

Mini dissertation in partial fulfilment of the requirements for the degree of

MMus (Music Therapy)

**The impact of musculoskeletal pain on musicians' relationship with music:
An exploration through music therapy**

Margariet Swart

21750191

School of Arts

Faculty of Humanities

University of Pretoria

Supervisor: Dr Andeline Dos Santos

October 2023

ABSTRACT

Many musicians experience musculoskeletal complaints, which can impact their relationship with music. In this qualitative study, I sought to investigate how musicians with musculoskeletal pain could explore and possibly enhance their relationships with music through music therapy. Three participants each took part in eight individual music therapy sessions including active and receptive techniques. I collected data through video recording the sessions and semi-structured interviews were also conducted. The data analysis process entailed interpretive phenomenological analysis. I developed six main themes: In music therapy one can identify and express needs and desires about one's musical journey; one is allowed to feel and explore one's emotions; one has space to express and make meaning in relation to one's musical journey; one can build additional resilience; one can reconnect to music; one can alleviate and work productively with pain. I discuss how participating in music therapy afforded these participants opportunities to work productively with their pain as well as changing some of their perceptions around their pain and its impact on their lives and musical journeys.

DECLARATION

Full name: **Margaretha Carolina Swart**

Student Number: **21750191**

Degree/Qualification: **MMus (Music Therapy)**

Title of Thesis/dissertation/mini dissertation:

**The impact of musculoskeletal pain on musicians' relationship with music:
An exploration through music therapy**

I declare that this thesis/dissertation/mini dissertation is my original work and has not been previously submitted to any other institution of higher learning. All sources included have been carefully acknowledged and referenced per university requirements.

I understand plagiarism and am aware of university policy and its implications in this regard.

Signature

Date

ACKNOWLEDGEMENTS

I would like to express my gratitude to several people who supported me throughout this process:

- Dr Andeline Dos Santos, I am thankful for your thorough feedback, guidance, patience, and professionalism. Thank you for being just as passionate about this research as I am. Thank you for believing in me.
- To my participants, I extend my heartfelt thanks for being so wonderful and willing to share your experiences with me. Your resilience and strength serve as a true inspiration.
- To my friends who ran the race with me, thank you for providing comfort and offering prayers during moments of chaos. Your constant encouragement motivated me to keep moving forward.
- To my parents, I am grateful for your prayers, unwavering love, and gentle encouragement. Thank you for instilling in me a strong work ethic that propelled me towards the finish line.
- To my dear husband, Johan, your support in wiping away every tear and keeping me on my feet means more to me than words can express. I love you.

And finally, I offer my gratitude to Yeshua, my Lord and Savior, who is my constant provider in all areas of life.

TABLE OF CONTENTS

ABSTRACT	i
DECLARATION	ii
ACKNOWLEDGEMENTS	iii
CHAPTER 1: INTRODUCTION	1
1.1 Background and context	1
1.2 Research aim	2
1.3 Research questions	3
1.4 Chapter Outline	3
CHAPTER 2: LITERATURE REVIEW	4
2.1 Musculoskeletal pain and musicians	4
2.2 Prevalence and risk factors	4
2.3 Studies on music therapy and pain	7
2.4 Studies on music therapy with instrumental musicians	8
2.5 The relationship between musicians and music	10
2.6 Conclusion	12
CHAPTER 3: METHODOLOGY	13
3.1 Interpretive Phenomenology	13
3.2 Qualitative Research	14
3.3 Participants	14
3.4 Music Therapy Process	15
3.5 Data Collection	16
3.5.1 Data source A: Video excerpts of musical engagement	16
3.5.2 Data source B: Semi-structured interviews	17
3.6 Data Analysis	18
3.7 Reflexivity	19
3.8 Ethical Considerations	20
	iv

CHAPTER 4: DATA ANALYSIS AND FINDINGS	22
4.1 Introduction	22
4.2 Summary of Participants	22
4.3 Steps in the analysis of data	23
4.4 Sam's process	24
4.4.1 Overview of sessions	24
4.4.2 Selection of Excerpts	25
4.4.3 Emergent themes	26
4.4.4 Theme clusters	27
4.4.5 Main themes	29
4.5 Beatrice's process	30
4.5.1 Overview of sessions	30
4.5.2 Selection of excerpts	31
4.5.3 Emergent themes	32
4.5.4 Theme clusters	34
4.5.5 Themes	36
4.6 Josh's process	37
4.6.1 Overview of sessions	37
4.6.2 Selection of excerpts	38
4.6.3 Emergent themes	39
4.6.4 Theme clusters	41
4.6.5 Themes	43
4.7 Main themes	44
4.8 Synopsis of the themes	45
4.8.1 In music therapy one can identify and express needs and desires about one's music journey	45
4.8.2 In music therapy one is allowed to feel and explore one's emotions	45

4.8.3	Music therapy offers a space to express and make meaning about one's musical journey	45
4.8.4	Building additional resilience in music therapy	46
4.8.5	In music therapy one can reconnect to music	46
4.8.6	In MT one can alleviate and work productively with pain	46
4.9	The value of creative arts-based techniques	46
4.10	Conclusion	49
CHAPTER 5: DISCUSSION		50
5.1	Introduction	50
5.2	Main theme A: In music therapy one can identify and express needs and desires in relation to one's musical journey	50
5.3	Main theme B: In music therapy one is allowed to feel and explore one's emotions	52
5.4	Main theme C: Music therapy offers a space to express and make meaning in relation to one's musical journey	53
5.5	Main theme D: Building additional resilience in music therapy	58
5.6	Main theme E: In music therapy one can reconnect to music	62
5.7	Main theme F: In MT one can alleviate and work productively with pain	64
5.8	Conclusion	68
CHAPTER 6: CONCLUSION		69
6.1	Aim of study	69
6.2	Summary of the findings	69
6.3	Limitations	69
6.4	Recommendations	69
6.5	Conclusion	69
REFERENCES		71
APPENDICES		76

LIST OF TABLES

Table 1	24
Table 2	25
Table 3	26
Table 4	29
Table 5	30
Table 6	31
Table 7	32
Table 8	36
Table 9	37
Table 10	39
Table 11:	40
Table 12	43
Table 13:	44

CHAPTER 1: INTRODUCTION

1.1 Background and context

Musicians frequently experience pain (Allen, 2013). Professional musicians are prone to develop a playing-related musculoskeletal disorder, with 62% to 93% experiencing this within their career (Kok et al., 2015). Common musculoskeletal disorders include overuse syndrome, tendinitis, carpal tunnel syndrome, osteoarthritis, and thoracic outlet syndrome (Kok et al., 2015). These disorders stem from repetitive playing movements and prolonged efforts of holding or playing an instrument, often in awkward positions (Wilson et al., 2014). In a systematic review focusing on musculoskeletal complaints among professional musicians, Laura Kok et al. (2015) state that one of the leading medical problems among musicians is musculoskeletal complaints, which impact musicians on physical, psychological, social, and financial levels. Being in pain while attempting to practise and perform can impact a musician's relationship with music.

Several studies have been conducted on music therapy for pain, but only a handful have focused explicitly on musculoskeletal pain. Joy Allen (2013) conducted a literature review on music therapy and pain management that shows evidence of efficacy for treating pain. In addition, a few studies have been conducted on music therapy for instrumental musicians, focussing on music as a creative health resource (Trondalen, 2013; Kendrick, 2021). Still, none have directly explored how music therapy could enhance musicians' relationship with music when they are struggling with painful musculoskeletal disorders. Therefore, this study explored how a music therapy process might assist musicians with painful musculoskeletal disorders in exploring and expressing their thoughts and feelings concerning their relationship with music. The study sought to investigate whether music therapy can assist them in enhancing this relationship. Additionally, the study offered insight into creative data elicitation techniques by exploring the experiences of musicians suffering from pain due to musculoskeletal disorders through music therapy.

I have been diagnosed with a musculoskeletal disorder (Thoracic outlet syndrome) caused by the overuse of muscles due to piano playing. My brachial plexus, a network of nerves, was compressed and caused pain in my shoulders and neck, numbness, weakness, and coldness in my fingers. My left shoulder and arm muscles were overused during repetitive movements at a fast tempo. During my bachelor's in music degree, I moved my wrist and elbow incorrectly.

I lost my love of and excitement for playing the piano because of constant pain. This experience motivated me to study this topic; however, my personal journey also demands a high level of reflexivity from me as I research other musicians' experiences with pain and how they explore this within music therapy.

Before presenting the study's aims, I will offer brief explanations of musculoskeletal disorder (MSD), playing-related musculoskeletal disorder (PRMD), overuse syndrome, and musculoskeletal symptoms (MSS).

- MSD is an umbrella term for a group of disorders affecting the muscles, tendons, and nerves (Canadian Centre for Occupational Health and Safety [CCOHS], 2019; Prasad & Aslam, 2017). Injuries from MSD result from overuse and repetitive movement in an uncomfortable position for an extended amount of time (Bird, 2013). Injuries include sprains, tendonitis, scoliosis, arthritis, and injuries to the neck and back.
- Due to high incident rates of musculoskeletal injuries in musicians, PRMD has been coined as a specific term for musicians suffering from musculoskeletal disorders. According to Liu and Hayden (2002), prolonged weight-bearing in uncomfortable positions combined with constantly repeating these movements and overusing the muscles results in a high prevalence of medical problems in musicians, hence the term overuse syndrome.
- Overuse syndrome is another name for PRMD. This disorder/syndrome presents with numbness, tingling, weakness in movement, inaccurate playing, loss of control, loss of speed, and pain that interfere with musicians' ability to play their instruments (Bird, 2013; Liu & Hayden, 2002). Stanhope and Weinstein (2019b) coined these as MSS. Important to note is that overuse syndrome is a term for identifying pain that is caused due to overuse; it is not a specific diagnosis (Liu & Hayden, 2002). Therefore, PRMD, overuse syndrome, and MSS essentially fall under the same umbrella term of MSD.

1.2 Research aim

This study had three aims. Firstly, I sought to explore musicians' relationships with music when they had musculoskeletal pain. Secondly, I wished to examine how music therapy could offer a meaningful therapeutic process that might enhance that relationship. Thirdly, I hoped to contribute to understanding how to use creative data elicitation methods in qualitative research.

1.3 Research questions

The research questions guiding this study are, therefore:

- (a) How do musicians with musculoskeletal pain experience exploring their relationship with music through music therapy?
- (b) Do musicians with musculoskeletal pain experience music therapy as helping enhance their relationship with music, and if they do, how do they experience the ways in which the music therapy process afforded this?
- (c) How can creative arts-based techniques used within music therapy facilitate the generation of in-depth qualitative data within an exploration of musicians' relationships with music when they have musculoskeletal pain?

1.4 Chapter Outline

In the second chapter, I will explore the relevant literature that relates to my research questions. I will explore studies on musculoskeletal pain for musicians, prevalence and risk factors, studies on music therapy and pain, studies on music therapy with instrumental musicians, and the relationship between musicians and music.

In chapter three, I will discuss interpretative phenomenology as my chosen paradigm for this qualitative study and clarify the criteria for participant selection. I will also outline methods of data collection and analysis with a section focussing on reflexivity. Lastly, I will explain the relevant ethical considerations,

In chapter four, I will describe the process of data analysis and present the findings.

Chapter five will offer a discussion in relation to the research aims and questions and the relevant findings from the data analysis.

In chapter six, concluding comments will be made, including a discussion of the limitations of the study and recommendations for further research.

CHAPTER 2: LITERATURE REVIEW

In this literature review, I will examine published research regarding musicians' musculoskeletal pain and the management thereof. I will also be discussing studies on the prevalence and risk factors associated with PRMD. Following this, I will review research on music therapy and pain, as well as music therapy with instrumental musicians. Lastly, I will review the literature on musicians' relationship with music.

2.1 Musculoskeletal pain and musicians

A significant number of studies have been conducted on musculoskeletal pain and musicians. Since the 1700s, when the Italian physician Bernardino Ramazzini (1633-1714) researched musicians and their occupational diseases, the awareness of medical conditions regarding music-playing has accelerated (Liu & Hayden, 2002). Today, for example, the journal *Medical Problems of Performing Artists* is devoted to the subject.

Stanhope and Weinstein (2020) investigated the question "Should musicians play in pain?" and concluded that musicians should rather be educated on contemporary pain science and seek treatment than take time off from playing to manage their pain. When taking time off, the pain might increase, and they may risk transitioning from acute to chronic pain. These authors defined pain as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage" (p. 83).

According to Foxman and Burgel (2006, p. 309), "some musicians actually accept musculoskeletal pain as a normal and necessary side effect to practise and musical improvement." Ninety-three percent of musicians experience musculoskeletal injury, either acutely or chronically, during their careers (Bird, 2013). PRMDs affect musicians on a physical, emotional, and social level. Professional musicians are expected to practise their instruments for at least eight hours a day, week in and week out. By upholding this routine, strain is guaranteed to be placed on the musculoskeletal system used, resulting in overuse syndrome (Bird, 2013; Liu & Hayden, 2002).

2.2 Prevalence and risk factors

Many studies have been conducted to investigate the prevalence and risk factors of MSD in musicians. Unfortunately, publications regarding musicians and musculoskeletal symptoms have different definitions within the umbrella term MSD (as explained in the introduction),

which influences the documentation of prevalence rates and causes measurement bias. The point prevalence of musculoskeletal disorders ranges between 39% and 87% (Bragge et al., 2005; Corrêa et al., 2018; Kok et al., 2015; Wu, 2007). During this literature review, I will refer to the terms and definitions used explicitly by each author to prevent further confusion.

Corrêa et al. (2018) conducted a systematic review of the prevalence and risk factors for musculoskeletal pain in classical musicians. The prevalence in professional musicians with musculoskeletal pain fell between 39% and 87% and between 34% and 62% in student musicians. Corrêa et al. explained that the risk factors for musculoskeletal injuries in classical musicians include the intense physical strain, emotional demands of competitions and performances, including performance anxiety; in their study, string and keyboard musicians presented with the highest prevalence of musculoskeletal injury (69% and 66%). Lederman (2003) was curious about the risk factors that incline this high prevalence of musculoskeletal problems among classical musicians. He narrowed down these risk factors to the following: physical characteristics (body habitus, joint laxity, muscle conditioning); music-related factors (playing posture, technique, practise/playing time, intensity, methods of instrument support); the musician's gender, age and lastly, the music itself.

In 2005, Peter Bragge et al. conducted a systematic review exploring the prevalence and risk factors of PRMD, specifically in pianists. The prevalence rates ranged widely from 26% to 93%. In addition, Bragge et al. found that PRMD in pianists, guitarists, and string players was more prevalent than in woodwind players. They found risk factors investigated for PRMD to be a previous injury in the upper quadrant (neck, shoulder, elbow, or bilateral), having small hands, old age and female gender, and your level of pain control.

Sarah Wu (2007) systematically reviewed occupational risk factors for musculoskeletal disorders in musicians. She stated that the prevalence of PRMD is consistent with the bulk of work-related musculoskeletal disorders, ranging from 39% to 87%. According to Wu, the potential risk factors for musculoskeletal complaints, a term she uses, are gender, the instrument played, fewer years of playing experience, playing-related stressors (academic/self-pressure), not taking sufficient breaks, playing-related tension (over-practicing), or previous trauma. She also noted that female string or keyboard musicians are at higher risk of developing musculoskeletal complaints than other musicians.

Stanhope and Weinstein (2019b) conducted a study focusing on non-classical musicians to alleviate musculoskeletal symptoms. Their findings revealed numerous similarities between

non-classical and classical musicians in managing MSS, highlighting shared challenges across different musical genres. These musicians tend to prioritise performance above their MSS. They experience pain and decide to play through it, and they found it difficult to stop playing even when they were conscious of the MSS. They became caught up in the experience of playing and only noticed the symptoms after they stopped playing. A “culture of silence” (p. 216) has developed around MSS, and trust has been lost in health professionals because of bad experiences (Stanhope & Weinstein, 2019b). Baadjou et al. (2016) found that factors like job insecurity, injury stigmatisation, fear of judgment, and denial result in musicians playing to the point of chronic disability, disregarding the existence of their injury, and continuing to live in pain.

Baadjou et al. (2016) conducted a systematic review focusing on the risk factors for musculoskeletal disorders in musicians. They proposed a model combining multiple risk factors as a possible way to foresee the occurrence of PRMD. The categories of risk factors within the model were sociodemographic factors (gender), health-related factors (sports, exercise, smoking), physical factors (hand span, tendon anomalies, hypermobility), psychosocial factors (performance anxiety, stress), and work-related factors (number of years playing, type of instrument, orchestra hours, work-related stress) (Baadjou et al., 2016). Baadjou et al. made a critical point that having insight into risk factors for musculoskeletal disease in musicians is a valuable tool for developing prevention strategies for PRMD.

In a review of outcomes and tools used to assess musicians’ musculoskeletal symptoms, Stanhope et al. (2019) grouped perceived risk/causative risk factors as playing-related, musculoskeletal, work environment, and psychosocial. Playing-related factors include the duration of playing and practise sessions, difficulty and scheduling of repertoire, sudden increase or decrease in playing hours, and change in practise routine. Musculoskeletal factors include too much or excess muscle tension, muscle fatigue, playing when physically exhausted, lack of endurance, strength, fitness, and flexibility, poor or bad posture, insufficient warm-up or insufficient rest, too few breaks during playing, poor technique, and poor injury management. Work environment factors include chairs of improper or invariable height, cramped playing conditions, instrument carrying, temperature, lighting, malfunction of instruments, and instrument set-up. Finally, psychosocial factors include emotional problems, stress or anxiety, depression, performance anxiety, time pressure or practising with a deadline, feelings of inadequacy, job dissatisfaction, and lack of support.

2.3 Studies on music therapy and pain

Several studies have investigated the effectiveness of music therapy for pain. Lucanne Magill Bailey (1986) referred to music therapy as a “nonpharmacologic method that can be used to treat pain and suffering” (p. 25). There are several mechanisms through which music therapy can help reduce pain. The substantial effect of music therapy on pain is that it can act as a distraction to pain perception, lighten the feeling of anxiety and fear that goes hand in hand with the pain experience, and transfer the attention to sensations of pleasure (Allen, 2013; Bailey, 1986). Music can affect the volume of pulse and blood pressure, increase, or decrease muscular energy, and alter mood. Music can enhance the release of physical and emotional tension through calming and soothing tones and create relaxation. Music therapy goals in pain management are to improve the patient’s comfort level and overall well-being. Music therapy can help participants experience freedom, contact, and symptom relief (Bibb & McFerran, 2018).

Joy Allen (2013) outlined the “pain cycle” (p. 38) established by the American Pain Society to demonstrate the physical and psychological components of pain and their connection. She also elaborated on different types of pain (procedural, acute, and chronic). The pain cycle starts when a person experiences pain. Avoiding the specific activity that produces the pain results in deconditioning and muscle tension. This avoidance, in turn, leads to more activity avoidance and progressive deconditioning, which results in more pain. The more the pain, the more the distress/anger/fear/anxiety. These states can lead to a low mood, possibly resulting in depression and increased pain perception. The continuation of the cycle can result in hopelessness and spiritual suffering (Allen, 2013). The music therapist’s aim should be to break, identify, and interrupt the cycle.

Music therapy interrupts with the perception of pain created in the brain by stimulating endorphins, thereby treating pain through mood enhancement. Experiences in music therapy can serve as mechanisms that provide choice and control, self-expression, cognitive reframing, and social support (Allen, 2013). Allen outlined methods and procedures used to address the physical, emotional, and spiritual needs of patients experiencing acute or chronic pain. These include receptive music therapy, improvisational, re-creative, and compositional music therapy. Receptive music therapy includes music listening, song communication, music-assisted relaxation, music and imagery, the Bonny Method of Guided Imagery and Music, and musical entrainment. Improvisational music therapy includes song improvisation and

referential improvisation. Re-creative music therapy includes therapeutic singing, and compositional music therapy includes song writing.

Allen (2013) conducted a literature review on music therapy and pain management, showing that the aforementioned methods effectively address procedural, acute, and chronic pain. In this review, the earliest studies involve receptive music therapy methods. A few studies investigated song communication in pain management, while several others investigated the effectiveness of music and imagery techniques for pain management. The literature regarding entrainment and improvisational methods is limited to pain management. Allen found more studies regarding song writing as an effective pain management tool than studies examining the benefits of therapeutic singing on the pain experience.

Leão and Paes da Silva (2005) investigated the relationship between music and chronic musculoskeletal pain. They found that music is an effective intervention for relieving chronic musculoskeletal pain and the perception thereof. Music helps reduce stress and tension and induces relaxation. It produces endorphins and aids in creating images in the mind that provide a temporary escape from the pain. The study also demonstrated the effectiveness of music as an intervention to reduce anxiety. In return, the anxiety reduction reduced muscle tension and pain.

Martin-Saavedra et al. (2018) explored standardising music characteristics to manage pain. They found that music without lyrics is effective for the management of pain. In addition, music modifies activity in the brain during pain stimulation, supporting its analgesic effect. These authors explained that different characteristics of music (volume, pitch, tempo, melody, harmony, instrumentation) are processed differently in the brain and may have other therapeutic effects. Therefore, choosing the appropriate music is important. This, however, needs further research.

2.4 Studies on music therapy with instrumental musicians

Before 1960, researchers gave limited attention to the treatment of medical problems that musicians were confronted with (Trondalen, 2013, 2015). In recent years, this has changed as an increasing amount of literature has been devoted to the subject. Medical problems include performance anxiety, physical injuries such as noise-induced hearing loss, overuse syndrome, depression, sleep disturbances, drug addiction, and stress (Trondalen, 2013, 2015). Given that musicians experience these problems, they might tend to seek treatment. However, despite these physical and mental health challenges, many musicians tend to carry on playing.

Musicians and music students frequently live by the mantra of “no pain, no gain” (Trondalen, 2013, p. 6), not knowing the physical, psychological, and emotional effects this could have. According to Trondalen (2013), “this may be because the problem is also the solution” (p. 842). Although musicians face many challenges in practising and performing music, they also benefit from it as a means of healing and as it offers them a sense of well-being. Trondalen (2015) stated that musicians benefit from music as a means and resource of self-care to improve their condition.

Trondalen (2013) addresses music therapy treatment offered to musicians, considering that their training and work necessitate confronting their health. She proposed receptive, improvisational, re-creative, and compositional music therapy methods and procedures. In her chapter, she provides guidelines, an overview, the aim, the preparation, what to observe, and the procedures to follow for each method. Trondalen focused extensively on the Bonny Method of Guided Imagery and Music (GIM). In 2015, she conducted a research study to explore a resource-oriented approach to GIM (R-oGIM) as a creative health resource for professional musicians and music students. She followed an interpretive phenomenological-inspired procedure to analyse musicians’ lived experiences. The music was carefully selected as sequences of classical pieces with specific intensity profiles and a clear indication of start and finish. The music acted as the “co-therapist,” contributing to “mirroring and promoting what was active within the listener in the here and now” (p. 18). The study concluded that R-oGIM has many health benefits, especially through focusing on drawings, musical journeys, and verbal conversations. It can strengthen and support development on a professional and personal level, improve musical performances, strengthen identity, and nurture professional and personal resources.

Claire Kendrick (2020) surveyed music therapists’ experiences seeking therapy. All participants were board-certified music therapists in the United States of America (USA). Music therapists are health professionals as well as musicians who perform at an advanced level on multiple instruments to meet the needs of their clients (Kendrick, 2020). As music therapists are unique in being both allied health professionals and musicians, they are exposed to the rates of psychological stress, depression, and anxiety present in professional musicians (Kendrick, 2020). Kendrick states, however, that there is no current research regarding therapy-seeking for music therapists. Music therapists are also at risk of developing performance-related injuries, which could impact their income, job satisfaction, and treatment efficacy (Kendrick, 2020). Developing such injuries can result in stress or a mental illness, which could

lead to therapy-seeking. Music therapists may also experience compassion fatigue and burnout, affecting their mental health and increasing therapy-seeking behaviours. Music therapists who go for therapy can pursue self-care, expand their professional well-being, decrease burnout, and potentially treat their PRMD.

