Music Therapy as part of postpartum care to support emotional wellbeing

by

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CONTENTS

Table of contents

ACKNOWLEDGEMENTS ... vi
ABSTRACT ... vii
1. Chapter 1: Introduction ... 1
1.1 Background and Context ... 1
1.2 Problem Statement ... 3
1.3 Aims ... 4
1.4 Research Question ... 4
1.5 Chapter Summary ... 4
2. Chapter 2: Literature Review ... 5
2.1 Introduction ... 5
2.2 Postpartum Care Available Internationally ... 5
2.3 Postpartum Care in an African Context ... 6
2.4 Emotional Well-being during the Postpartum Period ... 7
2.5 Music Therapy in Postpartum Care ... 8
2.6 Conclusion ... 9
3. Chapter 3: Research Methodology ... 11
3.1 Research Paradigm ... 11
3.2 Research Design ... 11
3.3 Selection of Participants ... 12
3.4 Group Music Therapy Sessions ... 13
3.5 Data Collection ... 15
3.5.1 Video Data ... 15
3.5.2 Session Notes ... 15
3.5.3 Semi-structured, Individual Interviews ... 15
3.6 Data Preparation ... 16
3.7 Data Analysis and Interpretation ... 16
3.8 Research Quality ... 17
3.9 Ethical Considerations ... 17
4. Chapter 4: Analysis and Findings ... 19
4.1 Introduction ... 19
4.2 Participants ... 19
4.3 Music Therapy Sessions ... 22
4.4 Session Summaries ... 23
4.5 Selection of Clinical Work Material ... 37

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4.5.1 Pre-selected Video Excerpts ... 37
4.5.2 Interview Transcription Data ... 40
4.6 Clinical Work Analysis ... 40
4.6.1 Coding of Video Excerpts ... 40
4.6.2 Coding of Interview Transcriptions ... 41
4.7 Categorising ... 41
4.8 Emerging Themes ... 42
4.9 Results ... 42
4.9.1 Theme 1: Music Therapy Affords Self-Nurture ... 43
4.9.2 Theme 2: Music Therapy Affords Empathic Connections and Experiences ... 44
4.9.3 Theme 3: Music Therapy Stimulates Inner Resourcefulness ... 44
4.9.4 Theme 4: Music Therapy Helps to Restore Emotional Equilibrium in the New Role of a Mother ... 45
5. Chapter 5: Discussion ... 48
5.1 Introduction ... 48
5.2 Music Therapy Validated the Emotions of New Mothers in the Postpartum Phase 48
5.3 Music Therapy Contributed to a Strengthening of the Self ... 51
5.4 Conclusion ... 53
5.5 Implications for Practice ... 54
6. Chapter 6: Conclusion ... 55
6.1 Conclusion ... 55
6.2 Strengths and Limitations of this Study ... 56
6.3 Recommendations for Future Research ... 57
6.4 Final Remarks ... 57
7. References ... 58
8. Appendices ... 69
Appendix A: Pamphlet/Poster ... 69
Appendix B: Letter of Permission to Recruit Participants from Private Clinics ... 70
Appendix C: Information Letter ... 85
Appendix D: Consent Form ... 87
Appendix E: Example of Session One Outline ... 88
Appendix F: Journal Questions ... 89
Appendix G: Interview Guide/Questionnaire ... 90
Appendix H: Letter from Psychologist ... 91
Appendix I: Nondisclosure Agreement ... 92
Appendix J: Coding of Video Excerpts ... 93
Appendix K: Coding of Interview Transcripts ... 110
Appendix L: Categorising and Identification of Themes ... 125

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Appendix M: Signed Consent Letters of Participants 129

List of tables

Table 1 7
Table 2 14
Table 3 38
Table 4 40
Table 5 41
Table 6 42
Table 7 42

List of figures

Figure 1: *Clay sculptors: 'Before and After Baby'* 27
Figure 2: *Rodene's song for her daughter* 31
Figure 3: *Tertia's song for her father* 34
Figure 4: *Movement/Mirroring* 36
Figure 5: *Example of the artwork* 36
Figure 6: *Session seven Lizette* 37
Figure 7: *Rodene's depiction of her birthing experience* 47

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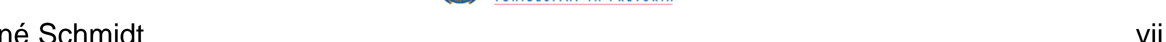

ABSTRACT

Mothers' mental health during the postpartum period is a neglected area of health care in the South African context which may significantly contribute to maternal mortality and morbidity rates in South Africa. This qualitative study aimed to explore how music therapy can offer emotional support to mothers in the postpartum phase. Four self-referred mothers participated in seven group music therapy sessions. Sources of data included four semi-structured individual interviews and ten excerpts from videos of the music therapy sessions. Thematic analysis of the interview transcripts and thick descriptions was undertaken. Four themes were developed: (i) Music therapy afforded nurturing of the self; (ii) Music therapy afforded empathic connections and experiences; (iii) Music therapy stimulated inner resourcefulness; (iv) Music therapy helped to restore emotional equilibrium in the new role as a mother. Findings aligned with existing literature on music therapy with postpartum clients and may be integrated with other research efforts on how to provide a continuum of care to postpartum mothers.

