het klaar my fidget spinner gesteel so ek kan nie meer met dit speel nie.
FG1-697 698	CGP10	As ek klaar geleer is dan doen ek, dan gaan speel ek met my katte.
FG1-699 700	MT	Okay, troeteldiere het ons dan gedink ook, so jy bevestig dit, né?
FG1-701	CGP5	Ek gaan ry
FG1-702	MT	Honde en katte?
FG1-702	CGP10	Ja. En hamsters en
FG1-704	MT	Het jy hamsters?
FG1-705	CGP10	Ja, en
FG1-706	MT	Ag jitte.
FG1-707 708 709 710 711 712	EGP3	Ek kry, mos nou as ons skryf, maar ek, as ek wil baie erg konsentreer en ek leer en ek groei, en dan partykeer dan is dit net lekker om net soos vinnig te kan swem en dan leer ek verder, dan maak dit my net meer / weer rustig.



FG1-713	EGP6	Ja, dit is...
FG1-714 715	MT	Right, hierso is nog ene in terme van fisiese aktiwiteite. Wie swem?
FG1-716 717 718		*EGP8, EGP1, CGP1, EGP3, EGP2 en EGP6 steek hulle hande op*
FG1-719	CGP5	Oe! Om die hekke ry met rollerblades.
FG1-720	EGP10	Xbox.
FG1-721	EGP7	Ja, ek ook. Ek speel Xbox.
FG1-722	CGP9	*huiwer om sy hand op te steek*
FG1-723	MT	Okay, swem?
FG1-724	CGP9	*knik sy kop*
FG1-725	MT	Jy wou nou iets gesê het?
FG1-726	CGP5	Ek ry rollerblades.
FG1-727	MT	Okay, dit is ook 'n lekker fisiese aktiwiteit.
FG1-728	EGP7	Ek speel Xbox.
FG1-729	EGP7	Dis goeie oefening vir jou duime.
FG1-730	EGP11	En strategie.
FG1-731 732	MT	Dan gaan ek vir jou 'n klavier neersit. Dis baie goeie hand
FG1-733 734	EGP11	En kitaar ook. Juffrou, as ek klaar geleer het dan speel ek ook kitaar.
FG1-735	EGP7	En ek speel–
FG1-736	MT	Kitaar?
FG1-737	EGP11	Ja.
FG1-738	?	EGP11 jok.
FG1-739	EGP11	Ek jok nie.
FG1-740 741 742	MT	EGP11, sê gou..beskou jy dit dan as oefen of beskou jy dit as ontspan?
FG1-743	EGP11	Ontspan. Ek speel maar net kitaar wanneer ek lus het.



744		
FG1-745	EGP3	*kyk vir EGP11 en lag*
FG1-746	MT	Ja. Okay?
FG1-747	EGP11	*kyk stout vir EGP7 en sê iets vir hom*
FG1-749 750 751 752	CGP10	Soos dan leer ek en dan gaan doen ek sê-maar-nou maar my sport, sê-nou-maar vir twee ure, en dan voel ek so rustig na die tyd en dan...
FG1-753 754 755 756	MT	Okay, wag hier is nog 'n punt. Sport. Kan ek gou-gou sien wie van julle neem – hou jou gedagte hoor, ek wil terug kom na jou toe – wie van julle doen almal sport in die middag?
FG1-757 758 759		*almal, behalwe EGP2, EGP10, CGP6 en CGP5 steek hulle hande op*
FG1-760	EGP10	Hang af...
FG1-761	MT	Sekere middag?
FG1-762	EGP10	Ja.
FG1-763 764	MT	Haal gou die hande af, kom ons kyk na skole sport? Hand op?
FG1-765 766		*dieselfde kinders, sonder EGP9 en EGP7, steek hulle hande op*
FG7671- 768	MT	Okay, hande af. Privaat sportsoorte ensovoorts? By clubs?
FG1-769 770 771 772 773		*EGP5, EGP1, CGP7, EGP9, CGP9, EGP7, EGP11, CGP1, EGP3, CGP2 en EGP6 steek hulle hande op*
FG1-774	MT	Wie doen op hierdie stadium geen sport nie?



FG1-775	CGP8	*steek sy hand op*
FG1-776	EGP11	CGP7
FG1-777	CGP7	Ek doen sport.
FG1-778	MT	Okay, vertel jy vir my: wat doen jy?
FG1-779	CGP7	Ek swem, speel buite met die bal...
FG1-780	MT	Okay, maar dit doen jy by jou huis?
FG1-781	CGP7	Ja.
FG1-782	EGP11	*sê iets vir CGP8 en ruk aan CGP7 se voet*
783		
FG1-784	MT	So met daardie punt is ek happy. Jy wou iets gesê het?
785		
FG1-786	CGP3	Ja, juffrou, ek speel klavier voor ek leer.
FG1-787	MT	Voor jy leer?
FG1-788	CGP3	*knik kop*
FG1-789	EGP7	Ek bou Legos.
FG1-790	EGP11	*blaas deur sy lippe*
FG1-791	MT	Dis baie kreatief.
FG1-792	EGP11	Ek bou
FG1-793	MT	Bou jy volgens 'n plan of...
FG1-794	EGP7	Ek probeer 'n skip te maak, maar partykeer kry ek nie die regte
FG1-795		teëls nie.
FG1-796	MT	So jy bou jou eie, jy werk van die plan nie?
FG1-797	EGP7	Ja.
FG1-798	CGP8	Ek bou altyd 'n
FG1-799		*EGP11 en EGP7 lag*
FG1-800	CGP1	Ek kan nie by die huis leer of as daar soos baie om my is nie,
801		want ek is baie vinnig aandag afleibaar. So baie–
802		
FG1-803	MT	Wie sê vir jou, byvoorbeeld, jy is vinnig aandag afleibaar of weet
804		jy dit van jouself?



FG1-805 806	CGP1	Ek weet dit net, want ek is baie, as ek iets sien
FG1-807	CGP2	sniggers.....
FG1-808	EGP1	Ek is ook so.
FG1-809	CGP1	Ja, dis hoekom ek by die skool blok, want–
FG1-810 811	MT	Julle mag net saggies, ek wil gou hoor wat hierdie girlie sê. Julle kan eet, maar sag.
FG1-812 813	CGP1	Dis hoekom ek by die skool blok, want anderste–
FG1-814	MT	Is daar te veel goed wat jou aandag aftrek–
FG1-815	CGP1	Aandag aftrek by die huis.
FG1-816	MT	Voel jy dieselfde?
FG1-817 818	EGP1	Ja, maar ek blok nie by die skool nie, want by my huis is daar nie goeters wat my
FG1-819 820	MT	So jy voel ook nog steeds dis 'n kwessie van daar is baie – bietjie later, manne.
FG1-821 822 823	CGP1	En ek het, toe ek klein was, (by die skool geblok) toe ek soort van en net om my rustig te kry, dat ek net kan fokus, want ja.
FG-824 825 826 827	MT	Okay, jy blok by die skool, omdat jou aandag vinnig afgetrek word by die huis. Jy sê jou aandag word vinnig afgetrek, maar wat doen jy daaraan?
FG1-828	EGP1	Juffrou, ek
FG1-829 830	MT	Jy studeer daar waar nie baie goed is wat jou aandag aftrek nie?
FG1-831	EGP1	*knik kop*
FG1-832 833 834	MT	Sê gou vir my jou naam? EGP1 Okay, CGP1, het ek reg geluister: het jy omdat jou aandag maklik afgetrek word, studeer jy eerder by die skool?



835		
FG1-836	CGP1	Ja.
FG1-837 838 839	MT	En omdat jou aandag maklik afgetrek word gaan jy na 'n plek toe waar daar minder goed is wat jou aandag kan aftrek. CGP10?
FG1-840	EGP2	*lag*
FG1-841 842 843 844 845	CGP10	Partykeer, as ek leer, dan leer ek, dan ewe skielik is my kop iewers anderste, dan lees ek net die goed deur, dan kom die goed nie in my kop in nie, dan moet ek weer alles weer van voor-af begin en dan...
FG1-846 847	MT	Okay, en dit kan tyd vat. As jy weer dan moet oorlees?
FG1-848	CGP10	Ja. Dan is my kop heel iewers anderste.
FG1-849	MT	Hou julle punte, ek kom nou soontoe..
FG1-850 851 852 853	EGP3	Ek is nou weer heel anders as CGP1-hulle, ek kan nie leer in soos geraas nie, maar ek is okay as ek iets doen en dan konsentreer ek daarop, dan sal ek dit klaarmaak.
FG1-854 855	MT	Okay, maar jy verkies nie musiek of geluide nie?
FG1-856 857 858	EGP3	Nee, ek is okay met geluide, maar nie met soos geraas, soos geraas wat heelyd in jou ore is nie.
FG1-859 860 861 862	CGP1	Maar juffrou check soos baie, sy sê jy moet nou leer, jy moet nou stilbly, so dis eintlik nogal stil in die klas. Ja, en dis lekker om breuke te hê, want dan is jou kop net, dan kry jy net weer bietjie vars.



863		
FG1-864 865 866 867 868 869 870	MT	Ek som gou weer op wat ek nou gehoor het. Onthou jou, ek gaan net gou hierdie twee seuns vra, dan kom ek terug na jou toe. Ek hoor dat julle vir my sê: party leer met musiek, party leer sonder musiek, dat geluide okay is, maar geraas pla, dat gereelde breke help. Wie bepaal die breek: jy of jou ma of jou juffrou?
FG1-871	EGP11	*remarks*
FG1-872	CGP4	Ons.
FG1-873	MT	Jy self?
FG1-874 875 876	CGP1	Die juffrou by die skool, maar ek by die huis, as ek nou net by die huis kan leer, so dis in die middel.
FG1-877 878	MT	Okay. Ek wil gou jou naam sien. EGP7..... , gooi.
FG1-879 880 881	EGP7	Ek mag nie by die huis blok nie, want ek en my broer baklei soms te veel, selfs wanneer ons nie in dieselfde kamer is nie.
FG1-882	EGP3	Een luister en klik altyd.
FG1-883 884	EGP7	Ja, en ook uhh, *gedrag?* maar ja, dis net vir my boetie lekkerder hierso by die skool.
FG1-885 886	MT	Kry jy klaar geleer? Voel jy jy kry van jou werk afgehandel?
FG1-887	EGP7	Ja. *effens onseker*
FG1-888 889	MT	Sal dit vir jou dan maak dat jy minder gestres voel as jy skryf, wanneer jy skryf?
FG1-890 891 892	EGP7	*knik kop* Maar gewoonlik wat ek doen is, ek leer twee vakke, een vak by die huis en die ander vak by die skool.
FG1-893	MT	Okay. Kry jy klaar?



FG1-894	EGP7	Ja.
FG1-895 896	CGP9	Ek is gediagnoseer met ADHD, so ek is aandag afleibaar en hiperaktief, so uhm–
FG1-897	CGP4	Dis groot
FG1-898 899 900 901	CGP9	*bloos* Ja, uhm, ek drink Concerta elke oggend, dit help so klein sodat ek kan konsentreer op iets, maar ek, ook baie as ek leer dan begin ek net op iets anders te dink.
FG1-902	MT	Okay, maar die Concerta behoort te help?
FG1-903	CGP9	Ja.
FG1-904	MT	Is jy happy met jou akademie?
FG1-905	CPG9	*knik kop*
FG1-906	MT	Maar die stres is nog steeds daar?
FG1-907	CPG9	*knik kop*
FG1-908	MT	Wat het jy vir my gesê doen jy vir stres ontlaaiing?
FG1-909	CPG9	Uhm.
FG1-910	MT	Jy het sport en jy luister musiek?
FG1-911	CPG9	Ja.
FG1-912 913 914 915	MT	Hap maar eers klaar, ek wil net gou jou naam sien? CGP8 ! ...ek het almal se name opgeswot. Terwyl jy nog kou, CGP8 kan sy gou sê.
FG1-916 917 918 919	EGP6	Tannie, wat ek ook gewoonlik doen is in die kamer sal ek nie iets in my kop kan in kry as ek leer nie, so dan sal ek dit vat en buite gaan rondloop en dit hard-op opsê.
FG1-920 921	MT	So jy repeteer en jy loop buite. So jy sit motion by, jy sit nie stil nie?
FG1-922	EGP6	*knik kop*
FG1-923	CPG8	Ek kan nie in die klas leer nie, my aandag word afgetrek deur die



924		kinders,
925		so ek moet by die huis gaan sit en leer.
FG1-926 927 928	MT	En dan maak jy nou soos [EGP1], jy gaan sit daar waar dit rustig en stil is, waar iets nie jou aandag kan aftrek nie?
FG1-929 930 931 932	EGP2	As ek leer, soos baie mense leer mos deur hulle koppe, maar ek kan nie deur my kop leer nie, o dan sê ek dit vir myself hard-op, so dan wanneer ek dit hoor gaan dit in my kop in.
FG1-933	MT	Hoor ek jou reg: jy repeteer, jy praat?
FG1-934	EGP2	*knik kop*
FG1-935 936	MT	EGP2, jy het nou vir my gesê jy kan nie deur jou kop leer nie?
FG1-937	EGP2	Ja.
FG1-938	MT	Interessante woorde.
FG1-939 940	EGP2	Nee, maar dit is só. Moenie vir my lag nie.(Aan groep)
FG1-941 942	MT	So, jy kan nie deur jou “brein” leer nie, so jy repeteer deur dit op te sê?
FG1-943 944 945	EGP2	Ja, want daar is baie goed wat my aandag aftrek en dan as ek dit deur my kop sê dan vergeet ek dit.
FG1-946 947	MT	Right, hier was nog ‘n seun wat iewers iets wou sê?
FG1-948	Seuns	CGP8



FG1-949	MT	CGP8 het gepraat.
FG1-950	CGP8	Ek het gesê.
FG1-951 952	MT	CGP8 het vir my gesê hy kan nie in die klas leer nie.(CGP8 knik)
FG1-953 954 955 956 957 958	EGP3	lets wat ek ook baie doen is as daar baie feite om soos na mekaar op te noem, dan teken ek vir myself prente en die eerste ding wat ek doen, soos sê-maar-nou ek gaan deur my toets, dan teken ek vir myself prente op die blad
FG1-959 960	MT	Okay, maak dit noodwendig dat jy minder stres vir die eksamen?
FG1-961	EGP3	Bietjie, want dit voel as of ek dit beter verstaan.
FG1-962	MT	Beter vasgelê voor die tyd?
FG1-963	EGP3	Ja.
FG1-964 965 966 967 968 969	CGP10	Soos gewoonlik, as ek nou klaar geleer het en al die goed en ek is nou voor op die toets en dan skryf ek gewoonlik agter op die examination-pad alles wat ek ken, alles die feite soos dit en dan as ek weer daar gaan of dat ek dit nie sal vergeet nie
FG1-970 971	MT	So jy maak vir jousef half 'n semi-opsomming agter op jou eksamenblad? Wie doen nog dit?
FG1-972 973		*EGP3 en CGP2 steek hulle hande op*
FG1-974	MT	Ek sien jy knik, so jy doen dit ook?
FG1-975	CGP3	*knik haar kop*
FG1-976 977	MT	So 'n tipe van 'n opsomminkie agter waarna jy vinnig kan teruggaan.
FG1-978	CGP1	Tannie, ek, soos wat juffrou die vraestel net deurlees partykeer,



979		dan die goed wat ek weet, skryf ek die antwoorde neer, so as ek dit dalk vergeet dan kry ek die antwoord weer daar. So, soos wat juffrou die vrae lees skryf ek die antwoorde neer wat ek weet.
980		
981		
982		
983		
FG1-984	MT	Daai aantekeninge wat julle maak, moet dit op die vraestel bly of mag julle dit afvee?
985		
FG1-986	CGP1	Dit mag daar bly. Op die vraestel mag dit bly, want ek sit dit vir my ma op die vraestel dan nou.
987		
FG1-988	EGP3	Ja, en sê-nou-maar jy wil net jou vraestel hê en jy wil dit nou nie uitvee nie en jy wil net graag vir juffrou sê: maar dit is wat ek gedoen het; dan kan jy net jou naam op die vraestel skryf, dan gee hulle dit vir jou weer terug.
989		
990		
991		
992		
FG1-993	MT	Orraait, orraait. Ek het hierdie met julle deurgegaan. Die laaste keer wat ons gepraat het, het ons mekaar herhaal oor dieselfde goed. So, dit beteken ek het nog een vraag: Is there anything else you would like to add? Dink gou oor alles wat ons nou gepraat het? lets om by te voeg?
994		
996		
997		
998		
999		
FG1-1000	EGP3	lets waaroor ek, uhm, as ek soos stres dan is dit as of ek nie diep genoeg asemhaal nie, maar dit voel as of ek healtyd vlakker asemhaal, asof ek nie genoeg asem kry nie, dan is dit asof my brein nie genoeg suurstof kry nie, so half fuzzy dan dink ek nie so deeglik nie.
1001		
1002		
1003		
1004		
FG1-1005	CGP1	Dan is dit so blank, tannie.
FG1-1006	CGP1	Blank. Jy slaan blank.