A year later, Kendrick (2021) wrote an article about music therapists as therapy-seeking clients and the utilisation of personal therapy by music therapists in USA. The most common form of treatment that music therapists sought was talk therapy and verbal counselling. Creative arts therapies were second in the ranking, with music therapy being sought most frequently. The reasons for seeking therapy were to address their feelings of stress, address a mental illness or mental health concern, or pursue personal insight. As health professionals and musicians, music therapists are at risk for occupational stress due to the demands of their job. Kendrick mentioned that professional musicians experience psychological stress, anxiety, and depression at higher rates than the general population. Professional musicians are also at an increased risk of developing a PRMD, with up to 93% of musicians experiencing it during their careers (Kendrick, 2021). There is evidence of a relationship between PRMDs and depression; thus, Kendrick emphasised this percentage statistic. In addition, pain is a significant symptom of PRMD. Depression and severe burnout can occur alongside this pain.

Ashley Austin (2018) investigated stress and anxiety interventions for classical musicians. Musicians reported distress, stress, anxiety, and depression that impaired their performances and everyday functioning. Stress and anxiety are correlated with social and physical symptoms. Austin writes that a musician who experiences anxiety most likely experiences inflammation and muscle pain, affecting their performances and potentially compromising their careers. This toxic cycle continues towards muscle pain, causing sick days, inability to perform, and loss of income. These musicians frequently seek treatment for their anxiety and depressive symptoms. Austin discussed cognitive interventions which aim to contribute to the maintenance of these symptoms. These include processes such as systemic desensitisation, cognitive restructuring, guided imagery, and music therapy, among others. Other interventions include physiological meditation, yoga, or progressive muscle relaxation. Combining the two interventions, cognitive and physiological, is most efficient.

2.5 The relationship between musicians and music

Gary Ansdell, Tia DeNora, and Sarah Wilson (2016) claim that a relationship with music is a crucial resource for wellbeing. When this relationship is compromised, it could cause stress on

a person's wellbeing. Jennifer Bibb and Katrina McFerran (2018) researched the role of group singing in regaining healthy relationships with music to promote mental health recovery. Although not all participants were musicians, but most had a relationship with music. A new term, "musical recovery" (p. 235), was developed to depict the process through which healthy relationships with music can be regained.

Gary Ansdell and John Meehan (2009) promoted music therapy as a suitable intervention for reconnection with music with the support of a music therapist. In their study, participants referred to music therapy as a story that included interwoven pieces of their relationship with music related to their illness and health. They used the term "music-health-illness narratives" (p. 35) to describe the three-part structure of a person's relationship with music before illness, the disconnection with music because of the illness, and the re-establishment of a healthy relationship with music afterwards. Ansdell et al. (2016) discussed how participation in music therapy can "mid-wife" (p. 221) participants back into gaining a healthy relationship with music during their experience of acute illness. Music therapy can invite participants to experience themselves and their relationship with music in a new way, which could improve their wellbeing (Bibb & McFerran, 2018).

Ansdell et al. (2016) wondered to what extent strategically structured musicking can counteract symptoms of becoming or being unwell. For one of the participants, music redressed things that previously caused distress and conflicted with their relationship with music. According to DeNora, "music occupied the space that otherwise other things (confusion, anxiety, depression, loss of focus) might have filled" (p. 93). This filled space gave the participant a sense of shelter and a space to experience relationships and self.

Zhang et al. (2018) wrote a paper to investigate if a consensus could be established for the term musician. The paper details three components on which a definition of a musician can be based, one of which is identity. A musician is "embedded within an individual's sense of identity" (p. 391). This particularly touches on the musician's relationship with music as it becomes their identity. Ansdell et al. (2016) further explained this as music being life-defining for some people. It is their way of making sense of the world and finding their place within the social world. They speak about "musicianhood" (p.140) as an all-encompassing musical identity and status given to musicians by others. Musicianhood is attributed when a match is found between a person's experience of themselves in relationship to music and how others recognise and acknowledge this. Stanhope and Weinstein (2020) discussed how musicians begin training

during their childhood and that being a musician forms part of their identities. The study investigated whether or not taking time off from playing is good for a musician when in pain. Stanhope and Weinstein found that participants felt a loss of identity and self-worth when taking a break from music. Feelings of isolation and depression also surfaced. They mentioned that playing music is not just a career but also a form of communication, socialisation, and recreational activity. If a musician's relationship with music is compromised, all these other aspects will be affected.

Christine Guptill (2012) stated that musicians have a complex relationship with music and their instruments. While the occupation of being a musician may provide pleasure, meaning, and a sense of musical identity, it can also cause pain through physical injury. Being in pain or injury can result in deep emotional upset that affects the musician's relationship with music.

2.6 Conclusion

From the literature presented here, it is evident that music therapy is a suitable intervention for managing pain. However, music therapy interventions that have been studied were limited to music listening, GIM, and song writing. Examinations of entrainment and improvisational methods literature are limited for pain management (Allen, 2013). Musicians have a complex relationship with music as it can provide them with pleasure, meaning, and a sense of identity but can also cause pain and injury that may then rob them of these benefits (Guptill, 2012).

Regarding the literature presented here, a few studies have been conducted on music therapy for instrumental musicians focusing on music as a creative health resource (Trondalen, 2013; Kendrick, 2021). Still, none have directly explored how music therapy could enhance the relationship that musicians have with music when they are struggling with painful musculoskeletal disorders. The current research, therefore, explored how a music therapy process may have assisted musicians with painful musculoskeletal disorders in exploring and expressing their thoughts and feelings concerning their relationship with music. The study also sought to investigate whether music therapy can assist them in enhancing this relationship.

CHAPTER 3: METHODOLOGY

In this chapter, I will discuss the research paradigm and approach of the study. Furthermore, I will discuss the selection of participants and the process of data collection and analysis. Lastly, I will describe the ethical considerations of this research process.

3.1 Interpretive Phenomenology

Denzin and Lincoln (2011) defined a paradigm as “the net that contains the researcher’s epistemological, ontological, and methodological premises” (p. 56). This study adopted an interpretivist paradigm, drawing on a subjectivist epistemology and a relativist ontology. O’Reilly (2009) defined interpretivism as epistemologies or theories about gaining knowledge of the world that rely on the interpretation and understanding of humans and the meanings they attach to their actions. Phenomenology falls within interpretivism. Phenomenology aims “to describe the lived world of everyday experience” (Finlay, 2011, p. 10). Phenomenologists seek a direct connection to the world as we experience it and aim to capture participants’ “lived experience” (p. 15), personal or shared meanings. Finlay (2011) introduced six facets that need to be present in a phenomenological research project: a focus on lived experience and meanings; the use of rigorous, rich, resonant description; a concern with existential issues; the assumption that body and world are intertwined; the application of the “phenomenological attitude”; and a potentially transformative relational approach.

Phenomenology has been an inspiration to music therapists as it enables them to study the experience of musicking (Ruud, 2005). The relevance of the phenomenological approach in music therapy is that it has created the possibility to closely examine feelings, memories, expressions, and imaginations as they evolve in the here-and-now (Ruud, 2005).

In hermeneutic (or interpretive) phenomenology, the researcher shifts away from description and more towards interpretation (Finlay, 2011). Sloan and Bowe (2014) wrote about hermeneutic phenomenology as an approach in which the researcher can “interpret the meanings found in relation to the phenomena” (p. 1295). The researcher’s interpretations are intertwined with the research findings and context. When using interpretive phenomenology, reflexivity can help interpret the discovered meanings or add value to the interpretations (Sloan & Bowe, 2014). Sloan and Bowe defined reflexivity as the process through which researchers remain conscious of and reflect on their questions, methods, and position(s) that might impact the data. The researcher also uses empathy or prior experience to aid data analysis and the interpretation of meanings. Sloan and Bowe stated that reflecting phenomenologically is

retrospective rather than introspective. As a recollective reflection, it embodies an experience that has been lived through.

The interpretive process is circular (Wojnar & Swanson, 2007). Wojnar and Swanson described this as moving “back and forth between the whole and its parts and between the investigator’s fore structure of understanding and what was learned through the investigation” (p. 175). Finlay stated that understanding goes deeper by going around this hermeneutic circle repeatedly.

3.2 Qualitative Research

Several core characteristics define qualitative research. First, qualitative research is conducted in the natural setting of the participant, where they behave and act within their everyday context. Second, the researcher is a crucial element and collects the data themselves. Qualitative researchers gather multiple forms of data to review, make sense of, and analyse. Third, a qualitative research process is emergent, meaning that the proposed plan for the research could change in some areas after the researcher enters the data collection phase. Lastly, qualitative research is holistic. It sketches the larger picture that emerges, develops a complex concept of the problem, and identifies as many factors involved as possible (Creswell, 2014).

Finlay (2011) classified qualitative data as a human science rather than natural science. Qualitative data explores the fluidity and uncertainty of the world by gathering textured meanings and developing subjective interpretations. The researcher's role is central, and the relationship between the researcher, participant, and their social context is constantly acknowledged. Qualitative methodologies occur within socially constructed, ever-changing, and complex realities (Sloan & Bowe, 2014). According to Matthews and Ross (2014), a primary concern of qualitative research methods is participants' stories, accounts, beliefs, opinions, and feelings. Qualitative research is subjective because the “researcher is involved as a social being” (p. 142). In my research, I took on the music therapist's role and was thus directly involved as part of the research process. In the ethical considerations section, I explore my dual role as the therapist and researcher in more detail.

3.3 Participants

I used purposive sampling to recruit participants. This is a form of non-probability sampling (Bryman, 2001/2012). To find participants, I made direct contact with individual musicians whom I know suffer from musculoskeletal pain but with whom I have no prior personal relationship (e.g., close friendship). I gave them information about the study, and they were

free to choose whether they wanted to participate or not. I chose purposive sampling because the goal was to strategically find participants relevant to my research questions and who met the inclusion criteria:

- Participants need to be currently experiencing musculoskeletal pain of any type, and they need to have experienced it for a duration of at least six months
- They need to experience some level of distress resulting from their pain
- They need to be available for eight weekly sessions (60 minutes each) of music therapy in or around Stellenbosch, South Africa, and
- They need to be available for an online follow-up interview for data collection.

I only found one participant through purposive sampling, therefore I also employed snowball sampling. Snowball sampling is a technique in which the research starts with a small group of participants that fit the criteria. These participants then refer the researcher to other potential participants who have had the experience relevant to the research (Bryman, 2001/2012). The first participant was able to refer two other participants because of the close-knit community of adult musicians who live in Stellenbosch (Bryman, 2001/2012). My decision to have three participants was based on the writings of Linda Finlay (2020) who propose three participants for undergraduate or Master's level conducting IPA, as it takes time to do the required depth analysis.

3.4 Music Therapy Process

I conducted eight music therapy sessions with each participant individually, each lasting 40-60 minutes. Each session took place within a private therapy room, away from any noise or disruptions. The room was equipped with a piano, drums, chairs, and percussion instruments.

Participants were afforded opportunities to explore their relationship with music using different music therapy techniques within sessions. I offered active and receptive music therapy experiences. Active music therapy involved participation through activities like playing an instrument (drums, percussion, piano), active music imagery (drawing), composing (song writing), singing, and others. In contrast, receptive music therapy consisted only of music listening (Maartin-Saavedra et al., 2018).

Each activity was structured according to the research questions to afford exploration of the participants' relationship with music in the context of their experiences of musculoskeletal pain. All the sessions were client-centred; certain elicitation methods were used depending on

the client and the direction in which the session moved. All the sessions started with a verbal check-in that informed the direction as well. The clients were also encouraged to suggest what they needed from the space. Working from moments within the sessions, we engaged in reflection revolving around a particular theme, expression, feeling, or motif chosen by the participant or suggested by the therapist.

The selection of music was client-centred, focusing on what could resonate with and benefit the client. Selecting music for a client entails various aspects. For me, it was important to get to know the participant's musical preferences, evaluate their mood in the moment and ultimately, work towards a positive outcome. My clinical experience has also influenced my selection of music as I have gained knowledge of music's psychological and physiological effects. During my studies I have been given access to audio files proven to be suitable for certain musical elicitation techniques or reflective exercises. All the music I used within the sessions were instrumental. Some of the music used were from the composer Ryan Stewart (Memories, Autumn, Surreal, Equanimity), Secret Garden (Serenade to Spring, Steps), Deuter (Escape from Gravity), Elijah Bossenbroek (Rest), and some works from the motion picture August Rush. Throughout the process I had to remain flexible, adapting my music choices based on the participant's reactions, progress, and feedback during the sessions.

I was aware that the musicians who were part of this study may have experienced some form of pain when they engaged in music-making. As the music therapist, I was very alert to this and ensured that they would not be pressured to play in any way that caused them pain. If they chose to engage in playing an instrument in a way that caused them pain (as they do in their daily lives), I monitored this very carefully.

3.5 Data Collection

I used two forms of data collection, namely observation through video excerpts of musical engagement and semi-structured interviews. The following sections address each in turn.

3.5.1 Data source A: Video excerpts of musical engagement

I collected qualitative data through observation of videos recorded during the music therapy sessions. The analysis of video recordings allowed me to do an in-depth observation of the participant within their experience of the phenomenon, gaining information such as non-verbal communication, body language, eye contact, and sound effects, which I then interpreted.

As Dos Santos and Wagner (2018) wrote, "music is an underutilised resource for research in the social sciences" (p. 1). These authors argued for the role of musical elicitation methods in research. Allett (2010) found five key advantages to music elicitation as a method for analysis: it holds the possibility of eliciting descriptive accounts of why participants like music and how it is used; accounts of affect linked to the music experience can be drawn out; it has the potential of eliciting stories and memories associated with music; and lastly, it can aid in generating an interview discussion.

Firstly, I engaged in observation by watching all the session videos. Secondly, I selected excerpts that showed content that related most closely to the research questions. Thirdly, I wrote thick descriptions of the processes, activities, techniques, and improvisations shown in the excerpts.

I acknowledged that the participants were not only expressing themselves through words. As the researcher, I was not only interested in what they said but, in their improvisations, and other non-verbal expressions and communication. In this study, I explored how this form of data collection was helpful, particularly considering conducting research with musicians experiencing musculoskeletal pain.

3.5.2 Data source B: Semi-structured interviews

After the therapy process was completed, a research assistant conducted individual in-depth interviews online in which the participants were encouraged to reflect on the process. These interviews were conducted and recorded via Zoom. This person was a fellow music therapy Master's student. (They signed a nondisclosure agreement). As I developed a relationship with the participants through facilitating the music therapy process, they may have felt less inclined to share any potential critique if I were to conduct the interviews. In-depth interviews provided a platform for participants to share full, rich accounts while the research assistant had the flexibility to probe any interesting ideas that might have emerged (Finlay, 2011). Participants had the opportunity to share their personal experiences of the phenomenon. Thus, a semi-structured interview schedule was used, with a relatively small number of open-ended questions (see Appendix C). A semi-structured interview and open-ended questions allowed the interviewee to "redefine the topic under investigation" (p. 29) and speak freely and openly. At the same time, the research assistant guided the interview (Willig, 2013).

The interviews were audio-recorded and transcribed verbatim by myself as the researcher for data preparation and analysis. This allowed me to pick up on relevant non-verbal behaviour, such as laughter or pauses, which were noted in the transcription.

3.6 Data Analysis

I used Interpretative Phenomenological Analysis (IPA) to make sense of the data. According to Smith and Osborn (2015), IPA can be useful in unravelling different layers of meaning. Smith and Osborn promote IPA as a practical methodology as it directs the researcher to try and "make sense of the participant trying to make sense of what is happening to them" (p. 41). Finlay (2011) describes this process as "double hermeneutics" (p. 141). In the present research, I tried to make sense of how the participants make sense of their relationship with music while experiencing musculoskeletal pain.

I chose IPA because it focuses on the individual and prioritizes participants' sense-making processes (Finlay, 2011). According to Finlay, the three touchstones of IPA methodology are: "a reflective focus on subjective accounts of personal experience"; "an idiographic sensibility," and "the commitment to a hermeneutic approach" (p. 140). IPA researchers hold that people can make sense of their personal experiences and engage in reflection. The idiographic sensibility of IPA is the researcher's commitment to focus on each individual in their respective contexts and attempt to understand their experiential phenomena. It concentrates on the micro-level of the individual and emphasizes in-depth and detailed analysis. The hermeneutic commitment of IPA refers to the above-mentioned double hermeneutic.

The data analysis process was guided by the steps outlined by Smith et al. (2009) and the summarised version of IPA offered by Finlay (2011). It is common in IPA to first analyse the data from one participant (developing main themes related to that case), followed by the next and the next, instead of working on main themes from all the data together from the start.

I began by reading through the session notes I wrote for the first participant. I then proceeded by making a mind map of their therapy process, in order to describe and reflect on my overarching sense of their process. I also wrote a summary of their process from my perspective. Then, I immersed myself in the interview transcripts by reading and re-reading the them because the participants were able to share a reflective narrative of the process. I highlighted the parts of the transcript that referred in any way to the research questions. Holding in mind what the participant shared in their interview, I picked four excerpts from the video recordings of the sessions. My selection of the excerpts was based on what the participant

mentioned in their interview as being particularly meaningful for them. I referred to my session notes to identify particularly meaningful moments, guiding the selection of video excerpts. These notes helped in determining which moments held particular significance.

I wrote thick descriptions of the processes, activities, techniques, and improvisations shown in the excerpts and verbatim transcriptions of verbal reflections. I created a new document with a table that included all the text from the thick descriptions/transcriptions that related to the research questions. In the right-hand column of the table, I added emergent themes as an initial step in making sense of the data. After developing emergent themes, I further reduced the data by establishing connections and organising these emergent themes into clusters in a theme diagram. These theme clusters were given descriptive names. Lastly, I colour coded the theme clusters and developed main themes.

I repeated the procedure until I finished processing the data from all three participants. Finally, I compared and looked for common main themes across all three cases. The end of my analysis was enriched by interpreting the data at a deeper level. This analysis is presented as a complete narrative or discursive account. I included organised main and sub-themes and quotations from participants for transparency, as well as hyperlinks of improvisations and drawings/illustrations that the clients created in the sessions.

3.7 Reflexivity

As I have struggled with the same issue that the participants worked with, I had to find a way to manage my own personal thoughts and feelings that surfaced when facilitating a therapeutic process with the participants and analysing the data. Finlay (2011) highlighted the need for researchers to embody being critically self-aware of their interests, processes, intersubjectivity, and assumptions during the therapeutic process and data analysis. As the researcher, I examined my own attitudes, values, and behaviours that possibly impacted the research process and findings. I "reflected reflexively" (p. 79) through research supervision and clinical supervision, as well as through keeping a research journal.

Sloan and Bowe (2014) describe reflexivity as a process in which researchers are consciously aware and reflective about how their questions, techniques, and subject position could affect the data or psychological knowledge obtained in a study. I used empathy and my prior experience to aid in the interpretation of meanings during my data analysis while continually reflecting upon these interpretations and guarding myself against becoming too caught up or

self-absorbed in introspection to a point where the focus shifts from the research phenomenon to my own experiences and needs (Finlay, 2011).

3.8 Ethical Considerations

Ethical approval was received from the research ethics committee of the faculty of humanities at the university of Pretoria (HUM002/0622).

Ansdell and Pavlicevic (2001) discussed four cornerstones of ethical research concerning research participants. These include informed consent, confidentiality and anonymity, the dual relationship of the therapist as the researcher, and the dual relationship of the client as the participant.

I provided the participants with an information form (see Appendix A) in which it was explained that participation in the study was entirely voluntary and that they were free to withdraw at any time. I assured them that there were minimal risks in participating in the research and that if they decided to withdraw, there would neither be negative consequences nor a need to explain their reason. I shared the title of my study and my research aims and explained what was expected of them as participants. I also informed them that the sessions would be video recorded, and the interview would be audio recorded. I advised them that the research was being conducted by myself, with supervision from a research supervisor and clinical supervisor. In addition, I informed them that a research assistant (fellow music therapy Masters student) would conduct an individual in-depth interview online. The research assistant signed a nondisclosure agreement. Finally, I explained that the data would be used for academic purposes only and that it would be stored for archiving purposes at the University of Pretoria for 10 years in an electronic, password-protected format.

Once willing to participate, the participants signed an informed consent form (see Appendix B). The participants were invited to ask any questions relating to the study before signing the consent form. This confirmed that they understood the participant information form and what was required of them in the research project. I asked permission for the sessions to be video recorded and the follow-up interview to be audio recorded within the consent form. It was essential to inform the participants that other researchers will be using the data but that it will stay anonymous in the archived data (as their names would not appear on the interview transcripts or the thick descriptions), and that all information shared will be kept confidential. Pseudonyms selected by the participants were used. These storage solutions comply with HPCSA regulations within the mandate of the Health Professions Act.

My dual role as therapist and researcher was both enhancing and challenging in this study. My central role as the researcher was to collect data and contribute to knowledge and understanding of music therapy (whilst it is important to acknowledge, ensuring respectful and caring treatment of research participants); as a therapist, my central role was to nurture and prioritise the clients' well-being from a therapeutic perspective (Ansdell & Pavlicevic, 2001). A therapist's emotional responses can be helpful within the therapeutic process as these can stimulate intuition and offer insight into what needs to be emphasized. This can then also be helpful for guiding the research process. As the music therapist, I took full responsibility for the clinical relationship with the participants as clients and received regular clinical supervision in addition to research supervision to help identify possible ethical challenges. I ensured that the client felt no pressure or coercion to take part in the proposed study, that they understood that they were free to withdraw from the study at any time, and that a physically and psychologically safe therapeutic space was provided. As the study dealt with a sensitive topic, a referral process (see Appendix D) was put in place in the event that participants may need additional support afterwards. As the list of therapists included those who could not offer their services for free, an additional list of referral information was added with services in and around Stellenbosch that are free of charge (see Appendix E).

CHAPTER 4: DATA ANALYSIS AND FINDINGS

4.1 Introduction

This chapter will provide a detailed account of the analysis process and the findings. I will describe the steps I took to analyse the thick descriptions/transcriptions derived from the video excerpts and interviews.

4.2 Summary of Participants

Three individuals residing in Stellenbosch took part in the study. Two identified as females and one as a male. All three were in their early twenties. I asked each participant to choose their own pseudonym.

Sam is a 20-year-old pianist. She is in her 2nd year of study for her Bachelor's in Music and plans to specialise in Music Education. She is hypermobile and has a low muscle tone that aggravates the pain in her body. As a result, playing the piano makes the pain worse, and she cannot practise for too long. Once she experiences pain, she usually goes for physiotherapy but, that, unfortunately, is only a temporary solution. She is also diagnosed with a "Golfer's elbow", which causes pain while playing the piano. When initially asked about her relationship with music, she said it is "not great".

Beatrice is a 23-year-old violinist. In 2021, she finished her Bachelor's in Music degree, specialising in chamber music as a violinist. She is currently completing her Postgraduate Certificate in Education (PGCE) and hoping to go into teaching. On the side, she is part of two orchestras demanding much practise. She is diagnosed with mild scoliosis, an over-arched back, and suffers from nerve entrapment. She frequently visits the chiropractor for spinal adjustments. She frequently uses TransAct patches and pain relievers, which are only temporary solutions. When initially asked about her relationship with music, she said it is "kinda weird". Later, she reflected that she is in an "abusive relationship" with her instrument.

Josh is a 21-year-old cellist. He is a final-year music student specialising in cello technique and performance. He frequently plays as a soloist in concerts that demand much practise. The bone in his wrist is 25% skewed because it did not grow back properly after a significant fall; therefore, he can not practise as often as he wants to. His wrist is also the leading cause of his pain while playing. He manages the pain with strapping, ice treatment, and rest. His

relationship with music provokes anxiety, or in his words, it “could be better”. He also suffers from performance anxiety.

4.3 Steps in the analysis of data

When preparing the data for analysis, I followed the steps outlined in 3. 6 for each participant. After these steps, I had a good understanding of what each person identified as important. Below is a summary of the steps:

- Step 1: Review session notes
- Step 2: Create a mind map to get a sense of the process as a whole
- Step 3: Write a detailed summary of the process
- Step 4: Transcribe verbatim the audio recording of the interview with the research assistant
- Step 5: Read and highlight transcription in relation to research questions
- Step 6: With the transcription in mind, select four excerpts
- Step 7: Make a table of excerpts
- Step 8: Write thick descriptions of each excerpt (including with verbatim transcriptions of verbal content)
- Step 9: Create new document with table to insert quotes and descriptions related to research questions
- Step 10: Use the right-hand margin to write emergent themes
- Step 11: Reduce data by establishing connections and organising into clusters
- Step 12: Give descriptive names to theme clusters
- Step 13: Colour code theme clusters to develop main themes

These steps were completed and repeated separately for each individual.