KEYWORDS:

Postpartum Distress

Maternal Mental Health

Emotional Support

Maternal Developmental Tasks

Birthing Experience

Adaptation to Motherhood

Self-care

Receptive Music Therapy

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Chapter 1: Introduction

1.1 Background and Context

The World Health Organisation defines maternal mental health as "a state of well-being in which a mother realises her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and contribute to her community" (as cited in Herrman et al., 2004, p. 10). According to Douglas (1994) the term "mother" or "maternal" refers to the person who "intends to act as the parent" Douglas (1994, p. 637) and who assumes the responsibility of raising the child. The UK National Health Service (NHS) describes emotional well-being as "being confident and positive and able to cope with the ups and downs of life" (Stewart-Brown, 1998, p.1608). In another UK study, the researchers concluded that the following key constructs show emotional well-being: stability, coping ability, happiness, confidence, balance, empathy, and being grounded (Coverdale & Long, 2015).

New mothers do not always experience maternal mental health and emotional well-being: mental disorders in the perinatal period affect 25% of mothers in low- and middle-income countries (World Psychiatric Association, 2015), particularly postnatal depression (Field et al., 2019). The levels of postnatal depression (PND) in South Africa compared to other African countries are high (Ayers et al., 2009), whilst there is a lack of comprehensive and individualised care for mothers and their babies after childbirth in sub-Saharan Africa (Lowe et al., 2021). This "care" includes psychological support as prescribed by the World Health Organization (2013).

Psychological distress appears to be common after childbirth, and mothers can experience various psychological problems (e.g., anxiety, post-traumatic syndrome, adjustment disorders, and depression) (Acconcia et al., 2017). For this study, I recruited participants who self-identified as experiencing any form of postpartum distress (PPDS), i.e., "any psychological problem which impairs daily functioning" (Ayers et al., 2014, p. 1). According to Miller et al. (2006), there are often broader indicators of psychological morbidity than depression alone. In their study with 325 Australian postnatal mothers, 10% showed symptoms of anxiety and stress without depression, and 13% had symptoms of anxiety either in isolation or in combination with depression. These authors suggest that terms such as "emotional distress", "emotional difficulties", and "psychological problems" should be used interchangeably to refer to any psychological problem which impairs daily functioning. They state that "postnatal distress" should instead describe negative affective states and that this helps to identify mothers who might experience distress more fully.

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Mothers struggling to cope with the psychological adaptation to motherhood often need help from someone who understands what they are going through (Beck et al., 2002). Yet mothers often do not seek help because they assume postnatal depression or anxiety is to be expected or because they fear the potential consequences of having a psychiatric history. They often believe doctors cannot help them and decide not to confide in their General Practitioners (GPs) (Kitzinger, 2006). However, I note that this is a relatively Westernised perspective since the first point of call for postpartum women, particularly within an African context, might be a clinic nurse, community clinic, or caring relative and not necessarily a GP. Different cultures have differing views regarding childbirth and the postpartum phase (Norwitz et al., 2010). Fantaye et al. (2019) scrutinised 37 studies that elicited mothers' preferences for post-natal care in rural Africa and concluded that postpartum mothers often have specific needs regarding formal or traditional postpartum care providers and abode according to cultural and religious norms. Where new mothers do not have these support structures at their disposal, they often try to cope on their own, feeling embarrassed by what they regard as a sign of personal inadequacy and an admission of failure on their part. This often leads to further isolation from family and friends (Chur-Hansen et al., 2020; Du, 2016). This is dangerous territory since, if left untreated, these psychological problems can negatively affect the mother, child, and the entire family through impaired mother-infant bonding, escalating mental health problems, and even higher risk of suicide for mothers (Colpe, 2005). According to the study by Colpe, suicides account for up to 20% of postpartum deaths in the USA. These findings are based on an electronic database search and include 27 studies.

Music therapists are trained to offer "sensitive caregiving" (O'Gorman, 2006, p. 28) and to work in gentle, non-intrusive ways (Abad & Williams, 2007), which enables them to provide an empathetic ear, ask appropriate questions (Beck et al., 2002) and acknowledge mothers' emotional needs (Fahey & Shenassa, 2013). Mothers in a postpartum phase "need to share their experiences of life, need to be reassured, and they need to feel understood" (Acconcia, 2017, p. 1). Music therapy may be an effective modality to address these needs. Bollard-Marcovitz (2022) cites that music therapy decreases stress and anxiety by decreasing cortisol while simultaneously increasing oxytocin and serotonin. These findings emerged in a study where 80 participants participated in an inpatient music therapy group. A significant decrease in postpartum depression, anxiety, and pain was noted.