FG1-1007 1008	EGP3	En die dokters het ook al gesê dat ek moet werk dat ek beter moet asemhaal.
FG1-1009	MT	So, jy het al by 'n dokter probeer raad kry?
FG1-1010	EGP3	Ja.
FG1-1011		*EGP1 se hare haak aan 'n papier vas*
FG1-1012	EGP2	Hoekom lag julle? *kom agter, begin lag*
FG1-1013		*kinders lag saggies*
FG1-1014	MT	Jy wou sê, EGP7?
FG1-1015 1016 1017 1018	EGP7 soos vadoeke of ietsie soos 'n handdoekie of sulke klein lappie want as ons hande sweet so bietjie kan afdroog of wanneer ons warm kry dit kan afvee.
FG1-1019	MT	Waar nou, in die klas?
FG1-1020	EGP7	Ja.
FG1-1021	MT	Wie voorsien dit?
FG1-1022	CGP1	Jy kan self bring.
FG1-1023	EGP7	Jy self.
FG1-1024	MT	Bring jy jou eie?
FG1-1025	EGP7	Ja.
FG1-1026	MT	Wie van julle gebruik nog van die lappies om
FG1-1027 1028 1029	CGP1	Ek doen nie, maar ek dink dis dalk 'n goeie plan, want dan hoef jy nie heeltyd op jou klere af te vee nie.
FG1-1030	?	...
FG1-1031 1032 1033 1034	EGP1	Juffrou, ek kan nie die aand voor die tyd slaap nie, so dan eindig ek om laat te slaap en dan is dit vir my bietjie moeiliker om te dink as ek moeg is.
FG1-1035	MT	Okay, so slapeloosheid, wie van julle sukkel met slaap?



1036		
FG1-1037	CGP7	*steek onmiddellik sy hand op*
FG1-1038	EGP1	Juffrou, dis net in eksamen-tyd.
FG1-1039		*EGP7 en EGP2 steek ook hulle hande op*
1040		
FG1-1041	MT	Net voor eksamen?
FG1-1042	EGP2	Ja, dis net in eksamen.
FG1-1043	EGP7	*skud sy kop*
FG1-1044	EGP6	Nee, oor die algemeen
FG1-1045	EGP1	Want dis, jy sukkel...
FG1-1046	EGP2	Dis deel van daai (eksamen) stres.
FG1-1047	MT	Oor die algemeen?
FG1-1048	EGP6	Oor die algemeen, juffrou.
FG1-1049	MT	Vra ek nou: sukkel jy met slaap net voor sekere vakke of deur die hele eksamen-tyd?
1050		
FG1-1051	EGP1	Deur die eksamen.
FG1-1052	EGP2	Deur die hele eksamen.
FG1-1053	MT	En dan is dit dadelik weer reg, na die tyd?
FG1-1054	EGP2	Ja.
FG1-1055	MT	Jy wou sê?
FG1-1056	EGP4	Ek slaap nie maklik nie, want ek wil nie gaan slaap
FG1-1057		*party kinders lag*
FG1-1058	CGP4	Hoe hou jy nie van slaap nie?
FG1-1059	EGP7	Ek hou van slaap.
FG1-1060	EGP11	Hoekom?
1061		Dis lekkerder om te speel as te slaap.
FG1-1062	MT	Okay, enige... CGP10?
FG1-1063	CGP10	Tannie, as ek leer dan gaan sit ek by my tafel, dan raak ek ongemaklik, dan sit ek weer by my bed, dan raak ek weer net
1064		



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

School of the Arts

1065		daar ongemaklik, dan gaan leer ek weer by my tafel
1066		
FG1-1067	MT	General questions with regard to their ages and therapy sessions ahead..
1068		
1069		Pleasant greetings.
1070		Focus group interview terminated.



Appendix S: Complete Focus group 2 interview transcription in Afrikaans before coding

Focus Group 2: Experimental Group: March 2019

FG AND LINE NR		VERBATIM TEXT
FG2-1-73		Logistical discussion with regard to attendance.
FG2-74 75 76	EGP7	Ek kon lekker konsentreer in Wiskunde toe ek musiek in my kop gemaak het.
FG2-77 78	MT	Okay, jy het dit nou lekker hard gesê. Jy kon lekker konsentreer toe jy musiek in jou kop gemaak het?
FG2-79	EGP7	Ja.
FG2-80	MT	Spesifiek op Wiskunde nou? Want dis mos nou waarop ons ..
FG2-81	EGP4	Ek het net dieselfde gevoel.
FG2-82	MT	Okay, maar sê dit nou vir my lekker. EGP4.. dieselfde.
FG2-83	EGP4	Ek het net dieselfde gevoel.
FG2-84	EFP10	Dieselfde.
FG2-85	MT	Right, EGP10, dieselfde.
FG2-86	EGP1	Ek was minder gestres voor ek sport gaan doen in die middag.
FG2-87		*lag saggies*
FG2-88		Maar... / What?
FG2-89		*lag saggies en kyk weg*
FG2-90		*EGP9 kyk vir EGP10 en sê iets*
FG2-91 92	EGP1	Juffrou, ek was baie meer ge-relax vir hierdie eksamen as die vorige een.
FG2-93	EGP8	Het (sê) ons regtig altyd dieselfde ding?(Ek ook)
FG2-94		*EGP1 en EGP8 giggel*
FG2-95	MT	Ek het gedink met daai ene, EGP1,né?
FG2-96	EGP1	Ja.



FG2-97	MT	Jy sê vir my jy voel jy het–
FG2-98 99	EGP1	Ja, ek het nie so erg gestres voor die tyd nie en Ek kon actually slaap die aand voor die tyd.
FG2-100	MT	Né?vertel meer?
FG2-101	MT	Sussie?
FG2-102	EGP6	Tannie, *snigger* ek kon rustiger raak voor die eksamen.
FG2-103	EGP2	Jy wat?
FG2-104	EGP6	*gluur vir EGP2
FG2-105	EGP1	*lag*
FG2-106	MT	Sy kan rustiger raak voor die eksamen. Vertel my meer daarvan?
FG2-1-7 108 109	EGP6	Soos tannie, ek kan as ek dieper asem haal dan raak ek rustiger, dan voel ek nie meer so gestres nie
FG2-110	MT	Voel jy dis iets wat jy by die musiekterapie gekry het?
FG2-111	EGP6	*knik knop*
FG2-112	MT	In terme van asemhaling. EGP3?
FG2-113 114 115	EGP3	Tannie, ek haal net dieper asem en ek is nie meer so gestres die dag wat ek die toets skryf nie en as Ek voel net soos meer rustig en lekker. *skud haar hande*
FG2-116	EGP6	*knik, skud ook hande*
FG2-117	EGP3	En ek voel meer confident.
FG2-118 119 120	MT	Okay, hierdie vraag kom dalk baie naby aan die een wat ek nou net gevra het, maar ek het vir jou eerste gevra “het iets verander?” nou vra ek vir jou het jy anders gevoel of gedink–
FG2-121	EGP1	Ja.
FG2-122	MT	...oor die eksamen?
FG2-123	EGP10	*lê terug en skud sy kop*
FG2-124 125	MT	Anders gedink oor hierdie vraestel as wat jy noodwendig voor die eksamen gedink het voor die tyd? EGP5 vertel my?
FG2-126	EGP5	*onkant gevang, giggel*
FG2-127	Mt	Jy kan jou tyd vat.



FG2-128	EGP10(mompel)
FG2-129	MT	EGP3, wil jy solank iets sê?
FG2-130 131 132	EGP3	Ja. Ek het voordat ek dit gedoen het baie meer gestres oor of ek my werk ken, nou stres ek minder, maar stres ek net oor of daar genoeg tyd is.
FG2-133	EGP3	Ek stres nie meer oor die werk nie.
FG2-134	MT	Jy stres nie meer oor die werk nie, jy stres oor die tyd.
FG2-135	EGP3	Ja,(ek stres steeds oor die tyd.)
FG2-136	EGP2	Ek het altyd oor... *giggel*
FG2-137	MT	Wat sê jy?
FG2-138 139	EGP2	Ek het altyd oor tyd gestres, maar nou stres ek meer oor of ek my werk ken, want dit is moeilik.
FG2-140 FG2-141	MT	So as ek jou reg luister sê jy presies die teenoorgestelde van wat EGP3 nou sê?
FG2-142	EGP2	*lag en knik kop*
FG2-143	MT	Maar daar was 'n verandering?
FG2-144	EGP2	Daar was 'n verandering.
FG2-145	MT	Daar was 'n verandering. Sê gou, EGP1?
FG2-146 FG2-147 FG2-148 149	EGP1	Juffrou, ek weet nie of dit iets met die beskrywing te doen het nie, maar voor die tyd sou ek by 'n vraag gekom het, dan soos sal ek vergeet het wat ek geleer het daaroor, maar hierdie keer het ek baie meer onthou wat ek geleer het.
FG2-150	MT	Okay.
FG2-151 152 153 154	EGP7	Ek sal soos by die vraag net so na die vraag kyk, ek sal sukkel, dan dink ek, dan sou ek net kyk watse ene sal die beste uitwerk die som nou reg sou wees en dan help dit my om nou bietjie rustiger te raak en dan hoef ek nie so erg te stres of iets nie.
FG2-155	MT	Okay. Hier kom jou volgende vraag, elke ou moet asseblief hierso



FG2-156		vir my iets sê: wat was lekker van die musiekterapie?
FG2-157	EGP7	Die kos.
FG2-158		*kinders reageer*
FG2-159	MT	*lag* Ek praat van die musiekterapie.
FG2-160	EGP7	O! Toe ons so die heelyd daai dromme en gespeel het.
FG2-161	EGP5	Die liedjie wat ons in die oggende gesing het.
FG2-162	MT?
FG2-163	EGP5	Nee, dis...
FG2-164	EGP4	Nee, jy bloos dan net die heelyd.
FG2-165	EGP1	Ja, EGP5!
FG2-166	EGP5	Ek weet, maar dit was lekker.
FG2-167	EGP4	Jy kan net geraas maak met instrumente.
FG2-168	EGP7	*sing spontaan* Goeie goeie more, sing jou lied vir my.
FG2-169	EGP4	Hou op dit so vertraag sing.
FG2-170	MT	Okay, kan ons dit gou saam doen? Sing gou-gou.
FG2-171	EGP2	Okay, een, twee, drie. *hard en skril* Goeie!
FG2-172 173 174	Almal	Goeie goeie more, sing jou lied vir my. Saam gaan ons musiek maak, nuwe klanke kry. Goeie goeie more, sing jou lied vir my. Saam gaan ons musiek maaaaaaaak...
FG2-175	EGP10	*doen 'n drumroll op die bankie*
FG2-176	EGP6	En dan moet jy jou eie stuk daar bysit.
FG2-177	Almal	La-di-da-di-dei.(Sing)
FG2-178 179	MT	*lag ingenome* Dankie. Ek is nog by die vraag van "wat is vir jou lekker?"
FG2-180	EGP4	Ek sal hierdie video wil hê, Tannie, van EGP2
FG2-181 182 183	EGP2	Omdat ek so mooi sing. *gooi 'n pols beweging* Vir my was dit die pom-pom-om met die dromme te speel en jou eie beat te kan maak.
FG2-184	MT	Okay. Het jy al vir my iets gesê?
FG2-185	EGP5	Ja.



FG2-186 187	EGP1	Juffrou, wat vir my baie is soos juffrou sal vir jou vra soos wat dink jy oor eksamen...
FG2-188		*interaksies tussen EGP2 en EGP5
FG2-189 190 191 192	EGP1	...en dan kan jy so jou eie beat maak en dan maak jy soos 'n liedjie daaruit. Dit was vir my baie mooi. En wat vir my ook baie lekker was is dat die res van die kinders in die saal gesit het, terwyl ons mal gaan op die dromme.
FG2-193	MT	Toe voel jy so bietjie [soos] 'n witbroodjie.
FG2-194 195	EGP6	Tannie, die wat sy so musiek gespeel het dan moet jy nou teken en so kort voor die eksamen en so was lekker.
FG2-196	EGP3	Ja.
FG2-197 198	EGP6	En soos EGP1 sê daai van wat jy 'n stuk moet speel en dan maak die tannie 'n liedjie daaruit.
FG2-199	MT	Daarvan?
FG2-200	EGP1	Dit was awesome
FG2-201 202	EGP4	Myne was wat jy net met die instrumente kan klomp kom geraas maak ..het al die energie op die instrumente uitgespeel.
FG2-203	MT	En jy hoef nie te kan speel eers nie, né?
FG2-204	EGP4	Ja.
FG2-205 FG2-206	MT	Of jy hoef nog nooit op instrumente te kon gespeel het nie. Jy wou sê, EGP3?
FG2-207 208 209 220 221	EGP3	Ook wat EGP6 en EGP1 sê van dat dit lekker is om soos te teken as die musiek speel en as die tannie soos 'n musiekstukkie maak van jou beat. Interruption En dan ook wat vir my een van die snaakste goed was is as ons so op die mat gelê het.
FG2-222	EGP6	Og. *glimlag*
FG2-223	EGP1	O!
FG2-224	EGP3	En EGP10 is net doodstil, want ons moet diep asemhaal en langs



225		my–
FG2-226	EGP1	En dan giggel
FG2-227 228	EGP3	Toe langs my hoor ek net vir EGP4 wat so diep asemhaal en dan vra EGP4 uit die bloute net “EGP10, lewe jy nog?!”
FG2-229		*party kinders lag*
FG2-230	EGP10	*lag en skud sy kop*
FG2-231	EGP6	En dan haal EGP4 so asem: *haal dramaties diep asem in*
FG2-232		*meisies lag*
FG2-233	MT	EGP8?
FG2-234 235	EGP8	is dat dit lekker was hoe sy vir ons musiek aansit en ons kon teken teken) hoe ons voel en soos
FG2-236	EGP4	Teken? Wanneer was dit?
FG2-237	EGP8 jy was nie daar nie.
FG2-238	EGP4	Ja, presies, maar wat het julle gedoen?
FG2-239	EGP2	Ons kan later daarvoor praat.
FG2-240	EGP7	Ons het teken...
FG2-241 FG2-242	EGP*	...wat ons voel, soos of jy in die natuur is of wat die musiek jou laat voel.
FG2-243	EGP4	Klink seker soos–
FG2-244	EGP8	Hey, nee!
FG2-245	EGP4	...soos daai hondjie.
FG2-246 247 248	EGP8	*lag* Nee. Dit was lekker toe ons met die dromme speel en hoe ons musiek maak het. Ons moes elke keer ‘n nuwe instrument kies wat ons kan speel en dan moet ons elkeen ‘n beurt kry om ‘n noot te speel
FG2-249	MT	Okay. EGP9?
FG2-250	MT	*lag saggies*
FG2-251 252	EGP10	Die lekkerste was vir my om die dromme te speel en daai musiek goeters wat ons dadelik net enige iets speel.
FG2-253	MT	Ja, so wat jy kon kies?
FG2-254	EGP7	Maar, tannie, dit was nie regtig lekker toe ons toewyding–



FG2-255 256	MT	Wag gou, ek kom nou by hom. Want my volgende vraag is: wat was vir jou minder lekker?
FG2-257	EGP7	O, toe ons die toewyding gemis het.
FG2-258	EGP5	*saggies* Toe ons die toewyding gemis het
FG2-259	MT	Toe julle die toewyding...
FG2-260	EGP4	Ja, as jy die toewyding mis, want dis ook eintlik cool.
FG2-261	EGP7	Want dit is eintlik vir my bietjie belangriker as musiek.
FG2-262	MT	Die toewyding in die skool? Daar by die saal?
FG2-263	EGP4	Ja, wat dis, ja.
FG2-264	MT	Okay. EGP5?
FG2-265	EGP5	Nee, ook die toewyding.
FG2-266	MT	Wou jy dit graag bywoon?
FG2-267	EGP5	*saggies* Ja.
FG2-268	MT	Okay, so dit was vir jou minder lekker om toe musiek te doen?
FG2-269	EGP5	Ja.
FG2- 270	MT	Is daar by elke saalperiode toewyding?
FG2-271		*party kinders antwoord "nee"*
FG2-272	EGP7	As ons nie saal het nie, het ons toewyding.
FG2-273	EGP4	Dis hoe ek my periode eenkeer gemis het, want ek het toewyding toe gegaan.
FG2-274	MT	Is almal nog steeds in die saal of doen julle dit in julle registerklas?
FG2-275	EGP3	Nee, ons doen dit in groepe
FG2-276	EGP4	Ons doen dit daar by die netbalbane en dan
FG2-277	EGP6	En ons doen dit in saalperiodes.
FG2-278	EGP3	Dan is dit net soos graad sewes en graad vywe apart.
FG2-279	MT	Ek verstaan. En wat doen julle tydens toewyding? Bid?
FG2-280	EGP2	Ons praat oor...
FG2-281	EGP7	Ons leer oor God.
FG2-282	EGP4	Hulle bid, hulle leer ons van God, vertel ons cool stories...



FG2-283	EGP7	Vertel ons nou en dan grappies.
FG2-284 285 286	MT	Okay, orraait. EGP5, jy het dieselfde gesê van toewyding. EGP2? Wat was vir jou minder lekker? En ons praat nou net van die musiekterapie deel.
FG2-287 288	EGP2	Vir my, ek voel so weird as ons, as almal vir jou kyk en dan moet jy nou 'n beat of iets doen.
FG2-289	EGP3	Ja, ek voel ook so.
FG2-290 291	EGP2	So dan, want dis 'n bietjie nie meer lekker nie. Ja, almal kyk vir jou, almal kyk vir jou...
FG2-292		*party kinders kyk vir EGP2 *
FG2-293	EGP2	Nie nou nie!
FG2-294		*meisies lag*
FG2-295	MT	EGP1?
FG2-296 297 298 299	EGP1	Juffrou, ek het eintlik, niks het regtig gepla nie. Behalwe daai ding waar jy soos by toewyding aankom, dan stap jy daar en dan is almal van "waar was jy?" en dan is ek van: *trek gesig*
FG2-300	EGP7	En as EGP1 nie die knoppie druk nie.
FG2-301	EGP1	Ja!
FG2-302	MT	Onthou nou, julle was deel van 'n navorsingsprojek.
FG2-303	EGP1	Ja, juffrou, maar daar was niks nie lekker nie.
FG2-304	MT	Ek is bly om dit te hoor.
FG2-305	EGP6	Daar was ook niks nie lekker vir my nie.
FG2-306	MT	Onthou net, julle mag sê.
FG2-307	EGP1	Alles was vir my lekker.
FG2-308	MT	Daar is nie 'n issue rondom dit, julle mag
FG2-309 310	EGP6	Alles was vir my lekker, behalwe EGP2 wat altyd so haar hand êrens druk.
FG2-311		*EGP1 en Adél lag*
FG2-312		*party kinders begin ook te lag*
FG2-313	EGP8	Moenie dit sê nie, die kamera kyk nou vir jou.