4.4 Sam's process

4.4.1 Overview of sessions

Table 1 represents an overview of Sam's sessions. Most sessions started with a verbal or body check-in and relaxation exercise, which became a relaxation ritual.

See Appendix F for a detailed summary of her process.

Table 1

Sam's Sessions

Session	Session Plan/Activities/Techniques
#1	<ol style="list-style-type: none"> 1. Verbal check-in 2. Relaxation exercise 3. Verbal reflection and discussion relationship with music 4. Discussion of activity 5. Body-mapping activity 6. Verbal reflection
#2	<ol style="list-style-type: none"> 1. Body check-in 2. Extended relaxation ritual 3. Changes and additions to body map 4. Verbal reflection
#3	<ol style="list-style-type: none"> 1. Body check-in 2. Relaxation ritual 3. Verbal reflection and discussion of activity 4. Musical dialogue activity 5. Piano improvisation 6. Verbal reflection
#4	<ol style="list-style-type: none"> 1. Verbal check-in 2. Relaxation ritual 3. Piano improvisation(s) 4. Verbal reflection
#5	<ol style="list-style-type: none"> 1. Verbal check-in 2. Relaxation ritual 3. Verbal reflection and discussion of activity 4. Sonic sketch of musical journey activity 5. Piano and drum improvisation 6. Verbal reflection
#6	<ol style="list-style-type: none"> 1. Reflection on previous sessions 2. Relaxation ritual 3. Body map check-in 4. Verbal reflection and discussion of activity

	5. Percussion, voice, and drum improvisation 6. Reflective drawing guided by recording of improvisation 7. Verbal reflection
#7	1. Verbal check-in 2. Relaxation ritual 3. Reflection on drawing from session #6 4. Externalising feelings through drawing 5. Discussion using list of words 6. Verbal reflection
#8	1. Verbal check-in 2. Relaxation ritual 3. Discussion of activity 4. Explorative gallery process 5. Verbal reflection 6. Check-out with information sheets
	Post-interview with research assistant. Took place online and recorded via zoom.

4.4.2 Selection of Excerpts

Following steps one to six, reviewing the session notes, considering the process as a whole and listening to what Sam brought up in her interview, I selected excerpts for analysis. These are listed in Table 2.

Table 2

Sam's Excerpts

Excerpt Selected	Session	Explanation
1. Processing musical dialogue - Younger self versus older self	#3	Sam mentioned the musical dialogue in her interview as being interesting and helpful. She realised that her younger and older selves are one person and that she can tap into her child-like nature again.
2. Piano improvisation	#4	In her interview, she expressed that she really enjoyed the improvisation and that it helped her to get out of her head and just play.
3. Reflective drawing on recorded vocal improvisation	#6	She mentioned the vocal improvisation was a memorable moment for her where she stepped outside of her comfort zone and created something

		and “be free rather than kind of bounded by ... classical stuff”.
		It was a memorable moment for me, too, being able to affirm her and help her realise that the lyrics I was singing were her own words.
4. Reflective process on image of mouse	#7	Sam struggled expressing herself using words, but I could see that she wanted to. I, therefore, chose this excerpt because of the shift that happened when she was able to put words to her feelings and gave the tiny mouse a voice.
- Using list of words to make meaning		
5. Transcription of interview with research assistant		

I wrote thick descriptions for each of these excerpts and included verbatim transcriptions of any verbal interactions. I also transcribed the interview at the end of the process verbatim.

4.4.3 Emergent themes

As mentioned in the list of steps provided in 4.3, I drew quotes and descriptions from the thick descriptions and transcriptions that related to the research questions. Table 3 shows a selection of such quotations from Sam’s thick descriptions, with the emergent themes listed in the right-hand columns. This particular description include transcription of her verbally processing her musical dialogue.

See Appendix H for a section of the list of emergent themes.

Table 3

Sam's Emergent Themes

Excerpt	Thick Description + Transcriptions	Emergent themes
Excerpt 1: Processing musical dialogue	“I’m so concerned of playing the right thing that it’s maybe not as ... melodic. I’m not as free, I would say”.	Conscious of playing the right thing. Lack of freedom in playing.
	“I loved playing piano because I, yeah. It wasn't painful. It was fun. Whereas now when I practise it, it's sore. I don't want to practise.”	Loss of love for the instrument. In pain while practicing. Pain influences the will to practise.
	“I wrote the word self-esteem because I yeah, like I said, I thought I was great, until I got to Stellenbosch and I saw these other people and I was like, okay, maybe not.”	Damaged self-esteem. Comparing to others influencing self-esteem/self-confidence.

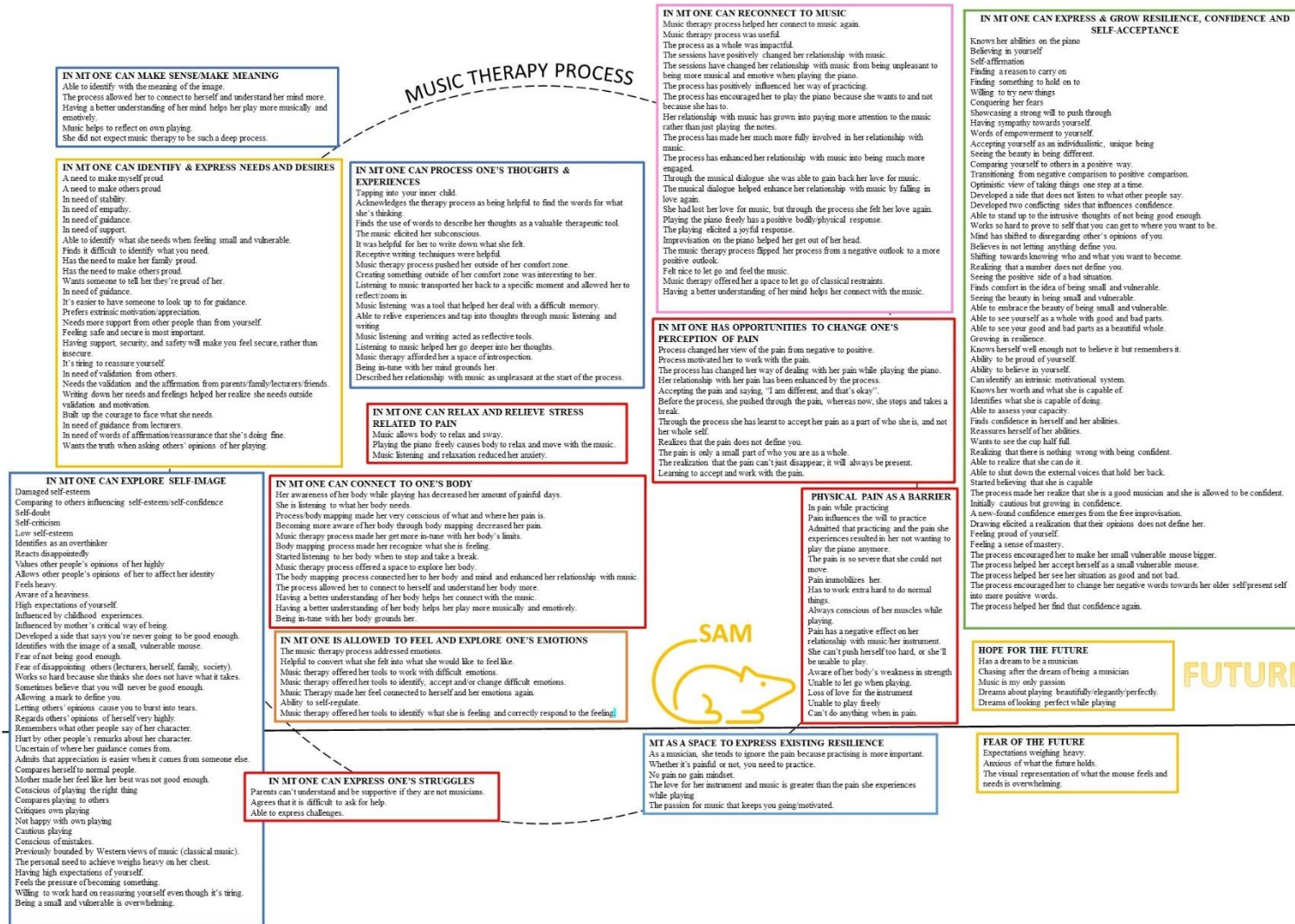
<p>“I feel I have gained wisdom through my experience. I can see how much I have grown. I have never been able to play what I play now.”</p>	<p>Believing in yourself. Self-affirmation.</p>
<p>“I have always had a dream to be a musician. So I think that's why I'm still doing it, because little me would've wanted me to carry on.</p>	<p>Has a dream to be a musician. Finding a reason to carry on. Chasing after the dream of being a musician.</p>
<p>“Pride. That's all. Firstly to make myself proud and to make like my parents proud.”</p>	<p>A need to make herself proud. A need to make others proud.</p>
<p>“Find that child-like joy that I had.”</p>	<p>Finding something to hold on to. Tapping into your inner child.</p>
<p>“I don't know what I would do if I didn't do music cause there's nothing else I wanted to do.”</p>	<p>Music as her only passion. The passion for music that keeps her going/motivated.</p>

4.4.4 Theme clusters

Following steps 11 and 12 (as listed in section 4.3), I extracted the emergent themes and created a theme diagram. I established connections and organised them into clusters within this theme diagram. These theme clusters were then given descriptive names as sub-themes. The mouse in the middle of the diagram is how Sam saw herself; a “small, vulnerable mouse”. The diagram shows how this mouse (Sam) described her experiences inside and outside of the music therapy process. The horizontal line in the diagram represents Sam’s musical journey with her future ahead of her. Some of the blocks are placed as barriers to the future, dragging her down, or preventing her from obtaining her desired future. Others are placed as hope or fear of the future. See Figure 1 for Sam’s Theme diagram.

Figure 1

Sam's Theme Diagram



4.4.5 Main themes

After establishing Sam's theme clusters and developing sub-themes, I colour-coded them and developed her main themes. Table 4 outlines the main themes and sub-themes for Sam in their relevant colours.

Table 4

Sam's Main Themes

<p>A. In MT one can identify and express needs and desires in relation to one's musical journey</p> <p>A1. Fear of the future</p> <p>A2. Hope for the future</p>
<p>B. In MT one is allowed to feel and explore one's emotions</p>
<p>C. MT offers a space to express and make meaning in relation to one's musical journey</p> <p>C1. In MT one can process one's thoughts and experiences</p> <p>C2. In MT one can make sense/meaning</p> <p>C3. In MT one can explore self-image</p> <p>C5. MT as a space to express existing resilience</p>
<p>D. Building additional resilience in MT</p> <p>D1. In MT one can express and grow resilience, confidence and self-acceptance</p>
<p>E. In MT one can reconnect to music</p>
<p>F. In MT one can alleviate and work productively with pain</p> <p>F1. In MT one can connect to one's body</p> <p>F2. In MT one can relax and relieve stress related to pain</p> <p>F3. In MT one had opportunities to change one's perception of pain.</p> <p>F5. In MT one can explore pain and its impact</p> <p>F5.1 In MT one can express one's struggles</p> <p>F5.2 Physical pain as a barrier</p>

Note. All main themes were present across all participants, but not all sub-themes. A1 and A2 were only present for Sam and Josh. C4, D4, and F5.4 were only present for Beatrice and Josh. D2, D3, and F4 were only present for Beatrice.

4.5 Beatrice's process

4.5.1 Overview of sessions

Table 5 represents an overview of Beatrice's sessions. Most sessions with Beatrice also started with a verbal or body check-in and relaxation exercise, which became a relaxation ritual.

See Appendix F for a detailed summary of her process.

Table 5

Beatrice's Sessions

Session	Session Plan/Activities/Techniques
#1	<ol style="list-style-type: none"> 1. Verbal check-in 2. Relaxation exercise 3. Verbal reflection 4. Discussion of relationship with music
#2	<ol style="list-style-type: none"> 1. Verbal check-in 2. Relaxation ritual 3. Verbal reflection and discussion of activity 4. Body-mapping activity 5. Verbal reflection
#3	<ol style="list-style-type: none"> 1. Verbal check-in 2. Extended relaxation ritual 3. Changes and additions to body-map 4. Verbal reflection
#4	<ol style="list-style-type: none"> 1. Verbal check-in 2. Relaxation ritual 3. Verbal reflection and discussion of activity 4. Musical dialogue activity 5. Violin and piano improvisation 6. Verbal reflection
#5	<ol style="list-style-type: none"> 1. Verbal check-in 2. Relaxation ritual 3. Verbal reflection and discussion of activity

	<ol style="list-style-type: none"> 4. Sonic sketch of musical journey 5. Reflective drawing of physical pain 6. Verbal reflection
#6	<ol style="list-style-type: none"> 1. Verbal check-in 2. Relaxation ritual 3. Verbal reflection and discussion of activity 4. Percussion improvisation 5. Reflective changes to drawing of physical pain 6. Reflective drawing of emotional pain 7. Verbal reflection
#7	<ol style="list-style-type: none"> 1. Verbal check-in 2. Relaxation ritual 3. Verbal reflection and discussion of activity 4. Two-chairs technique with drawing of emotional pain 5. Verbal reflection and discussion
#8	<ol style="list-style-type: none"> 1. Verbal check-in 2. Relaxation ritual 3. Discussion of activity 4. Explorative gallery process 5. Verbal reflection 6. Check-out with information sheets
Post-interview with research assistant. Took place online and recorded via zoom.	

4.5.2 Selection of excerpts

Following steps one to six, reviewing the session notes, considering the process as a whole and listening to what Beatrice brought up in her interview, I selected excerpts for analysis. These are listed in Table 6.

Table 6

Beatrice's Excerpts

Excerpt Selected	Session	Explanation
-------------------------	----------------	--------------------

1. Violin and piano improvisation processing her musical dialogue.	#4	Beatrice mentioned the improvisation in her post-interview as being memorable. She expressed that she “could go on for hours, painless, problemless”, because in that moment, she did not have to achieve anything. She missed “playing just for the sake of playing”.
2. Externalising/symbolising her physical pain - a process. 2.1 Sonic sketch elicits a drawing of her physical pain. 2.2 Reflection on drawing 2.3 Improvisation of drawing 2.4 Changing of drawing	#5, #6	Externalising and symbolising was a main theme in Beatrice’s process. She mentioned both her emotional and physical pain as big milestones during her interview. The two reflective drawings were meaningful additions to her gallery of the process.
3. Externalising/symbolizing her emotional pain: a process. 3.1 Drawing of emotional pain 3.2 Two Chairs technique between 3.3 Beatrice and her emotional pain 3.4 Verbal reflection	#6, #7	
4. Explorative Gallery process	#8	Beatrice spent quite some time changing and reflecting on her process during this activity. In her interview, she spoke about how she changed the drawing of her emotional pain and how meaningful it was for her.

4.5.3 Emergent themes

Table 7 represents a section of Beatrice’s thick descriptions. This particular section includes a thick description of her improvisation of her physical pain and a transcription of her reflection afterwards. See Appendix H for a section of Beatrice’s list of emergent themes.

Table 7

Beatrice's Emergent Themes

Excerpt	Thick Description + Transcriptions	Emergent Themes
	<i>2. Improvisation of physical pain</i>	
Excerpt 2: Externalising	We entered an improvisation to further reflect on the drawing of her physical pain.	Able to use improvisation as a tool for reflection. The language of pain was given a voice.

<p>ng/sy mboli sing her physi cal</p>	<p>With the glockenspiel still in front of her, she hammered the last note again and showed me where that pain sat. After reflecting,</p>	<p>Able to externalise pain through improvisation. The sound of the stick hitting the glockenspiel symbolised a specific type of pain.</p>
	<p>Beatrice decided to add to the drawing of her physical pain.</p>	<p>The improvisation elicited a transformation/change to the drawing of her pain.</p>
<p><i>2. Transcription of reflection after improvisation of physical pain and changes made to drawing</i></p>		
	<p>“Yes, this <hammers single note on glockenspiel> <presses shoulder blade with fingers>, that annoying thing that sits at the back of your head. Yeah, that’s what it feels like.”</p>	<p>Able to express her pain by hitting the xylophone. Able to identify a specific type of pain through experimenting with instruments. Sees pain as annoying.</p>
	<p>“It was kind of intense, weird. But the longer I continued to explore, the more it made sense if I could say it that way. I wish I could play all of it at the same time because that’s a bit more how it feels.”</p>	<p>Exploration with different instruments made sense of the pain. Playing all the instruments simultaneously could have expressed how the pain feels.</p>
	<p>“...it’s just always this uncomfortable...even when I sat here and played it, I began to feel my bad posture. And then, when I sit upright, my muscles pull together. So, one way or another, it’s like, I’m playing you now, but I literally feel you when I play you.”</p>	<p>The exploration made her feel her pain more intensely.</p>
	<p>“The maracas were my pins and needles. Because the whole one side of my back becomes pins and needles like when your foot is asleep, it’s weird. And then this <plays a repeated note on glockenspiel>.”</p>	<p>The maracas symbolised a specific type of pain: pins and needles. The glockenspiel symbolised a specific type of pain: muted pain with a sharp sting</p>
	<p>MT: How did it feel when the music became heavier and louder?</p>	<p>The heaviness of the music had a direct influence on her body: unbearable pain.</p>
	<p>B: “It felt like I needed three TransAct patches <giggles>. Yeah, it made me think that it’s almost unbearable. Like you can’t sit still with the way it feels like.”</p>	<p>The heaviness of the music made her feel like she needed a TransAct patch. The heaviness of the improvisation elicited a bodily response. The heaviness of the improvisation felt unbearable at a stage.</p>

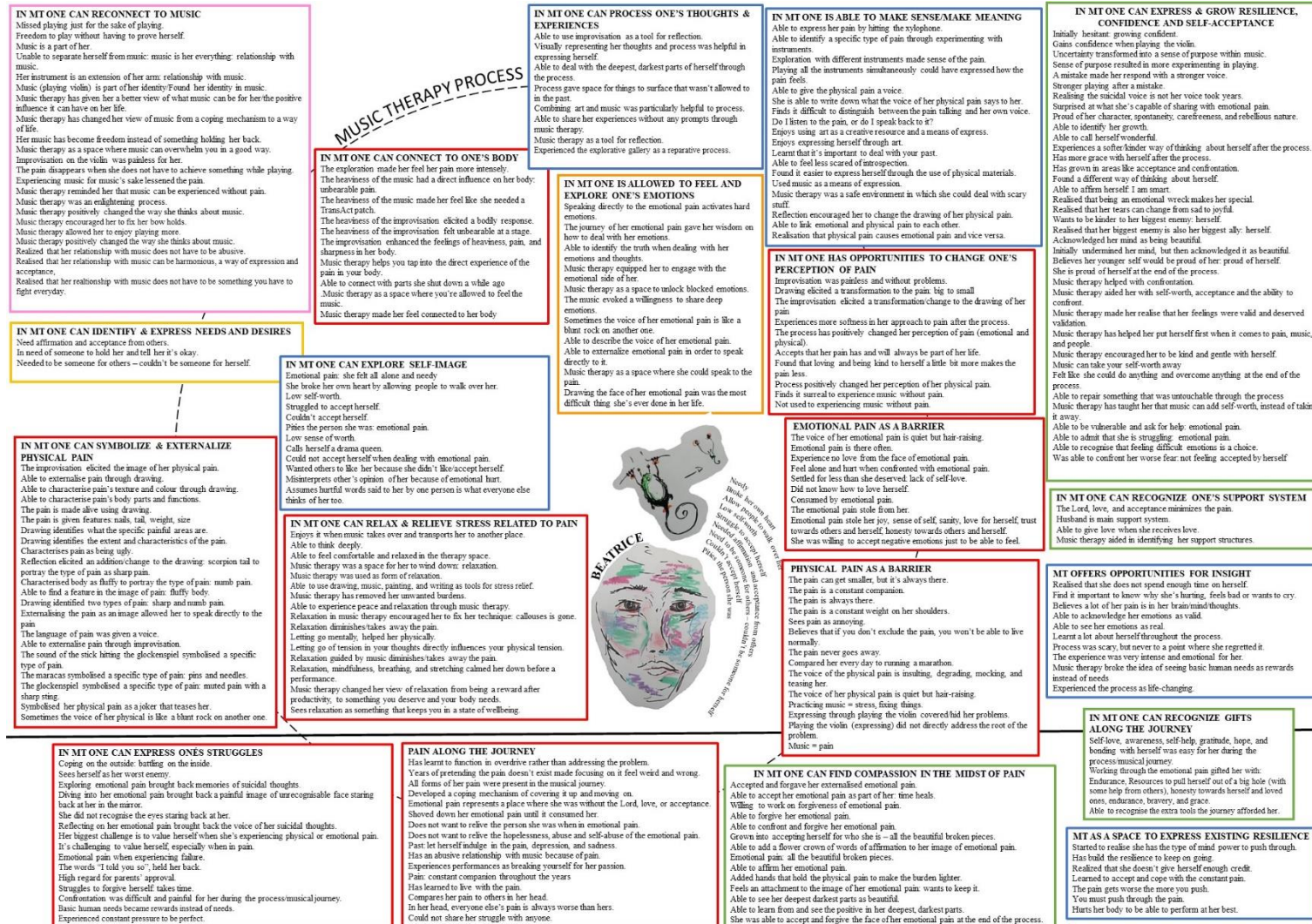
4.5.4 Theme clusters

Following steps 11 and 12, I extracted the emergent themes and created a theme diagram. I established connections and organised them into clusters within this theme diagram. These theme clusters were then given descriptive names and named sub-themes. The drawings in the centre of the diagram illustrates the way Beatrice saw and experienced her emotional and physical pain. During the process she was able to symbolise her emotional pain by drawing a face, and her physical pain by drawing a creature with specific characteristics. This will be further discussed in Chapter 5. The diagram shows how Beatrice described her experiences inside and outside of the music therapy process. The horizontal line in the diagram represents Beatrice musical journey with the future ahead of her. Some of the blocks are placed as barriers to the future, dragging her down, or preventing her from obtaining her desired future. Others are placed as hope or fear of the future.

See Figure 2 for Beatrice's Theme Diagram.

Figure 2

Beatrice's Theme Diagram



4.5.5 Themes

After establishing Beatrice's theme clusters and developing sub-themes, I colour-coded them and developed her main themes. Table 8 outlines the main themes and sub-themes for Beatrice in their relevant colours.

Table 8

Beatrice's Main Themes

A. In MT one can identify and express needs and desires in relation to one's musical journey
B. In MT one is allowed to feel and explore one's emotions
C. MT offers a space to express and make meaning in relation to one's musical journey
C1. In MT one can process one's thoughts and experiences
C2. In MT one can make sense/meaning
C3. In MT one can explore self-image
C4. MT offers opportunities for insight
C5. MT as a space to express existing resilience
D. Building additional resilience in MT
D1. In MT one can express and grow resilience, confidence and self-acceptance
D2. In MT one can find compassion in the midst of pain
D3. In MT one can recognize gifts along the journey
D4. In MT one can recognize one's support system
E. In MT one can reconnect to music
F. In MT one can alleviate and work productively with pain
F1. In MT one can connect to one's body
F2. In MT one can relax and relieve stress related to pain
F3. In MT one had opportunities to change one's perception of pain.
F4. In MT one can symbolize and externalise physical pain
F5. In MT one can explore pain and its impact
F5.1 In MT one can express one's struggles
F5.2 Physical pain as a barrier
F5.3 Emotional pain as a barrier
F5.4 Pain along the journey

Note. All main themes were present across all participants, but not all sub-themes. A1 and A2 were only present for Sam and Josh. C4, D4, and F5.4 were only present for Beatrice and Josh. D2, D3, and F4 were only present for Beatrice.

4.6 Josh's process

4.6.1 Overview of sessions

Table 9 represents an overview of Josh's sessions. Most sessions started with a verbal or body check-in and relaxation exercise, which became a relaxation ritual. See Appendix F for a detailed summary of his process.