My experiences of becoming a first-time mother nine years ago played a significant part in my decision to undertake this research study. I had undiagnosed postpartum distress after the birth of my first child and struggled with feelings of extreme isolation, disillusionment, and disconnect with my child, spouse, and immediate family for the first two years after the birth. Since this

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research is closely related to my personal experience, I had to employ a careful, reflective stance. I aimed to be attuned to my attitudes, thoughts, and reactions and critically reflected on how I related to the research participants (Bolton, 2010) and how they related to me (Clancy, 2013). I continuously examined my involvement and stayed aware of the limits of my knowledge (Cunliffe, 2009). I had to continuously reflect on my motivation and rationale for undertaking the study, my age, ethnicity, previous life experience, social identity, role, personality, and mood to stay aware of how I might have influenced the participants (Jootun et al., 2009).

There were advantages to the fact that this research was so “close to home”. Having emerged through these struggles gave me a sense of how difficult the postpartum phase could be. It raised my contextual awareness and actively increased rapport between the participants and me. It also asked for a reflexive stance (A. Dos Santos, personal communication, June 10, 2023) and an acknowledgment of the active part that I played, as a researcher and human being in the study. It would be unrealistic to say that I successfully managed to bracket all my preconceived ideas and biases during the knowledge-creation process. I did, however, try to minimise such biases by critically reflecting on my emotional responses and being as transparent as possible about my motivation, involvement, and positioning (Dos Santos, 2022) throughout the study. I tried to use my subjectivity as a resource (Dos Santos, 2022) instead of being limited by preconceived assumptions, premature conclusions, or over-participation (Asselin, 2003).

1.2 Problem Statement

Mothers in the postpartum phase of child-rearing face life-changing transitions physically and psychologically (Van den Bergh et al., 2005). These stressors, if left unmitigated, can lead to serious physical and mental illness (Beck et al., 2002). Mothers’ mental health during the postpartum period is a neglected area of health care in the South African context. They receive little emotional support, which may significantly contribute to maternal mortality and morbidity rates in South Africa (Anderson et al., 2021).

There is evidence that music therapy might be helpful. It has been used promisingly with similar populations, e.g., during pregnancy (Chang et al., 2008) and with neonatal intensive care clients (Ettenberger, 2020). Still, it needs to be examined more extensively within the postpartum care population. According to a music therapy task force survey conducted by the American Music Therapy Association, only 3,8% of music therapists worked within the prenatal population (AMTA, 2018). In this study, I, therefore, sought to determine whether music therapy could play a role in offering mothers emotional support during the postpartum phase.

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1.3 Aims

This study aimed to explore how music therapy could support new mothers' emotional well-being. I hope that the knowledge generated could provide a platform for new mothers to process their experiences as they transition into the new roles of motherhood thereby helping them to navigate this phase more easily.

1.4 Research Question

The following research question guided this study:

How can participation in group music therapy sessions support the overall emotional well-being of new mothers with postpartum stress?

1.5 Chapter Summary

Chapter two examines literature about the postpartum period and mothers' emotional and psychological needs. It discusses postpartum services available to mothers internationally and locally and highlights challenges. The role of music therapy in addressing some of these needs is also discussed. Chapter three describes and explains the chosen qualitative methodology, data collection, and analysis methods. I also outline the participant selection method and process, research quality, and ethical considerations. Chapter four describes the data analysis and findings. Chapter five offers a discussion of the findings in relation to published literature. In Chapter Six, I conclude the findings of this study and explore the strengths, limitations, and recommendations for future research.

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Chapter 2: Literature Review

2.1 Introduction

This chapter examines the literature on new mothers' emotional and psychological needs postpartum. I will consider postpartum services locally and internationally and explore how music therapy might have addressed these needs.

2.2 Postpartum Care Available Internationally

Various studies highlight noteworthy and effective postpartum care practices worldwide. For example, a systematic review by Brodribb et al. (2014) examined postpartum care practices in Australia, the UK, and the USA. Practices such as the availability of a midwife or nursing services within ten days of hospital discharge; and general practitioner visits that occur within two months post-delivery, were noted. Group or community-led care, 24-hour support by midwives (while the mother was still in the hospital), and obstetric risk assessments with care given according to risk profiles, were some other Australian best practices. These findings were cited in a systematic literature review of 18 peer-reviewed journal articles (Brock et al. (2014). In the US and UK, there is now an extended 12-week fourth trimester in which mothers and children receive additional postpartum care (Horwitz et al., 2019).

Other studies highlighted aspects of postpartum care that were problematic. For instance, in a study in the USA, Aber et al. (2009) found that the women in the study scored substantially higher scores on functional and social adaptation than on physical and emotional adaptation. In this study, 233 participants were assessed in terms of adaptation to their new role as mothers. One of the reasons for the higher scores in functional and social adaptation was that women in the study tended to prioritise family needs over their own and tried to re-establish their family functioning as soon as possible. These findings led the researchers to conclude that health teaching following hospital discharge was important as well as case management, treatment, and surveillance interventions.