FG2-314	EGP4	Die kamera kyk vir jou.
FG2-315	EGP3	Kyk hoe sit sy.
FG2-316	EGP8	*vir kamera* Nee, sy is die oulikste dogtertjie.
FG2-317	EGP2	Ek klink soos 'n homo.
FG2-318		*kinders lag*
FG2-319	MT	EGP3?
FG2-321 321 322 323	EGP3	Alles was vir my lekker, behalwe as die kinders vir jou kyk as jy soos daar aankom en as jy nie verby hulle mag kyk nie en kwotas en ook as een alleen agter die spotlight en dan moet jy..
FG2-324	MT	Soos jy die "spotlight" op jou voel?
FG2-325	EGP3	Ja, spotlight.
FG2-326	MT	Okay. EGP8?
FG2-327	EGP5	Ek?
FG2-328 329 330 331	EGP8	Alles was vir my lekker, maar daar was 'n keer wat ons sulke kryte gehad wat soos mors en wat baie vlek. Dit het altyd op ons rompies/rokke gesit-toe sukkel ons om dit uit te kry.
FG2-332	MT	Uit te kry? EGP9?
FG2-333	EGP9	Juffrou, daar was niks nie lekker nie.
FG2-334	EGP7	Altyd/altwee.
FG2-335	EGP10	Dit was net die toewyding.
FG2-336	MT	Net die toewyding? Is dit, vir jou?
FG2-337	EGP10	Ja.
FG2-338 339	MT	EGP4, jy het dit nou op die tafel gesit, né? Dit was die toewyding wat vir jou 'n faktor was.
FG2-340	EGP4	Ja.
FG2-341 342 343	MT	Right. Hierso is my tweede laaste vraag en dan gaan ons verder uitbrei: Het jy enigstens anders oor jouself gedink voor, na die terapie?
FG2-344	EGP10	Ja



	and EGP3	
FG2-345 346	MT	Is daar iets wat in jou binnekant gebeur laat jy gedink het jy voel iets het verander?
FG2-348	EGP10	*skud kop*
FG2-349 350	EGP7	Ek voel nou soos baie rustiger en... *dink* Ja en dit voel soos dat ons almal nou bietjie beter kon kommunikeer met mekaar.
FG2-351	MT	Uhm, baie dankie. Right, EGP4?
FG2-352 353	EGP4	Tannie, ek het net gevoel en geweet ek gaan ernstig as ek musiek wil maak met instrumente gaan ek regtig moet oefen.
FG2-354		*ligte lag van party kinders*
FG2-355	MT	EGP2?
FG2-356 357	EGP2	Ek het, ek is mos baie loud, so ek raak rustiger as ek met musiek speel en so.
FG2-358	EGP3	Ek het louder geraak.
FG2-359	EGP6	Ja.
FG2-360	MT	Wie het nog 'n hand opgehad, EGP1?
FG2-361 362		Juffrou, ek voel 'n verandering, maar ek weet nie regtig wat om te sê nie.
FG2-363		*EGP1 en party kinders lag*
FG2-364 365	MT	Probeer vir my iewers iets sê of sit vir my woorde op tafel, miskien kan ek luister wat jy vir my probeer sê.
FG2-366	EGP1	Juffrou, uhm, dit is baie weird, maar soos, uhm... *dink*
FG2-367	MT	Okay, kom ek vra vir jou: good or bad? Beter of slegter?
FG2-368 369	EGP1	Ja, juffrou, ek weet nie. Beter juffrou.
FG2-370	MT	Vir jou ietsie beter maar jy kan dit nie pinpoint.
FG2-371	EGP1	*knik kop*
FG2-372	MT	Ek het hom so. EGP3?
FG2-374	EGP3	Vir my, ek was, of ek voel as of ek minder ernstig is en minder



375		skaam is.
376		Ek voel nie meer, soos ek voel bietjie loud. Of nie soos lelik loud
FG2-377	EGP2	Sy is regtig loud.
FG2-378	MT	Minder ernstig?
FG2-379	EGP3	Ja, en minder skaam.
FG2-380	MT	Right. Kiddos, julle het vir my bitter baie gegee om mee te kan
FG2-381		werk, dankie. Laaste vraag: sou jy weer so iets wou doen?
FG2-382	Almal	Ja!
FG2-383	MT	Okay, is dit 'n "ja"?
FG2-384	Almal	Ja!
FG2-385	EGP7	Maar nie op 'n Maandag nie.
FG2-386	MT	Maar nie in toewyding nie.
FG2-387	EGP7	Ja.
		Res van die fokus groep onderhoud gespandeer op lawwe opmerkings van algemene sake en nie musiekterapie verwant. Termineer.



Appendix T: Segmentation of focus group 1 with translation

FG1-49	voor die tyd het ek redelik 'n bietjie gestres (<i>before the exams I stressed quite a bit</i>)
FG1-49	Uhm, ek stres voor elke toets (<i>uhm, I stress before every test</i>)
FG1-446	maar as ek weet ek sukkel met daai (tipe)som of iets soos dit dan stres ek so bietjie (<i>but because I know I have trouble with that (kind of) equation, or something alike, I stres a bit</i>)
FG1-45	en toe stres ek weer in die vraestel toe ek die vrae weer lees (<i>and then I stressed again during the exams once I read the questions again</i>)
FG1-129	Of 'n toets wat baie, baie langvrae het (<i>or a test including many, many long questions</i>)
FG1-130	baie teorie het wat jy moet leer uit jou kop uit (<i>test including a lot of theory to be memorised and known off by heart</i>)
FG1-153	Ek weet nie, omdat ek voel daar is minder werk en dan moet jy harder leer om soos die minder werk beter te ken (<i>I don't know, because I feel there is less work [to master] and then you [actual] need to learn harder to be able to know less work better</i>)
FG1-155	soos dat jy, omdat dit minder is om te leer beteken jy moet dit beter ken (<i>it is as if, because it is less work to study, it implicates you should know it better</i>)
FG1-98	in eksamens of groot toeste (<i>in examinations or big tests</i>)
FG1-99	Eksamens en groot toetse (<i>examinations or big tests</i>)
FG1-118	Ja, en op groot toetse (<i>yes, and big tests</i>)
FG1-122	bemeesteringstoetse...dan stres ek meer (<i>cycle tests....then I stress more</i>)
FG1-123	Vraestelle wat die meeste punte tel (<i>papers contributing to the highest/ most marks</i>)
FG1-126	Ja, soos die hoofvakke (<i>yes, such as the main subjects</i>)
FG1-128	Die moeilikste vak (<i>the most difficult subject</i>)
FG1-148	..bemeesteringstoetse vir my erger....(<i>cycle tests worse for me</i>)
FG1-158	Ek voel baie, ek voel meer gestres as by gewone eksamens (<i>I feel much, I feel more stressed [writing cycle tests] than</i>)



	<i>regular exams)</i>
FG1-160	want by eksamens is dit as of ek meer konsentreer op wat ek leer (<i>because during exams it is as if I concentrate more on what I am studying</i>)
FG1-100	Ek stres net in die begin en aan die einde (<i>I only stress in the beginning and then the end [of an examination period]</i>)
FG1-103	die heel eerste toets en dan die heel laaste toets (<i>the first and then the last test</i>)
FG1-127	[Wat] die langste vat om te skryf (<i>subject that needs longest period of time to write</i>)
FG1-180	en ek dink nou aan die tyd, dan is ek soos die tyd loop so vinnig (<i>once I think about the time limit, then I am as in, it runs so fast</i>)
FG1-184	dan is ek bang ek kry nie soos vinnig klaar of so iets nie (<i>then I am afraid I will not be able to finish, or something like that</i>)
FG1-473	Nee, ek sal net soos twee weke voor die tyd, voor die eksamens (<i>no, I will only [prepare] two weeks prior to the exams</i>)
FG1-515	As ek te ver voor die tyd leer dan vergeet ek (<i>if I start too soon, I forget</i>)
FG1-522	weer soos die oggend voor die tyd deurgaans of, dan maak dit my deurmekaar (<i>if I revise my work the morning of the exams, it confuses me</i>)
FG1-525	om die oggend voor die tyd weer deur te gaan [laat my stres] (<i>to revise the mornig of the exams,[makes me anxious]</i>)
FG1-540	ekke vergeet ook as ek soos die oggend weer dit leer (<i>I tend to forget should I learn again the morning of the exams</i>)
FG1-800	Ek kan nie by die huis leer of as daar soos baie om my is nie (<i>I cannot study at home, or when there is a lot surrounding me</i>)
FG1-802	ek is baie vinnig aandag afleibaar (<i>my attention is easily distracted</i>)
FG1-818	want by my huis is daar nie goeters wat my [aandag aftrek nie] (<i>because at home there are not that many "things" [distracting me]</i>)
FG1-851	ek kan nie leer in, soos geraas, nie.. (<i>I cannot study in, such as noise..</i>)
FG1-857	ek is okay met geluide, maar nie met soos geraas, soos geraas wat heelyd in jou ore is nie (<i>I am fine studying amidst sounds, but not noise, such as noise in your ears the whole time</i>)
FG1-923	Ek kan nie in die klas leer nie, my aandag word afgetrek deur die kinders, so ek moet by die huis gaan sit en leer (<i>I cannot</i>



	<i>study in the class room, my attention gets distracted by the children, so I need to study at home)</i>
FG1-943	<i>Ja, want daar is baie goed wat my aandag aftrek (yes, because there is a lot going on around me that distracts me)</i>
FG1-843	<i>dan kom die goed nie in my kop in nie, dan moet ek weer alles weer van voor-af begin (then I am not able to get the stuff into my head, then I need to start all over again)</i>
FG1-895	<i>Ek is gediagnoseer met ADHD, so ek is aandag afleibaar en hiperaktief (I was diagnosed with ADHD, so my attention is easily distracted and I am hyperactive)</i>
FG1-51	<i>wanneer my vriende en almal soos praat voor die tyd, en ander goed, ek praat net nie (when all my friends talk [about upcoming exams] about it before [we write], and other stuff, I just don't talk)</i>
FG1-59	<i>wanneer hulle soos daaroor praat en ek weet ek stres daaroor (when they talk about it, and I know I stress about it)</i>
FG1-161	<i>voor elke toets, dan sê sy "ek's nou bang" (before every single test, she says "I'm afraid")</i>
FG1-163	<i>Ja. Mens moet stres, want dis eksamen? (Yes, one should stress- that's what exams are about?)</i>
FG1-514	<i>Ek stres anyway (I stress anyway)</i>
FG1-518	<i>maar party goed dan vergeet ek (but some things I forget)</i>
FG1-539	<i>Nee, mens vergeet (no, I tend to forget)</i>
FG1-63	<i>Ek begin twyfel (I start doubting myself)</i>
FG1-366	<i>twyfel ek die heelyd oor wat ek moet skryf (I am in doubt permanently in terms of what I should write)</i>
FG1-364	<i>Partykeer as ek soos 'n som doen en dan doen ek die heel verkeerde som en dan as (Sometimes when I do a math calculation, I do a completely incorrect calculation)</i>
FG1-523	<i>maak dit my deurmekaar (it confuses me)</i>
FG1-524	<i>Ja, dit maak vir my deurmekaar (yes, it confuses me)</i>
FG1-38	<i>kan ek nie onthou wat om te doen nie (I cannot remember what to do)</i>
FG1-186	<i>raak my brein so.. dan kan ek nie meer dink nie (my brain gets like..I cannot think anymore)</i>
FG1-1005	<i>Dan is dit so blank, tannie (then it is so blank, Auntie)</i>
FG1-66	<i>Ek gaan heeltemal..., dan begin ek net so 'freeze' (I completely go...,then it's as if I just "freeze")</i>



FG1-65	(angstigheids) lets wat jou laat onnodig foute maak [<i>anxiety is</i>](<i>something that allows you to make unnecessary mistakes</i>)
FG1-414	Maar gewoonlik raak ek bietjie baie ver uit hand uit (<i>usually I get far out of hand</i>)
FG1-901	baie as ek leer dan begin ek net op iets anders te dink (<i>many times, while I study, I simply start thinking about some else</i>)
FG1-1003	dan is dit asof my brein nie genoeg suurstof kry nie, dan dink ek nie so deeglik nie (<i>then it is as if my brain does not receive sufficient oxygen, then I do not think asthoroughly</i>)
FG1-1034	moeiliker om te dink as ek moeg is (<i>more difficult to think when I am tired</i>)
FG1-842	skielik is my kop iewers anderste
FG1-848	Ja. Dan is my kop heel iewers anderste
FG1-901	maar ek, ook baie as ek leer dan begin ek net op iets anders te dink
FG1-43	Tannie, daai rustig was net voor die tyd (<i>Auntie, the "calm" is only prior to the time of writing</i>)
FG1-178	ek voel eers soos ek is te kalm, maar as ek begin skryf (<i>I initially fee I am too calm, but once I start writing..</i>)
FG1-204-206	No anxiety experienced? (<i>Indicated no experience of anxiety</i>)
FG1-1031	ek kan nie die aand voor die tyd slaap nie (I cannot sleep the evening before)
FG1-1044	Nee, oor die algemeen (sukkel ek om te slaap)(<i>No, I generally find it difficult to sleep</i>)
FG1-1046	Dis deel van daai (eksamen) stres. (<i>It's part of that (examination) anxiety</i>)
FG1-1056	Ek slaap nie maklik nie, want ek wil nie gaan slaap (<i>I do not sleep easily, because I do not want to sleep</i>)
FG1-55	my maag voel so *beduie deurmekaar (<i>my tummy feels.. *gesturing uneasy</i>)
FG1-73	Jou maag trek op 'n knop (<i>my stomache pulls in a knot</i>)
FG1-78	My maag op 'n kol op (<i>my stomache pulls in a knot</i>)



FG1-74	jou hande begin sweet (<i>your hands start sweating</i>)
FG1-75	Ja, my hande begin ook sweet (<i>yes, my hands start sweating as well</i>)
FG1-90	My hande het begin sweet. *baie kinders stem saam* (<i>My hands started sweating. * Many learners agree</i>)
FG1-94	Juffrou, my hande sweet altyd as ek enige iets skryf (<i>Mam, my hands are always sweating- whenever I write any subject</i>)
FG1-97	Myne sweet net (<i>mine's only sweating</i>)
FG1-193	Ja, soos ek begin, my hande begin sweet (<i>Yes, so I start, my hands start sweating</i>)
FG1-340	Hande *wys (<i>Hands *gesture</i>)
FG1-1017	want as ons hande sweet so bietjie kan afdroog (<i>because once we sweat, we can dry our hands</i>)
FG1-76	Jou hart begin vinniger klop (<i>your heart beats faster</i>)
FG1-81	Jou hart begin vinniger klop (<i>your heart beats faster</i>)
FG1-77	My kop begin pyn (<i>my head hurts</i>)
FG1-79	kop begin pyn (<i>head hurts</i>)
FG1-80	En jy kry warm (<i>and you feel hot</i>)
FG1-82	het altwee begin warmer kry (<i>us both start to feel hotter</i>)
FG1-163	en sy kry warm (<i>and she feels hot</i>)
FG1-195	Begin jy warm kry... (<i>you start feeling hotter</i>)
FG1-196	Ja, warm kry (<i>yes, feeling hot</i>)
FG1-84	Ek het begin bewe (<i>I started shivering</i>)
FG1-87	Ek het begin bewe (<i>I started shivering</i>)
FG1-162	sy begin soos te bewe (<i>she starts to, as in, shivering</i>)
FG1-197	voel dit vir my asof ek bietjie ruk, soos, ja (<i>for me it feels as if I am trembling, yes</i>)