Table 9

Josh's Sessions

Session	Session Plan/Activities/Techniques
#1	<ol style="list-style-type: none"> 1. Verbal check-in 2. Relaxation exercise 3. Verbal reflection 4. Discussion of relationship with music and the pain he experiences
#2	<ol style="list-style-type: none"> 1. Verbal check-in 2. Relaxation ritual 3. Verbal reflection and discussion of activity 4. Body-mapping activity 5. Verbal reflection
#3	<ol style="list-style-type: none"> 1. Verbal check-in 2. Relaxation ritual 3. Verbal reflection and discussion of activity 4. Sonic sketch of musical journey 5. Verbal reflection and discussion
#4	<ol style="list-style-type: none"> 1. Verbal check-in 2. Relaxation ritual 3. Verbal reflection and discussion of activity 4. Musical dialogue activity 5. Xylophone, triangle and voice improvisation 6. Verbal reflection
#5	<ol style="list-style-type: none"> 1. Verbal check-in

	<ol style="list-style-type: none"> 2. Body-map check-in 3. Extended relaxation ritual 4. Verbal reflection and discussion of activity 5. Visualization exercises of upcoming performance 6. Free-writing exercise 7. Verbal reflection
#6	<ol style="list-style-type: none"> 1. Verbal check-in 2. Relaxation ritual 3. Verbal reflection and discussion of activity 4. Three-circles technique 5. Verbal reflection
#7	<ol style="list-style-type: none"> 1. Body check-in 2. Relaxation ritual 3. Verbal reflection and discussion of activity 4. Symbol transformation technique 5. Reflective drawing of relationship with pain, instrument, and music 6. Discussion using list of words 7. Verbal reflection
#8	<ol style="list-style-type: none"> 1. Verbal check-in 2. Relaxation ritual 3. Discussion of activity 4. Explorative gallery process 5. Verbal reflection 6. Check-out with information sheets
	<p>Post-interview with research assistant.</p> <p>Took place online and recorded via zoom.</p>

4.6.2 Selection of excerpts

Following steps one to six, reviewing the session notes, considering the process as a whole and listening to what Josh brought up in his interview, I selected excerpts for analysis. These are listed in Table 10.

Table 10

Josh's Excerpts

Excerpt Selected	Session	Explanation
1. Sonic sketch of musical journey 1.1 Verbal reflections	#3	In his interview, Josh mentioned that he really enjoyed working with his hands and creating visual art. It helped him to see his musical journey and thought processes on paper. All four excerpts were mentioned in his interview.
2. Visualization of upcoming performance 2.1 Free-writing technique	#5	The visualization of his upcoming performance helped relieve his performance anxiety and explore the reasons why he enjoys playing the cello. It was also an opportunity to practise mindfulness; something that was a prominent theme in our process.
3. Three-circles technique 3.1 Pre-talk 3.2 Verbal reflection	#6	The three-circles technique took Josh into deeper territory where he was able to feel and explore his darker emotions.
4. Symbol transformation 4.1 Reflective drawing of relationship with pian, instrument and music 4.2 Discussion using list of words	#7	The symbol transformation technique was a turning point where Josh was able to alleviate and work productively with his pain, and relationship with music/his instrument.
5. Transcription of interview with research assistant		

4.6.3 Emergent themes

Table 11 represents a section of Josh's thick descriptions. This particular section is a transcription of his interview after the process. See Appendix H for a section of Josh's list of emergent themes.

Table 11:

Josh's Emergent themes

Excerpt	Thick Description + Transcriptions	Emergent Themes
Excerpt 5: Post-interview with research assistant	“I really enjoyed it actually. Um, it helped me channel a lot of, um, the thought processes, the ways that I have, um, imagined my past. And, um, also just like, um, my passion with music.”	MT process helped him channel his thought processes. MT process helped him process the way he imagined his past. MT process helped him process his passion for music.
	“... it really did help a lot because, yeah, so this bone in my wrist is 25% skew, um, and I can't practise as much as I want to. And, um, just mentally reframing the way you see it really helped a lot.”	MT process helped mentally reframe the way he sees his pain/skewed wrist.
	“...there are other opportunities in music that you can also, you know, um, use your skill in. It doesn't necessarily mean, um, that once maybe this, you get, you know, you lose your ability to play your instruments, your musical abilities go as well...”	Negativity turned into positivity for the future. Able to see the positive side to his injury: other opportunities to use his skills. When you lose your ability to play your instrument, it doesn't mean your musical abilities go as well.
	“...and then play music so that you can just calm your brain down and connect yourself...”	Relaxation ritual calmed his brain. Relaxation ritual helped connect him to himself.
	“...the first time we did it, I was quite skeptical cause I never did anything like that before. Um, but after seeing the, the fruit of the experience in a way, like you distance yourself from the busyness inside your brain, which people should definitely encourage more often.”	Initially skeptical about relaxation ritual, but saw the fruit of the experience. Relaxation distanced him from the business in his brain. Believes that relaxation should be encouraged in other people.
	“...most of the things were like, like that very soul searching.” (visual art)	Using art to create imagery was very soul-searching.
	“And, um, most of the techniques that we used are things that I really want to implicate in my day-to-day because yeah, it really helps to just distance yourself from, you know, all the bad stuff that happens.”	Wants to implicate MT techniques in his day-to-day life. MT techniques helps to distance himself from all the bad stuff that happens.

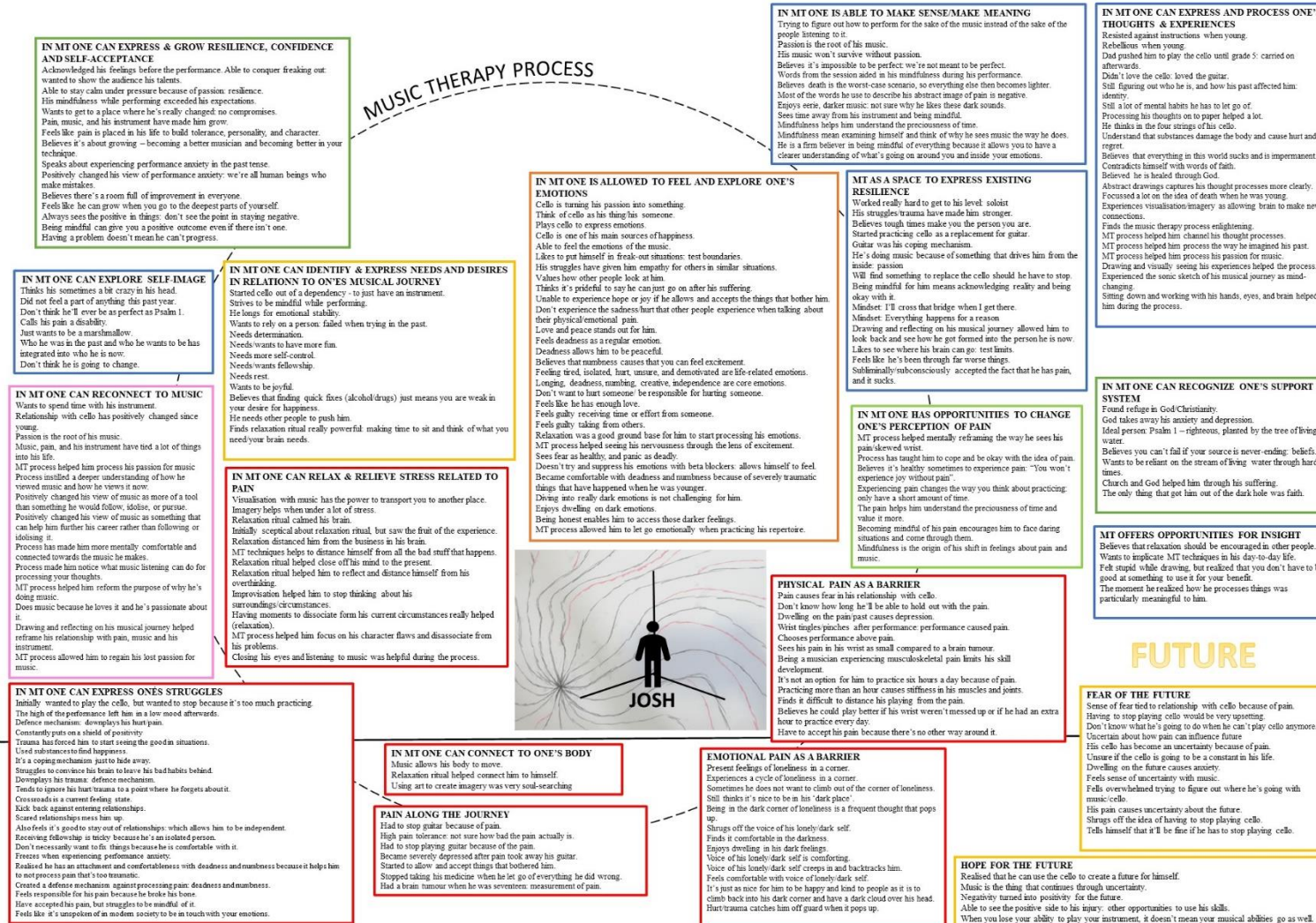
4.6.4 Theme clusters

Following steps 11 and 12, I extracted the emergent themes and created a theme diagram. I established connections and organised them into clusters within this theme diagram. These theme clusters were then given descriptive names and named sub-themes. The image in the middle is a drawing of Sam symbolizing his relationship with his instrument and physical pain. The icon depicts how Josh saw himself as a lonely boy sitting in the corner of a dark room, symbolizing his emotional pain. I placed these illustrations to showcase Josh's musical journey around his physical and emotional pain. The diagram shows how Josh described her experiences inside and outside of the music therapy process. The horizontal line in the diagram represents Josh's musical journey with the future ahead of him. Some of the blocks are placed as barriers to the future, dragging him down, or preventing him from obtaining his desired future. Others are placed as hope or fear of the future.

See Figure 3 for Josh's Theme Diagram.

Figure 3

Josh's Theme Diagram



4.6.5 Themes

After establishing Josh's theme clusters and developing sub-themes, I colour-coded them and developed her main themes. Table 12 outlines the main themes and sub-themes for Josh in their relevant colours.

Table 12

Josh's Main Themes

<p>A. In MT one can identify and express needs and desires in relation to one's musical journey</p> <p>A1. Fear of the future</p> <p>A2. Hope for the future</p>
<p>B. In MT one is allowed to feel and explore one's emotions</p>
<p>C. MT offers a space to express and make meaning in relation to one's musical journey</p> <p>C1. In MT one can process one's thoughts and experiences</p> <p>C2. In MT one can make sense/meaning</p> <p>C3. In MT one can explore self-image</p> <p>C4. MT offers opportunities for insight</p> <p>C5. MT as a space to express existing resilience</p>
<p>D. Building additional resilience in MT</p> <p>D1. In MT one can express and grow resilience, confidence and self-acceptance</p> <p>D4. In MT one can recognize one's support system</p>
<p>E. In MT one can reconnect to music</p>
<p>F. In MT one can alleviate and work productively with pain</p> <p>F1. In MT one can connect to one's body</p> <p>F2. In MT one can relax and relieve stress related to pain</p> <p>F3. In MT one had opportunities to change one's perception of pain.</p> <p>F5. In MT one can explore pain and its impact</p> <p>F5.1 In MT one can express one's struggles</p> <p>F5.2 Physical pain as a barrier</p> <p>F5.3 Emotional pain as a barrier</p> <p>F5.4 Pain along the journey</p>

Note. All main themes were present across all participants, but not all sub-themes. A1 and A2 were only present for Sam and Josh. C4, D4, and F5.4 were only present for Beatrice and Josh. D2, D3, and F4 were only present for Beatrice.

4.7 Main themes

Table 13 shows the main themes and sub-themes across all participants. A short synopsis of each main theme follows this. All main themes were present across all participants, but not all sub-themes. A1 and A2 were only present for Sam and Josh. C4, D4, and F5.4 were only present for Beatrice and Josh. D2, D3, and F4 were only present for Beatrice.

Table 13 shows an overview of the main themes and sub-themes noted in each participant's data.

Table 13:

Main Themes across all participants

Participants			Main Themes
S	B	J	
Y	Y	Y	A. In MT one can identify and express needs and desires in relation to one's musical journey
Y		Y	A1. Fear of the future
Y		Y	A2. Hope for the future
Y	Y	Y	B. In MT one is allowed to feel and explore one's emotions
Y	Y	Y	C. MT offers a space to express and make meaning in relation to one's musical journey
Y	Y	Y	C1. In MT one can process one's thoughts and experiences
Y	Y	Y	C2. In MT one can make sense/meaning
Y	Y	Y	C3. In MT one can explore self-image
	Y	Y	C4. MT offers opportunities for insight
Y	Y	Y	C5. MT as a space to express existing resilience
Y	Y	Y	D. Building additional resilience in MT
Y	Y	Y	D1. In MT one can express and grow resilience, confidence and self-acceptance
	Y		D2. In MT one can find compassion in the midst of pain
	Y		D3. In MT one can recognize gifts along the journey
	Y	Y	D4. In MT one can recognize one's support system
Y	Y	Y	E. In MT one can reconnect to music

Y	Y	Y	F. In MT one can alleviate and work productively with pain F1. In MT one can connect to one's body F2. In MT one can relax and relieve stress related to pain F3. In MT one had opportunities to change one's perception of pain. F4. In MT one can symbolize and externalise physical pain F5. In MT one can explore pain and its impact F5.1 In MT one can express one's struggles F5.2 Physical pain as a barrier F5.3 Emotional pain as a barrier F5.4 Pain along the journey
Y	Y	Y	
Y	Y	Y	
Y	Y	Y	
	Y		
Y	Y	Y	
Y	Y	Y	
Y	Y	Y	
	Y	Y	
	Y	Y	

4.8 Synopsis of the themes

4.8.1 In music therapy one can identify and express needs and desires about one's music journey

This theme captures how music therapy helped the participants identify and express their needs and desires concerning their musical journeys. The participants could also express their fears, hopes and dreams of the future, relating their pain and relationship with music.

4.8.2 In music therapy one is allowed to feel and explore one's emotions

In exploring their physical pain in sessions, participants often also explored their emotional pain. This theme captures how the participants were invited to feel and explore those emotions in music therapy. Participants could externalise and symbolise their emotional pain and reflect on the feelings elicited. They could express and explore their emotions using active and receptive music therapy techniques.

4.8.3 Music therapy offers a space to express and make meaning about one's musical journey

We explored many aspects of the participant's musical journey throughout the process. We made use of visual art techniques accompanied by music. This theme captures how, in music therapy, one can process one's thoughts and experiences, explore self-image, and make sense or make meaning about one's musical journey. It also encapsulates how music therapy is a space to express existing resilience and offers opportunities for insight.

4.8.4 Building additional resilience in music therapy

In music therapy, one can grow resilience, confidence and self-acceptance, find compassion in the midst of pain, recognise gifts along the journey, and recognise one's support system. This theme explains how, through being able to do this, one can build additional resilience in music therapy.

4.8.5 In music therapy one can reconnect to music

This theme encapsulates how active and receptive music therapy techniques helped the participants, whose relationship with music was not in a good place, reconnect to music.

4.8.6 In MT one can alleviate and work productively with pain

This theme encapsulates how music therapy techniques helped the participants alleviate and work productively with pain. Specifically, how, in music therapy, one can connect to one's body, relax and relieve stress related to pain, have opportunities to change one's perception of pain, symbolise and externalise physical pain, and explore pain and its impact. Through exploring pain and its impact, participants could express their struggles and share about pain as a barrier, emotional pain as a barrier, and their pain along the journey.

4.9 The value of creative arts-based techniques

Creative arts-based techniques used within the music therapy sessions were extremely valuable both therapeutically and for generating in-depth qualitative data. I used various techniques to explore the musicians' relationships with music, pain, and their instruments. These techniques held space for the participants to explore what they needed to, as we see in the synopsis of the themes. The techniques were also the vehicle through which I got to know the participants. In this section, I will briefly explain each technique. This speaks both to the third research question (how creative arts-based techniques can be used within music therapy to facilitate the generation of in-depth qualitative data) and offers context to prepare the way for the discussion chapter where mention of these techniques is included.

Technique 1: Body mapping

I asked the participants to lie flat on a rolled-out piece of paper the size of their body. I asked them to choose a colour and draw an outline of their body shape. I provided them with arts and crafts material that they could use as they wished. They were encouraged to portray their pain, emotions, scars, and sensations through images or words. I probed them by asking, "What

matters to you about your body?” “What is this body’s story?” and “How do you feel about this body?”. After the participants were done, we ended up with a colourful, vibrant, and detailed map of their bodies that we reflected on and referred to throughout the process.

Technique 2: Relaxation and body check-in

We implemented a relaxation ritual at the start of each session. I asked each participant to lie down on the couch or sit down in a way they felt most comfortable. I asked them to close their eyes while I carefully selected a piece of instrumental music and guided them through a body check-in. Once the music stopped, they were encouraged to reflect on their experience. Sometimes, instead of body check-in, I gave them an intention to think about while listening to the music. These intentions were mostly related to their relationship with music (for example, “Let the music guide you through your musical journey.”). They were able to reflect through verbal conversation, improvisation, or imagery.

Technique 3: Improvisation

To further express, explore, process, and make sense of the participant’s thoughts, emotions, and experiences, we used improvisation. Improvisation in music therapy entails a spontaneous musical interaction between client and therapist. Most of the time, I encouraged the participants to improvise on their main instrument while I supported them on the piano or drum. When we sought a more explorative experience, I would offer them an array of percussion instruments that they could choose from. For one participant, the improvisations were helpful to explore the characteristics of her pain. For another, the improvisations helped her to experience more freedom in her playing. After each improvisation, we reflected on the experience. On some occurrences, the improvisation elicited an image that the participants drew afterwards.

Technique 4: List of words

When participants struggled to verbalise their thoughts, emotions, or experiences, I provided them with a list of words and cut-out pieces of paper. They were encouraged to write down the words that resonated with them and best captured their thoughts and experiences. Through that, we could reflect on what they needed and desired whilst in physical or emotional pain. For some participants, it was easy to share freely needing such a prompt, but for others, the list of words aided them in finding the words for their thoughts, emotions, and experiences and then processing these.

Technique 5: Musical dialogue

I invited the participants to listen to a piece of music with two clear lead instruments. I asked the participants to imagine that these instruments were having a dialogue with one another. I suggested an intention for the participants, but they had the final choice. Intentions that came to light were their older selves in conversation with younger selves, present selves conversing with future selves, self in dialogue with pain or self in dialogue with their instrument. I offered participants an A3 piece of white paper to write words, symbols, or drawings representing the two different voices. We then further processed the dialogues they wrote by improvising on instruments. The participants chose the instruments and could decide whether I should join in with them.

Technique 6: Sonic Sketch

A sonic sketch is a technique that allows clients to share the “richness of diverse emotional experiences and perceptions” (Dos Santos & Lotter, 2017, p. 26). The technique is facilitated through a number of steps. First, I laid a long piece of newsprint on the floor and placed boxes of crayons, twisties, oil pastels, and koki’s around it. I explained to the participants that a music track would be played that contained snippets of a number of different, contrasting pieces. The theme I gave to each participant was to think about their musical journey and relationship with their instrument and music. As the music played, they were encouraged to draw any word, image, colour, or shape and take note of the changes in the music. After the music ended, we reflected verbally on the experience. In some cases, the sonic sketch elicited another image/drawing that was added to the piece of paper.

Technique 7: Externalising and symbolising

This technique was used for one participant only, who struggled to articulate her pain through words alone. The participant could externalise and symbolise their physical and emotional pain by representing this as drawings/images on paper. This facilitated self-expression and emotional processing. Through externalising, the participant could release what they were feeling, while symbolising enabled them to explore and understand those feelings of pain in a way that afforded potential transformation.

Technique 8: Symbol dialogue

This technique was used to further process symbols. The symbolised image in technique seven was placed on one chair while the participant sat on another chair, slightly facing the image.

This technique created a space for the participant to engage with her symbolised image of emotional pain and enter a dialogue with it. The technique enabled the participant to confront, converse, affirm and forgive her emotional and physical pain. My role as the therapist included facilitating dialogue and encouraging her to speak in the first person.

Technique 9: Three-circle technique

This technique was used for one participant only. The participant was provided with a large piece of paper, with three circles drawn on it. I invited the client to reflect on his ideal self, his competence, success, and strengths while I played the first piece. I also invited him to draw in the first circle while this piece played. Through images or words, he could represent any idea or feeling that came to mind. I then invited him to listen to a second piece while reflecting on tough or dark times and to represent what came to mind in the second circle. Finally, he was invited to express who he wanted to be as a whole person in the last circle while the third piece played. He could also reflect on what the tough times had brought him, such as resources, gifts, etc. Once the music listening and drawing were finished, we verbally explored the images further.

Technique 10: Symbol transformation

This technique was used for one participant only. Before the session, I invited the participant to select something from their environment that represented their relationship with their pain, instrument and/or music and bring it with them. I invited them to hold the object, look at it and feel it. I selected a piece of instrumental music (depending on what the participant shared) and invited them to imagine the symbol transforming/speaking/taking action during the relaxation ritual. Afterwards, we reflected verbally. In this case, the technique elicited a drawing of the participant's relationship with his pain, instrument, and music.

4.10 Conclusion

This chapter has described the process of analysis and findings, a synopsis of the main themes, and an explanation of the creative arts-based techniques used in the sessions. From the findings of this study, I concluded that individual music therapy sessions offered these musicians suffering from musculoskeletal pain opportunities to identify and express their needs and desires, feel and explore emotions, express and make meaning, build additional resilience, reconnect to music, and alleviate and work productively with pain. In the next chapter, I will discuss these findings and how they relate to the literature.

CHAPTER 5: DISCUSSION

5.1 Introduction

This chapter will discuss the six main themes as they speak directly to the research questions in an integrated way. I will also relate the themes to the research explored in the literature review. As listed earlier, the research questions guiding this study are:

- a) How do musicians with musculoskeletal pain experience exploring their relationship with music through music therapy?
- b) Do musicians with musculoskeletal pain experience music therapy as helping enhance their relationship with music, and if they do, how do they experience the ways in which the music therapy process afforded this?
- c) How can creative arts-based techniques used within music therapy facilitate the generation of in-depth qualitative data within an exploration of musicians' relationships with music when they have musculoskeletal pain?

5.2 Main theme A: In music therapy one can identify and express needs and desires in relation to one's musical journey

Playing-related musculoskeletal disorders (PRMDs) affect musicians physically, emotionally, and socially (Bird, 2013; Liu & Hayden, 2022). These musicians may develop a “culture of silence” (Stanhope & Weinstein, 2019b, p. 216) concerning their struggles. The participants in this study found it difficult to express their needs and desires because they had become used to suffering in silence. They had acclimatised to living with the pain, yet they had also begun to start fearing for the future. Fear goes hand in hand with pain (Allen, 2013; Bailey, 1986). Two of the participants expressed feelings of uncertainty, anxiety, and fear of the future because of their pain and the pressure to achieve. For Josh, in particular, this theme was most prevalent. He shared,

There's a bit of a fear tied to the cello and my relationship with it because of the pain. Cause I don't know how long I'll be able to hold out. (Josh, Excerpt 1)

Dwelling on it causes depression and dwelling on the future causes anxiety. (Josh, Excerpt 1)

Josh was able to express his fear and uncertainty through the sonic sketch activity. Figure 4 shows Josh's representation of his musical journey.

Figure 4

Josh's Sonic Sketch of his Musical Journey



He symbolised his uncertainty with the colour brown and added, “It’s like, I don’t know what’s going to happen...” (Josh, Excerpt 1) Uncertainty was a running theme in our process, and the leading cause of it was his pain.

And there’s so much uncertainty with music. It becomes overwhelming trying to figure out where you’re going with this. Especially with my disability <laughs it off>. I’m like, what if [I] can’t play cello anymore? (Josh, Excerpt 1)

The list of words was particularly helpful for Josh and Sam to express what they needed and desired to deal with their pain and fear of the future. Sam shared,

I actually had to face what I was needing, which is very difficult. I think a lot of us don't like to ask others for help, you know, I definitely don't. I'm like, no I can do it by myself. Whereas sometimes you need that outside validation, you need that outside kind of motivation. (Sam, Excerpt 4)

Josh and Sam were caught in this liminal space of uncertainty, anxiety, and fear of their future. By identifying and expressing their needs and desires, they could also transform their fear into hope for the future. Josh said, “In this uncertainty, I realised that music is the thing that can go on” (Josh, Excerpt 1). He realised that “there are other opportunities in music that you can also use your skill in” and “it does not necessarily mean <pause> that once you lose your ability to play your instrument, your musical abilities go as well” (Josh, Excerpt 1). Through music therapy, he was able to turn his negative outlook into a more positive outlook on the future.