Certain inconsistencies in the scope and quality of postpartum visits were noted in an Australian study by Brodribb et al. (2013). For example, some mothers reported having detailed discussions with their GPs about themselves, their infants, and their family situations, while others were only offered weighing and measuring of their babies and a brief inquiry about themselves and their child's overall health. This study included the views of 88 mothers and 6 GPs about postpartum care in general practice in Australia.

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2.3 Postpartum Care in an African Context

Postpartum care for mothers is a neglected area in mental health in low and middle-income countries (Araya et al., 2016), such as South Africa, where maternal and child healthcare priorities are focused on reducing maternal and infant mortality and promoting infant physical health (Bhana et al., 2014). Anderson et al. (2021) compared findings from 12 studies from eight African countries against the World Health Organisation (WHO) Maternal Morbidity Working Group standards for postpartum care interventions. Only three of the twelve studies mentioned the construct of 'mental health' as part of their postpartum care conceptual frameworks. Only one of the 12 studies was based in South Africa (Ngunyulu et al., 2015) and showed that traditional birth attendants did counselling on the importance of good nutrition postpartum, how to prevent postpartum bleeding, and the need for infection prevention. No mention was made of mental health screening or counselling.

Maternal depression needs more attention, especially at the primary healthcare level (Bhana et al., 2014). This finding was based on a small study with 20 participants from a poor socio-economic area in the North-West Province of South Africa where there was a great need for counselling from general healthcare providers either individually or in groups. Warren (2015) suggested that women require additional postpartum care in an extended postnatal period from week seven to six months (or one year) postpartum and noted the absence of any indicators for the content of such postnatal care packages globally that addressed both the mother and baby's needs. Dass-Brailsford et al. (2014) found that there is a high prevalence of depression, general distress, and other psychiatric symptoms in cohorts of pregnant and postpartum HIV+ women in low- and middle-income countries, based on a systematic literature review of 53 peer-reviewed articles in the UK and African countries (e.g., South Africa, Zimbabwe, Kenya). Various authors highlight the importance of clinical interventions to improve mental health outcomes for postpartum mothers (Ayers et al., 2009; Babayigit et al., 2018; Govender et al., 2020).

Research describing the implementation and features of postpartum support interventions is scarce. One such project, the Perinatal Mental Health Project (PMHP) based at the Mowbray Maternity Hospital in the Western Cape Province of South Africa, offered women free individual counselling for up to one year postpartum. Therapeutic modalities included psychoeducation, bereavement counselling, problem-solving, interpersonal therapy, and alcohol and substance use counselling. A similar program based in Ohio, USA - the Ohio Perinatal Mental Health Program - also offered psychosocial support for pregnant women and new mothers. This programme included a music therapist who ran weekly hour-long lullaby groups for mothers and their babies. The goals of this music therapy program were to equip mothers to use music for self-expression, coping, inspiration, and relaxation (Console et al., 2010). At the time of the

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literature review, I could find only one study in South Africa where music therapy was used as a clinical intervention to help mothers cope emotionally (Hiller, 2019).

2.4 Emotional Well-being during the Postpartum Period

A positive postnatal experience includes the ability to adapt to a new self-identity and develop a sense of confidence and competence as a mother (Fahey, 2013). Experiencing a connection with the baby is essential for emotional well-being (Hiller, 2019). New mothers face physical and emotional challenges (Bonet et al., 2020) as, for instance, outlined in Attrill's (2002) 'Maternal Role Attainment' model (Table 1). When Attrill talks about "the mother" in her model, I acknowledge the fact that this does not necessarily refer to all mothers as a generalisation or encompassing term. Mothers in different cultural contexts may not go through the same stages (e.g., a single mother in a resourced context; versus a mother who is one of many mothers in a communal context). The model is, however, valuable to serve as a starting point when considering the emotional processing needs of the participants in the current study.

Table 1

Maternal Role Attainment Tasks

Maternal Role Attainment Tasks
Taking in: The mother focuses on her own needs and **may need to tell and retell the birth story**; she may take some time accepting the newborn as "hers"; may not feel maternal and may seem passive in the maternal role; she may not respond to attempts by others to get her to take on an active role in newborn care; she may not internalize educational messages. ***Taking Hold:*** At about day 3, the mother will become very interested in taking charge of newborn care; may seek perfection in her maternal caregiver role and is v**ulnerable to feelings of inadequacy**; may become **anxious** and **pre-occupied with ensuring that she is doing everything right**; will be open to education, but this needs to be provided in a way that does **not erode her feelings of self-efficacy**. ***Letting go***: The mother may go through a **broad range of emotions from despondency to euphoria** as she comes to **accept the significance of her new maternal role** and she **lets go of her old self** to accept this "new normal".

Note. Attrill, B. (2002). The assumption of the maternal role: A developmental process. *Australian College of Midwives Incorporated, 15*(1).