FG1-348	Ek raak ook vinnig dors, my mond is droog (<i>I become thirsty, my mouth is dry</i>)
FG1-354	So, ek drink baie water (<i>So, I drink a lot of water</i>)
FG1-401	O ja, ek wou sê my been skud heeltyd (<i>Oh yes, I wanted to say my leg shakes the whole time</i>)
FG1-403	en ek kan nie stil sit nie (<i>and I cannot seem to sit still</i>)
FG1-1063	as ek leer dan gaan sit ek by my tafel, dan raak ek ongemaklik, dan sit ek weer by my bed, dan raak ek weer net daar ongemaklik, dan gaan leer ek weer by my tafel (<i>when I study I sit at my desk, then I get uncomfortable, then I sit on my bed again, then I get uncomfortable there, then I go sit at my desk again</i>)
FG1-1001	nie diep genoeg asemhaal nie (<i>not inhaling deep enough</i>)
FG1-1002	heeltyd vlakker asemhaal,asof ek nie genoeg asem kry (<i>continuous shallow breathing, as if I do not get enough air</i>)
FG1-1008	dat ek beter moet asemhaal (<i>that I need to breath/inhale better</i>)
FG1-34	toe onthou ek wat om te doen (<i>then I remembered what to do</i>)
FG1-39	maar toe ek die vraag fisies gedoen het, toe onthou ek (<i>once I did the question cognitively, then I remembered</i>)
FG1-70	maar aan die einde moet jy net jou Ghostbustertassietjie aantrek en net vir hom...met die masjien...(skiet) (<i>but in the end you just need to put on your Ghostbuster backpack and just...with the machine...[shoot]</i>)
FG1-111	maar my stres gaan weg as ek fokus op die vrae (<i>my stress fades once I concentrate on the questions</i>)
FG1-390	[verbeelding]..dit help my net om vinniger en meer gekonsentreerd te werk (<i>[Imagination]..it just helps me to work more concentrated</i>)
FG1-852	(Geraas)maar ek is okay as ek iets doen en dan konsentreer ek daarop, dan sal ek dit klaarmaak (<i>[Noise]but I am okay once I do something and concentrate on that</i>)
FG1-44	en dit baie goed gevind om te weet wat my punte was (<i>I found it to be a good thing to know what my marks were [before writing exams]</i>)
FG1-627	nadat ek geleer het, dan speel ek soos net 'n liedjie wat ek baie goed ken en dan probeer ek soos die kitaar,en dan help dit



	my om te vergeet van die stres
	<i>(after I studied, I would just play a song that I know well, and then I try playing on the guitar, and that helps to forget about the stress)</i>
FG1-733	as ek klaar geleer het dan speel ek ook kitaar <i>(when I am finished with my studies, I also play guitar)</i>
FG1-743	Ek speel maar net kitaar wanneer ek lus het <i>(I play guitar whenever I feel like it)</i>
FG1-786	ek speel klavier voor ek leer <i>(I play piano before I study)</i>
FG1-632	ek skop bal <i>(I kick ball)</i>
FG1-643	as ek klaar geleer het, dan vat ek my tennis raket, en slaan die bal <i>(once I am done with my studies, I take my tennis racket and hit the ball)</i>
FG1-701	Ek gaan ry (roller blades) <i>(I roller blade)</i>
FG1-710	partykeer dan is dit net lekker om net soos vinnig te kan swem en dan leer ek verder en maak dit my net weer rustig <i>(sometimes it's just nice to have a quick swim, and then I will study again- it just calmes me down again)</i>
FG1-719	Oe! Om die hekke ry met rollerblades <i>(Oh! Rollerblading around the gates)</i>
FG1-726	Ek ry rollerblades <i>(I do rollerblading)</i>
FG1-918	so dan sal ek die bal vat en buite gaan rondloop <i>(then I'll take the ball and walk around outside)</i>
FG1-633	speel met my honde <i>(play with my dogs)</i>
FG1-698	dan gaan speel ek met my katte <i>(then I go play with my cats)</i>
FG1-703	En hamsters en <i>([play] with the hamsters and ...)</i>
FG1-750	dan gaan doen ek sê-maar-nou maar my sport <i>(then, let's say, I'll go and do my sports)</i>
FG1-863	Ja, en dis lekker om breuke te hê, want dan is jou kop net, dan kry jy net weer bietjie vars <i>(yes, and it is nice to take a break, because then your head, then you just get a bit of fresh)</i>
FG1-898	ek drink Concerta elke oggend,dit help so klein sodat ek kan konsentreer <i>(I drink Concerta every morning, and it helps me</i>



	<i>to concentrate)</i>
FG1-1007	en die dokters het ook al gesê dat ek [dieper moet asemhaal] (<i>and the doctors also said that I should (inhale deeper)</i>)
FG1-373	Klink baie weird, maar ekke, ek weet nie, ek begin sing in my kop (<i>Sounds weird, but I, I don't know, I start singing in my head</i>)
FG1-388	Of ek speel soos stories in my kop om (<i>Or I play stories in my head(self-calming)</i>)
FG1-406	Ek gebruik my verbeelding (<i>I use my imagination</i>)
FG1-411	Of soos die storie opmaak in ons kop, en dan doen ek die som (<i>or I will create a narrative in my head, and then do the calculation</i>)
FG1-415	Soos ek, in die einde is dit 'n outjie wat 'n kar ry en dan kom daar 'n dinosaur dan vreet hy.....(<i>as I said, in the end it is this chap that rides in a car, that gets eaten by a dinosaur</i>)
FG1-550	In die oggende as ek klaarmaak vir skool dan luister ook net liedjies (<i>I listen to songs in the morning while I get ready for school</i>)
FG1-561	Op die radio, ja (<i>On the radio, yes</i>)
FG1-566	In die kar (<i>In the car</i>)
FG1-568	luister musiek, soos klassieke musiek as ek leer (<i>listen to music, like classical music when I study</i>)
FG1-580	daar's hierdie klassieke musiek wat my pa speel (<i>there's this classical music my Dad use to play</i>)
FG1-583	Ja, Barok. –wat ek luister met oorfone op, maar dis saggies terwyl ek leer dan help dit my konsentreer (<i>Yes, Baroque. Which I listen to with headsets, but it's a soft volume. While I study it helps me concentrate</i>)
FG1-601	om my baie rustig te maak, dan luister ek dit (<i>to help me calm down, I listen to it</i>)
FG1-611	Ja, uhm, ek het ook klassieke musiek (<i>yes, uhm, I also have classical music</i>)
FG1-602	aan die slaap te maak, soos musiek (<i>to put me to sleep, such as music</i>)
FG1-637	Ek slaap (<i>I sleep</i>)
FG1-639	Ek speel met TechDecks (<i>I play with TechDecks</i>)
FG1-649	Ek speel gewoonlik met fidget spinners (<i>I usually play with TechDecks</i>)



FG1-662	Speel met TechDecks (<i>Play with TechDecks</i>)
FG1-667	Dit is mini skateboards wat jy met jou vingers speel en dan doen jy sulke tricks (<i>It's mini skateboards that you play with your fingers and then you do some tricks</i>)
FG1-671	Of jy kry ook 'n Fingerboard, maar dis die groter ene (<i>You also get a Fingerboard, which is the bigger one</i>)
FG1-640	Ek kyk YouTube (<i>I watch YouTube</i>)
FG1-720	Xbox (<i>Xbox</i>)
FG1-721	Ja, ek ook. Ek speel Xbox (<i>Yes, me too. I play Xbox</i>)
FG1-728	Ek speel Xbox (<i>I play Xbox</i>)
FG1-1008	dat ek beter moet asemhaal (<i>that I need to breathe/inhale more functional</i>)
FG1-954	dan teken ek vir myself prente en die eerste ding wat ek doen, soos, sê maar nou ek gaan deur my toets, dan teken ek vir myself prente op die blad (<i>then I draw pictures(on the paper) and the first thing I do, as in let's say I am going through the test, then I draw pictures on the page</i>)
FG1-966	skryf ek gewoonlik agter op die exam-pad alles wat ek ken,(<i>I usually write everything I know(remember)on the back of the exam pad</i>)
FG1-982	soos wat juffrou die vrae lees skryf ek die antwoorde neer wat ek weet (<i>as the teacher reads, I plot the answers down tha I know/remember</i>)
FG1-918	en dit hardop opsê (<i>I say it out loud</i>)
FG1-931	o dan sê ek dit vir myself hard-op-wanneer ek hoor dit gaan in my kop in (<i>oh and then I say it out loud, when I can hear it "going into my head"</i>)
FG1-944	(repeteer deur dit hardop op te sê)as ek dit deur my kop sê dan vergeet ek dit (<i>I repeat it verbally various times- when I say it through my "head", I forget it</i>)
FG1-789	Ek bou Legos (<i>I build Legos</i>)
FG1-794	Ek probeer 'n skip te maak, maar partykeer kry ek nie die regte teëls nie (<i>I try to create a ship, but somehow I do not get the ideal tiles</i>)



FG1-189	Dan voel "sy" angstig (<i>Then "she" feels anxious</i>)
FG1-226	"Hy"'s altyd kalm (<i>"He" is always calm</i>)
FG1-228	Hy's deur die mis (<i>"He's" scatterbrained</i>)
FG1-463	Dit pla nie regtig vir "CGP2" nie (<i>It doesn't bother "CGP2" at all</i>)
FG1-467	Nie dat dit haar nie pla nie, sy's baie rustig, sy's rustig oor haar akademie (<i>Not that it bothers "her" at all, she's very relaxed, she's relaxed about her academic work</i>)



Appendix U: Segmentation of focus group 2 with translation

FG2-74	Ek kon lekker konsentreer in Wiskunde (<i>I could "nicely" concentrate on Maths</i>)
FG2-76	ek kon musiek in my kop gemaak het (<i>I could create music in my head</i>)
FG2-86	Ek was minder gestres voor ek sport gaan doen in die middag (<i>I was less stressed before I went off to do sport</i>)
FG2-91	ek was baie meer ge-relax vir hierdie eksamen as die vorige een (<i>I was much more relaxed for this exam than the previous one</i>)
FG2-93	(sê) ons regtig altyd dieselfde ding?(Ek ook) (<i>Do we really tend to say the same things?[Me too]</i>)
FG2-98	ek het nie so erg gestres voor die tyd nie (<i>I did not stres that much before the exam</i>)
FG2-102	Tannie, *snigger* ek kon rustiger raak voor die eksamen (<i>Mam, *giggle*, I could relax before the exams</i>)
FG2-108	dan raak ek rustiger, dan voel ek nie meer so gestres nie (<i>Then I relax more and do not feel as stressed</i>)
FG2-115	ek voel net soos meer rustig en lekker. *skud haar hande* (<i>I feel just more relaxed and fine. *shake hands*</i>)
FG2-116	*skud ook hande*(<i>*shake hands as well*</i>)
FG2-130	Ek het voordat ek dit (music therapy) gedoen het baie meer gestres oor of ek my werk ken, nou stres ek minder (<i>before I did it (music therapy), I stressed much more about whether I knew[mastered] all my work, now I stres less</i>)
FG2-133	Ek stres nie meer oor die werk nie (<i>I do not stress about the work anymore</i>)
FG2-154	dan help dit my om nou bietjie rustiger te raak en dan hoef ek nie so erg te stres of iets nie (<i>then it helpds me to relax a bit en then I do not need to stress that much or something alike</i>)
FG2-349	Ek voel nou soos baie rustiger (<i>I feel, like, more relaxed</i>)
FG2-99	Ek kon actually slaap die aand voor die tyd (<i>I could actualy sleep the night before[exams]</i>)
FG2-107	ek kan as ek dieper asem haal (<i>I can breath/inhale deeper</i>)
FG2-113	ek haal net dieper asem en ek is nie meer so gestres die dag wat ek die toets skryf nie (<i>I just breath in deeper and I am not as stressed on the day that I write a test</i>)



FG2-117	En ek voel meer confident (<i>I feel more confident</i>)
FG2-146	ek weet nie of dit iets met die beskrywing te doen het nie, maar voor die tyd sou ek by 'n vraag gekom het, dan soos sal ek vergeet het wat ek geleer het daarvoor, maar hierdie keer het ek baie meer onthou wat ek geleer het. (<i>I do not know whether it's got something to do with the description, but previously when I had to answer a question, I would have forgotten everything I studied about that [question/section], but it is as if I remembered more of what I studied</i>)
FG2-350	ons almal nou bietjie beter kon kommunikeer met mekaar (<i>all of us communicate better with one another</i>)
FG2-151	Ek sal soos by die vraag net so na die vraag kyk, ek sal sukkel, dan dink ek, dan sou ek net kyk watse ene sal die beste uitwerk (<i>When I get to the question, I'd, like, glance at the question, and I will have trouble answering it, and then I think, and then I try to just check out which (calculation) will work best</i>)
FG2-121	Ja (Yes)
FG2-144	Daar was 'n verandering (<i>There was a change</i>)
FG2-344	Ja (Yes)
FG2-345	Ja (Yes)
FG2-361	ek voel 'n verandering, maar ek weet nie regtig wat om te sê nie (<i>I feel a change, but I do not really know what to say</i>)
FG2-369	Beter, Juffrou (<i>Better, Mam</i>)
FG2-358	Ek het louder geraak (<i>I got louder</i>)
FG2-374	Vir my, ek was, of ek voel as of ek minder ernstig is en minder skaam is (<i>For me, I feel as if I am less serious and less shy</i>)



FG2-379	Ja, en minder skaam (<i>Yes, and less shy</i>)
FG2-356	Ek het, ek is mos baie loud, so ek raak rustiger as ek met musiek speel en so (<i>I have, actually I am very loud, so I relax more when I can make music and so</i>)
FG2-376	Ek voel nie meer, soos ek voel bietjie loud. Of nie soos lelike loud (<i>I don't feel any more, like, I feel a bit loud</i>)
FG2-296	niks het regtig gepla nie (<i>nothing really bothered me</i>)
FG2-303	maar daar was niks nie lekker nie (<i>but nothing was not nice</i>)
FG2-205	Daar was ook niks nie lekker vir my nie (<i>There was nothing not nice for me</i>)
FG2-307	Alles was vir my lekker (<i>Everything was nice for me</i>)
FG2-309	Alles was vir my lekker (<i>Everything was nice for me</i>)
FG2-320	Alles was vir my lekker (<i>Everything was nice for me</i>)
FG2-328	Alles was vir my lekker (<i>Everything was nice for me</i>)
FG2-333	Juffrou, daar was niks nie lekker nie (<i>Mam, there was nothing that was not nice</i>)
FG2-81	Ek het net dieselfde gevoel (<i>I just felt the same</i>)
FG2-84	Dieselfde (<i>Likewise</i>)
FG2-123	*lê terug en skud sy kop*(itv angstigheid) (*lying back, shaking his head*[ito anxiousness])
FG2-132	maar nou stres ek net oor of daar genoeg tyd is (<i>but now I only stress about whether there is sufficient time</i>)
FG2-135	Ja,(ek stres steeds oor die tyd) (<i>Yes, I still stress about time</i>)
FG2-138	Ek het altyd oor tyd gestres, maar nou stres ek meer oor of ek my werk ken, want dit is moeilik (<i>Before I used to stress about time limits, now I only stress about whether I know my work, because it's difficult</i>)
FG2-254	dit was nie regtig lekker toe ons toewyding (<i>it was not really nice to miss Assembly</i>)
FG2-257	O, toe ons die toewyding gemis het (<i>Oh, such as when we missed Assembly</i>)
FG2-258	Toe ons die toewyding gemis het (<i>when we missed Assembly</i>)
FG2-260	Ja, as jy die toewyding mis, want dis ook eintlik cool (<i>Yes, the missed Assembly, because that's actually cool as well</i>)
FG2-261	Want dit is eintlik vir my bietjie belangriker as musiek (<i>Assembly is actually slightly more important than music</i>)



FG2-265	ook die toewyding (<i>Assembly as well</i>)
FG2-273	Dis hoe ek my (musiek)periode eenkeer gemis het, want ek het toewyding toe gegaan (<i>that's why I missed the music period, because I attended Assembly</i>)
FG2-335	Dit was net die toewyding (<i>it was only the Assembly..</i>)
FG2-287	Vir my, ek voel so weird as ons, as almal vir jou kyk en dan moet jy nou 'n beat of iets doen (<i>For me, it feels so weird when everybody watches you when you have to do a beat or something</i>)
FG2-289	Ja, ek voel ook so (<i>Yes, I feel like that as well [exposed]</i>)
FG2-290	So dan, want dis 'n bietjie nie meer lekker nie. Ja, almal kyk vir jou, almal kyk vir jou (<i>So then, this is not really too nice. Yes, everybody looks at you, everybody looks at you</i>)
FG2-323	agter die spotlight en dan moet jy (<i>in the spotlight, and then you need to</i>)
FG2-297	Behalwe daai ding waar jy soos by toewyding aankom, dan stap jy daar en dan is almal van "waar was jy?" en dan is ek van: *trek gesig* (<i>except for the matter of, like when you arrive at Assembly late, you walk in and everybody asks where you were and then I am like.. *pulls a face*</i>)
FG2-321	behalwe as die kinders vir jou kyk as jy soos daar aankom en as jy nie verby hulle mag kyk nie (<i>except when the other kids look at me when I get there, and you cannot look passed them</i>)
FG2-160	O! Toe ons so die heelyd daai dromme en gespeel het (<i>Oh, like when we could play those drums and all the time</i>)
FG2-182	Vir my was dit die pom-pom-om met die dromme te speel (<i>For me it was the pom-pom..to play with the drums</i>)
FG2-246	Dit was lekker toe ons met die dromme speel en hoe ons musiek maak het (<i>It was nice when we played on the drums and how we made music</i>)
FG2-251	Die lekkerste was vir my om die dromme te speel en (<i>nicest part for me was to play on the drums</i>)
FG2-167	Jy kan net geraas maak met instrumente (<i>you can just make a noise with instruments</i>)
FG2-201	wat jy net met die instrumente kan klomp kom geraas maak (<i>the part where you kan make a big noise with the instruments</i>)



FG2-161	Die liedjie wat ons in die oggende gesing het (<i>The song we sang in the mornings</i>)
FG2-168	*sing spontaan* Goeie goeie more, sing jou lied vir my. (<i>Sing spontaneously: Good, good morning, sing your song to me</i>)
FG2-172	Goeie goeie more, sing jou lied vir my. Saam gaan ons musiek maak, nuwe klanke kry. Goeie goeie more, sing jou lied vir my. Saam gaan ons musiek maaaaaaaak...
	(<i>Good, good morning, sing your song to me. Together we will make music, create new sounds. ...Sing Hallo song spontaneously</i>)
FG2-177	La-di-da-di-dei. (Sing) (<i>La-di-da-di-dei (Sing)</i>)
FG2-175	*doen 'n drumroll op die bankie* (<i>Do a spontaneous drumroll on desk</i>)
FG2-176	En dan moet jy jou eie stuk daar bysit (<i>And then you need to add your own contribution</i>)
FG2-183	jou eie beat te kan maak (<i>to be able to create your own beat</i>)
FG2-189	en dan kan jy so jou eie beat maak en dan maak jy soos 'n liedjie daaruit. Dit was vir my baie mooi. (<i>and you can do your own beat and then create from that. It was really beautiful for me</i>)
FG2-197	daai van wat jy 'n stuk moet speel en dan maak die tannie 'n liedjie daaruit (<i>the part where you just play a part and the lady creates a song with it</i>)
FG2-209	en as die tannie soos 'n musiekstukkie maak van jou beat (<i>and when the lady makes up a music piece with my beat</i>)
FG2-252	daai musiek goeters wat ons dadelik net enige iets speel (<i>that music stuff where we immediately just play anything</i>)
FG2-191	En wat vir my ook baie lekker was is dat die res van die kinders in die saal gesit het, terwyl ons mal gaan op die dromme (<i>what was also nice for me, was the fact the we could go crazy on the drums, while the other children had to sit in the Hall</i>)
FG2-195	en so kort voor die eksamen en so was lekker (<i>and so close to the exams, this was nice</i>)
FG2-194	, die wat sy so musiek gespeel het dan moet jy nou teken (<i>the part where she played some music and we had to make a drawing</i>)
FG2-207	dat dit lekker is om soos te teken as die musiek speel (<i>like, it's nice to draw while the music plays</i>)
FG2-234	.. is dat dit lekker was hoe sy vir ons musiek aansit en ons kon teken hoe ons voel en soos (<i>and it was nice how she</i>