This theme also closely relates to Theme F. Being able to see hope in their future as musicians suffering from pain, the participants were also able to change some of their perceptions of the pain and gain a sense able to push through the pain barrier preventing them from obtaining their desired future.

5.3 Main theme B: In music therapy one is allowed to feel and explore one's emotions

In exploring their physical pain in sessions, participants often also explored their emotional pain. Being in pain or suffering from an injury can result in deep emotional upset that affects a musician's relationship with music (Guptill, 2012). This theme captures how the participants were allowed to feel and explore those emotions in music therapy.

For Beatrice, music therapy was a space to unblock emotions. The music evoked a willingness to share deep emotions. In her interview, she shared,

...it was light. Sometimes I cried a lot, <laugh>. Mm. Um, where she [the music therapist] allowed me to feel the music. Sometimes, the music would just completely overwhelm me. And emotions that would be blocked up for a long time would just completely come out without someone having to ask me...I could just be, and then afterwards, I could tell her [the music therapist] what I experienced without her having to prompt anything necessarily. And the music just guiding you through that. Um, that was incredible. It was very scary, but it was incredible. (Beatrice, Excerpt 5).

Music can enhance the release of physical and emotional tension through calming and soothing tones (Bibb & McFerran, 2018). The music enhanced the release of Beatrice's emotional tension and allowed her to feel and explore those emotions. She was able to symbolise and externalise her emotional pain into a powerful drawing that we will explore in Theme D.

For Josh, the process helped him identify what type of emotions he felt most familiar with. In his interview, he mentioned,

I just realised I have got this attachment and comfortableness with deadness and numbness, um, because it helps me to not process pain that's too traumatic or something (Josh, Excerpt 5).

Music therapy offered the participants tools to identify, accept and work with difficult emotions. The list of words technique was particularly helpful for Sam and Josh. Josh shared, "I feel deadness is like generally in my emotions. It allows me to be peaceful." Being able to

label the emotions helped Josh realise that he was using a defence mechanism against processing pain because of “severely traumatic things that have happened when I was younger” (Josh, Excerpt 4). In theme F, I will discuss how music therapy offered the participants opportunities to change their perception of pain. For Sam, it was helpful to convert what she felt into what she would like to feel. She shared,

It was difficult for me to kind of put a word to what I'm feeling. That was very helpful for me that we did, we did a lot of that, of actually like writing down how you feel, um, and then also writing down what you would want to feel rather than what you did feel. (Sam, Interview)

Identifying and exploring their emotions allows participants to regulate their emotions. Zhang et al. (2022) define emotional regulation as “the process of modifying emotions, including how and when emotions are experienced and expressed” (p.1). Sam had a physical response to her emotions during a chamber music coaching she had with her lecturer in front of all of her peers. She was able to identify what she was feeling and actively regulate her emotions:

I had a coaching...and I felt, oh, my stomach's feeling weird and I was just like, okay, you know what this feeling is. So now I was able to, to kind of be like, okay, that's what this feeling is. I was able to relate the two and then be like, you're fine. Just relax, <laughs>, just breathe. (Sam, Interview)

The participants became more familiar with feeling their emotions because they had identified them. This aided them in dealing with and/or changing those emotions related to their physical pain.

5.4 Main theme C: Music therapy offers a space to express and make meaning in relation to one's musical journey

I used various techniques to explore the musicians' relationships with music, pain, and their instruments, as discussed at the end of the previous chapter. Music and imagery, for example, were particularly helpful for participants as they processed their thoughts and experiences. In a study by Leão and Paes da Silva (2005), the participants were encouraged to draw their mental images and describe them afterwards. Music can stimulate images in the mind, providing a temporary escape from pain (Leão & Paes da Silva, 2005). The music “opens the line of communication between the collective unconscious and conscious communication system

mediated by represented mental images” (p. 12). The participants in the current study shared the following about how music and imagery aided them:

I found that I could express myself much easier where I had, um, physical materials to use or where I could see the process, um, or where I could put my thoughts down on paper, which was really cool (Beatrice, Excerpt 5).

...just drawing like the, the experiences and um, yeah, really, really help process things to see them visually. So yeah, that's something I'll definitely take with (Josh, Excerpt 5).

Another technique we used was implementing a relaxation ritual at the start of each session. The participants shared much positive feedback regarding the benefits of this relaxation ritual. They responded with the following:

...lying down and just listening to the music helped me really get into my thoughts (Sam, Excerpt 5).

I really enjoyed it actually. Um, it helped me channel a lot of, um, the thought processes, the ways that I have, um, imagined my past. And, um, also just like, um, my passion with music (Josh, Excerpt 5).

Using these techniques, participants could reflect on their thoughts and experiences and make sense of or make meaning of them in relation to their musical journey. A technique that was particularly helpful for making sense of experiences was improvisation. In one of the sessions, we explored the characteristics of Beatrice’s pain by improvising on the piano (MT) and percussion instruments (Beatrice). Figure 5 shows the instruments Beatrice chose to characterise her physical pain, with an audio file attached.

Figure 5

Improvisation of Beatrice's physical pain



Audio 1



Beatrice reflected by saying,

It was kind of intense, weird. But the longer I continued to explore, the more it made sense if I could say it that way. I wish I could play all of it at the same time because that's a bit more how it feels (Beatrice, Excerpt 2).

Ansdell et al. (2016) explained music as being life-defining for some people. It is their way of making sense of the world and finding their place within the social world. Stanhope and Weinstein (2020) found that musicians felt a loss of identity and self-worth when taking a break from music. Feelings of isolation and depression also surfaced. As the participants in the current study experienced their relationships with music being compromised, their identity and self-image were also impacted. Their pain also made them doubt their abilities on their instruments. In music therapy, participants were able to explore these interconnected aspects.

For Beatrice, exploring her self-image meant confronting her emotional pain. She could symbolise her emotional pain in a drawing (Figure 6).

When I lifted my head from washing my face with water, I looked in the mirror and didn't recognise the eyes staring back at me. It was the scariest feeling ever. It felt like someone else is staring back at me instead of the face I know to be my own. And that voice crept in and said, 'well, no one's going to miss you'. (Beatrice, Excerpt 3)

Figure 6

Drawing of Beatrice's emotional pain



In session seven, I encouraged her to speak directly to her drawing. This enabled her to forgive the ‘face’ of her emotional pain symbolised by the drawing. This will be further discussed in Theme D. The following quotes are from this process of interaction with the drawing:

You [I] couldn’t accept yourself [myself]. Shame. More than anything, I pity you [myself] (Beatrice, Excerpt 3).

...it isn’t easy and it’s my biggest challenge. It is to value myself, especially when I’m in pain...physical or emotional (Beatrice, Excerpt 3).

I indulged in the pain. And I let myself indulge in the pain, depression, and sadness because at least I felt something (Beatrice, Excerpt 3).

For Sam, exploring her self-image meant facing her insecurities. She was able to verbally express how she doubted her abilities on the piano during a musical dialogue.

I’m sorry that I’m not going to play good enough for you, that I’m never going to play good enough. Sorry for disappointing you. Perhaps, you know, um, and sort of believing that you will never be good enough (Sam, Excerpt 4).

Moreover, for Josh, exploring his self-image meant reflecting on his tendency to isolate himself. This surfaced during the three-circles technique.

And then here <refers to circle two>, was just my past year where I felt like this. Like loneliness in a corner. Doesn't matter how many people I talk to; it just feels like you're not part of anything (Josh, Excerpt 3).

I need other people to push me. I think I have focussed so long on receiving more fellowship, and it's still an issue, because I'm a very isolated person (Josh, Excerpt 4).

Exploring self-image was important in understanding how pain affected their relationship with music. Evidently, the participants experienced feelings of insecurity, self-doubt, negative self-image, self-criticism, and isolation. In music therapy, we explored these feelings, and for some participants, it offered opportunities for insight. The following quotes share some of those insights:

...sometimes we tend to, um, stop ourselves from experiencing things because we might look stupid during the process of getting to the end goal. Um, and I mean, I, I can't draw to save my life, but we draw, we drew in every session, well I did. Um, and it was actually, like, just noticing that you don't have to be good at something to use it to your advantage, for example. (Josh, Excerpt 5).

I acknowledged my mind, the biggest pain of them all. I realised there are so many things that I put on my body map in terms of my physical pain, but I also undermined the thing that everyone else undermined. And I have a beautiful mind. It's busy, but it's worth mentioning and worth acknowledging, and I think a lot of my pain is very much in my brain that goes to my body (Beatrice, Excerpt 4).

Many musicians tend to prioritise performance above their pain (Stanhope & Weinstein, 2019b). They may experience pain but decide to play through it. They may find it difficult to stop playing even when conscious of the MSS. They may become caught up in the experience of playing and only notice the symptoms after they stop playing. This can be seen as neglecting one's body or as resilience to keep pushing through. Sam expressed the following during her interview,

I think a lot of the time as a musician I tend to ignore it because I need to practice, you know, whether, whether it's painful or not, you need to (Sam, Excerpt 5).

So, I had to work really hard to just be able to do things that normal people or people without, you know, musculoskeletal stuff can do (Sam, Excerpt 5).

Being a musician with PRMD means you must work extra hard to take care of your body, put in extra effort to reach ordinary milestones, and be extra conscious about what your body needs. Sam could express and recognise her resilience of pushing through the pain, listening to her body, and persevering just to be able to play. Beatrice had a similar experience where she had to push through the pain to the point where she did not know what to do with her body. After her improvisation (Audio 1), she shared her experience with pain:

I don't think I'll ever forget how that pain felt like. Because it doesn't matter what you do, it doesn't go away. And you must keep on playing... (Beatrice, Excerpt 2)

...it's like you must keep on pushing through the pain. And the pain just gets worse. It builds and builds and builds, and when you're done, you don't really know where or how to sit (Beatrice, Excerpt 2)

The participants were confronted with pain affecting their physical well-being. They chose to push through and stay resilient so that they could continue playing. Music therapy was a space for them to express that resilience and recognise what they have accomplished in their musical journey thus far.

5.5 Main theme D: Building additional resilience in music therapy

As mentioned, the participants could express their existing resilience within the therapy space. They were also afforded a space to grow additional resilience, confidence and self-acceptance. Helena Dukić (2018) defines resilience as “An individual’s ability to successfully adapt to life challenges in the face of highly adverse conditions” (p. 141). Music therapy has demonstrated its potential as a strong foundation for resilience-focused interventions. The music therapist's responsibility is to highlight the unique strengths of every client and participate in a journey towards enhancing their ability to adapt to sociocultural contexts and exert control over their own lives (Dukić, 2018).

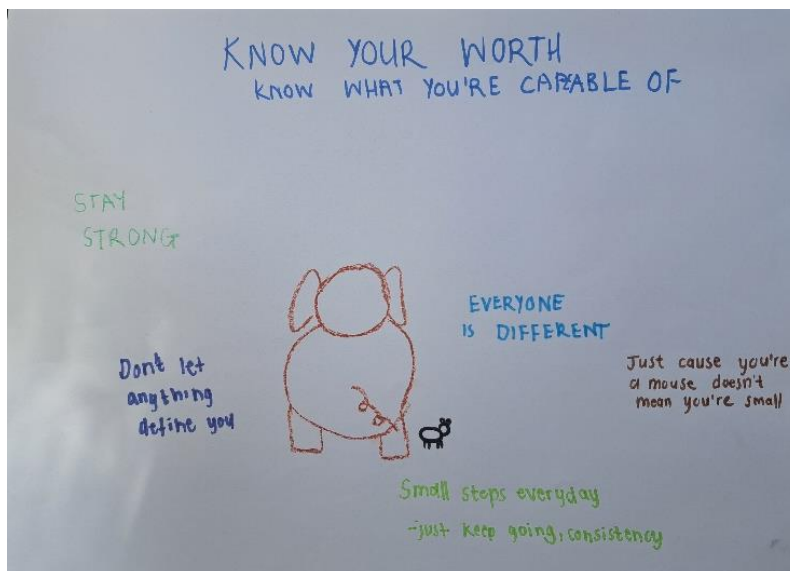
This was particularly meaningful for Sam as she was able to face her insecurities and express her self-doubt. She came into the process with a damaged self-esteem because of what her pain had stolen from her. She expressed that pain had stolen her confidence because she could not play the way she wanted to or perform in a manner she was proud of. Through music therapy,

we confronted her pain and created a space where she could recognize her strengths, grow more resilient, become more confident, and accept herself with the pain.

Figure 7 shows a drawing Sam created after a vocal improvisation with her lyrics, “Don’t be too hard on yourself” and “You are strong”. After the improvisation, I played back the recording and encouraged Sam to try and draw herself as the tiny mouse that represented her experience of doubting herself and feeling insecure. Instead, she drew an elephant with a tiny mouse next to it and wrote words of affirmation around the image. She expressed, “Sometimes I feel like the elephant is sitting on me, you know?”

Figure 7

Sam exploring her confidence

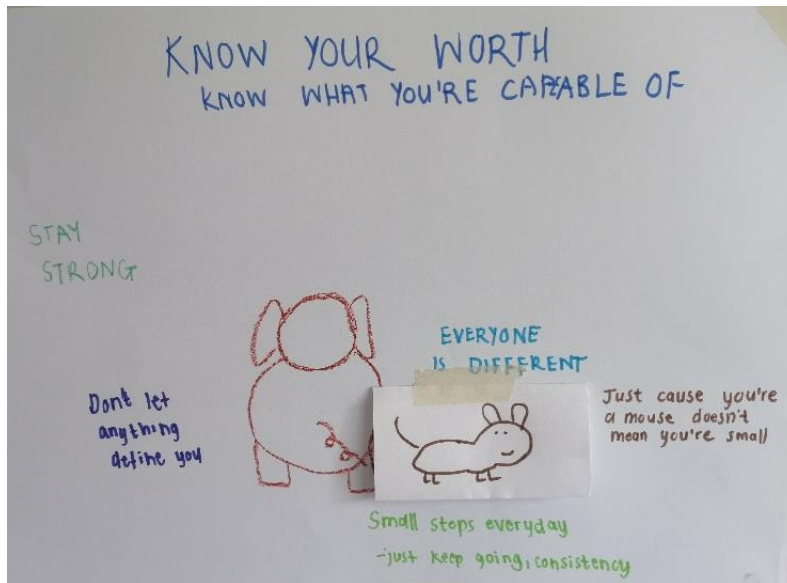


During her last explorative gallery session, Sam had the opportunity to change and reflect on any of her drawings (see Figure 8). During her interview, she was able to reflect on the process:

I drew it like really small [the mouse]. And then I drew a big elephant next to it. And then at the end of the process I decided to make that mouse bigger. Because even though technically I do feel like a mouse, vulnerable and small, a mouse doesn't necessarily have to be a bad thing, you know, it can be a good thing. So, I think it kind of like flipped my perspective to a more positive outlook versus the negative outlook. (Sam, Excerpt 5)

Figure 8

Sam's growth in confidence



The process also afforded Sam with a new-found confidence in her abilities as a musician. She regained what was lost and started believing in herself again. She shared,

This process really helped me to kind of find that confidence again and to be like, you know what? I am actually a good musician and it's okay that I'm confident because you're allowed to be confident. Um, there's nothing wrong with that. (Sam, Excerpt 5)

I was able to realise in myself that I can do it. It doesn't matter what other people say...I should believe in myself and know that I am very capable. I am a good pianist no matter what anyone else thinks, no matter what stupid grades I get at university. I'll just believe in myself. (Sam, Excerpt 5)

This theme was also significant for Beatrice as she found compassion amid her pain and recognised her support system and gifts along the journey. In Theme C, I mentioned that Beatrice was able to engage with the drawing of her emotional pain (see Figure 6) and speak directly to it. The symbol dialogue technique that we used was particularly helpful to externalise and process her emotional pain. Giving a voice to the emotional pain was powerful for her. At the end of the session, Beatrice was able to forgive her emotional pain and even started to affirm the person the face represented. She shared,

I accept you the way you are...was. And it's okay; I forgive you: your stupidity and your neediness. And I forgive those who are like you, who you know you are like, who weren't there for you when you needed them. Or how you needed them. And I am proud of you for where you've come. It was difficult, but we are okay <sniffs>. You made it. (Beatrice, Excerpt 3)

She grew more resilient by having the courage to face her emotional pain and forgive herself. She grew in confidence by expressing how proud she was of herself, and she grew in self-acceptance. She shared the following in the last session,

I confronted my worst fear, and I think I actually realised what my worst fear is. It's not feeling accepted by myself. Nobody else; I always thought it was that – not to be liked. But the biggest problem was that I wanted others to like me because I was too scared I didn't like myself or accept myself. And I do, actually. I accept myself for who I am. I am a bit funky with all that other stuff together – all the beautiful broken pieces. (Beatrice, Excerpt 4)

During our explorative gallery process (last session), Beatrice was given the opportunity to add changes to her drawings from the whole process. She spent the most time on her emotional pain and found the courage to add a crown, flowers, and words of affirmation to her beautiful face. Figure 9 shows these changes.

Figure 9

Beatrice's growth in confidence



In her interview, she shared,

...our last session she asked me if I'd like to change anything about all of the things that we put on the wall or the artworks including this face and where I looked at this face and I could accept it. And I made her pretty; I drew flowers on her, I adorned her with jewellery, or whatever, where it was not anymore something I was scared of or something I was scared to admit. Um, but it was something I was accepting and forgiving for real this time. (Beatrice, Excerpt 5)

On her sonic sketch of her musical journey, she was able to add a list of gifts the process afforded her. These included “self-love, acceptance, awareness, self-help, gratitude, hope, and bonding with myself”. She wrote “confrontation” in red because it was particularly difficult for her, but she still saw it as a gift.

All participants could build additional resilience by participating in music therapy.

5.6 Main theme E: In music therapy one can reconnect to music

Christine Guptill (2012) stated that musicians have a complex relationship with music and their instruments. While a career as a musician may provide pleasure, meaning, and a sense of musical identity, it can also cause pain through physical injury. Being in pain or injury can result in deep emotional upset that affects the musician’s relationship with music. All three participants in the current study had lost their connection to music because of physical pain.

When initially asked about their relationships with music, Sam said it is “not great” and “unpleasant.” Beatrice said it was “kinda weird” and later reflected that she is in an “abusive relationship” with her instrument. Josh’s relationship with music provoked anxiety; in his words, it “could be better”. He idolised his instrument and, in turn, suffered physically. Participants were able to explore what Gary Ansdell and John Meehan (2009) termed “music-health-illness narratives” (p.35). These authors describe a three-part structure of a person’s relationship with music before illness, the disconnection with music because of illness, and the re-establishment of a healthy relationship with music afterwards. Participants in the current study were able to explore what pain had stolen from them, regain what was lost, and re-establish a connection with music through music therapy. Beatrice, for example, shared how, as a musician, one break one’s body for the music:

...this music is a bit of a, an abusive relationship for me. You give your everything; you pour your heart and soul out; you break your body for it. Um, you practice until early hours of the morning, and then you play one performance and it's all good enough, or it's not good enough. And then you start from scratch again. So, you get that little bit of dopamine or serotonin, and then it's just like, okay, so we try again. And then you carry on breaking yourself for this, this thing, which is passion, and which is music, but it hurts every step of the way. (Beatrice, Interview)

The sonic sketch technique was particularly helpful in guiding the participants through their musical journey. They could pinpoint where the pain started, what it stole from them, how it stood in front of them as a barrier, and how it affected their relationship with music. Each participant had a different and unique journey and reconnection to music.

For Sam, the process made her feel “connected again with the music and feel that I can work with this pain that I have”. It helped her “play more musically, more emotively, be more like grounded in it”. In her interview, she shared, “It used to be very unpleasant, but not anymore.”

For Beatrice, the process changed her perception of music: “It’s become freedom instead of something that's actually held me back.” The process also helped her experience peace, relaxation and improve her technique.

“...experiencing the peace of music and the relaxation thereof...just actually having that, instantly fixed my technique, the callous is basically gone. So technique has been better. I've also enjoyed it a little bit more.” (Beatrice, Interview)

Beatrice changed her perception of being in an “abusive relationship” with music into “a harmonious thing that carries you through life. Um, and it could be a way of expression and a way of acceptance and not something you have to fight every day.”

For Josh, the process afforded him with a “deeper understanding” of how he viewed music. He shared,

I definitely see it as more of a tool than something that I would follow or idolise or, um, pursue. I'd rather see it now as something that can help me further a career instead of me following it. (Josh, Interview)

The process also reminded him why he is doing music. In his interview, he shared,

...really helped me to just, um, actually reform why you're doing the music. It's because you love it, it's because you're passionate about it, that you're here in the first place (Josh, Interview)

All three participants showed that they have felt a reconnection with music. Josh also shared, “...it's a lot more mentally comfortable, and I feel a lot more connected towards the music that I make”.

Ansdell et al. (2016) discussed how participation in music therapy can “mid-wife” (p. 221) people back into gaining a healthy relationship with music during their experience of acute illness. Music therapy can invite participants to experience themselves and their relationship with music in a new way, which could improve their well-being (Bibb & McFerran, 2018). All three participants in the current study were able to experience their relationship with music in a new way.

5.7 Main theme F: In MT one can alleviate and work productively with pain

As mentioned, all participants suffered from physical pain that impacted their relationship with music. According to Foxman and Burgel (2006, p. 309), “some musicians actually accept musculoskeletal pain as a normal and necessary side effect to practise and musical improvement.” Many musicians tend to prioritise performance above their MSS. They may experience pain and decide to play through it, and they may find it difficult to stop playing even when they are conscious of the MSS. They may become caught up in the experience of playing and only notice the symptoms after they stop playing.

With this study, I hoped to create a space where musicians could work productively with their pain, and potentially even experience some relief from their experiences of pain. To achieve this, I used an array of techniques that held space for the participants to connect to their bodies, relax and relieve stress related to their pain, offer opportunities to change their perception of pain, symbolise and externalise their physical pain, and lastly, explore their pain and its impact.

In all the sessions, I used two techniques that helped the participants connect to their bodies, relax and relieve stress related to their pain. Through the body mapping technique, Sam became “very conscious of what and where the pain is”. The participants could externalise their pain onto a body map and do a body check-in at the start of each session to connect with their bodies.

This body check-in usually occurred before or after a relaxation ritual that I implemented at the start of each session.

In the participant's information sheet, I informed the participants that I was aware that they experienced some form of pain when they engaged in music-making. As the music therapist, I was very alert to this and ensured that they were not pressured to play in any way that caused them pain. If they chose to play while experiencing some pain (as they did whilst playing their instrument in their daily life) as a way of exploring this, I monitored it with sensitivity. I drew upon the literature of Joy Allen (2013) to ensure that the techniques I used, which encouraged participants to focus on their pain, did not heighten their discomfort. Allen established guidelines for receptive music therapy, which included a section on "what to observe" (p. 42) for each technique. He encouraged therapists to monitor physiological responses, such as signs of fatigue or increased discomfort. Music therapy has the potential to offer patients a nonthreatening, physically non-invasive treatment option that can access inner resources while yielding desired outcomes (Allen, 2013).

Leão and Paes da Silva (2005) investigated the relationship between music and chronic musculoskeletal pain. They found that music is an effective intervention for relieving chronic musculoskeletal pain and the perception thereof. Music helps reduce stress and tension and induces relaxation. It produces endorphins that provide a temporary escape from the pain. The study also demonstrated the effectiveness of music as an intervention to reduce anxiety. In return, the anxiety reduction reduced muscle tension and pain. The participants in the current study shared a lot of positive feedback regarding the benefits of this relaxation ritual. For Josh, the relaxation helped him “distance himself from the business inside your brain”, and for Sam, “lying down and just listening to the music helped me really get into my thoughts”. For Beatrice, specifically, the relaxation allowed her to let go mentally and physically.