This model shows the complexity of parenting, the need for emotional adjustment, and the fact that becoming a mother entails a developmental process. Also, it brings an awareness that emotional needs related to childbirth and parenting need sensitive caregiving (Fahey & Shenassa, 2013). I used three themes from this model as a starting point in the sessions

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conducted for this study: birth story retellings, feelings of new mothers, and accepting the 'new normal'.

Knudsen-Martin and Silverstein (2009) support the notion of mothers retelling their birth stories and talking about their experiences and feelings. They found that new mothers in California needed to discuss their experiences and feelings related to their children, especially when experiencing postpartum depression/anxiety. Since Attrill's (2002) model focuses on emotional processing and adaptation needs, I speculate that it might help address maternal mental health needs.

2.5 Music Therapy in Postpartum Care

I will now consider some of the current practices of music therapy in postpartum care from a global and African perspective. Very little has been written about this in the African context. Much more extensive literature is available internationally. In South Africa, Hiller (2019) found that music therapy offered new mothers in the Cape Flats a way to share their emotions and childbirth experiences. In New York, Du (2016) held interviews with four New York based music therapists who used lyric analysis, songwriting, compiling playlists, and supportive music and imagery to work with postpartum clients. Music therapy aided in communication and helped clients to develop support networks. Music therapy interventions focused on family support, building mother-partner bonds, and helping clients gain confidence and peace. Music therapy helped mothers to express themselves authentically and provided a space where they could talk about their individual music-making experiences. This encouraged mothers to keep using their singing voices and helped them to relax and gain access to their inner resources. The limitation of this study was that it only focused on the views of the music therapists themselves and not on the mothers/clients' experiences themselves.

A variety of studies are available that focus on the role of music therapy in the relational dynamics between mothers and their infants. For instance, O'Gorman (2006) and De Coster et al. (2014) showed how the use of infant-directed singing (vocalisations improvised in response to the infant's cues) strengthened the connection between mothers and their babies. Infant-directed singing also increased mothers' self-confidence in their mothering abilities and reduced anxiety-related behaviours (Procelli & Standley, 2005).

Various authors (Abad & Williams, 2007; Edwards, 2014) describe how music therapists work in gentle, non-intrusive ways that facilitate the development of mutually supportive. Music therapists are trained to offer sensitive caregiving, which raises the therapist's awareness of the mother's ability/readiness to be fully present in the moment. Another study that involved group

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singing, based in the UK, showed a reduction in postpartum depression symptoms in 50 mothers who attended weekly group singing workshops with their babies for ten weeks. Listening, learning, and singing songs with the leader were experienced as meaningful (Fancourt & Perkins, 2018). This aligned with findings from a study with 83 mothers showing that lullaby singing to infants increased parents' well-being, with infants showing less crying and colic behaviour (Antolini et al., 2017). Abad and Williams (2007) outlined the work done at *Sing & Grow*, a national early-intervention music therapy project in Australia. They examined the benefits of music therapy as an early intervention for adolescent mothers and their children and showed how improvisation helped reach disengaged mothers. "Disengaged mothers" were depicted as being detached, more negative/hostile, and less able to provide a stimulating learning environment (Abad & Williams, 2017). Music therapists led the sessions and adjusted the music (melodically and harmonically) to the group or individual moods. Levinge (2011) also described, in another study in her work with mothers and babies, how clinical improvisation helped parents play and relate to their children affectionately. Levinge often worked with depressed mothers who were struggling to bond with their babies.

Mothers wish to be seen as people and to have their needs fulfilled independently from their infants (Bonet et al. (2020). This statement is based on a systematic review of 36 studies across 15 countries. At the time of this literature review, I found very few studies that focused solely on helping postpartum mothers process their emotional experiences of the birth of their child(ren). The postpartum phase was often only studied with mother-infant dyads, focusing mostly on the inter-relational dynamics between mothers and their babies. There seemed to be a lack of literature pertaining to mothers' needs alone, separate from the mother-infant dyad. Apart from the psycho-social support, music therapy also offers a non-pharmacological alternative to psychotropic postpartum treatment (Aalbers et al., 2017), which reduces the risk of drug secretion into breast milk.

2.6 Conclusion

In conclusion, this literature review briefly highlighted several effective and helpful international postpartum care practices. Certain inconsistencies in terms of the scope and quality of such practices, were also discussed. From an African perspective, postpartum care was shown to be a neglected area in mental health care, especially in low- and middle-income countries. High levels of maternal depression, as well as a gap in the literature about the actual implementation and features of suitable postpartum support interventions, were shown to be problematic.

I also considered what constitutes a positive postnatal experience and looked at some of the physical and emotional challenges that mothers face. Attrill's (2002) Maternal Role Attainment

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Tasks model was shown to be a helpful point of reference for mothers to start making sense of their feelings and experiences relating to the postpartum phase.