	<i>switched the music on, and we were allowed to draw what we feel and so)</i>
FG2-202	het al die energie op die instrumente uitgespeel (<i>played out all the energy on the instruments</i>)
FG2-235	ons kon teken hoe ons voel (<i>we could draw what we feel like</i>)
FG2-220	wat vir my een van die snaakste goed was is as ons so op die mat gelê het (<i>For me one of the funniest moments was when we lying on the carpet</i>)
FG2-227	Toe langs my hoor ek net vir EGP4 wat so diep asemhaal en dan vra EGP4 uit die bloute net "EGP10, lewe jy nog?!" (<i>Next to me I just heard EGP4 inhaling deeply and out of the blue asking EGP10 whether he's still alive</i>)
FG2-248	en dan moet ons elkeen 'n beurt kry om 'n noot te speel (<i>and then we each had turns to play a note</i>)
FG2-247	Ons moes elke keer 'n nuwe instrument kies wat ons kan speel (<i>We had to pick a new instrument to play on every time</i>)
FG2-253	Ja, so wat jy (instrumente)kon kies (<i>yes, like when you could pick (own instrument)</i>)



Appendix V: Complete transcription of Thick Descriptions before coding

Thick Description One: Phase 1 (Music Therapy Sessions 1 and 2) Date:18 and 25 February 2019 Line numbers: 11- 37	
TD1-11	The clients all reported on time, seemed happy to participate and they
TD1-12	were eager to experiment with the variety of instruments provided.
TD1-13	During session 1 there was an overall feeling of high energy as could be
TD1-14	heard in the loud and fast drumming rhythms,
TD1-15	experimentation with variety in rhythms offered during instrumental play
TD1-16	and an overall spontaneity in movement and verbal communication.
TD1-17	The high energy level of the first session was maintained throughout the
TD1-18	duration
TD1-19	of the session and I often took the lead in establishing synchronisation in
TD1-20	group
TD1-21	improvisations and negotiating changes in rhythm and energy in the music.
TD1-22	The group members offered very few vocal contributions and tended to
TD1-23	drown their own and others' vocal chants in instrumental sounds.
TD1-24	Both sessions 1 and 2 were signified by excessive speaking, giggling, fun-
TD1-25	poking,
TD1-26	bossiness and meaningful looks at one another throughout, while some
TD1-27	introducing were shy and apologetic during short solo contributions such as
TD1-28	their names during a chant in rondo-form. This behaviour seemed to
TD1-29	intensify during session 2 and despite creativity and more variety in rhythm
TD1-30	and dynamics during drumming, the group improvisations tended to be loud
TD1-31	and driving, allowing for little individual acknowledgment of contributions by
TD1-32	individual group members. At the end of session 2, the planned
TD1-33	relaxation exercise proved to be a challenge- While playing recorded music
TD1-34	(Enya)
TD1-35	asked the group members to lie down in a comfortable spot and to relax
TD1-36	while listening to the music. The complete relaxation exercise was marked



TD1-33	by excessive noise-making, loud giggling and continuous (loud) insults
TD1-34	towards one another. By the end of the listening exercise, most members
TD1-35	did not yet manage to find a comfortable position for lying down
TD1-36	This lack of ability to relax highlighted a nervous energy and a
TD1-37	competitive atmosphere among members of the group.
<p>Thick Description Two- Phase 2 (Music Therapy Sessions 3 – 5) Date- 1, 11 and 18 March 2019 Line numbers- 39-72</p>	
TD2-39	During these sessions, I consciously provided opportunities for individual
TD2-40	members to affirm themselves. By providing sufficient space in the music,
TD2-41	and opportunities for individual vocal and instrumental contributions,
TD2-42	I attempted to facilitate the expression of each member's individuality.
TD2-43	During the second half of session 4 members were asked to put onto paper what
TD2-44	they heard in the music (Pavane - Faure).
TD2-45	The drawing activity seemed to keep the learners focused during the music,
TD2-46	in contrast to the previous relaxation component with pre-recorded music that was
TD2-47	signified by chaos, noise and overall disconnection with the music and with each other
TD2-48	Every member took great care in making their art works and the feedback time
TD2-49	afterwards allowed for further self-affirmation. Although other members
TD2-50	tended to scoff at each individual's feedback at times, they all
TD2-51	shared their unique experiences with conviction and even a sense of pride.
TD2-52	We ended session 5 with another relaxation exercise, but rather than their
TD2-53	playing pre-recorded music, I played music on the piano, matching the
TD2-54	energy levels of the participants. I allowed enough space in the music for
TD2-55	comments and chit-chat by making use of fermatas and rubato, but I
TD2-56	created continuity by including these moments into the music by matching
TD2-57	and waiting, and returning to the theme in a rondo-like form. Loud talking by



TD2-58	the learners was followed by a verbal cue for breathing by the therapist,
TD2-59	followed again by music that matched the high energy after which I would
TD2-60	gradually tone down the music into a more relaxing mode signified by
TD2-61	slower tempo, fewer chord changes and simple melodic lines. The learners
TD2-62	managed to settle down for increasing periods of time and became more
TD2-63	focused as they eventually breathed according to instruction and in
TD2-64	synchrony with the music. After about 10 minutes, the group was calm and
TD2-65	seemed comfortable and focused – judging by the increasing silence and
TD2-66	relaxed body positions that they took that were in stark contrast with their
TD2-67	initial physical discomfort during the relaxation exercise during session 2.
TD2-68	We immediately formed a circle around the piano and each group member
TD2-69	gave us a sound representation of their exam experience, which was then
TD2-70	matched by the group. Again, the various sound pieces had unique rhythmic
TD2-71	qualities for each member, and the sensitive matching by the group
TD2-72	indicated an awareness and empathy for one another.’
	Thick Description 3- Phase 3 (Music Therapy Sessions 6 and 7) Date- 25 March and 1 April Line numbers- 74- 116
TD3-74	During this phase, we focused more on anxiety specifically in the exam
TD3-75	context. I followed the visual work up with music in another more
TD3-76	directed component where clients had to put on paper their experience
TD3-77	during (or before) an exam, while listening to a more confrontational
TD3-78	selection of music (Prokofiev- Romeo and Juliet -Montagues and Capulets).
TD3-79	Again, the drawing allowed for personal focus and reflection as well as the
TD3-80	opportunity to share. The pictures were unique and the feedback
TD3-81	illustrated the variety in experience in this context, shedding light
TD3-82	on different experiences of anxiety. In the following, I will
TD3-83	provide significant phrases of the verbal feedback of each picture in the
TD3-84	client’s own words.
TD3-85	Client 1 (EGP5) - “Dis my hartklop... en my ma raas met my... en ek stres.”



	<i>(This is my heart beat..and my mother is reprimanding me... and I stress)</i>
TD3-86	Client 2 (EGP6) - Dit is hoe dit is as ek leer... Jy fokus net op die leer - daar's nie tyd vir <i>(This is what it's like when I study....You only focus on the studies-there is no time for</i>
TD3-87	ander aktiwiteite nie. So alles net in een alleen rigting. Daar's nie terug nie.... <i>other activities. Like, everything just in one direction. There's no going back</i>
TD3-88	Ek stres baie voor die tyd." <i>I stress a lot before [exams])</i>
TD3-89	Client 3 (EGP8) - "Dan dink ek nie aan my werk nie, ek dink aan die tyd. Dan begin <i>(Then I do not think about the work, I only think about the time. Then</i>
TD3-90	ek afjaag, want ek stres." <i>Then I start messing up working too fast, because I am stressed)</i>
TD3-91	Client 4 (EGP3) - "Ek voel opgewonde, maar ook gestres - Maar as ek in die <i>(Before I write I feel excited, but also stressed- But once I am in</i>
TD3-92	eksamen is, dan stres ek baie. Ek is rustig, maar my hartklop is hoog." <i>mid-exams, I stress a lot. I am calm, but my heart beats fast).</i>
TD3-93	Client 5 (EGP9)- "Ek weet nie wat dit is nie, maar as ek leer is ek baie gestres, <i>(I don't know what it is, but when I study I am very stressed,</i>
TD3-94	maar as ek eksamen skryf, is ek nie gestres nie." Want dan weet ek dit is amper verby <i>but when I write the paper I am not stressed because I realize it's almost over)</i>
TD3-95	Client 6 (EGP1) - "Ek dink baie oor die tyd.... En dit help nie as ek harder leer nie." <i>(I think a lot about the time[limit] a lotand does not help to study harder/more)</i>
TD3-96	Client 7 (EGP7) - "Myne is basies net 'n kolletjie... As dit eksamen is, dan fokus ek net op <i>(Mine is basically just a dot.....When it's exams, then I focus on only on</i>
TD3-97	hierdie." <i>this</i>
TD3-98	Client 8 (EGP10) - "Al leer ek hoe hard, ek stres." <i>((No matter how hard I study, I stress)</i>



TD3-99	Client 9 (EGP2) - "Die blommetjies is hoe ek aan die buitekant lyk, maar in my kop is <i>(The flowers represent what I look like on the outside, but inside my head</i>
TD3-100	alles net so... ek dink aan alles... dan's ek by die vraag, dan dink ek al aan <i>I think about everything, then I'm at this question, then jumping to</i>
TD3-101	daai vraag... <i>that question....)</i>
TD3102	After the feedback in session 6, I asked each member to choose an instrument for
TD3-103	a group improvisation which they did with enthusiasm and careful consideration.
TD3-104	I suggested that we start on a high intensity level and invited them to tone the music
TD3-105	down gradually to end the session. The group then played loudly with interesting,
TD3-106	unique rhythms and experimented with rhythmic variety. With the help of subtle
TD3-107	support from my side in the form of a few gentle cues on the piano (playing in a
TD3-108	different register, changing the key and using an increasingly sustained tone
TD3-109	quality) the group managed to tone the music down and ended together in a calm
TD3-110	and gentle manner. This way they experienced their own ability to manage their disquiet
TD3-111	by acknowledging their experience and gradually moving towards quiet.
TD3-112	During the more informal final session that took place after school hours, the
TD3-113	group members each made a picture of themselves when they feel relaxed.
TD3-114	We sang our hello song, played our other songs and discussed techniques for
TD3-115	relaxation during that we could use exams.
TD3-116	We ended with a group improvisation that was characterised by variety, synchrony and creativity.



Appendix W: Complete Level 1 codes of focus group 1

	Anticipation
	Anticipation of examination anxiety prior to exam session
FG1-32	voor die tyd het ek redelik 'n bietjie gestres (<i>before the exams I stressed quite a bit</i>)
FG11-110	Uhm, ek stres voor elke toets (<i>uhm, I stress before every test</i>)
FG1-446	maar as ek weet ek sukkel met daai (tipe)som of iets soos dit dan stres ek so bietjie (<i>but because I know I have trouble with that (kind of) equation, or something alike, I stres a bit</i>)
	Anticipation of examination anxiety during exam session
FG1-45	en toe stres ek weer in die vraestel toe ek die vrae weer lees (<i>and then I stressed again during the exams once I read the questions again</i>)
	High volume of work
FG1-129	Of 'n toets wat baie, baie langvrae het (<i>or a test including many, many long questions</i>)
FG1-130	baie teorie het wat jy moet leer uit jou kop uit (<i>test including a lot of theory to be memorised and known off by heart</i>)
FG1-153	Ek weet nie, omdat ek voel daar is minder werk en dan moet jy harder leer om soos die minder werk beter te ken (<i>I don't know, because I feel there is less work [to master] and then you [actual] need to learn harder to be able to know less work better</i>)
FG1-155	soos dat jy, omdat dit minder is om te leer beteken jy moet dit beter ken (<i>it is as if, because it is less work to study, it implicates you should know it better</i>)
	Perceived level (importance) of examination
FG1-98	in eksamens of groot toeste (<i>in examinations or big tests</i>)
FG1-99	Eksamens en groot toetse (<i>examinations or big tests</i>)
FG1-118	Ja, en op groot toetse (<i>yes, and big tests</i>)
FG1-122	bemeesteringstoetse...dan stres ek meer (<i>cycle tests....then I stress more</i>)
FG1-123	Vraestelle wat die meeste punte tel (<i>papers contributing to the highest/ most marks</i>)



FG1-126	Ja, soos die hoofvakke (<i>yes, such as the main subjects</i>)
FG1-128	Die moeilikste vak (<i>the most difficult subject</i>)
FG1-148	..bemeesteringstoetse vir my erger....(<i>cycle tests worse for me</i>)
FG1-158	Ek voel baie, ek voel meer gestres as by gewone eksamens (<i>I feel much, I feel more stressed [writing cycle tests] than regular exams</i>)
FG1-160	want by eksamens is dit as of ek meer konsentreer op wat ek leer (<i>because during exams it is as if I concentrate more on what I am studying</i>)
	Duration of examination period
FG1-100	Ek stres net in die begin en aan die einde (<i>I only stress in the beginning and then the end [of an examination period]</i>)
FG1-103	die heel eerste toets en dan die heel laaste toets (<i>the first and then the last test</i>)
	Time limits during examination
FG1-127	[Wat] die langste vat om te skryf (<i>subject that needs longest period of time to write</i>)
FG1-180	en ek dink nou aan die tyd, dan is ek soos die tyd loop so vinnig (<i>once I think about the time limit, then I am as in, it runs so fast</i>)
FG1-184	dan is ek bang ek kry nie soos vinnig klaar of so iets nie (<i>then I am afraid I will not be able to finish, or something like that</i>)
	Period of preparation (confusion and forgetfulness)
FG1-473	Nee, ek sal net soos twee weke voor die tyd, voor die eksamens (<i>no, I will only [prepare] two weeks prior to the exams</i>)
FG1-515	As ek te ver voor die tyd leer dan vergeet ek (<i>if I start too soon, I forget</i>)
FG1-522	weer soos die oggend voor die tyd deurgaans of, dan maak dit my deurmekaar (<i>if I revise my work the morning of the exams, it confuses me</i>)
FG1-525	om die oggend voor die tyd weer deur te gaan [laat my stres] (<i>to revise the morning of the exams, [makes me anxious]</i>)
FG1-540	ekke vergeet ook as ek soos die oggend weer dit leer (<i>I tend to forget should I learn again the morning of the exams</i>)
	External factors
	Attentional stressors- distracting, disruptive



FG1-800	Ek kan nie by die huis leer of as daar soos baie om my is nie (<i>I cannot study at home, or when there is a lot surrounding me</i>)
FG1-802	ek is baie vinnig aandag afleibaar (<i>my attention is easily distracted</i>)
FG1-818	want by my huis is daar nie goeters wat my [aandag aftrek nie] (<i>because at home there are not that many "things" [distracting me]</i>)
FG1-851	ek kan nie leer in, soos geraas, nie.. (<i>I cannot study in, such as noise..</i>)
FG1-857	ek is okay met geluide, maar nie met soos geraas, soos geraas wat heelyd in jou ore is nie (<i>I am fine studying amidst sounds, but not noise, such as noise in your ears the whole time</i>)
FG1-923	Ek kan nie in die klas leer nie, my aandag word afgetrek deur die kinders, so ek moet by die huis gaan sit en leer (<i>I cannot study in the class room, my attention gets distracted by the learners, so I need to study at home</i>)
FG1-943	Ja, want daar is baie goed wat my aandag aftrek (<i>yes, because there is a lot going on around me that distracts me</i>)
FG1-843	dan kom die goed nie in my kop in nie, dan moet ek weer alles weer van voor-af begin (<i>then I am not able to get the stuff into my head, then I need to start all over again</i>)
FG1-895	Ek is gediagnoseer met ADHD, so ek is aandag afleibaar en hiperaktief (<i>I was diagnosed with ADHD, so my attention is easily distracted and I am hyperactive</i>)
	Verbal pre-talks of upcoming exam matters and affirmation of anxiety
FG1-51	wanneer my vriende en almal soos praat voor die tyd, en ander goed, ek praat net nie (<i>when all my friends talk [about upcoming exams] about it before [we write], and other stuff, I just don't talk</i>)
FG1-59	wanneer hulle soos daaroor praat en ek weet ek stres daaroor (<i>when they talk about it, and I know I stress about it</i>)
FG1-161	voor elke toets, dan sê sy "ek's nou bang" (<i>before every single test, she says "I'm afraid"</i>)
	Examination period/term/word represents anxiety
FG1-163	Ja.Mens moet stres, want dis eksamen.(<i>Yes, one should stress- that's what exams are about</i>)
FG1-514	Ek stres anyway (<i>I stress anyway</i>)
	Impact of anxiety: Psychological responses
	Loss of memory: forgetfulness, doubt, confusion, mental blocks
FG518	maar party goed dan vergeet ek (<i>but some things I forget</i>)