...what she taught me was starting each session with just experiencing music and just breathing, breathing and being, and listening and feeling, feeling the different parts of, okay, where am I feeling tense...letting go of that mentally helps physically. Actually, I didn't know that or recognise that if you actually mentally let go of some of the tension in your shoulders, the, some of the physical pain stops. (Beatrice, Interview)

Lucanne Magill Bailey (1986) referred to music therapy as a “nonpharmacologic method that can be used to treat pain and suffering” (p. 25). The participants in the current study have found

temporary solutions for managing their pain (see Section 4.2). Their descriptions of participating in music therapy were similar to those presented by Bibb and McFerran (2018). Experiences in sessions induced relaxation and enhanced the release of physical and emotional tension through calming and soothing tones. Music therapy goals in pain management include improving a client's comfort level and overall well-being (Bibb & McFerran, 2018).

Allen (2013) outlined the "pain cycle" (p. 38) established by the American Pain Society to demonstrate the physical and psychological components of pain and their connection. She explained that the more a person experiences pain, the more the distress, anger, fear, and anxiety can increase. This can lead to low mood, possibly resulting in depression and increased pain perception. The continuation of the cycle can result in hopelessness and spiritual suffering (Allen, 2013). The music therapist's aim should be to identify and interrupt the cycle.

Participation in music therapy allowed the participants in the current study to change their perception of pain. Josh was able to mentally reframe the way he sees his pain and his skewed wrist. The process also changed his thinking about practising by "understanding the preciousness of time and value it more" because practising for long durations is not an option. He became more mindful of his body and changed his perception of pain through using the mantra, "You won't experience joy without pain". Sam accepted her pain and shared, "I can work with this, this pain that I have". The process also diminished the number of painful days for Sam because "I'm much more aware of my body while playing. Um, and much more just like fully involved". Beatrice was able to change her perception of pain by symbolising and externalising her physical pain.

In session five, Beatrice did a sonic sketch of her musical journey, eliciting a drawing of her physical pain (Figure 5). We took it further into session six as I encouraged her to externalise her symbolised pain musically with percussion instruments to explore the characteristics of her physical pain drawing (Audio 1). Beatrice described her physical pain as,

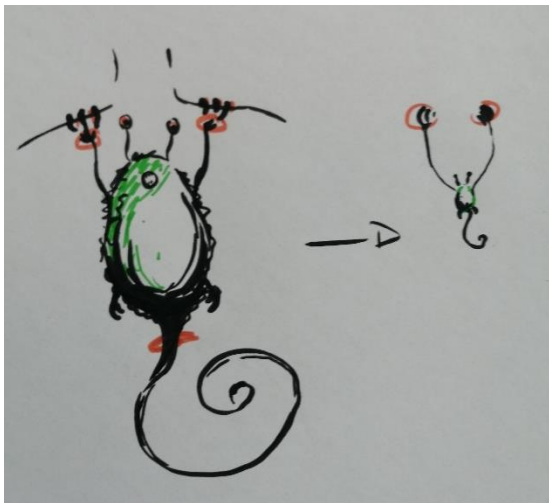
His nails aren't sharp. It's like when someone does this <pressing flat fingers into arm>, it leaves skin marks. So, it's more blunt force trauma than anything else. It's not sharp, but it's sore. And his wrists also press into the back of my shoulders. Even here <gestures to tail>, the tail is heavy around my lower back. He hangs back like this <leans back against couch> and pulls me. (Beatrice, Excerpt 2)

After reflecting, she changed the drawing and shared,

Sometimes he grows, sometimes he's small, so then he still hangs there, but he's not heavy. He can get smaller <draws an arrow to new drawing>. He can be this little, small thing, but he's still there...there's always a weight on my shoulders. I am always aware of it. (Beatrice, Excerpt 2)

Figure 10

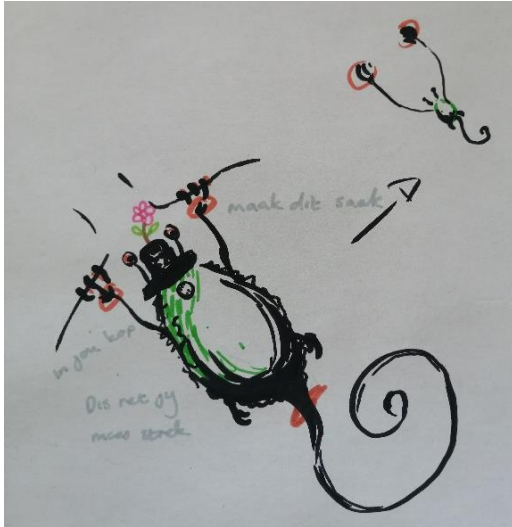
Drawing of Beatrice's physical pain



Beatrice explored her physical pain through drawing, improvisation, and reflection. Symbolising allowed Beatrice to explore and make sense of her experience with pain in a new way. Through externalising, she was able to release what she was feeling, while symbolising enabled her to explore and understand those feelings of pain in a transformative way. After our improvisation, Beatrice decided to change the drawing (Figure 11) of her physical pain by adding a top hat and bow because “He’s teasing me. He, her, it.” The Afrikaans words written around the drawing is how “he, her, it” teases her.

Figure 11

Changed drawing of Beatrice's physical pain



The participants were afforded a space to alleviate and work productively with their pain. The effect of music therapy on pain was similar to how Allen (2013) and Bailey (1986) describe it. It acted as a distraction to pain perception, lightened the feeling of anxiety and fear that goes hand in hand with the pain experience, and transferred the attention to sensations of pleasure (Allen, 2013; Bailey, 1986).

5.8 Conclusion

Being a performing musician living with chronic pain is a burden that affects a musician's daily life. Music therapy intervention afforded these musicians a space to explore, feel, express, and connect to the fullness of needs, desires, emotions, or feelings they experienced. For me, having been a musician in pain, music therapy made me fall in love with music all over again. It showed me the joy of experiencing and making music without pushing myself towards a specific sound, technique, or end-product. It made me feel free again. It enabled me to confront my pain and work productively until I find a new-found love for my instrument and music.

Having discussed and expanded on the findings and implications of this study, I will, in the final chapter, conclude this dissertation by restating the aims of this study, summarising the findings, mentioning limitations and proposing recommendations for future research.

CHAPTER 6: CONCLUSION

6.1 Aim of study

This study had three aims. Firstly, I sought to explore musicians' relationships with music when they had musculoskeletal pain. Secondly, I wished to examine how music therapy could offer a meaningful therapeutic process that might enhance that relationship. Thirdly, I hoped to contribute to understanding how to use creative data elicitation methods in qualitative research.

6.2 Summary of the findings

From the findings of this study, it was concluded that individual music therapy sessions offered musicians suffering from musculoskeletal pain opportunities to identify and express needs and desires, feel and explore emotions, express and make meaning, build additional resilience, reconnect to music, and alleviate and work productively with pain; in relation to their musical journey.

6.3 Limitations

This study adopted an Interpretive Phenomenological Approach (IPA), and with this came its own limitations. Since IPA focuses on understanding individuals' lived experiences, my analysis heavily relied on interpretation. Different researchers may interpret data differently and potentially lead to different conclusions. Another potential limitation of this study was that only students approximately the same age from one university were included.

6.4 Recommendations

As this study focussed on string musicians suffering from musculoskeletal pain, exploring other types of musicians suffering from different kinds of pain would be beneficial. I focused greatly on receptive techniques, but active techniques could also be explored in more detail such as drumming, dancing, or more improvisation on various instruments. Investigating how improvisational music therapy enhances musicians' relationship with their instrument, pain, and music could be recommended for future research. Lastly, providing musicians with knowledge about current pain science and guiding them on when to consult a healthcare professional for personalised advice is advised to alleviate the impact of their pain.

6.5 Conclusion

Throughout this study, I hoped to show how three musicians with musculoskeletal pain experience explored their relationship with music through music therapy. Participating in

music therapy afforded the participants opportunities to work productively with their pain and change some of their perceptions around their pain and its impact on their lives and musical journeys.

REFERENCES

- Allen, J. (2013). *Guidelines for music therapy practise in adult medical care*. Barcelona Publishers.
- Allet, N. (2010, March). *Sounding Out: Using music elicitation in qualitative research*. (Working Paper No. #14).
<http://hummedia.manchester.ac.uk/schools/soss/morgancentre/research/wps/14-2010-03-realities-music-elicitation.pdf>
- Ansdell, G., Denora, T., & Sarah Ellen Wilson. (2016). *Musical pathways in recovery: community music therapy and mental wellbeing*. Routledge.
- Ansdell, G., & Meehan, J. (2009). “Some light at the end of the tunnel”: Exploring users’ evidence for the effectiveness of music therapy in adult mental health settings. *Music and Medicine*, 2(1), 29–40. <https://doi.org/10.1177/1943862109352482>
- Ansdell, G., & Pavlicevic, M. (2001). *Beginning research in the arts therapies a practical guide*. London Jessica Kingsley Publishers.
- Austin, T. A. (2018). *Stress and anxiety Interventions for classical musicians* [Unpublished Master’s Thesis]. Brigham Young University.
- Baadjou, V. A. E., Roussel, N. A., Verbunt, J. A. M. C. F., Smeets, R. J. E. M., & de Bie, R. A. (2016). Systematic review: Risk factors for musculoskeletal disorders in musicians. *Occupational Medicine*, 66(8), 614–622.
<https://doi.org/10.1093/occmed/kqw052>
- Bailey, L. M. (1986). Music therapy in pain management. *Journal of Pain and Symptom Management*, 1(1), 25–28. [https://doi.org/10.1016/s0885-3924\(86\)80024-0](https://doi.org/10.1016/s0885-3924(86)80024-0)
- Bibb, J., & McFerran, K. S. (2018). Musical recovery: The role of group singing in regaining healthy relationships with music to promote mental health recovery. *Nordic Journal of Music Therapy*, 27(3), 235–251. <https://doi.org/10.1080/08098131.2018.1432676>
- Bird, H. A. (2013). Overuse syndrome in musicians. *Clinical Rheumatology*, 32(4), 475–479.
<https://doi.org/10.1007/s10067-013-2198-2>
- Bragge, P., Bialocerkowski, A., & McMeecken, J. (2005). A systematic review of prevalence and risk factors associated with playing-related musculoskeletal disorders in pianists. *Occupational Medicine*, 56(1), 28–38. <https://doi.org/10.1093/occmed/kqi177>
- Bruscia, K. E. (2001). A qualitative approach to analysing client improvisations. *Music Therapy Perspectives*, 19(1), 7–21. <https://doi.org/10.1093/mtp/19.1.7>
- Canadian Centre for Occupational Health and Safety [CCOHS]. (2019). Musculoskeletal Disorders (MSDs). Ccohs.ca. <https://www.ccohs.ca/topics/hazards/ergonomic/wsmd/>

- Bryman, A. (2012). *Social Research Methods* (4th ed.). Oxford University Press. (Original work published 2001)
- Corrêa, L. A., dos Santos, L. T., Paranhos, E. N. N., Albertini, A. I. M., Parreira, P. do C. S., & Nogueira, L. A. C. (2018). Prevalence and risk factors for musculoskeletal pain in keyboard musicians: A systematic review. *PM&R, 10*(9), 942–950.
<https://doi.org/10.1016/j.pmrj.2018.04.001>
- Creswell, J. W. (2014). Qualitative methods. In *Research design: qualitative, quantitative, and mixed methods approaches* (5th ed., pp. 183–213). Sage Publications, Inc.
- Denzin, N. K., & Lincoln, Y. S. (2011). Introduction: The discipline and practise of qualitative research. In *The SAGE Handbook of Qualitative Research* (pp. 1–32). Sage Publications.
- Dos Santos, A., & Lotter, C. (2017). Awakening musical facilitators: An innovative creative arts training programme for Community Health Workers and Community Health Volunteers. *Muziki, 14*(2), 16–35.
- Dos Santos, A., & Wagner, C. (2018). Musical elicitation methods. *International Journal of Qualitative Methods, 17*(1), 160940691879742.
<https://doi.org/10.1177/1609406918797427>
- Dukić, H. (2018). Music, Brain plasticity and the resilience: The Pillars of new receptive therapy. *Psychiatria Danubina, 30*(3), 141–147.
- Finlay, L. (2011). *Phenomenology for therapists: researching the lived world*. J. Wiley.
- Foxman, I., & Burgel, B. J. (2006). Musician health and safety. *AAOHN Journal, 54*(7), 309–316. <https://doi.org/10.1177/216507990605400703>
- Guptill, C. (2012). Injured professional musicians and the complex relationship between occupation and health. *Journal of Occupational Science, 19*(3), 258–270.
<https://doi.org/10.1080/14427591.2012.670901>
- Kendrick, C. J. (2020). *A survey of music therapists' experiencing seeking therapy* [Unpublished doctoral dissertation]. Sam Houston State University.
- Kendrick, C. J. (2021). Music therapists as clients: Therapy-seeking and utilization of personal therapy by music therapists. *Music Therapy Perspectives, 39*(2).
<https://doi.org/10.1093/mtp/miab012>
- Kok, L. M., Huisstede, B. M. A., Voorn, V. M. A., Schoones, J. W., & Nelissen, R. G. H. H. (2015). The occurrence of musculoskeletal complaints among professional musicians: a systematic review. *International Archives of Occupational and Environmental Health, 89*(3), 373–396. <https://doi.org/10.1007/s00420-015-1090-6>

- Leão, R., & Paes da Silva, M. J. (2005). The relationship between music and musculoskeletal chronic pain. *Online Brazilian Journal of Nursing*, 4(2), 9–19.
<https://www.redalyc.org/pdf/3614/361453968003.pdf>
- Lederman, R. J. (2003). Neuromuscular and musculoskeletal problems in instrumental musicians. *Muscle & Nerve*, 27(5), 549–561. <https://doi.org/10.1002/mus.10380>
- Liu, S., & Hayden, G. F. (2002). Maladies in musicians. *Southern Medical Journal*, 95(7), 727–734. <https://doi.org/10.1097/00007611-200295070-00013>
- Martin-Saavedra, J. S., Vergara-Mendez, L. D., Pradilla, I., Vélez-van-Meerbeke, A., & Talero-Gutiérrez, C. (2018). Standardizing music characteristics for the management of pain: A systematic review and meta-analysis of clinical trials. *Complementary Therapies in Medicine*, 41, 81–89. <https://doi.org/10.1016/j.ctim.2018.07.008>
- Martin-Saavedra, J. S., Vergara-Mendez, L. D., & Talero-Gutiérrez, C. (2018). Music is an effective intervention for the management of pain: An umbrella review. *Complementary Therapies in Clinical Practise*, 32, 103–114.
<https://doi.org/10.1016/j.ctcp.2018.06.003>
- Matthews, B., & Ross, L. (2014). *Research methods: A practical guide for the social sciences* (1st ed.). Pearson Longman.
- O’reilly, K. (2009). Interpretivism. In *Key concepts in ethnography* (pp. 119–124). Sage Publications Ltd.
- Prasad, S. K., & Aslam, B. (2017). A comparative study of persons having musculoskeletal disorders (MSD) with non-musculoskeletal disorders (MSD) in relation to their personality. *Indian Journal of Health and Wellbeing*, 8(11), 1393–1396.
- Ruud, E. (2005). Philosophy and Theory of Science. In B. L. Wheeler (Ed.), *Music therapy research*. Barcelona Publishers.
- Sloan, A., & Bowe, B. (2014). Phenomenology and hermeneutic phenomenology: the philosophy, the methodologies, and using hermeneutic phenomenology to investigate lecturers’ experiences of curriculum design. *Quality & Quantity*, 48(3), 1291–1303.
<https://doi.org/10.1007/s11135-013-9835-3>
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. SAGE.
- Smith, J. A., & Osborn, M. (2015). Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British Journal of Pain*, 9(1), 41–42. <https://doi.org/10.1177/2049463714541642>
- Stanhope, J., Cook, A., & Weinstein, P. (2020). Are adult amateur musicians at “high risk” of

- experiencing musculoskeletal symptoms? *International Journal of Community Music*, 13(1), 103–121. https://doi.org/10.1386/ijcm_00013_1
- Stanhope, J., Pisaniello, D., Tooher, R., & Weinstein, P. (2019). How do we assess musicians' musculoskeletal symptoms: A review of outcomes and tools used. *Industrial Health*, 57(4), 454–494. <https://doi.org/10.2486/indhealth.2018-0065>
- Stanhope, J., Tooher, R., Pisaniello, D., & Weinstein, P. (2019a). Have musicians' musculoskeletal symptoms been thoroughly addressed? A systematic mapping review. *International Journal of Occupational Medicine and Environmental Health*, 32(3), 291–331. <https://doi.org/10.13075/ijomeh.1896.01340>
- Stanhope, J., & Weinstein, P. (2019b). Why do we need to investigate non-classical musicians to reduce the burden of musicians' musculoskeletal symptoms? *Industrial Health*, 58, 212 - 223. <https://doi.org/10.2486/indhealth.2019-0094>
- Stanhope, J., & Weinstein, P. (2020). Should musicians play in pain? *British Journal of Pain*, 15(1), 82–90. <https://doi.org/10.1177/2049463720911399>
- Trondalen, G. (2013). Music therapy for musicians. In L. Eyre (Ed.), *Guidelines for music therapy practise in mental health*, (1st ed., pp. 840 - 872). Barcelona Publishers.
- Trondalen, G. (2015). Resource-oriented Bonny Method of Guided Imagery and Music (R-oGIM) as a creative health resource for musicians. *Nordic Journal of Music Therapy*, 25(1), 5–31. <https://doi.org/10.1080/08098131.2014.987804>
- Willig, C. (2013). *Introducing qualitative research in psychology: Adventures in theory and method*. Open University Press.
- Wilson, R. J., Watson, J. T., & Lee, D. H. (2014). Nerve entrapment syndromes in musicians. *Clinical Anatomy*, 27(6), 861–865. <https://doi.org/10.1002/ca.22377>
- Wojnar, D. M., & Swanson, K. M. (2007). Phenomenology. *Journal of Holistic Nursing*, 25(3), 172–180. <https://doi.org/10.1177/0898010106295172>
- Wu, S. J. (2007). Occupational risk factors for musculoskeletal disorders in musicians: A Systematic Review. *Medical Problems of Performing Artists*, 22(2), 43–51. <https://doi.org/10.21091/mppa.2007.2011>
- Zhang, J. D., Susino, M., McPherson, G. E., & Schubert, E. (2018). The definition of a musician in music psychology: A literature review and the six-year rule. *Psychology of Music*, 48(3), 389–409. <https://doi.org/10.1177/0305735618804038>
- Zhang, M., Ding, Y., Zhang, J., Jiang, X., Xu, N., Zhang, L., & Yu, W. (2022). Effect of group impromptu music therapy on emotional regulation and depressive symptoms of college students: A randomized controlled study. *Frontiers in Psychology*, 13.

<https://doi.org/10.3389/fpsyg.2022.851526>

APPENDICES

APPENDIX A: Letter of information



School of the Arts
ARTS THERAPIES

Faculty of Humanities

School of the Arts: Arts Therapies

Date: _____

Participant Information Form

Dear Participant,

My name is Margariet Swart. I am a student at the University of Pretoria and I am currently enrolled for a Master's degree in music therapy.

Title of study: *The impact of musculoskeletal pain on musicians' relationship with music: An exploration through music therapy.*

This proposed study has three aims. Firstly, I seek to explore musicians' relationships with music when they have musculoskeletal pain. Secondly, I wish to examine how music therapy could offer a meaningful therapeutic process through which that relationship could be enhanced. Thirdly, my hope is to also contribute to understanding how to use creative arts techniques within research studies.

What will be expected of you?

Your participation will involve taking part in a music therapy process of eight weekly sessions of 40 minutes each. The sessions will be held in Stellenbosch at times that fit your schedule. A follow up semi-structured interview will take place online after the eight sessions. A fellow music therapy Masters student will conduct the interview as research assistant once the music therapy process has been completed. The sessions will be video recorded, and the interview will be audio-recorded. All personal information will remain confidential. No names or

identifying information will be included in the written documentation. Pseudonyms will be used. If you are keen to participate, I will negotiate dates and times.

Each session will be held in a private room at my house that I will set up as a therapy room. The room will be separate from the rest of the house and have an entry door to ensure privacy. It will be away from noise or distractions and furnished with a piano, drums, chairs, and percussion instruments. There will be sufficient space for social distancing to take place. We will wear masks and use sanitiser to adhere to Covid-19 precautions.

Approval:

The study will only begin after ethical approval by the Research Ethics Committee of the Faculty of Humanities, University of Pretoria, has been obtained.

Risks and benefits:

By participating in the research, you will be able to explore your relationship with music and hopefully experience a meaningful therapeutic process. Participation in the study is completely voluntary and you are free to withdraw at any time. If you decide to withdraw there will be no negative consequences to you, nor will you need to explain your reason. There are minimal risks involved in participating in this project. I am aware that the musicians who will be part of this study experience some form of pain when they engage in music-making. As the music therapist, I will be very alert to this and ensure that you will not be pressured to play in any way that causes you pain. If you choose to play while experiencing some pain (as you do whilst playing your instrument in your daily life) as a way of exploring this, I will monitor it with sensitivity. You are encouraged to ask any questions you might have about the study.

Who will have access to the results of the study?

The research will be conducted by myself as principal researcher. As mentioned, a fellow music therapy Masters student will conduct the interview. They will also respect your confidentiality and will sign a confidentiality agreement. I will be receiving research supervision throughout the study. The collected data will be used for academic purposes only. The data will be archived in a password protected online format through the music therapy programme at the University of Pretoria for a minimum of 15 years. These storage solutions will comply with HPCSA regulations within the mandate of the Health Professions Act. If any other researchers would like to use the anonymised data during this time (i.e., the anonymised written descriptions of

the sessions and the anonymised interview transcripts) they may do so. Should you wish to access the dissertation, I will make it available to you.

Please feel free to contact me or my supervisor if you require more information about the study.

Your participation will be greatly appreciated.

Kinds regards,

(Signature of student required)

(Signature of supervisor)

Margariet Swart

Dr. Andeline Dos Santos

margariet64@gmail.com

andeline.dossantos@up.ac.za

0810491387

APPENDIX B: Letter of Informed consent



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

School of the Arts
ARTS THERAPIES

Faculty of Humanities

School of the Arts: Arts Therapies

LETTER OF INFORMED CONSENT: REPLY SLIP

RESEARCH TOPIC: The impact of musculoskeletal pain on musicians' relationship with music: An exploration through music therapy

I _____ hereby **give / do not give** my consent to participate in the aforementioned research project. I have read through the information about the study and have had the opportunity to ask questions. I acknowledge that the data may be used in current and future research. 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. I **grant / do not grant** permission for the music therapy sessions to be video recorded. I also **grant / do not grant** permission for sessions and the follow-up online interview to be audio recorded.

With full acknowledgement of the above, I agree to participate / not participate in this study on this _____(day) of this _____(month) and this _____(year).

PARTICIPANT DETAILS:

Participant name: _____ Signature: _____

Participant Contact No: _____ Date: _____

RESEARCHER & SUPERVISOR:

Researcher Name: _____

Researcher Signature: _____ Date: _____

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

APPENDIX C: Interview Guide

Thank you for being willing to take part in this interview. First of all, I would like to assure you that the information you share will remain confidential, and no records of the interview will be kept with your name on them. I would also like to inform you that this interview will be audio recorded. If you are comfortable with that, then we can begin.

1. What/how was your experience of this process?

Probes:

- Did you find anything useful?
 - Was there anything you did not find useful?
2. When you started out this journey how would you describe your relationship with music?

Sub question: What is your relationship with music like now?

3. What was is it like for you to take part in music therapy?

Probes:

- Were there moments that were particularly meaningful for you in the process?
 - Were there moments that were particularly difficult for you in the process?
4. What is it like to be a musician who's also experiencing musculoskeletal pain?

Sub question 1: Were you able to explore this through music therapy in any way?

Sub question 2: What was that like for you?

5. Did any insights come up for you?
6. Before we end, is there anything else you would like to add to our conversation?

Possible probes:

- Tell me more about...
- How did that make you feel?
- How does that feel in your body?

Thank you very much for sharing and helping me find out more about your experience.

APPENDIX D: Referral Letter

CALEY GARDEN MUSIC THERAPIST (MMus, UP)

HPCSA reg: AT 0001295

Practise number: 0789224

21A De Lorentz Street, Gardens, Cape Town, 8001

Tel: 082 638 0907

Email: caleygarden@gmail.com



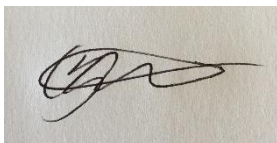
To whom it may concern,

This letter serves to confirm that I, Caley Garden, will offer music therapy services to the participants of the study titled, *the impact of musculoskeletal pain on musician's relationship with music: An exploration through music therapy*, as referred by the researcher of the study, Margariet Swart. I am a registered music therapist at the HPCSA (reg: AT 0001295) and can therefore offer music therapy services.