From the literature review, it became apparent that there is a paucity of research in the South African context specifically about the use of music therapy to support the emotional well-being of mothers in the postpartum phase. Only one South African study, conducted in the Cape Flats, could be found, with a focus on pregnant women. I could not find any studies where women in the post-partum phase were offered emotional support via music therapy interventions. There was, however, ample evidence of the value-add of music therapy for mother-infant dyads, families, and the emotional well-being of mothers, internationally. South African mothers also need to have an opportunity to receive this kind of support, especially considering the high maternal and perinatal mortality rates found in the postnatal period (Beksinska et al., 2006). The current study therefore aims to explore how music therapy can be used within this context, specifically relating to psychological support.

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Chapter 3: Research Methodology

In this chapter, I will present the research paradigm, research design, methodology, participant selection, and data collection methods. I will then discuss data preparation, data analysis, research quality, and ethical considerations.

3.1 Research Paradigm

This research study was grounded in an interpretivist paradigm (Schwandt, 2000) involving the subjective exploration of mothers' lived experiences in the postpartum phase of childcare. I sought to understand the meaning and intentions behind mothers' decisions when faced with the demands of new motherhood. Within this paradigm, I assumed that people do not simply act on external stimuli without interpreting them. My own life experience was helpful in that it raised my sensitivity toward understanding what the participants were going through. I needed to be careful, however, not to over-identify (O'Reilly, 2012). A degree of shared experiences helped to raise rapport and stimulate dialogue with the research participants (Patton, 1990). As a researcher, I realised that who I am, as a person, directly influenced my understanding and interpretation of the participants' experiences (transactional/subjectivist approach) (Ponterotto, 2005). I used a reflexivity tool designed by Dos Santos (2022) to reflect on my work and to keep track of how my subjectivity and personal experiences have influenced the work. The reflexivity tool consists of a series of questions that investigate the researcher's receptive stance, multifaceted perceiving, emotional sharing and empathy in the different stages of the research project, i.e., designing and facilitating the project and analysing the data and interpreting the findings (Dos Santos, 2022).

Another distinguishing characteristic of interpretivism is the centrality of interaction between the researcher and the research participants. I personally conducted the music therapy sessions and assumed a dual role as therapist/researcher. The participants and I jointly created or co-generated (Schwartz-Shea & Yanow, 2012) findings regarding the role of music therapy in emotional well-being during postpartum care since the content of the sessions was informed directly by what the participants brought to the sessions. Who I am as a researcher and a person directly influenced the findings, similarly to the way that the individual characteristics and backgrounds of the participants also shaped the findings. Our processes were unique and not generalisable to other contexts.

3.2 Research Design

This research entailed a case study design in which a small number of cases were selected with each case explored in detail and great depth, as described by Matthews and Ross (2010). A

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case study involves conducting an empirical investigation of a contemporary phenomenon within its real-life context using multiple sources of evidence (Robson, 1993). Throughout the sessions, I focused on participants' lived experiences and employed a variety of modalities to provide different forms of evidence such as songwriting, sculpturing, and improvisation. This study was empirical in that I collected primary data from the participants, which were verifiable by observation and experience rather than theory or logic (Green & Thorogood, 2004).

3.3 Selection of Participants

I recruited research participants from five local private clinics in Secunda that offered immunisation and weighing services to new mothers. Medico Clinic, Secunda Pharmacy Clinic, Kosmos Clinic, and Dischem Well Baby Clinic formed part of separate private pharmacies and functioned as baby clinics and general clinics to the public. Secunda Baby Centre was privately owned and only serviced mothers and babies. Kosmos Clinic and Secunda Pharmacy Clinic had the same owners. I presented general information about music therapy in postnatal care to the clinic nurses one month before recruiting any participants. I showed them a short video explaining the potential benefits and use of music therapy and explained the purpose of the study in detail. Pamphlets and posters (see Appendix A) were given to the clinic nurses to display at the clinics and handed out to the mothers when they visited the clinics. I also obtained permission from the respective clinic managers (see Appendix B) to recruit participants from the clinics. I asked the nurses to inform the mothers of the study when they attended the clinic for their babies' inoculations (from six weeks) or weighing (from one week old) and to give them my contact details. I posted an advertisement on various informal social media groups within my area. Snowball sampling (Geddes et al., 2019) occurred when the initial participants who were recruited recommended other participants who fitted the research criteria and could potentially also be willing participants, who in turn then recommended other participants.

Smith et al. (2009) recommend that participants should be selected from a homogeneous pool since this contributes to rich and descriptive data. For this study, I, therefore, selected participants from similar backgrounds and circumstances.

The inclusion criteria were:

- Mothers within the postpartum care period (from the birth of their baby until eight weeks post-delivery)
- Mothers who were over 18 years old
- Mothers who were struggling with self-reported emotional adaptation after the birth
- Mothers who could attend the music therapy groups and an interview at the end of the process

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- The study included participants irrespective of the mode or place of birth of their child
- Mothers could attend based on their experiences with either the first child or subsequent children
- Participants needed to understand and speak English/Afrikaans since the sessions and interviews were conducted in these languages
- Mothers experiencing any form of postpartum distress as defined in section 2.4 could take part in the study (including formally diagnosed postpartum depression)

The exclusion criteria were:

- Only mothers who were able to attend without their babies could attend the sessions

While I wished to create a space for the participants to reflect on their own experiences without needing to simultaneously care for their babies, this required participants to arrange childcare for their babies during the sessions. I considered organising and paying for childcare; however, I was aware that this could create a problematic liability situation if something were to happen to a baby in the care of the childminder. For this first study, through careful consideration, I decided to include this exclusion criterion.