FG1-539	Nee, mens vergeet (<i>no, I tend to forget</i>)
FG1-63	Ek begin twyfel (<i>I start doubting myself</i>)
FG1-366	twyfel ek die heelyd oor wat ek moet skryf (<i>I am in doubt permanently in terms of what I should write</i>)
FG1-364	Partykeer as ek soos 'n som doen en dan doen ek die heel verkeerde som en dan as (<i>Sometimes when I do a math calculation, I do a completely incorrect calculation</i>)
FG1-523	maak dit my deurmekaar (<i>it confuses me</i>)
FG1-524	Ja, dit maak vir my deurmekaar (<i>yes, it confuses me</i>)
FG1-38	kan ek nie onthou wat om te doen nie (<i>I cannot remember what to do</i>)
FG1-186	raak my brein so.. dan kan ek nie meer dink nie (<i>my brain gets like..I cannot think anymore</i>)
FG1-1005	Dan is dit so blank, tannie (<i>then it is so blank, Auntie</i>)
FG1-66	Ek gaan heeltemal..., dan begin ek net so 'freeze' (<i>I completely go...,then it's as if I just "freeze"</i>)
	Loss of concentration: No focus, daydreaming
FG1-65	(angstigtheid is) lets wat jou laat onnodig foute maak [<i>anxiety is</i>](<i>something that allows you to make unnecessary mistakes</i>)
FG1-414	Maar gewoonlik raak ek bietjie baie ver uit hand uit (<i>usually I get far out of hand</i>)
FG1-901	baie as ek leer dan begin ek net op iets anders te dink (<i>many times, while I study, I simply start thinking about some else</i>)
FG1-1003	dan is dit asof my brein nie genoeg suurstof kry nie, dan dink ek nie so deeglik nie (<i>then it is as if my brain does not receive sufficient oxygen, then I do not think asthoroughly</i>)
FG1-1034	moeiliker om te dink as ek moeg is (<i>more difficult to think when I am tired</i>)
FG1-842	skielik is my kop iewers anderste
FG1-848	Ja. Dan is my kop heel iewers anderste
FG1-901	maar ek, ook baie as ek leer dan begin ek net op iets anders te dink
TD3-100	Scattered thoughts
	False calmness



FG1-43	Tannie, daai rustig was net voor die tyd (<i>Auntie, the "calm" is only prior to the time of writing</i>)
FG1-178	ek voel eers soos ek is te kalm, maar as ek begin skryf (<i>I initially fee I am too calm, but once I start writing..</i>)
	Denial / avoidance
FG1-204-6	No anxiety experienced? (<i>Indicated no experience of anxiety</i>)
	Insomnia
FG1-1031	ek kan nie die aand voor die tyd slaap nie (I cannot sleep the evening before)
FG1-1044	Nee, oor die algemeen (sukkel ek om te slaap)(<i>No, I generally find it difficult to sleep</i>)
FG1-1046	Dis deel van daai (eksamen) stres. (<i>It's part of that (examination) anxiety</i>)
FG1-1056	Ek slaap nie maklik nie, want ek wil nie gaan slaap (<i>I do not sleep easily, because I do not want to sleep</i>)
	Impact of Anxiety: Somatic responses
	Tummy unease
FG1-55	my maag voel so *beduie deurmekaar (<i>my tummy feels.. *gesturing uneasy</i>)
FG1-73	Jou maag trek op 'n knop (<i>my stomache pulls in a knot</i>)
FG1-78	My maag op 'n kol op (<i>my stomache pulls in a knot</i>)
	Sweaty hands
FG1-74	jou hande begin sweet (<i>your hands start sweating</i>)
FG1-75	Ja, my hande begin ook sweet (<i>yes, my hands start sweating as well</i>)
FG1-90	My hande het begin sweet. *baie kinders stem saam* (<i>My hands started sweating.* Many learners agree</i>)
FG1-94	Juffrou, my hande sweet altyd as ek enige iets skryf (<i>Mam, my hands are always sweating- whenever I write any subject</i>)
FG1-97	Myne sweet net (<i>mine's only sweating</i>)
FG1-193	Ja, soos ek begin, my hande begin sweet (<i>Yes, so I start, my hands start sweating</i>)
FG1-340	Hande *wys (<i>Hands *gesture</i>)
FG1-1017	want as ons hande sweet so bietjie kan afdroog (<i>because once we sweat, we can dry our hands</i>)



	Accelerated heartbeat
FG1-76	Jou hart begin vinniger klop (<i>your heart beats faster</i>)
FG1-81	Jou hart begin vinniger klop (<i>your heart beats faster</i>)
	Headaches
FG1-77	My kop begin pyn (<i>my head hurts</i>)
FG1-79	kop begin pyn (<i>head hurts</i>)
	Hot flushes
FG1-80	En jy kry warm (<i>and you feel hot</i>)
FG1-82	het altwee begin warmder kry (<i>us both start to feel hotter</i>)
FG1-163	en sy kry warm (<i>and she feels hot</i>)
FG1-195	Begin jy warm kry... (<i>you start feeling hotter</i>)
FG1-196	Ja, warm kry (<i>yes, feeling hot</i>)
	Shivering/trembling
FG1-84	Ek het begin bewe (<i>I started shivering</i>)
FG1-87	Ek het begin bewe (<i>I started shivering</i>)
FG1-162	sy begin soos te bewe (<i>she starts to, as in, shivering</i>)
FG1-197	voel dit vir my asof ek bietjie ruk, soos, ja (<i>for me it feels as if I am trembling, yes</i>)
	Thirst / dry mouth
FG1-348	Ek raak ook vinnig dors, my mond is droog (<i>I become thirsty, my mouth is dry</i>)
FG1-354	So, ek drink baie water (<i>So, I drink a lot of water</i>)
	Restlessness (physical discomfort)
FG1-401	O ja, ek wou sê my been skud heeltyd (<i>Oh yes, I wanted to say my leg shakes the whole time</i>)
FG1-403	en ek kan nie stil sit nie (<i>and I cannot seem to sit still</i>)
FG1-1063	as ek leer dan gaan sit ek by my tafel, dan raak ek ongemaklik, dan sit ek weer by my bed, dan raak ek weer net daar



	ongemaklik, dan gaan leer ek weer by my tafel
	<i>(when I study I sit at my desk, then I get uncomfortable, then I sit on my bed again, then I get uncomfortable there, then I go sit at my desk again)</i>
	Shallow breathing, hyperventilation
FG1-1001	nie diep genoeg asemhaal nie <i>(not inhaling deep enough)</i>
FG1-1002	heelyd vlakker asemhaal,asof ek nie genoeg asem kry <i>(continuous shallow breathing, as if I do not get enough air)</i>
FG1-1008	dat ek beter moet asemhaal <i>(that I need to breath/inhale better)</i>
	Anxiety Management
	Active and intentional
	Cognitive focus
FG1-34	toe onthou ek wat om te doen <i>(then I remembered what to do)</i>
FG1-39	maar toe ek die vraag fisies gedoen het, toe onthou ek <i>(once I did the question cognitively, then I remembered)</i>
FG1-70	maar aan die einde moet jy net jou Ghostbustertassietjie aantrek en net vir hom...met die masjien...(skiet) <i>(but in the end you just need to put on your Ghostbuster backpack and just...with the machine...[shoot])</i>
FG1-111	maar my stres gaan weg as ek fokus op die vrae <i>(my stress fades once I concentrate on the questions)</i>
FG1-390	[verbeelding]..dit help my net om vinniger en meer gekonsentreerd te werk <i>([Imagination]..it just helps me to work more concentrated)</i>
FG1-852	(Geraas)maar ek is okay as ek iets doen en dan konsentreer ek daarop, dan sal ek dit klaarmaak <i>([Noise]but I am okay once I do something and concentrate on that)</i>
	Self assurance (status of current marks)
FG1-444	en dit baie goed gevind om te weet wat my punte was <i>(I found it to be a good thing to know what my marks were [before writing exams])</i>
	Active music making
FG1-627	nadat ek geleer het, dan speel ek soos net 'n liedjie wat ek baie goed ken en dan probeer ek soos die kitaar, en dan help dit my om te vergeet van die stres



	<i>(after I studied, I would just play a song that I know well, and then I try playing on the guitar, and that helps to forget about the stress)</i>
FG1-733	as ek klaar geleer het dan speel ek ook kitaar <i>(when I am finished with my studies, I also play guitar)</i>
FG1-743	Ek speel maar net kitaar wanneer ek lus het <i>(I play guitar whenever I feel like it)</i>
FG1-786	ek speel klavier voor ek leer <i>(I play piano before I study)</i>
	Physical activity / Movement
FG1-632	ek skop bal <i>(I kick ball)</i>
FG1-643	as ek klaar geleer het, dan vat ek my tennis raket, en slaan die bal <i>(once I am done with my studies, I take my tennis racket and hit the ball)</i>
FG1-701	Ek gaan ry (roller blades) <i>(I roller blade)</i>
FG1-710	partykeer dan is dit net lekker om net soos vinnig te kan swem en dan leer ek verder en maak dit my net weer rustig <i>(sometimes it's just nice to have a quick swim, and then I will study again- it just calmes me down again)</i>
FG1-719	Oe! Om die hekke ry met rollerblades <i>(Oh! Rollerblading around the gates)</i>
FG1-726	Ek ry rollerblades <i>(I do rollerblading)</i>
FG1-918	so dan sal ek die bal vat en buite gaan rondloop <i>(then I'll take the ball and walk around outside)</i>
	Play with pets
FG1-633	speel met my honde <i>(play with my dogs)</i>
FG1-698	dan gaan speel ek met my katte <i>(then I go play with my cats)</i>
FG1-703	En hamsters en <i>([play] with the hamsters and ...)</i>
	Organised sport
FG1-750	dan gaan doen ek sê-maar-nou maar my sport <i>(then, let's say, I'll go and do my sports)</i>
	Regular breaks
FG1-863	Ja, en dis lekker om breuke te hê, want dan is jou kop net, dan kry jy net weer bietjie vars <i>(yes, and it is nice to take a break, because then your head, then you just get a bit of fresh)</i>
	Medical factors



FG1-898	ek drink Concerta elke oggend,dit help so klein sodat ek kan konsentreer (<i>I drink Concerta every morning, and it helps me to concentrate</i>)
FG1-1007	en die dokters het ook al gesê dat ek [dieper moet asemhaal] (<i>and the doctors also said that I should (inhale deeper)</i>)
	Passive
	Imaginative narrative coping strategies
FG1-373	Klink baie weird, maar ekke, ek weet nie, ek begin sing in my kop (<i>Sounds weird, but I, I don't know, I start singing in my head</i>)
FG1-388	Of ek speel soos stories in my kop om (<i>Or I play stories in my head(self-calming)</i>)
FG1-406	Ek gebruik my verbeelding (<i>I use my imagination</i>)
FG1-411	Of soos die storie opmaak in ons kop, en dan doen ek die som (<i>or I will create a narrative in my head, and then do the calculation</i>)
FG1-415	Soos ek, in die einde is dit 'n outjie wat 'n kar ry en dan kom daar 'n dinosaur dan vreet hy.....(<i>as I said, in the end it is this chap that rides in a car, that gets eaten by a dinosaur</i>)
	Music listening
FG1-550	In die oggende as ek klaarmaak vir skool dan luister ook net liedjies (<i>I listen to songs in the morning while I get ready for school</i>)
FG1-561	Op die radio, ja (<i>On the radio, yes</i>)
FG1-566	In die kar (<i>In the car</i>)
FG1-568	luister musiek, soos klassieke musiek as ek leer (<i>listen to music, like classical music when I study</i>)
FG1-580	daar's hierdie klassieke musiek wat my pa speel (<i>there's this classical music my Dad use to play</i>)
FG1-583	Ja, Barok. –wat ek luister met oorfone op, maar dis saggies terwyl ek leer dan help dit my konsentreer (<i>Yes, Baroque. Which I listen to with headsets, but it's a soft volume. While I study it helps me concentrate</i>)
FG1-601	om my baie rustig te maak, dan luister ek dit (<i>to help me calm down, I listen to it</i>)
FG1-611	Ja, uhm, ek het ook klassieke musiek (<i>yes, uhm, I also have classical music</i>)
	Sleep, rest
FG1-602	aan die slaap te maak, soos musiek (<i>to put me to sleep, such as music</i>)



FG1-637	Ek slaap (<i>I sleep</i>)
	Anti-stress toys
FG1-639	Ek speel met TechDecks (<i>I play with TechDecks</i>)
FG1-649	Ek speel gewoonlik met fidget spinners (<i>I usually play with TechDecks</i>)
FG1-662	Speel met TechDecks (<i>Play with TechDecks</i>)
FG1-667	Dit is mini skateboards wat jy met jou vingers speel en dan doen jy sulke tricks (<i>It's mini skateboards that you play with your fingers and then you do some tricks</i>)
FG1-671	Of jy kry ook 'n Fingerboard, maar dis die groter ene (<i>You also get a Fingerboard, which is the bigger one</i>)
	Watch TV / TV games
FG1-640	Ek kyk YouTube (<i>I watch YouTube</i>)
FG1-720	Xbox (<i>Xbox</i>)
FG1-721	Ja, ek ook. Ek speel Xbox (<i>Yes, me too. I play Xbox</i>)
FG1-728	Ek speel Xbox (<i>I play Xbox</i>)
	Breathing
FG1-1008	dat ek beter moet asemhaal (<i>that I need to breathe/inhale more functional</i>)
	Study techniques
	Sketches, drawings, summaries, verbal repetition
FG1-954	dan teken ek vir myself prente en die eerste ding wat ek doen, soos, sê maar nou ek gaan deur my toets, dan teken ek vir myself prente op die blad (<i>then I draw pictures (on the paper) and the first thing I do, as in let's say I am going through the test, then I draw pictures on the page</i>)
FG1-966	skryf ek gewoonlik agter op die exam-pad alles wat ek ken, (<i>I usually write everything I know (remember) on the back of the exam pad</i>)
FG1-982	soos wat juffrou die vrae lees skryf ek die antwoorde neer wat ek weet (<i>as the teacher reads, I plot the answers down that I know/remember</i>)
FG1-918	en dit hardop opsê (<i>I say it out loud</i>)



FG1-931	o dan sê ek dit vir myself hard-op-wanneer ek hoor dit gaan in my kop in (<i>oh and then I say it out loud, when I can hear it "going into my head"</i>)
FG1-944	(repeteer deur dit hardop op te sê)as ek dit deur my kop sê dan vergeet ek dit (<i>I repeat it verbally various times- when I say it through my "head", I forget it</i>)
	Creative Games
FG1-789	Ek bou Legos (<i>I build Legos</i>)
FG1-794	Ek probeer 'n skip te maak, maar partykeer kry ek nie die regte teëls nie (<i>I try to create a ship, but somehow I do not get the ideal tiles</i>)
	Increased social awareness
FG1-189	Dan voel "sy" angstig (<i>Then "she" feels anxious</i>)
FG1-226	"Hy"'s altyd kalm (<i>"He" is always calm</i>)
FG1-228	Hy's deur die mis ("He's "scatter brained")
FG1-463	Dit pla nie regtig vir "CGP2" nie (<i>It doesn't bother "CGP2" at all</i>)
FG1-467	Nie dat dit haar nie pla nie, sy's baie rustig, sy's rustig oor haar akademie (<i>Not that it bothers "her" at all, she's very relaxed, she's relaxed about her academic work</i>)



Appendix X: Complete Level 1 codes of focus group 2

	Improved concentration
FG2-74	Ek kon lekker konsentreer in Wiskunde (<i>I could concentrate "nicely" on Maths</i>)
	Imaginative Play
FG2-76	ek kon musiek in my kop gemaak het (<i>I could create music in my head</i>)
	Decreased anxiety level
FG2-86	Ek was minder gestres voor ek sport gaan doen in die middag (<i>I was less stressed before I went off to do sport</i>)
FG2-91	ek was baie meer ge-relax vir hierdie eksamen as die vorige een (<i>I was much more relaxed for this exam than the previous one</i>)
FG2-93	(sê) ons regtig altyd dieselfde ding?(Ek ook) (<i>Do we really tend to say the same things?[Me too]</i>)
FG2-98	ek het nie so erg gestres voor die tyd nie (<i>I did not stres that much before the exam</i>)
FG2-102	Tannie, *snigger* ek kon rustiger raak voor die eksamen (<i>Mam, *giggle*, I could relax before the exams</i>)
FG2-108	dan raak ek rustiger, dan voel ek nie meer so gestres nie (<i>Then I relax more and do not feel as stressed</i>)
FG2-115	ek voel net soos meer rustig en lekker. *skud haar hande* (<i>I feel just more relaxed and fine. *shake hands*</i>)
FG2-116	*skud ook hande* (<i>*shake hands as well*</i>)
FG2-130	Ek het voordat ek dit (music therapy) gedoen het baie meer gestres oor of ek my werk ken, nou stres ek minder (<i>before I did it (music therapy), I stressed much more about whether I knew[mastered] all my work, now I stres less</i>)
FG2-133	Ek stres nie meer oor die werk nie (<i>I do not stress about the work anymore</i>)
FG2-154	dan help dit my om nou bietjie rustiger te raak en dan hoef ek nie so erg te stres of iets nie (<i>then it helpds me to relax a bit en then I do not need to stress that much or something alike</i>)
FG2-349	Ek voel nou soos baie rustiger (<i>I feel, like, more relaxed</i>)
	Improved sleeping patterns
FG2-99	Ek kon actually slaap die aand voor die tyd (<i>I could actualy sleep the night before[exams]</i>)