I am unfortunately not in a position to offer sessions for free of charge at this point. I would offer session on a sliding scale of R450-R600 per hour, depending on what is affordable for the client. Where clients are unable to travel to Cape Town, I would be willing to offer online sessions.

Kind regards,

Caley Garden



APPENDIX E: Referral Information

Dear participant,

Provided is a list of therapy services that are free of charge as well as a list of psychologists and therapists to contact in the Western Cape:

1. Welgevallen Community Psychology Clinic

Free psychological services to the broader Stellenbosch Community.

Website: <http://www.sun.ac.za/english/entities/welgevallen-community-psychology-clinic/>

2. South African Depression & Anxiety Group (SADAG)

Telephonic counselling that is free of charge.

Contact: 011 234 4837

3. Families South Africa (FAMSA)

Online counselling that is free of charge.

Website: <https://www.famsawc.org.za/>

4. Ilse Jordaan

Clinical Psychologist in Stellenbosch and Cape Town. Not free of charge.

Email: ilsejordaan@iafrica.com

5. Caley Garden

Music Therapist in Cape Town. Not free of charge.

Email: caleygarden@gmail.com

6. Mari Stevens

Music Therapist in Somerset West. Not free of charge

Email: maristevensmusic@gmail.com

APPENDIX F:

SAM

Summary of Process

Sam is a 20-year-old female who resides in Stellenbosch. She is in her 2nd year of studying for her Bachelor's in Music and plans to specialise in Music Education. Upon our first meeting, she complained of back pain, jaw pain, headaches, and muscle tightness. She informed me that she is hypermobile and has a low muscle tone that aggravates the pain in her body because her body must work extra hard to stay strong. As a result, playing the piano makes the pain worse, and she cannot practice for too long. Once she experiences pain, she usually goes for physiotherapy; that, unfortunately, is only a temporary solution. She is also diagnosed with Golfer's elbow, which causes pain while playing the piano. When asked about her relationship with music, she said it is "not great".

In our first session, we started with a relaxation exercise to be implemented at the start of each session. Afterward reflecting, I asked Sam to lie flat on a piece of paper the size of her body. I outlined the shape of her body, and we entered a body-mapping activity. I provided arts and crafts materials that were at her disposal. She was free to use them all in any way she felt necessary. She was encouraged to portray all pain, emotions, scars, sensations, or even phrases/words she felt within herself. I probed her by asking, "what matters to you about this wonderful body of yours?", "What is this body's story?" and "How do you feel about this body?". Sam expressed her pain with the colour purple and used glitter to show the hard work of her fingers. She wrote "fear" right where her heart was and drew butterflies around her stomach. These are only a few examples that stood out for me. We ended up with a colourful, vibrant, full-of-detail map of her body that we referred back to throughout our process.

In our second session, Sam expressed that at the beginning of the week, she experienced pain that made it difficult to breathe and that her back was "intensely sore". She had to take painkillers to feel better. We entered a lengthy relaxation exercise guided by carefully selected music. The aim of the exercise was to become one with your body and tap into everything you feel. We then reflected on her body map and added anything new to it or changed it. In the end, I asked her how she felt when she was in pain. She said she feels like a "small, vulnerable mouse that wants to hide away and lie on her bed".

In our third session, she expressed that her back is feeling better, but she is not feeling so strong at the moment. Starting our session with relaxation and a check-in with her body map became a ritual. She expressed that the relaxation felt like she was floating outside her body and that it was good not to feel the pain for a moment. In this session, I planned a musical dialogue. She entered a conversation between her younger self playing the piano and her present self playing the piano. We reflected on her writings and ended up closing the gap between the two selves by writing “passion for music” as the golden thread that keeps her going.

The fourth session started with a verbal check-in where she expressed much pain in her body and that she “wants this year to be over” (referring to her music studies). After our relaxation ritual, I encouraged her to enter a solo piano improvisation with the aim of letting go. I encouraged her to play freely and respond to whatever surfaces in her mind or body. She reflected on the improvisation by saying, “that was lowkey like the best I’ve ever done to improvise on this”. For the next two improvisations, I swapped between playing on the bass and treble and nudged her towards a space where she explored the piano in a different way. She responded, “that was strange but fun”, and was filled with laughter.

In session five, she complained about neck pain that made her eye twitch. During the relaxation, I encouraged her to try and shift her focus from the pain to her relationship with music. She reflected that she has grown as a musician and shared about her relationship with her dad and a memory she carried with her that affected her self-confidence. Afterwards, we entered a sonic sketch to portray her musical journey. I encouraged her to try and draw every detail of every person, moment, and memory during her musical journey. She drew herself in three parts: her younger self, her 13-year-old self, and her present self. After the sonic sketch, we entered a piano and drum improvisation to reflect more. The session ended with a verbal reflection on the whole session.

For session six, I decided to take her back to something she said in session two. I reminded her of her words and the image of the “small, vulnerable mouse”, and we reflected on it. We did a body check-in through the relaxation ritual, and with those feelings present, she added words of affirmation to her body map. Next, we improvised with percussion instruments representing her current feelings and ended with just our voices and a drum. We had our backs turned to each other, Sam facing her body map. I provided a steady beat on the drum and started the

improvisation with lines she wrote on her body map (“don’t be too hard on yourself” and “you are strong”). After our improvisation, I played the recording back to her and asked if she could draw the mouse on paper. She drew an elephant with a tiny mouse next to it, connected to what we discussed in our reflection. She shared a distressing experience during chamber coaching and how that feeling of being a mouse was very present. She ended with the phrase, “you eat an elephant bite by bite”, meaning she will conquer this process bite by bite/step by step/day by day. Around the elephant and the mouse, she added uplifting and affirming phrases she would like to say to herself when she felt like a tiny mouse.

For session seven, I decided to stay with the feeling of being a tiny mouse and encourage Sam that being a quiet mouse is a beautiful thing. I sensed that she was afraid to let herself fully identify with the mouse and decided to give her a little push and see where the session went. This session had more structure, and I offered Sam clear options when reflecting. I encouraged her to step back into the situation she experienced during her chamber coaching and the feelings and emotions that surfaced. I asked her if we could go back there and zoom into herself. We started by drawing her as a tiny mouse that she identified with. Next, I gave her a list of words she could choose from and facilitated the activity with questions that made her think and reflect. We ended up with a mouse surrounded by written words showcasing Sam's feelings and emotions during the Chamber coaching. I then asked further questions that placed her in different roles and entered into dialogue with the mouse (Sam being the mouse), and vice versa. The session ended with her sharing the burden of high expectations that her mother has of her.

Our final session, session eight, was an explorative gallery of our whole process. I filled the room with the drawings and reflections we shared during our process so Sam could see her work, journey and process. I carefully selected music that was explorative and not too confrontational. I set an intention for the space and left her to explore as she wished. She wandered the room, changed some drawings, added words/phrases, pondered, stood still, and laughed. We ended our process with a verbal reflection and looking back on small snippets of what she could take with her to help enhance her relationship with music. I informed her of the interview that would happen and gave her the referral sheet with all the contact details should she want to continue with further therapy.

BEATRICE

Summary of Process

Beatrice is a 23-year-old female who resides in Stellenbosch. In 2021 she finished her bachelor's in music degree, specialising in chamber music as a violinist. She is currently completing her PGCSE and hoping to go into teaching. On the side, she is part of two orchestras demanding much practice.

In our first session, she shared an in-depth history of her family and her own experience with pain. She's never known her body without the violin. She started playing at the age of three and a half. She feels that her body might have grown skewed because of the unnatural position that the violin demands. Her muscles never got strong enough to keep her vertebrae in place. Thus, she frequently visits the chiropractor for spinal adjustments. She lives on TransAct patches and pain relievers, which are only temporary solutions. "In the conservatorium, your body comes second to the instrument", she says. Her maximum duration of practice is two hours. If she goes overtime, the pain is unbearable. During her undergrad, she formed healthy habits like stretching, swimming, non-impact sports and Pilates; these activities strengthened her muscles to keep her spine aligned. She is diagnosed with mild scoliosis, an over-arched back, and suffers from nerve entrapment. When asked about her relationship with music, she shared that music is her "hideaway place". It is a "fantasy world with characters" for her. Her instrument is her child, "an extension, not even...it's a part of me". But the relationship is "kinda weird". Later on, she reflected that she is in an "abusive relationship" with her instrument.

In our second session, we started with a relaxation ritual. I asked Beatrice to lie on the couch and make herself comfortable. I carefully selected a piece of music and guided her through a body check-in. After she shared her experience, I asked her to lie flat on a piece of paper the size of her body. I outlined the shape of her body, and we entered a body-mapping activity. I provided arts and crafts materials that were at her disposal. She was free to use them all in any way she felt necessary. She was encouraged to portray all pain, emotions, scars, sensations, or even phrases/words she felt within herself. I probed her by asking, "What matters to you about this wonderful body of yours?", "What is this body's story?" and "How do you feel about this body?". She jumped right in, drawing her lower back pain as a big red ball of fire. The pain in her shoulders was purple, with green leaves sprouting from them. It resembled the weight that

her shoulders carry and the fruits it bears. Her left-hand fingertips were coloured black from pressing the strings, and her right-hand index finger was coloured grey to show the effects of holding the bow. She drew a big cloud over her head to illustrate her overthinking and a yellow dove flying over her that resembles her faith. We ended up with a colourful, vibrant, full-of-detail map of her body that we referred to throughout the process.

I structured the activities in our third session to fit my client's needs. She felt extremely stressed and tense. I decided to do an extensive, guided relaxation exercise focusing on her relationship with music. Her relationship with music went hand-in-hand with her relationship with her instrument. After the music had finished, she got very emotional while lying down. "Everything I am is my instrument", she shared. The best things in her life happened because of her instrument. "It was my identity until I couldn't play anymore". As she shared about her journey with the instrument, she realised that she was in an abusive relationship with her instrument. She gives and gives her everything and gets hurt in return. But the passion she has for the instrument surpasses all pain. She also dived deeper into her relationships with her parents and their influence on her musical journey. Her father pushed her into playing the violin at a young age. Although she was forced to continue, she still fell in love with the violin and, in return, also with music. At the end of the session, I encouraged her to look at her body map and add or remove anything that might have changed.

For session four, I planned a musical dialogue to further reflect on her journey with music. After our relaxation and check-in ritual, I offered her the intention of dialoguing between her younger and her present (older) musician self. She resonated with the topic and wrote down words and sentences while the music was playing. She shared her view of pain as an accomplishment you've worked hard for. She realised she already had this "messed up" view of pain at a young age. After reflecting on her musical dialogue, I asked her if she would improvise as her younger self on the violin while I played the piano. After the improvisation, she said she missed "playing just for the sake of playing".

In session five, we started with our relaxation ritual. Beatrice expressed that it is something she looks forward to during the week. After the relaxation, I invited her to sit on the floor with me in front of a big rolled-out section of blank paper. I explained the sonic sketch activity to her and invited her to a space where she could express her whole musical journey on paper; the good and the bad. Once the music started, she dived right in. After the music stopped, she

continued to draw and write. Her pain was a prominent character in her musical journey. The sonic sketch elicited a drawing of her physical pain. We externalised her physical pain and gave a voice to the image.

In our next session, session six, I continued with the image of physical pain. After our normal check-in and relaxation ritual, I invited Beatrice to improvise on percussion instruments while accompanying her on the piano. I encouraged her to try and create the exact qualities and timbre that she feels represent her pain the best. She reflected that it felt “intense and weird”. I then asked if she wanted to change anything about the image, and she added a top hat and a flower to the illustration. This was to depict “it” as a joker who constantly mocks her. The improvisation and reflection on her physical pain elicited an emotional response. She shared about intense wounds and drew a face depicting her emotional pain. This image of her emotional pain was a big breakthrough in our process.

In session seven, I felt like Beatrice was strong enough to confront the image (face) of her emotional pain. I explained the two-chair technique to her and asked her if she felt equipped to confront her emotional pain. She took a deep breath and said yes. I placed two chairs slightly facing each other, one for Beatrice and one for the image. My role as the therapist was to facilitate the dialogue. I started the conversation by asking her in which situations does this pain pop up for her? I asked Beatrice to address the image in the first person. The conversation was very emotional, raw, and vulnerable. But afterwards, we could discuss ways in which she can show this part of her some kindness. We acknowledged her emotional pain and moved towards a greater sense of agency.

Our final session, session eight, was an explorative gallery of the whole process. I filled the room with Beatrice’s drawings and reflections so that she could see her work, journey, and process. I carefully selected music that was explorative and not too confrontational. I set an intention for the space and left her to explore as she wished. She changed her body map and covered a few spots identifying her pain. On her musical journey, she added a list of things the journey has gifted her with. She added a flower crown and words of affirmation on the drawing of her emotional pain. She wandered the room, changed more drawings, added words/phrases, and ended after the music stopped. We ended our session with a verbal reflection and looking back on small snippets of what she could take with her to help enhance her relationship with music. After the session, she asked if she could take the drawing of her emotional pain home

with her. I informed her of the interview that would happen and gave her the referral sheet with all the contact details should she want to continue with further therapy.

JOSH

Summary of Process

Josh is a 21-year-old male who resides in Stellenbosch as a final-year student specialising in cello technique and performance. He frequently plays as a soloist in concerts that demand much practice.

Our first session was mainly introductory and focussed on the pain he experiences. We started with a relaxation exercise and a quick reflection. We then entered a discussion of his relationship with music and his pain. He had a terrible fall eight years ago, which resulted in a broken wrist. The bone in his wrist is 25% skewed because it did not grow back properly; therefore, he can't practice as often as he wants to. His wrist is also the leading cause of his pain while playing. He manages the pain with strapping, ice treatment, and rest. His relationship with music provokes anxiety, or in his words, "could be better". He also suffers from performance anxiety.

In our second session, we started with a relaxation ritual. I asked Josh to lie on the couch and make himself comfortable. He preferred to sit upright with his head resting backwards. I carefully selected a piece of music and guided him through a body check-in. He shared that it was good to "climb out of your brain and take a step back". We moved into the body-mapping activity, where he lay flat on a piece of paper the size of his body. I outlined the shape of his body and provided arts and crafts materials at his disposal. He was free to use them all in any way he felt necessary. He was encouraged to portray all pain, emotions, scars, sensations, or even phrases/words he felt within himself. I probed him by asking, "What matters to you about this wonderful body of yours?", "What is this body's story?" and "How do you feel about this body?". He approached the activity meticulously, choosing a specific colour for specific parts. He used grey for all the bones that have been broken, red for what he's most aware or mindful of, green for things he's accomplished with his body, gold for things he still wants to accomplish, and brown for his scrambled mind. He added a lot of detail and had clear

explanations for his drawings. We ended up with a clear, full-of-detail map of his body that we referred to throughout the process.

Session three consisted of Josh's musical journey portrayed as a sonic sketch. We used a rolled-out piece of paper with a specific selection of music to facilitate the sonic sketch. After our relaxation ritual, Josh shared much regarding his musical journey, so easing into the sonic sketch was easy. He shared an abstract drawing of his journey using different colours and variations of lines in different directions. In great depth, he reflected on his musical journey and shared his uncertainties about the future. He also shared about his journey with pain and how that impacted his identity, choices, and view of the future.

In session four, we did a musical dialogue between who he wants to be and his present self. He used different contour lines to depict the conversation instead of words. He shared, "You don't have to abandon your past self to become a new self". To further reflect, we entered an improvisation on the xylophone as his current self and the triangle as his future self. I added my voice as a melody, but Josh ended the improvisation early. He shared that he was overthinking and felt like he did not know what to do next. We reflected on that and how overthinking is present in his current self.

In session five, I asked Josh what he needed from the space. He felt very overwhelmed with rehearsals, screen time for assignments, and planning for next year. When checking in with his body map, he expressed that he thinks too deeply and tries to analyse everything, which is tiring. He also expressed that he wants to be more mindful when playing. He'd like to "perform for the sake of the music" and not the people. I asked him, "How is your ideal self on stage? How is the Josh that steps out of that overthinking space?". I asked him if he would like to do a visualisation activity for his upcoming performance of the Dvorak Cello Concerto. He chose a version and stepped into the imaginary concert hall. Josh closed his eyes throughout the visualisation and moved his body as if playing the cello. His fingers moved slightly with the runs, and his head swayed with the melody lines. After the visualisation, he immediately entered freewriting for five minutes. He underlined the important parts for himself and ended with a verbal reflection. I encouraged him to fold his freewriting paper and read it before his performance to remind him of the purpose behind his passion.

My initial intention was to focus on Josh's pain, but I've noticed that he does not necessarily want to go there. I planned the three-circles technique for session six to tackle his defence mechanisms and help him see his strengths. We started the session with our relaxation ritual, reflected, and immediately entered the activity. Before playing the selected song for each circle, I explained the intention. Circle one focused on his competence, success, ideal person, and strengths. Circle two focused on the challenging or dark times in his life. I encouraged him to go there. Circle three focused on who he is as a full, whole person, what the tough times brought him, and what gifts or resources he has gained through circle two. We ended up with three contrasting circles that Josh shared about in our reflection afterwards.

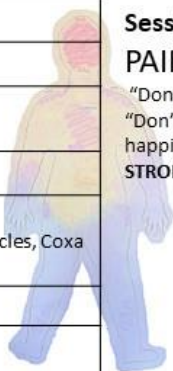
In session seven, Josh arrived with a wrist guard. He shared that he's been experiencing a lot of pain when moving his wrist, so to keep it still, he wears the guard. I did a full-body check-in with him and reflected on what he experienced. Before the session, I asked him to bring a symbol or object that he feels depicts his relationship with his pain or music. He brought a green leaf to express the growth his pain, music, and instrument gifted him. We did a symbol transformation activity with music, but Josh struggled to verbalise his thoughts, so I encouraged him to draw his thought processes. We ended up with an abstract drawing showcasing his relationship with music and pain. To further reflect, I gave him a list of words to choose from and asked him to write down the words that popped up to him and related to his relationship with pain. He then placed each word in a specific place on his drawing.

Our final session, session eight, was an explorative gallery of the whole process. I filled the room with Josh's drawings and reflections so that he could see his work, journey, and process. I carefully selected music that was explorative and not too confrontational. I set an intention for the space and left him to explore as she wished. He added "chapter one" to his musical journey and moved to the table with this drawing of his physical pain and the words surrounding it. He ripped up a few words and reshuffled the remaining words. He walked over to his body image and stared at it without changing a thing. We did an in-depth reflection on his whole process; I informed him of the interview that would happen and gave him the referral sheet with all the contact details should he want to continue with further therapy.

Appendix G: Mind-map of Process

SAM

Gender	Female
Age	20 years
Occupation	Student Bachelors in Music II
Instrument	Piano
Pain	Back, neck, forearms, Golfer's elbow, Headaches, jaw pain, tightness in muscles, Coxa Valga diagnosis
Treatment	Physiotherapy, Pilates, Gym, Rest
Relationship with music	"Not great" "Unpleasant"



Session #1 – Body mapping

PAIN = PURPLE

"Don't stop trying"
"Don't let the pain steal your
happiness"
STRONG

In pain visualization: Session #2

- "Small, vulnerable mouse"
- "Wants to hide away"
- "Lie on my back"
- "Quiet person – shy"
- "Even play the piano quietly"
- "too soft"

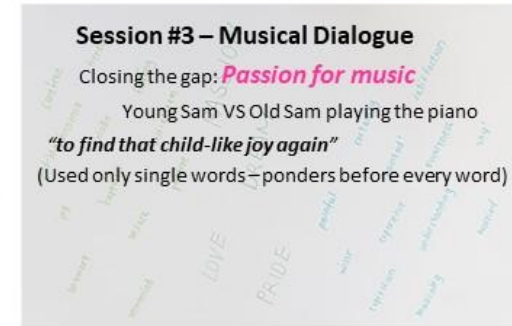
Session #3 – Musical Dialogue

Closing the gap: **Passion for music**

Young Sam VS Old Sam playing the piano

"to find that child-like joy again"

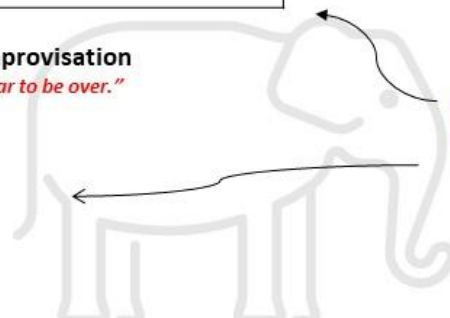
(Used only single words – ponders before every word)



Session #4 – Solo piano improvisation

Check-in: **"Stressed. Want this year to be over."**

- Overthinking
 - Conscious of mistakes
 - Played a lonely melody
- Alone (clip)
 - With therapist on the bass
 - With therapist on the treble



Session #7 – Reflection on image of mouse

- "appreciation"
- "supported"
- "confidence"
- "valued"
- "stability"
- "self-conscious"
- "kindness"
- "guidance"
- "validation"
- "self-worth"
- "affirmation"
- "reassurance"
- "anxious"
- "afraid/scared"
- "frazzled"
- "deficient"
- "tired"
- "deadness"
- "irritated"
- "struggle"
- "fragile"
- "tense"

Session #6 – Vocal improvisation + drawing

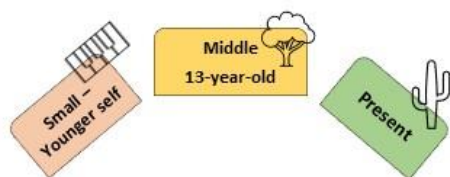
- Confronting the "small, vulnerable mouse"
- Vocal improvisation with drum
- Reflective drawing guided by recording of improvisation (big elephant next to small mouse)
- Words of affirmation



Session #8 – Explorative gallery of process

- "You can grow in the toughest conditions"
- "All of this is a small part of you, it makes up a whole"
- "just cause you're a mouse, doesn't mean you're small"
- "small steps everyday, just keep going, consistency"

Session #5 – Sonic Sketch, Musical Journey



BEATRICE

Gender	Female
Age	23 years
Occupation	Part-time musician and violin teacher Finishing her PGCSE
Instrument	Violin
Pain	Form of scoliosis, lower back pain, pelvic pain, pins and needles in left side of spine, nerve entrapment, neck spasms, neck pain
Treatment	Chiropractor, Pilates, swimming, non-impact sport, TransAct plasters and pain medication
Relationship with music	"weird" "an abusive relationship" "my instrument is my child, an extension of me" "I am music"

Session #1 – Check-in, relaxation and reflection

"Music is my hideaway place"
"Music touches my soul"

Session #2 – Body Map

- Very artistic
- In her own world when working with art
- Took her time to identify all the areas
- Colorful, vibrant, and in detail

Session #3 – Guided relaxation and deep reflection on her relationship with music

- Got emotional after the relaxation
- "Everything I am is my instrument"
- "It was my identity until I couldn't play anymore"
- Elicited emotions connected to parents
- "I always feel guilty when I'm not practising"
- "Abusive relationship with my instrument"

Session #4 – Musical dialogue and violin + piano improvisation

"Playing just for the sake of playing."