Once a potential participant contacted me to show her willingness to participate, I sent her an information form explaining the study and what participation would entail (see Appendix C). Participation was completely voluntary, and participants were free to withdraw at any time. Participants were asked to complete an informed consent form (see Appendix D). I had hoped to include eight to ten participants. According to Boddy (2016), a sample size of eight is appropriate for a qualitative study that aims to gain an in-depth understanding of lived experiences. Creswell (1998) further recommended having interviews with up to ten participants in phenomenological research. Initially, five participants were enrolled and attended the first session. However, one participant withdrew after the first session, whilst another joined during the second session. Another participant then withdrew after session two.

3.4 Group Music Therapy Sessions

I planned to hold seven weekly sessions at my private music studio in Secunda for all four participants in one group. I provided two time slot options for the participants to choose from to accommodate the caregiving needs of their children. The Music Therapy sessions were planned to be 90 minutes in duration.

The following table shows the participants' attendance and the session format of each session:

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Table 2

Attendance and session format outline

		Session number										
		1	**1** (repeat)	**2**	**3**	**4**	**5**	**6**	**6** (repeat)	**6** (repeat)	**7**	**7** (repeat)
Participants		M, L, T	E, R	L, C, E, R, T	R, C, T, L	R, C, T, L	C, T, L	R, L	C	T	C, R, T	L
Therapeutic technique	A unique quality of your baby	X	X									
	Re-telling of birthing story	X	X									
	Advice to a little girl							X	X	X		
	Story reading					X		X	X	X		
	Bubble blowing							X	X	X		
	Music listening and visualization	X	X					X	X	X	X	X
	Movement/Dancing (Body percussion, parachute, circle game)			X	X	X	X				X	
	Drumming			X			X		X			
	Boomwhacker ensemble			X								
	Discussion – their expectations				X							
	Clay work ('Before' and 'After' having a baby)				X	X						
	Singing				X						X	
	Songwriting							X	X			
	Improvisation					X						
	Greatest need and obstacle						X					
	Painting and art						X				X	X
	Mirroring										X	
	Journal writing	X	X		X	X		X				

Note: Names of participants: Rodene*[1] (R.), Caroline* (C.), Lizette* (L.), and Tertia* (T.), Erika* (E.) and Minette* (M.)

[1] * Pseudonyms used

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3.5 Data Collection

I used the following data sources: participant observation through video recording of the sessions, session notes, and semi-structured individual interviews. These data collection methods offered valuable insight into mothers' experiences of the music therapy process and its contribution to their emotional well-being in the postpartum phase.

3.5.1 Video Data

I used video data from the sessions as a form of participant observation. Edwards (2004) warned that participants might experience video recording in qualitative research as intrusive and I, therefore, made sure that all the participants were comfortable with the recording of the sessions by explaining the purpose of the recording and reassuring the participants that the data would be treated confidentially. Also, although the consent forms included consent for the sessions to be video recorded, I explained that I would respect their wishes if they wanted me to stop recording at any point during the sessions. Video recording sessions are standard practice in music therapy so that the therapist can review the musical interaction in detail to analyse the sessions in preparation for the upcoming ones.

3.5.2 Session Notes

Compiling session notes is another standard practice for music therapists (Kern, 2012). It helps them to reflect on sessions and gain deeper insight into how music therapy can be helpful within specific clinical contexts (Barry & O'Callaghan, 2008). I wrote detailed session notes of all the individual and group sessions.

3.5.3 Semi-structured, Individual Interviews

A research assistant conducted online interviews with each participant individually within one or two days after the final music therapy session (session 7). I used a research assistant to make it easier for the participants to provide honest feedback since the assistant was an outsider and independent of the process (Deane & Stevano, 2019). She did not know the participants but did, however, have a similar cultural background and spoke their language which aided in building rapport. At the time of the research, the research assistant was an employee at my early childhood music education franchisee company and had a proven track record for establishing trusting relationships with clients, deeming her a suitable candidate for this role.

Considering the participants' busy schedules and caregiving responsibilities, the interviews were kept short (approximately 20 minutes) and conducted after hours via Zoom. The research

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assistant asked all participants the same questions within a flexible framework (Dearnley, 2005). See Appendix G for the interview schedule. Participants were encouraged to share their experiences of the music therapy process through open-ended questions, ordering further questions based on their responses (Baumbusch, 2010). Reasons for not interviewing immediately after the music therapy sessions on the same day were two-fold: it allowed some time for the participants to reflect on their experiences, and several had to resume caring for their babies. The interviews were video recorded and saved in audio format only. The research assistant signed a nondisclosure agreement before commencing the interviews (see Appendix I).