	Improved breathing
FG2-107	ek kan as ek dieper asem haal (<i>I can breath/inhale deeper</i>)
FG2-113	ek haal net dieper asem en ek is nie meer so gestres die dag wat ek die toets skryf nie (<i>I just breath in deeper and I am not as stressed on the day that I write a test</i>)
	Improved confidence
FG2-117	En ek voel meer confident (<i>I feel more confident</i>)
	Improved memory
FG2-146	ek weet nie of dit iets met die beskrywing te doen het nie, maar voor die tyd sou ek by 'n vraag gekom het, dan soos sal ek vergeet het wat ek geleer het daaroor, maar hierdie keer het ek baie meer onthou wat ek geleer het. (<i>I do not know whether it's got something to do with the description, but previously when I had to answer a question, I would have forgotten everything I studied about that [question/section], but it is as if I remembered more of what I studied</i>)
	Improved communication
FG2-350	ons almal nou bietjie beter kon kommunikeer met mekaar (<i>all of us communicate better with one another</i>)
	Dared to explore more options
FG2-151	Ek sal soos by die vraag net so na die vraag kyk, ek sal sukkel, dan dink ek, dan sou ek net kyk watse ene sal die beste uitwerk (<i>When I get to the question, I'd, like, glance at the question, and I will have trouble answering it, and the I think, and then I try to just check out which (calculation) will work best</i>)
	Undecided change
FG2-121	Ja (Yes)
FG2-144	Daar was 'n verandering (<i>There was a change</i>)
FG2-344	Ja (Yes)
FG2-345	Ja (Yes)



FG2-361	ek voel 'n verandering, maar ek weet nie regtig wat om te sê nie (<i>I feel a change, but I do not really know what to say</i>)
FG2-369	Beter, Juffrou (<i>Better, Mam</i>)
	Increased expressiveness
FG2-358	Ek het louder geraak (<i>I got louder</i>)
FG2-374	Vir my, ek was, of ek voel as of ek minder ernstig is en minder skaam is (<i>For me, I feel as if I am less serious and less shy</i>)
FG2-379	Ja, en minder skaam (<i>Yes, and less shy</i>)
	Music as regulation
FG2-356	Ek het, ek is mos baie loud, so ek raak rustiger as ek met musiek speel en so (<i>I have, actually I am very loud, so I relax more when I can make music and so</i>)
FG2-376	Ek voel nie meer, soos ek voel bietjie loud. Of nie soos lelke loud (<i>I don't feel any more, like, I feel a bit loud</i>)
	Positive experiences
FG2-296	niks het regtig gepla nie (<i>nothing really bothered me</i>)
FG2-303	maar daar was niks nie lekker nie (<i>but nothing was not nice</i>)
FG2-205	Daar was ook niks nie lekker vir my nie (<i>There was nothing not nice for me</i>)
FG2-307	Alles was vir my lekker (<i>Everything was nice for me</i>)
FG2-309	Alles was vir my lekker (<i>Everything was nice for me</i>)
FG2-320	Alles was vir my lekker (<i>Everything was nice for me</i>)
FG2-328	Alles was vir my lekker (<i>Everything was nice for me</i>)
FG2-333	Juffrou, daar was niks nie lekker nie (<i>Mam, there was nothing that was not nice</i>)
	No change
FG2-81	Ek het net dieselfde gevoel (<i>I just felt the same</i>)
FG2-84	Dieselfde (<i>Likewise</i>)
FG2-123	*lê terug en skud sy kop*(itv angstigheid) (*lying back, shaking his head*[ito anxiousness])



	Time-limit
FG2-132	maar nou stres ek net oor of daar genoeg tyd is (<i>but now I only stress about whether there is sufficient time</i>)
FG2-135	Ja,(ek stres steeds oor die tyd) (<i>Yes, I still stress about time</i>)
FG2-138	Ek het altyd oor tyd gestres, maar nou stres ek meer oor of ek my werk ken, want dit is moeilik (<i>Before I used to stress about time limits, now I only stress about whether I know my work, because it's difficult</i>)
PA1a	Active music making
FG2-160	O! Toe ons so die heelyd daai dromme en gespeel het (<i>Oh, like when we could play those drums and all the time</i>)
FG2-182	Vir my was dit die pom-pom-om met die dromme te speel (<i>For me it was the pom-pom..to play with the drums</i>)
FG2-246	Dit was lekker toe ons met die dromme speel en hoe ons musiek maak het (<i>It was nice when we played on the drums and how we made music</i>)
FG2-251	Die lekkerste was vir my om die dromme te speel en (<i>niciest part for me was to play on the drums</i>)
PA1b	Making noise
FG2-167	Jy kan net geraas maak met instrumente (<i>you can just make a noise with instruments</i>)
FG2-201	wat jy net met die instrumente kan klomp kom geraas maak (<i>the part where you kan make a big noise with the instruments</i>)
	Singing
FG2-161	Die liedjie wat ons in die oggende gesing het (<i>The song we sang in the mornings</i>)
FG2-168	*sing spontaan* Goeie goeie more, sing jou lied vir my.(<i>Sing spontaneously: Good, good morning, sing your song to me</i>)
FG2-172	Goeie goeie more, sing jou lied vir my. Saam gaan ons musiek maak, nuwe klanke kry. Goeie goeie more, sing jou lied vir my. Saam gaan ons musiek maaaaaaaak... (<i>Good, good morning, sing your song to me. Together we will make music, create new sounds. ...Sing Hallo song spontaneously</i>)
FG2-177	La-di-da-di-dei.(Sing) (<i>La-di-da-di-dei(Sing)</i>)
	Improvisation



FG2-175	*doen 'n drumroll op die bankie* (<i>Do a spontaneous drumroll on desk</i>)
FG2-176	en dan moet jy jou eie stuk daar bysit (<i>And then you need to add your own contribution</i>)
FG2-183	jou eie beat te kan maak (<i>to be able to create your own beat</i>)
FG2-189	en dan kan jy so jou eie beat maak en dan maak jy soos 'n liedjie daaruit. Dit was vir my baie mooi. (<i>and you can do your own beat and then create from that. It was really beautiful for me</i>)
FG2-197	daai van wat jy 'n stuk moet speel en dan maak die tannie 'n liedjie daaruit (<i>the part where you just play a part and the lady creates a song with it</i>)
FG2-209	en as die tannie soos 'n musiekstukkie maak van jou beat (<i>and when the lady makes up a music piece with my beat</i>)
FG2-252	daai musiek goeters wat ons dadelik net enige iets speel (<i>that music stuff where we immediately just play anything</i>)
	Privilege
FG2-191	en wat vir my ook baie lekker was is dat die res van die kinders in die saal gesit het, terwyl ons mal gaan op die dromme (<i>what was also nice for me, was the fact the we could go crazy on the drums, while the other learners had to sit in the Hall</i>)
	Relaxation
FG2-195	en so kort voor die eksamen en so was lekker (<i>and so close to the exams, this was nice</i>)
	Music listening combined with Artwork
FG2-194	die wat sy so musiek gespeel het dan moet jy nou teken (<i>the part where she played some music and we had to make a drawing</i>)
FG2-207	dat dit lekker is om soos te teken as die musiek speel (<i>like, it's nice to draw while the music plays</i>)
FG2-234	.. is dat dit lekker was hoe sy vir ons musiek aansit en ons kon teken hoe ons voel en soos (<i>and it was nice how she switched the music on, and we were allowed to draw what we feel and so</i>)
	Expressive outlet
FG2-202	het al die energie op die instrumente uitgespeel (<i>played out all the energy on the instruments</i>)
FG2-235	ons kon teken hoe ons voel (<i>we could draw what we feel like</i>)
	Humerous interactions



FG2-220	wat vir my een van die snaakste goed was is as ons so op die mat gelê het (<i>For me one of the funniest moments was when we lying on the carpet</i>)
FG2-227	Toe langs my hoor ek net vir EGP4 wat so diep asemhaal en dan vra EGP4 uit die bloute net "EGP10, lewe jy nog?!" (<i>Next to me I just heard EGP4 inhaling deeply and out of the blue asking EGP10 whether he's still alive</i>)
	Validation in turn taking
FG2-248	en dan moet ons elkeen 'n beurt kry om 'n noot te speel (<i>and then we each had turns to play a note</i>)
	Choice of variety of instruments
FG2-247	Ons moes elke keer 'n nuwe instrument kies wat ons kan speel (<i>We had to pick a new instrument to play on every time</i>)
FG2-253	Ja, so wat jy (instrumente)kon kies (<i>yes, like when you could pick (own instrument)</i>)
	Religious aspect - Missed assembly
FG2-254	dit was nie regtig lekker toe ons toewyding (<i>it was not really nice to miss Assembly</i>)
FG2-257	O, toe ons die toewyding gemis het (<i>Oh, such as when we missed Assembly</i>)
FG2-258	Toe ons die toewyding gemis het (<i>when we missed Assembly</i>)
FG2-260	Ja, as jy die toewyding mis, want dis ook eintlik cool (<i>Yes, the missed Assembly, because that's actually cool as well</i>)
FG2-261	Want dit is eintlik vir my bietjie belangriker as musiek (<i>Assembly is actually slightly more important than music</i>)
FG2-265	ook die toewyding (<i>Assembly as well</i>)
FG2-273	Dis hoe ek my (musiek)periode eenkeer gemis het, want ek het toewyding toe gegaan (<i>that's why I missed the music period, because I attended Assembly</i>)
FG2-335	Dit was net die toewyding (<i>it was only the Assembly..</i>)
	Exposed
	Put on the spot during turntaking
FG2-287	Vir my, ek voel so weird as ons, as almal vir jou kyk en dan moet jy nou 'n beat of iets doen (<i>For me, it feels so weird when everybody watches you when you have to do a beat or something</i>)
FG2-289	Ja, ek voel ook so (<i>Yes, I feel like that as well [exposed]</i>)
FG2-290	So dan, want dis 'n bietjie nie meer lekker nie. Ja, almal kyk vir jou, almal kyk vir jou (<i>So then, this is not really too nice.</i>)



	<i>Yes, everybody looks at you, everybody looks at you)</i>
FG2-323	agter die spotlight en dan moet jy [speel] (<i>in the spotlight, and then you need to [play]</i>)
	Did not want to explain absence from Assembly(stigma?)
FG2-297	Behalwe daai ding waar jy soos by toewyding aankom, dan stap jy daar en dan is almal van “waar was jy?” en dan is ek van: *trek gesig*
	<i>(except for the matter of, like when you arrive at Assembly late, you walk in and everbody asks where you were and then I am like.. *pulls a face*</i>
FG2-321	behalwe as die kinders vir jou kyk as jy soos daar aankom en as jy nie verby hulle kan kyk nie
	<i>(except when the other kids look at me when I get there, and you cannot look passed them)</i>



Appendix Y: Complete Level 1 codes of thick descriptions

	High energy levels
TD1-13	During session 1 there was an overall feeling of high energy as could be
TD1-17	The high energy level of the first session was maintained throughout the duration
	Loud and fast drumming
TD1-14	heard in the loud and fast drumming rhythms,
	Making noise
TD1-21	drown their own and others' vocal chants in instrumental sounds.
TD1-33	by excessive noise-making, loud giggling and continuous (loud) insults
	Intensified energy
TD1-26	intensify during session 2 and despite creativity and more variety in rhythm
	Nervous energy
TD1-36	(This lack of ability to relax) highlighted a nervous energy and a
	Chaos, noise
TD2-47	signified by chaos, noise and
	Overpowering volume
TD1-21	drown their own and others' vocal chants in instrumental sounds.
TD1-27	and dynamics during drumming, the group improvisations tended to be loud
	Exaggerated actions
TD1-22	Both sessions 1 and 2 were signified by excessive speaking, giggling, fun-poking,
	Spontaneous movement and communication
TD1-16	and an overall spontaneity in movement and verbal communication



	Bossiness
TD1-23	bossiness and meaningful looks at one another throughout, while some
	Shy, apologetic behaviour
TD1-24	introducing were shy and apologetic during short solo contributions such as
	Loud insults
TD1-33	by excessive noise-making, loud giggling and continuous (loud) insults
	Competitiveness amongst members
TD1-37	competitive atmosphere among members of the group.
	Disconnect
TD2-47	and overall disconnection with the music and with each other
	More synchrony
TD2-63	(became more focused) as they eventually breathed according to instruction and in synchrony
	Awareness of each other
TD2-72	indicated an awareness (and empathy for one another)
	Empathy for others
TD2-72	(indicated an awareness) and empathy for one another
	Sensitive matching by the group
TD2-71	qualities for each member, and the sensitive matching by the group
	Enthusiasm and careful consideration
TD3-103	a group improvisation which they did with enthusiasm and careful consideration.
	Accelerated heartbeat
TD3-85	Client 1- "Dis my hartklop... en my ma raas met my... en ek stres. (<i>This is my heart beat..and my mother is reprimanding me... and I stress</i>)



TD3-91	Client 4- “Ek voel opgewonde, maar ook gestres - dan’t ek butterflies”. Maar as ek in die eksamen is, dan stres ek baie. Ek is rustig, maar my hartklop is hoog.” <i>(Before I write I feel excited, but also stressed- butterflies in my stomach. But once I am mid-exams, I stress a lot. I am calm, but my heart beats fast).</i>
	Anticipation of examination anxiety
TD3-88	Ek stres baie voor die tyd.” Time-limit anxiety provoking
TD3-89	Client 3: “Dan dink ek nie aan my werk nie, ek dink aan die tyd. Dan begin <i>(Then I do not think about the work, I only think about the time. Then I start</i>
TD3-90	ek afjaag, want ek stres.” <i>Then I start messing up working too fast, because I am stressed)</i>
	Time-limit anxiety provoking despite preparation
TD3-95	Client 6: “Ek dink baie oor die tyd.... En dit help nie as ek harder leer nie.” <i>(I think a lot about the time[limit]-....and does not help to study harder/more)</i>
	Examination anxiety inevitable despite level of preparation
TD3-98	Client 8: “Al leer ek hoe hard, ek stres.” <i>((No matter how hard I study, I stress)</i>
	Experiencing stress while studying
TD3-93	Client 5: “Ek weet nie wat dit is nie, maar as ek leer is ek baie gestres, <i>(I don't know what it is, but when I study I am very stressed,</i>
TD3-94	maar as ek eksamen skryf, is ek nie gestres nie.” Want dan weet ek dit is amper verby <i>but when I write the paper I am not stressed because I realize it's almost over)</i>
	Therapist's aim towards synchronisation
TD1-18	of the session and I often took the lead in establishing synchronisation in group



	Therapist's aim towards self-affirmation
TD2-40	members to affirm themselves. By providing sufficient space in the music,
	Therapist allowed space
TD2-54	energy levels of the participants. I allowed enough space in the music for
	Therapist created continuity
TD2-56	created continuity by including these moments into the music by matching
	Therapist's verbal cues for breathing
TD2-58	the learners was followed by a verbal cue for breathing by the therapist,
	Therapist's focus on examination anxiety specifically
TD3-74	During this phase, we focused more on anxiety specifically in the exam
	Therapist's focus on possible relaxation techniques
TD3-114	We sang our hello song, played our other songs and discussed techniques (for relaxation)
	Difficulty relaxing (restlessness?)
TD1-30	relaxation exercise proved to be a challenge. While playing recorded music (Enya)
TD1-36	This lack of ability to relax (highlighted a nervous energy and a)
	Managed to settle down for longer
TD2-62	managed to settle down for increasing periods of time and became more
	Physical discomfort
TD2-67	initial physical discomfort during the relaxation exercise during session 2.
	Experience own ability to manage personal disquiet
TD3-110	and gentle manner. This way they experienced their own ability to manage their disquiet
	Increased silence
TD2-65	seemed comfortable and focused – judging by the increasing silence and
	Relaxed body positions



TD2-66	relaxed body positions that they took that were in stark contrast with their
	Personal experience with examination anxiety
TD3-76	directed component where clients had to put on paper their experience
	Personal focus and reflection
TD3-79	Again, the drawing allowed for personal focus and reflection as well as the
	Acknowledge own experience
TD3-111	by acknowledging their experience and gradually moving towards quiet.
	Opportunity to share
TD3-80	opportunity to share. The pictures were unique and the feedback
	Different experiences of examination anxiety
TD3-82	on different experiences of anxiety. In the following, I will
	Managed to tone down in the music
TD3-109	quality) the group managed to tone the music down and ended together in a calm
	Exploring variety in the music
TD3-116	We ended with a group improvisation that was characterised by variety,
	Increased creativity in music-making
TD3-118	creativity
	Individual expression
TD2-42	I attempted to facilitate the expression of each member's individuality.
	Conviction
TD2-51	shared their unique experiences with conviction (and even a sense of pride)
	Sense of pride
TD2-51	shared their unique experiences(with conviction) and even a sense of pride
	Self-affirmation



TD2-49	afterwards allowed for further self-affirmation. Although other members
	Synchrony in the music
TD3-117	synchrony and
	Increased focus
TD2-45	The drawing activity seemed to keep the learners focused during the music,
	More focussed
TD2-63	became more focused as they eventually breathed according to instruction and in synchrony
	Intensified period of focus
TD3-86	Client 2- Dit is hoe dit is as ek leer... Jy fokus net op die leer - daar's nie tyd vir
	<i>(This is what it's like when I study... You only focus on the studies-there is no time for)</i>
TD3-87	ander aktiwiteite nie. So alles net in een alleen rigting. Daar's nie terug nie....
	<i>(This is what it's like when I study... You only focus on the studies-there is no time for) other activities. Like, everything just in one direction. There's no going back I stress a lot before [exams])</i>
TD3-88	Ek stres baie voor die tyd.”
	<i>I stress a lot before [exams])</i>
TD3-96	Client 7: “Myne is basies net 'n kolletjie... As dit eksamen is, dan fokus ek net op hierdie
	<i>(Mine is basically just a dot.....When it's exams, then I focus on only on this</i>
	Scattered thoughts
TD3-99	Client 9 -Die blommetjies is hoe ek aan die buitekant lyk, maar in my kop is alles net so...
TD3-100	ek dink aan alles, dan's ek by die vraag, dan dink ek al aan daai vraag
	<i>(The flowers represent what I look like on the outside, but inside my head everything's just so,...</i>
	<i>I think about everything, then I'm at this question, then jumping to that question....)</i>