- Dialogue: younger self vs present self
- Improvised as younger self – carefree



Session #6 – Focus on pain

Drawing of face representing her emotional pain

- **Improvised** to further explore her physical pain (Session #5)
- Added a top hat and flower to the drawing of her physical pain – depicted "it" as a joker mocking her
- Elicited an image of emotional pain (the face)
- Gave a voice and words to the emotional pain

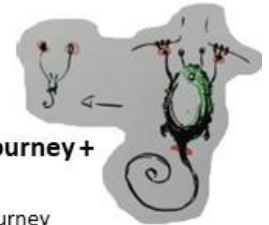


Session #7 - 2 chairs technique

- Confronting the image of her emotional pain
- Addressing her emotional pain in the first person
- Emotional, raw, and vulnerable space
- Connected with her two selves
- Externalized her emotional pain
- The pain and feelings are still fresh

Session #5 – Sonic sketch of musical journey + drawing of physical pain

- **Pain** = prominent character in the musical journey
- Musical journey elicited drawing of physical pain
- She was able to give a voice and words to the image
- Image of pain could change size (small to big) depending on the level of pain



Session #8 – Explorative gallery of process

- Covered up areas of pain
- Added brain depicting her "beautiful mind"
- Added a list of gifts from her musical journey

GIFTS

- Self-love
- Acceptance
- Awareness
- Self-help
- Gratitude
- Hope
- Confrontation
- Realization
- Bonding with myself

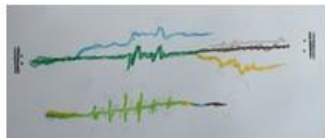


JOSH

Gender	Male
Age	21 years
Occupation	A final-year student specialising in performance.
Instrument	Cello
Pain	Constant wrist pain, bone is 25% skew after big fall. Pain after performances/too much practice
Treatment	Strapping, ice treatment and rest
Relationship with music	"gives me anxiety" "could be better" Feels responsible for pain. Anxiety and uncertainty for the future.

Session #4 – Musical dialogue

- Dialogue: who he wants to be VS present self
"You don't have to abandon your past self to become a new self"
- Improvisation on xylophone and triangle.
- Overthinking surfaced - ended improvisation early.
- Overthinking present in current self.



Session #6 – 3 circles technique

- Circle 1: Competence, success, ideal person, strengths.
- Circle 2: Tough times, darker times.
- Circle 3: Who you are as a full person, what the tough times brought you, what resources/gifts you've gained.

Drawings

- Circle 1: Psalm 1 – tree planted **God as redeemer**
- Circle 2: Centre of mind map – Josh curled up in a **dark corner of loneliness.**
- Circle 3: Fluffy marshmallow

Session #1 – Check-in, relaxation and reflection

- Introductory session
- Pain causes anxiety
- Can't practice as much as he wants to

Session #2 – Body Map

- Meticulous with choices of colour
- Grey: bones that have been broken
- Red: aware of/ mindful of
- Green: things he's accomplished
- Gold: things he still wants to accomplish
- Brown: scrambled mind

Session #3 – Sonic sketch of musical journey

- Abstract drawing
- Shared and reflected in great detail
- Use of different colours and contour lines
- Uncertainties and fear of the future**
- Pain as a barrier to the future**



Session #5 – Visualisation for performance

- Overwhelmed with rehearsals, assignments, future.
- Want to practice mindfulness and play for the sake of the music, not people.
- Visualisation of Dvorjak Cello Concert (soloist)
"It's impossible to be perfect."
- 5-minute free-writing

Session #8 – Explorative gallery of process

- Musical journey: Chapter 1
- Ripped up words: "deadness", "cross-roads"

Session #7 - Object transformation Relationship with pain/music

- Symbol: Green leaf to express the growth his pain, music, and instrument gifted him.
- Could not express through words
- Drew abstract drawing depicting his relationship with pain
- Further reflection: list of words
- Developed **coping mechanisms to resist dealing with pain.**
- Pain in his wrist is small** compared to previous trauma/hurt/pain.

List of words depicting his relationship with pain:

Tired	Deadness	Self-control
Hurt	Cross-roads	Fun
Longing	Independence	Determination
Excitement	Unsure	Fellowship
Isolated	Passion	Steadfastness
Peace	Demotivation	Rest
Creative	Newness	Joyfulness
Numb		



APPENDIX H: Sections of Emergent Themes

SAM

Excerpt	Thick Description + Transcriptions	Emergent themes
Excerpt 4: Reflective process on image of mouse.	<p>“...I place like what I should be able to do quite high.”</p>	<p>High expectations of yourself.</p>
	<p>“I think I've developed two sort of personalities because of kind of the way I was raised. My mom is a very like, critical person. And she's also very hard on both herself and others. So she also places very high standards. So I kind of developed a, a side that says the, the one thing of you're never gonna be good enough. And then another side that said, don't listen to what other people say because obviously you're your own person. It doesn't matter what other people think.”</p>	<p>Influenced by childhood experiences. Influenced by mother's critical way of being. Developed a side that says you're never going to be good enough. Developed a side that does not listen to what other people say. Developed two conflicting sides that influences confidence. Able to stand up to the intrusive thoughts of not being good enough.</p>
	<p>“...the mouse itself would say yeah, stuff like I'm sorry that I'm not going to play good enough for you, that I'm never going to play good enough. Sorry for disappointing you. Perhaps, you know, um, and sort of believing that you will never be good enough.”</p>	<p>Identifies with the image of a small vulnerable mouse. Fear of not being good enough. Fear of disappointing others (lecturers, herself, family, society). Sometimes believe that you will never be good enough.</p>
	<p>“I mean that's why I work so hard because I think I'm never going to get to where I want to be.”</p>	<p>Works so hard to prove to self that you can get to where you want to be. Works so hard because she thinks she does not have what it takes.</p>
	<p>“I think I wrote don't let others define you, or whatever, or don't let others bring you down. So, don't let anything define you.”</p>	<p>Mind has shifted to disregarding other's opinions of you. Believes in not letting anything define you.</p>
	<p>“...everyone has their own opinion of how things should be. No one's necessarily the right opinion. Um, I don't want to be a performer, so I'm not going to play as good as Nina Schumann because I'm not going to be her.”</p>	<p>Shifting towards knowing who and what you want to become.</p>

<p>“Cause when I first got my mark last year, I was very disappointed. Yeah. I was like, do you guys think I suck?” “It took a long time for me to realize that when I got it, I like cried. I burst out in tears. I was like I’m gonna fail, they think I am so bad.”</p>	<p>Allowing a mark to define you. Letting others’ opinions cause you to burst into tears.</p>
<p>“Because you are more than just a number.”</p>	<p>Realizing that a number does not define you. Seeing the positive side of a bad situation.</p>
<p>“But I think I will always be on the inside a little mouse.”</p>	<p>Finds comfort in the idea of being small and vulnerable. Seeing the beauty in being small and vulnerable. Image elicited an identification with its meaning.</p>
<p>“What does the mouse need? Stability.” “Reassurance.” “Confidence. Self-worth. (MT)” “Self-compassion is also necessary (MT)” “Kindness.” “Kindness from others, but also kindness towards yourself (MT)” “Appreciation. Guidance.”</p>	<p>In need of stability. In need of empathy. In need of guidance. In need of support. Able to identify what she needs when feeling small and vulnerable.</p>
<p>“Um, now it feels like overwhelming in the sense of like, there is so much going on, you know, like the two sides of the good and the bad.”</p>	<p>The visual representation of what the mouse feels and needs is overwhelming. Being a small and vulnerable is overwhelming.</p>
<p>MT: And they, there are good and bad parts, but we don’t necessarily have to see them as good and bad. We just see them as your whole self. And I think it’s a beautiful mouse. And I think we need to embrace the beauty of this mouse. And the resilience of this mouse to be able to feel all these things and say, but I do need all these things because sometimes it takes a lot of strength to ask for help. Sam: “It does, yes.”</p>	<p>Able to embrace the beauty of being small and vulnerable. Able to see yourself as a whole with good and bad parts. Able to see your good and bad parts as a beautiful whole. Growing in resilience. Agrees that it is difficult to ask for help.</p>
<p>“I feel like it’s very difficult to know what you need though.”</p>	<p>Finds it difficult to identify what you need.</p>
<p>“My, my grandma, um, when I was young, like ten or something, she saw me sing at school, and she told me, don’t be so confident.</p>	<p>Regards others’ opinions of herself very highly. Remembers what other people say of her character.</p>

<p>Like I, I shouldn't be overconfident. And I'm like, that stuck with me for years. The fact that she said it. I'm like totally overconfident apparently because that's like totally not me.”</p>	<p>Knows herself well enough not to believe it but remembers it. Hurt by other people’s remarks about her character.</p>
<p>“But she didn't say I’m making her proud; she just said I’m making my parents proud.”</p>	<p>Has the need to make her family proud. Has the need to make others proud. Wants someone to tell her they’re proud of her.</p>
<p>“Be proud of yourself. Yeah. Um, and believe in yourself.”</p>	<p>Ability to be proud of yourself. Ability to believe in yourself.</p>
<p>“Um, and sometimes we look so much to other people for certain things. But you can find them within yourself.”</p>	<p>Can identify an intrinsic motivational system. Knows her worth and what she is capable of.</p>
<p>“I can be kind to myself. Yeah. Um, and I can be more confident in myself, in my abilities. Um, and also reassure.”</p>	<p>Identifies what she is capable of doing. Able to assess your capacity. Finds confidence in herself and her abilities. Reassures herself of her abilities.</p>
<p>“...I think maybe the guidance comes from others. Oh well. I can guide myself in certain ways, but obviously having uh, an outside figure is easier in terms of guidance, um, slash appreciation. I can appreciate myself, but it's so much nicer when it comes from someone else.”</p>	<p>Uncertain of where her guidance comes from. In need of guidance. It’s easier to have someone to look up to for guidance. Admits that appreciation is easier when it comes from someone else. Prefers extrinsic motivation/appreciation.</p>
<p>“I think support also from myself and other people mostly, I would say.” “...I can support myself, but...” “the safe and secure and stability is the one thing that I think would come from all the other things, like having those things make you feel secure rather than insecure.”</p>	<p>Needs more support from other people than from yourself. Feeling safe and secure is most important. Having support, security, and safety will make you feel secure, rather than insecure.</p>
<p>“...it's difficult because my parents are supportive... but they aren't, they don't always understand it. Cuz obviously they, they're not musicians”</p>	<p>Parents can’t understand and be supportive if they are not musicians.</p>
<p>“I would want more guidance from the lecturers.” “And also the reassurance because there's, they never say anything like ‘good job’. They're always just like, you need to fix this. Just</p>	<p>In need of guidance from lecturers. In need of words of affirmation/reassurance that she’s doing fine.</p>

	something to show me you're actually doing fine despite, you know, everything else.”	
	“...and then I think myself obviously... Um, guess something I try to, to work hard on, but it's tiring. Sometimes always want to have to rely on myself, you know. I think I would like more kind of... validation.”	It's tiring to reassure yourself. Willing to work hard on reassuring yourself even though it's tiring. In need of validation from others.
	“...that's always been a big thing for me is instead of just being like, wow, you got 85. But it's always like, oh, where's that other 15%? You know? That's something that's difficult to hear. Instead of having that, I want the validation and the affirmation. Good job. That was great.”	Used to people who always sees the cup half empty. Wants to see the cup half full. Needs the validation and the affirmation from parents/family/lecturers/friends.
	“...if I asked someone like, was that okay? Then people were like, no, it was great. Then I'm like, you're lying. That was terrible.”	Wants the truth when asking others' opinions of her playing. Knows her abilities on the piano.
	“It's difficult to put into words. Written words, like, like I said, I know what I'm thinking. But to actually write down a word for what I mean, it's always; it's difficult. Sometimes I feel like there are no words to describe it. But I think I got some pretty good words today.”	Acknowledges the therapy process as being helpful to find the words for what she's thinking. Finds the use of words to describe her thoughts as a valuable therapeutic tool.

BEATRICE

Excerpt	Thick Description + Transcriptions	Emergent themes
Excerpt 2: Externalizing/ symbolising her physical pain: a process	<p>1. <i>Transcription of the description of physical pain and new drawing (translated from Afrikaans)</i></p> <p>“That is how I would describe him. But like a jelly-slime form, green /vibe.”</p>	<p>The improvisation elicited the image of her physical pain. Able to externalise pain through drawing. Able to characterise pain's texture and colour through drawing.</p>

	<p>“His nails aren’t sharp. It’s like when someone does this <pressing flat fingers into arm>, it leaves skin marks. So, it’s more blunt force trauma than anything else. It’s not sharp, but it’s sore. And his wrists also press into the back of my shoulders. Even here <gestures to tail>, the tail is heavy around my lower back. He hangs back like this <leans back against couch> and pulls me.</p>	<p>Able to characterise pain’s body parts and functions. The pain is made alive using drawing. The pain is given features: nails, tail, weight, size Drawing identifies what the specific painful areas are. Drawing identifies the extent and characteristics of the pain.</p>
	<p>“Sometimes he grows, sometimes he’s small, so then he still hangs there, but he’s not heavy.” “He can get smaller <draws an arrow to new drawing>. He can be this little, small thing, but he’s still there.”</p>	<p>Drawing elicited a transformation to the pain: big to small. The pain can get smaller, but it’s always there. The pain is a constant companion.</p>
	<p>“...there’s always a weight on my shoulders. I am always aware of it.”</p>	<p>The pain is always there. The pain is a constant weight on her shoulders.</p>
	<p>MT: And how do you feel to look at him, her, it? B: He’s ugly <laughs out loud>.</p>	<p>Characterises pain as being ugly.</p>
	<p>“This is sometimes a sharp pain <points to smaller drawing>. Ooh, let’s do that. Scorpion tail <draws on big drawing>.”</p>	<p>Reflection elicited an addition/change to the drawing: scorpion tail to portray the type of pain as sharp pain.</p>
	<p>“Let’s make him fluffy <draws fluff around big drawing>—ahh <sigh of relief>. You are mean to me <taps of drawing><giggles>.”</p>	<p>Characterised body as fluffy to portray the type of pain: numb pain. Able to find a feature in the image of pain: fluffy body. Drawing identified two types of pain: sharp and numb pain. Externalising the pain as an image allowed her to speak directly to the pain.</p>
	<p><i>2. Improvisation of physical pain</i></p>	
	<p>We entered an improvisation to further reflect on the drawing of her physical pain.</p>	<p>Able to use improvisation as a tool for reflection. The language of pain was given a voice.</p>
	<p>With the glockenspiel still in front of her, she hammered the last note again and showed me where that pain sat. After reflecting,</p>	<p>Able to externalise pain through improvisation. The sound of the stick hitting the glockenspiel symbolised a specific type of pain.</p>

Beatrice decided to add to the drawing of her physical pain.	The improvisation elicited a transformation/change to the drawing of her pain.
<i>3. Transcription of reflection after improvisation of physical pain and changes made to drawing</i>	
“Yes, this <hammers single note on glockenspiel> <presses shoulder blade with fingers>, that annoying thing that sits at the back of your head. Yeah, that’s what it feels like.”	Able to express her pain by hitting the xylophone. Able to identify a specific type of pain through experimenting with instruments. Sees pain as annoying.
“It was kind of intense, weird. But the longer I continued to explore, the more it made sense if I could say it that way. I wish I could play all of it at the same time because that’s a bit more how it feels.”	Exploration with different instruments made sense of the pain. Playing all the instruments simultaneously could have expressed how the pain feels.
“...it’s just always this uncomfortable...even when I sat here and played it, I began to feel my bad posture. And then, when I sit upright, my muscles pull together. So, one way or another, it’s like, I’m playing you now, but I literally feel you when I play you.”	The exploration made her feel her pain more intensely.
“The maracas were my pins and needles. Because the whole one side of my back becomes pins and needles like when your foot is asleep, it’s weird. And then this <plays a repeated note on glockenspiel>.”	The maracas symbolised a specific type of pain: pins and needles. The glockenspiel symbolised a specific type of pain: muted pain with a sharp sting
MT: How did it feel when the music became heavier and louder? B: “It felt like I needed three TransAct patches <giggles>. Yeah, it made me think that it’s almost unbearable. Like you can’t sit still with the way it feels like.”	The heaviness of the music had a direct influence on her body: unbearable pain. The heaviness of the music made her feel like she needed a TransAct patch. The heaviness of the improvisation elicited a bodily response. The heaviness of the improvisation felt unbearable at a stage.
“I feel the heaviness; I feel the pain; I feel that sharpness. And even as I’m saying it now, I can feel it in my back. It’s the weirdest thing.”	The improvisation enhanced the feelings of heaviness, pain, and sharpness in her body. Music therapy helps you tap into the direct experience of the pain in your body.

	<p>“As I said, I’ve learned to be in overdrive instead of getting rid of it.”</p>	<p>Has learnt to function in overdrive rather than addressing the problem.</p>
	<p>“Focusing on my pain is weird because I spent so many years not focusing on it and pretending it doesn’t exist. Or saying, “You’re just out of practice”. To a point where actually focusing on it feels wrong.”</p>	<p>Focusing on the pain felt weird and wrong. Years of pretending the pain doesn’t exist made focusing on it feel weird and wrong.</p>
	<p>“Yes. All forms of it. Stomach pain, headache, migraines, back pain, finger pain. If you don’t exclude it or find a coping mechanism, then it won’t be normal for you; it won’t work.”</p>	<p>All forms of her pain were present in the musical journey. The musical journey activity showcased all forms of her pain. Believes that if you don’t exclude the pain, you won’t be able to live normally.</p>
	<p>“I don’t think I’ll ever forget how that pain felt like. Because it doesn’t matter what you do, it doesn’t go away. And you must keep on playing...” “...it’s like you must keep on pushing through the pain. And the pain just gets worse. It builds and builds and builds, and when you’re done, you don’t really know where or how to sit.”</p>	<p>The pain never goes away. You must push through the pain. Journey line The pain gets worse the more you push. Journey line</p>
	<p>“... I always said I don’t have that type of mind power. But I’m starting to realise I do, perhaps, actually have a part of it. Maybe not for running, but every day is my marathon, where I endure things that I won’t necessarily give myself enough credit for. Yeah, to look at that, it’s really eye-opening.”</p>	<p>Compared her every day to running a marathon. Pain makes the road harder. Started to realise she has the type of mind power to push through. Has build the resilience to keep on going. I am/I can Realized that she doesn’t give herself enough credit. I can</p>
	<p><stares at the drawing of physical pain> “I’m going to give that a top hat and a bow.” “He’s teasing me. He, her, it.” <moves to sonic sketch of musical journey and starts to draw> <adds top hat and flower on its head>.</p>	<p>Reflection encouraged her to change the drawing of her physical pain. Making sense/meaning Shared that her physical pain teases her. Fluffy tail Symbolised her physical pain as a joker that teases her.</p>

	<p>“These words <picks up a pen and writes while saying out loud>. It’s just you. You don’t practice enough. You need to stretch. It’s your fault that you’re sore. It’s all in your head. With or without it, it wouldn’t make a difference if I’m here or not. If you were without pain, you wouldn’t have had the self-discipline to do it anyway.”</p>	<p>Able to give the physical pain a voice. Expressing The voice of the physical pain is insulting, degrading, mocking, and teasing her. Able to write down what the voice of her physical pain says to her. Expressing/making sense of</p>
	<p>“Your mother’s pain is worse, your brother’s pain is worse, your sister’s pain is worse. Everyone’s pain is always worse. This is now in my own head.”</p>	<p>Compares her pain to others in her head. In her head, everyone else’s pain is always worse than hers. Pain not seen by others</p>
	<p>“I shouldn’t moan. It’s not so bad. Cover it up and carry on. I don’t really have a choice. Yeah, I’m actually pretty normal on the outside. It’s the inside that’s the problem <giggles>.”</p>	<p>Developed a coping mechanism of covering it up and moving on. Pushing through pain Coping on the outside: battling on the inside Journey (bit different)</p>
	<p>MT: “It’s so important that you don’t necessarily give him a voice but that you know there is a voice. And that you know what that voice is capable of saying to you. And that you know it’s him, it’s ‘it’ talking.” B: “I must say it becomes a blurry line.”</p>	<p>Finds it difficult to distinguish between the pain talking and her own voice. Do I listen to the pain, or do I speak back to it? Meaning making bubble/Decisions about how to respond in MT</p>

JOSH

Excerpt	Thick Description + Transcriptions	Emergent Themes
Excerpt 1: Sonic sketch of musical journey	<i>1. Transcription of reflection after relaxation ritual</i>	
	<p>“...when I grew up, everything I was given or said to do I always resisted against. I always did them, but I was half rebellious.”</p>	<p>Resisted against instructions when young. Rebellious when young.</p>
	<p>“I wanted to start playing the cello, but when I realised how much practising it takes, I didn’t really want to do it anymore.”</p>	<p>Initially wanted to play the cello, but wanted to stop because it’s too much practicing.</p>
	<p>“But my dad pushed me and said I may only decide after I’ve played grade five. And when I finished that, I was like, well, I don’t suck, so I can just as well carry on.”</p>	<p>Dad pushed him to play the cello until grade 5: carried on afterwards.</p>

	<p>“I didn’t love cello.”</p>	<p>Didn’t love the cello: loved the guitar.</p>
	<p>“...when I turned fifteen, I started playing guitar, and that was, for me, my coping mechanism. I fell in love with that. I could sing with it, and I like writing poetry, so putting the words on top of the music was good.</p>	<p>Guitar was his coping mechanism.</p>
	<p>“But last year, I had to completely leave the guitar because it hurt too much. And that’s when I started practicing cello for the first time out of, like...a dependency because I missed having an instrument to go to.”</p>	<p>Had to stop guitar because of pain. Started practicing cello as a replacement for guitar. Started cello out of a dependency - to just have an instrument.</p>
	<p>“I actually realised that I could use the cello to maybe create a future for myself or put my passion into something.”</p>	<p>Realised that he can use the cello to create a future for himself. Cello is turning his passion into something.</p>
	<p>Now, when I think of the cello, I think, not in a romantic way, but how someone has a boyfriend or a girlfriend, like it’s my thing. When I’m sad or happy, I want to play the cello. Yeah, I want to spend time with my instrument. Yeah, so it’s definitely changed since then.</p>	<p>Think of cello as his thing/his someone. Plays cello to express emotions. Wants to spend time with his instrument. Relationship with cello has positively changed since young.</p>
	<p>There’s a bit of a fear tied to the cello and my relationship with it because of the pain. Cause I don’t know how long I’ll be able to hold out. I know I have a very high pain tolerance, so I’m not even sure how bad the pain actually is in reality. So, we’ll see <giggles>. But I enjoy it for now.</p>	<p>Sense of fear tied to relationship with cello because of pain. Pain causes fear in his relationship with cello. Don’t know how long he’ll be able to hold out with the pain. High pain tolerance: not sure how bad the pain actually is.</p>
	<p>It would obviously be very upsetting., but I am the type of person who says, “I’ll cross that bridge when I get there”. I feel that everything happens for a reason, so if I must stop playing cello, there will be a reason for it, but I don’t know what I’m going to do when that happens. So, let’s hope it doesn’t happen. It would obviously really suck because it’s like one of my main sources of happiness.</p>	<p>Having to stop playing cello would be very upsetting. Mindset: I’ll cross that bridge when I get there. Mindset: Everything happens for a reason. Don’t know what he’s going to do when he can’t play cello anymore. Cello is one of his main sources of happiness.</p>
<p>2. <i>Transcription of reflection after sonic sketch of musical journey</i></p>		

And in this uncertainty, I realised that music is the thing that can go on.	Music is the thing that continues through uncertainty.
And then the brown is uncertainty. It's like, I don't know what's going to happen.	Uncertain about how pain can influence future.
The last few months have been an intensely weird emotional space where I'm trying to figure out who I am now without everything that's happened in the past.	Still figuring out who he is, and how his past affected him: identity.
I just felt like it becomes my consciousness like I actually think in four strings most of the time. Umm, and how these four strings just become uncertainty. I know I'd probably be able to go on with it for a while with like teaching or playing in concert, orchestras, ensembles, compose, whatever. But I don't know if it's going to become the constant.	He thinks in the four strings of his cello. His cello has become an uncertainty because of pain. Unsure if the cello is going to be a constant in his life.
Like it was mainly because of the pain like I couldn't play anymore. When I had to stop playing because of the pain, I became severely depressed about a month after that. And then I just told God, I can't. And that's the last time I played. But the pain caused that I stopped playing, and God made me realise what it was for me.	Had to stop playing guitar because of the pain. Became severely depressed after pain took away his guitar. Found refuge in God/Christianity.
Dwelling on it causes depression and dwelling on the future causes anxiety. That's where God comes into the picture for me. Everything in this world is impermanent except you and God. Because when you die the world dies for you as well because then you're not here anymore. And God is eternal.	Dwelling on the pain/past causes depression. Dwelling on the future causes anxiety. God takes away his anxiety and depression.
But there are still a lot of things that I have to let go of—habits...mental habits that aren't good.	Still a lot of mental habits he has to let go of.
This helped a lot (Processing your thoughts on paper)	Processing his thoughts on to paper helped a lot.
Like my main thought is always I don't want to mess up. How can I be mindful of, like, not caring if I mess up?	Strives to be mindful while performing.