Appendix Z: Complete list of Level 2 codes for focus group 1

APF		Anxiety provoking factors
APF1		Anticipation
	APF1a	Anticipation of examination anxiety <u>prior</u> to exam session
	APF1b	Anticipation of examination anxiety <u>during</u> exam session
APF2		High volume of work
APF3		Perceived level (importance) of examination
APF4		Duration of examination period
APF5		Time limits during examination session
APF6		Period of preparation prior to examination
APF7		External factor: Attentional stressors- distracting, disruptive
IAP		Impact of Anxiety: Psychological responses
IAP1		Loss of memory: forgetfulness, doubt, confusion, mental blocks
IAP2		Loss of concentration: no focus, daydreaming, scattered thoughts
IAP3		False sense of calmness
IAP4		Denial / avoidance
IAP5		Insomnia
IAS		Impact of Anxiety: Somatic responses
IAS1		Tummy unease
IAS2		Sweaty hands
IAS3		Accelerated heartbeat
IAS4		Headaches
IAS5		Hot flushes
IAS6		Shivering/trembling
IAS7		Thirsty / dry mouth
IAS8		Restlessness
IAS9		Breathing shallow/ hyperventilation
AM		Anxiety Management
		Active/Intentional
AM2		Cognitive focus
AM3		Self assurance (status of current marks)
AM5		Active music making
AM6		Physical activity / Movement
AM7		Play with pets
AM11		Organised sport
AM12		Regular breaks
AM14		Medical



		Passive
AM1		Imaginative narrative coping strategies
AM4		Music listening
AM8		Sleep
AM9		Anti-stress toys
AM10		Watch TV / TV games
AM16		Breathing
		Study techniques
AM13		Sketches, drawings, summaries, verbal repetition
AM17		Creative Games
AM18		Increased social awareness



Appendix AA: Complete list of Level 2 codes for focus group 2

SPE		Shifts in personal experience of examination anxiety
SPE1		Improved concentration
SPE2		Decreased anxiety level
SPE3		Improved sleeping patterns
SPE4		Improved breathing
SPE5		Improved memory
SPE6		No Change
SPE7		Time limits
SPE8		Undecided change
PEM		Personal engagement in the music
PEM1		Active music making
PEM2		Singing
PEM3		Improvisation
PEM4		Privilege
PEM5		Music Listening combined with artwork
PEM6		Humorous interactions
PEM7		Validation in turn taking
PEM8		Choice and variety of instruments
MTS		Music therapy as strengthening
MTS1		Positive experiences
MTS2		Dared to explore more options
MTS3		Imaginative play
MTS4		Improved confidence
MTS5		Increased expressiveness
MTS6		Improved communication
MTS7		Music as regulation
MTS8		Relaxation - breathing
MTS9		Expressive outlet
MTS10		Increased social awareness
FBE		Fear of being exposed
FBE1		Religious aspect - Missed Assembly
FBE2		Exposed
	FBE2a	Put on the spot during turntaking
	FBE2b	Did not want to explain absence from Assembly-stigma?



Appendix AB: Complete list of Level 2 codes for thick descriptions

High and excessive energy levels	
TD1-13	High energy
TD1-14	Loud and fast drumming
TD1-17	High energy
TD1-21	Making noise
TD1-26	Intensified energy
TD1-33	Noise making
TD1-36	Nervous energy
TD2-47	Chaos
TD2-47	Noise
TD1-21	Overpowering volume (drowning)
TD1-27	Overpowering volume (driving)
TD1-22	Exaggerated actions
Spontaneity	
TD1-16	Spontaneous movement
TD1-16	Spontaneous verbal communication
Interpersonal interaction	
TD1-23	Bossiness
TD1-24	Shy and apologetic behaviour
TD1-33	Loud insults
TD1-37	Competitiveness
TD2-47	Disconnect
TD2-63	More synchrony in breathing
TD2-72	Awareness of others
TD2-72	Empathy for others
TD2-71	Sensitive matching by the group
TD3-103	Enthusiasm and careful consideration
Somatic responses (to impact of anxiety somatic responses)	
TD3-85	Accelerated heartbeat
TD3-92	Accelerated heartbeat
Experiences of examination anxiety (to theme 1)	
TD3-88	Anticipation of examination anxiety
TD3-89	Time-limit anxiety provoking



TD3-95	Time-limit anxiety provoking despite preparation
TD3-98	Examination anxiety inevitable despite level of preparation
TD3-93	Experiencing stress while studying
	Music therapist's aims and initiatives (to theme 3)
TD1-18	Therapist's aim towards synchronisation
TD2-40	Therapist's aim towards self-affirmation
TD2-54	Therapist allowed space
TD2-56	Therapist created continuity
TD2-58	Therapist's verbal cues for breathing
TD2-74	Therapist's focus on examination anxiety specifically
TD3-114	Therapist's focus on possible relaxation techniques
	Responses to relaxation
TD1-30	Difficulty relaxing (restlessness?)
TD1-36	Difficulty relaxing
TD2-62	Managed to settle down for longer
TD2-67	Physical discomfort
TD3-110	Experience own ability to manage personal disquiet
TD2-65	Increased silence
TD2-66	Relaxed body positions
	Personal disclosure of examination anxiety
TD2-76	Personal experience with examination anxiety
TD3-79	Personal focus and reflection
TD3-111	Acknowledge own experience
TD3-80	Opportunity to share
TD3-82	Different experiences of examination anxiety
	Increased self-expression through music-making (to theme 3)
TD3-109	Managed to tone down in the music
TD3-116	Exploring variety in the music
TD3-118	Creativity in music-making
TD2-42	Individual expression in the music
TD2-51	Conviction
TD2-51	Sense of pride
TD2-49	Self-affirmation
TD3-117	Synchrony in the music



	Extent of focus (to theme 3)
TD2-45	Increased focus
TD2-62	Less Restlessness
TD2-63	More focussed
TD3-86	Intensified period of focus
TD3-100	Scattered/racing thoughts



Appendix AC: RCMAS-2 Questionnaire frequencies

Item description	Pre test	Post test	Pre-test Item Freq.	Post-test Item Freq.
Physical anxiety Experimental Group				
1 Sick to my stomach	*****	*****	6	5
5 Too many headaches			0	0
7 Wake up scared	****	*****	4	5
11 Trouble making up my mind	****	***	4	3
15 Getting my breath	*	***	1	3
20 Mad easily	***	***	3	3
25 Hard for me to sleep	***	***	3	3
31 Sweaty hands	*****	*****	8	6
34 Tired a lot	***	****	3	4
39 Bad dreams	**	**	2	2
43 Hard for me to keep my mind on my school work	***	*****	3	5
46 Wiggle in my seat a lot	**	***	2	3
Physical anxiety Control Group				
1 Sick to my stomach	****	*****	4	5
5 Too many headaches	*	**	1	2
7 Wake up scared	***	****	3	4
11 Trouble making up my mind	****	****	4	4
15 Getting my breath			0	0
20 Mad easily	*	*****	1	6
25 Hard for me to sleep	**	***	2	3
31 Sweaty hands	*****	*****	5	6
34 Tired a lot	**	****	2	4
39 Bad dreams	**	**	2	2
43 Hard for me to keep my mind on my school work	****	*****	4	5
46 Wiggle in my seat a lot	***	***	3	3
Social anxiety Experimental Group				
4 I fear other kids will laugh at me in class	***	**	3	2
9 I feel someone will tell me I'm doing things the wrong way	**	****	2	4
10 I fear other people will laugh at me	**	**	2	2
13 Others seem to do things easier than I can	****	*****	4	6
22 I feel that others do not like the way I do things	****	****	4	5
23 I am afraid to give a talk to my class	*****	*****	8	6
27 I feel alone even when there are people with me	**	*	2	1
28 I get teased at school			0	0
36 Other people are happier than I am		****	0	5
37 I am afraid to speak up in a group	***	*	3	1
41 I worry about being called on in class	***	****	3	4
47 A lot of people are against me			0	0
Social anxiety Control Group				
4 Fear others will Laugh		***	0	3
9 Someone will tell me I'm doing things wrong	***	****	3	4
10 People will laugh at me	***	***	0	3
13 Others do things easier than I can	*****	*****	5	6
22 Others do not like the way I do things	**	**	2	2
23 I am afraid to talk to my class	*****	*****	5	5
27 I feel alone when there are people with me	*		1	0
28 I get teased at school	*	**	1	2
36 Other people are happier than me	**	*	2	1
37 I am afraid to speak up in a group	**	***	2	3
41 I worry about being called on in class	*****	*****	6	5
47 A lot of people are against me	**	*	2	1
Worry Experimental Group				
2 I am nervous	***	*****	4	8
3 I often worry about something bad happening to me	***	****	2	4
6 I worry that others do not like me	**	*	2	1
8 I get nervous around people	***	****	3	4
12 I get nervous when things do not go the right way for me	****	*****	5	6
16 I worry a lot of the time	****	*****	4	6
17 I feel bad if people laugh at me	***	****	3	4
18 I am afraid of a lot of things	**	**	2	2
21 I worry about what my parents will say to me	**	**	2	2
26 I worry about what other people think about me	****	****	4	5
30 My feelings get hurt easily	****	****	4	5
32 I worry about making mistakes in front of people	****	*****	5	6
35 I worry about what is going to happen	****	*****	4	6
42 I worry when I go to bed at night	*	**	1	2
45 I worry about someone beating me up	*	*	1	1
49 I worry about saying something dumb	**	**	2	2
Worry Control Group				
2 I am nervous	*****	****	6	4
3 I often worry about something bad happening to me	***	***	3	3
6 I worry that others do not like me	***	*	3	1
8 I get nervous around people	*****	**	5	2
12 I get nervous when things do not go the right way for me	*****	*****	8	8
16 I worry a lot of the time	****	*	4	1
17 I feel bad if people laugh at me	****	****	4	4
18 I am afraid of a lot of things	*	*	1	1
21 I worry about what my parents will say to me	***	***	3	3
26 I worry about what other people think about me	****	**	4	2
30 My feelings get hurt easily	*****	***	5	3
32 I worry about making mistakes in front of people	*****	*****	6	5
35 I worry about what is going to happen	*****	*****	5	6
42 I worry when I go to bed at night			0	0
45 I worry about someone beating me up		*	0	1
49 I worry about saying something dumb	****	**	4	2



Appendix AD: Pre and post results on mathematics tests

	Participant	Paper 2 Nov 2018 Total 60	%	Paper 2 Mar 2019 Total 45	%	Diff
1	EGP1	30.5	50.83	25	55.56	4.72
2	CGP1	39	65.00	28.5	63.33	-1.67
3	EGP2	46	76.67	33	73.33	-3.33
4	CGP2	40.5	67.50	28.5	63.33	-4.17
5	EGP3	59	98.33	43.5	96.67	-1.67
6	EGP4	56	93.33	40.5	90.00	-3.33
7	EGP11	15.5	25.83	-		
8	CGP3	45.5	75.83	26.5	58.89	-16.94
9	CGP4	51.5	85.83	38.5	85.56	-0.28
10	EGP5	22	36.67	19.5	43.33	6.67
11	CGP5	36	60.00	27.5	61.11	1.11
12	EGP6	51.5	85.83	32.5	72.22	-13.61
13	CGP6	44	73.33	32	71.11	-2.22
14	EGP7	28	46.67	29	64.44	17.78
15	CGP7	47.5	79.17	34	75.56	-3.61
16	EGP8	20.5	34.17	21.5	47.78	13.61
17	CGP8	35.5	59.17	26	57.78	-1.39
18	EGP9	48	80.00	34.5	76.67	-3.33
19	CGP9	52	86.67	38	84.44	-2.22
20	EGP10	46	76.67	37	82.22	5.56
21	CGP10	46	76.67	39	86.67	10.00



Appendix AE: Summary of thematic analysis

THEME 1: SUBJECTIVE EXPERIENCES OF EXAMINATION ANXIETY		
APF Anxiety provoking factors		
APF1		Anticipation
	APF1a	Anticipation of examination anxiety <u>prior</u> to exam session
	APF1b	Anticipation of examination anxiety <u>during</u> exam session
APF2		Volume of work
APF3		Perceived level (importance) of examination
APF4		Duration of examination period
APF5		Time limits during examination session
APF6		Period of preparation prior to examination
APF7		External factors:
	APF7-1	Attentional stressors- distracting, disruptive
	APF7-2	Verbal pre-talks of upcoming exam matters and affirmation of examination anxiety
	APF7-3	Examination period/term/word represents anxiety per sé
IAP Impact of Anxiety: Psychological responses		
IAP1		Loss of memory: forgetfulness, doubt, confusion, mental blocks
IAP2		Loss of concentration: no focus, daydreaming, scattered thoughts
IAP3		False sense of calmness
IAP4		Denial / avoidance
IAP5		Insomnia
IAS Impact of Anxiety: Somatic responses		
IAS1		Stomache unease
IAS2		Sweaty hands
IAS3		Accelerated heartbeat
IAS4		Headaches
IAS5		Hot flushes
IAS7		Thirst, dry mouth
IAS9		Shallow breathing, hyperventilation
TD3-85		Accelerated heartbeat
TD3-91		Accelerated heartbeat
AM Anxiety Management		
Active		
AM2		Cognitive focus
AM3		Self assurance (status of current marks)
AM5		Active music making
AM6		Physical activity / Movement
AM7		Play with pets
AM11		Organised sport
AM12		Regular breaks
AM14		Medical
Receptive		
AM1		Imaginative narrative coping strategies
AM4		Music listening
AM8		Sleep
AM9		Anti-stress toys
AM10		Watch TV / TV games
AM16		Breathing
Study techniques		
AM13		Sketches, drawings, summaries, verbal repetition
AM17		Creative Games
EEA Experiences of examination anxiety		
TD3-88		Anticipation of EA
TD3-89		Time-limit anxiety provoking
TD3-95		Time-limit anxiety provoking despite preparation
TD3-98		Examination anxiety inevitable despite level of preparation
TD3-93		Experiencing stress while studying



THEME 2: THE FACE OF EXAMINATION ANXIETY IN THE MUSIC		
HEE High and excessive energy levels		
TD1-13		High energy
TD1-14		Loud and fast drumming
TD1-17		High energy
TD1-21		Making noise
TD1-26		Intensified energy
TD1-33		Noise making
TD1-36		Nervous energy
TD2-47		Chaos
TD2-47		Noise
TD1-21		Overpowering volume (drowning)
TD1-27		Overpowering volume (driving)
TD1-22		Exaggerated actions
SPO Spontaneity		
TD1-16		Spontaneous movement
TD1-16		Spontaneous verbal communication
DR Responses to relaxation		
TD1-30		Restlessness
TD1-36		Difficulty relaxing
TD2-62		Managed to settle down for longer
TD2-65		Increased silence
TD2-66		Relaxed body positions
TD2-67		Physical discomfort
TD3-110		Experience own ability to manage personal disquiet
PE Personal disclosure of EA		
TD3-76		Personal experience with EA
TD3-79		Personal focus and reflection
TD3-80		Opportunity to share
TD3-82		Different experiences of EA
TD3-111		Acknowledge own experience
FBE Fear of being exposed		
FBE1		Religious aspect - Missed Assembly
FBE2		Exposed
	FBE2a	Put on the spot
	FBE2b	Did not want to explain absence from Assembly-stigma?



THEME 3: INDIVIDUAL AND GROUP SHIFTS EXPERIENCED IN THE MUSIC

THEME 3: INDIVIDUAL AND GROUP SHIFTS EXPERIENCED IN THE MUSIC	
SPE	Shifts in personal experience of examination anxiety
SPE1	Improved concentration
SPE2	Decreased anxiety level
SPE3	Improved sleeping patterns
SPE4	Improved breathing
SPE5	Improved memory
SPE6	No Change
SPE7	Time limits
SPE8	Undecided change
PEM	Personal engagement in the music
PEM1	Active music making
PEM2	Singing
PEM3	Improvisation
PEM4	Privilege
PEM5	Music Listening combined with artwork
PEM6	Humorous interactions
PEM7	Validation in turn taking
PEM8	Choice and variety of instruments
IS	Increased self-expression through music-making
TD2-42	Individual expression in the music
TD2-49	Self-affirmation
TD2-51	Conviction
TD2-51	Sense of pride
TD3-109	Managed to tone down in the music
TD3-116	Exploring variety in the music
TD3-117	Synchrony in the music
TD1-26	Creativity in music-making
EF	Extent of focus
TD2-45	Increased focus
TD2-62	Less Restlessness
TD2-63	More focussed
TD3-86	Intensified period of focus
TD3-99	Scattered/racing thoughts
II	Interpersonal interaction
TD1-23	Bossiness
TD1-24	Shy and apologetic behaviour
TD1-33	Loud insults
TD1-37	Competitiveness
TD2-47	Disconnect
TD2-64	More synchrony in breathing
TD2-71	Sensitive matching by the group
TD2-72	Awareness of others
TD2-72	Empathy for others
AM18	Increased social awareness
MTS	MT as strengthening
MTS1	Positive experiences
MTS2	Dared to explore more options
MTS3	Imaginative play
MTS4	Improved confidence
MTS5	Increased expressiveness
MTS6	Improved communication
MTS7	Music as regulation
MTS8	Relaxation
MTS9	Expressive outlet
MTAI	Music therapist's aims and initiatives
TD1-18	Therapist's aim towards synchronisation
TD2-40	Therapist's aim towards self-affirmation
TD2-54	Therapist allowed space
TD2-56	Therapist created continuity
TD2-58	Therapist's verbal cues for breathing
TD3-74	Therapist's focus on EA specifically
TD3-114	Therapist's focus on possible relaxation techniques