3.6 Data Preparation

I viewed the video footage of all the sessions and selected significant moments that related directly to the research question. I chose ten excerpts that offered insights that could address the research question using a set of criteria. The excerpt(s) illustrated/highlighted:

- Types of music therapy used (active and receptive)
- Key themes of the music therapy process (e.g., exploring the birthing experience)
- How I monitored the participants' emotional states/experiences/needs
- Specific aspects of changes to the group dynamics as related to the research question
- How I had to adapt my approach as the therapist
- The participants' explorations of their struggles
- Verbal realizations and reflections of the participants

When writing the thick descriptions, I aimed to represent the context and meaning as fully as possible. The thick descriptions included a mixture of descriptions of musical interactions and transcriptions of verbal exchanges. I transcribed the individual interviews verbatim.

3.7 Data Analysis and Interpretation

I used thematic analysis, which involved coding the data, developing potential themes, and refining them until they accurately related to the research question and literature (Braun & Clarke, 2019). Using thematic analysis in an interpretivist study was appropriate since it offered a detailed and in-depth way of exploring each participant's lifeworld (Smith & Osborn, 2004). It identified implicit and explicit ideas within the data (Guest, 2012) and examined language patterns (Clarke & Braun, 2013), and therefore served my qualitative study well. I allocated meaning units to different portions of the data, grouping attributes in a summative and salient manner (Saldana, 2013), and then coding the meaning units. The codes were then categorized by employing inductive reasoning or deriving general principles from the codes (Matzel & Sauce,

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2017). I aimed to stay astutely aware of how my background, beliefs, biases, interests, and philosophical paradigms might have influenced the data collection and interpretation process, and acknowledged and worked with these influences, accordingly, allowing them to shape the therapeutic relationship and the research findings (Ponterotto, 2006).

3.8 Research Quality

The following measures were put in place to ensure procedural rigour and the trustworthiness of the data: I followed a systematic process in organising and analysing the data (coding, identifying categories and themes) (as recommended by Creswell & Miller, 2000) and achieved interpretative rigour by using multiple sources of data (semi-structured interviews and video data) (Chesters et al., 2008; Creswell & Miller, 2000).

Throughout the research, I openly acknowledged and addressed the influence that my relationship with the research topic and participants might have had on the results. I acknowledged and carefully processed my assumptions as best as possible (Creswell & Miller, 2000) by using a reflexivity tool (Dos Santos, 2022) as prompts for my own journalling and reflection. I also engaged in regular peer supervision. Confidentiality was ensured, informed consent was obtained from all the research participants, and I was careful not to cause any possible adverse effects on the participants (Chesters et al., 2008). I had multiple roles in this study (researcher and music therapist) and aimed to balance these roles through peer debriefing, detailed observation, and significant reflection on my own biases, needs, and assumptions (Turry, 2010).

3.9 Ethical Considerations

The year following a child's birth is a time of heightened physical and psychological vulnerability (Fahey, 2013). The research design and implementation, therefore, required a sensitive approach. I built rapport and approached music therapy and research processes with care and consideration. Throughout the process, I worked on building sufficient trust with the participants by being friendly and open but also respecting boundaries by maintaining sufficient distance out of respect for the participants and our professional therapeutic relationship (Guillemin & Heggen, 2009). Each participant was given the freedom to allow me into their most private worlds ("inner zones" as described by Guillemin and Heggen) only to the degree that they felt comfortable. Although I was looking for as rich as possible data, I respected these boundaries and did not push further than the participants would allow me to. It was with regret that I realised, in hindsight, that my interactions with Erika possibly transgressed some of these boundaries. I remember a sense of something not being right and should have given more credence to this feeling (as suggested by Guillemin and Heggen), finding out what the unease was about. Her

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weariness or lack of trust should have been a warning sign, and I could have paid more meticulous attention to this in those moments.

Before consenting, all potential participants had access to all the relevant information regarding the study via an information letter explaining things such as the benefits and risks of participation (Appendix C). This letter clearly explained that there was no implicit or explicit pressure to participate, and they were free to withdraw from the study at any point. I used pseudonyms to ensure their confidentiality and privacy and made sure that data was archived securely. Only my supervisors and I reviewed the video and audio footage. I will archive the de-identified transcribed data at the University of Pretoria for ten years after the completion of this study. Future researchers may elect to use this data during this time.

In the music therapy sessions, I reminded the participants that it was essential that they also respected one another's confidentiality and that they should not disclose any information shared or any identifying information of the other participants to anyone outside of the music therapy group. A local psychologist was available for consultation should any participant indicate their need for further support during the study (See Appendix H for a letter confirming this). The psychologist would conduct a once-off assessment session, whereafter she would refer the client either to Lifeline or FAMSA for further support. Such a referral would happen immediately and would not be delayed until the end of the study.

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Chapter 4: Analysis and Findings

4.1 Introduction

I will now introduce the participants and share their backgrounds and reasons for joining the study. I provide an outline of the therapeutic techniques used in the sessions and a summary of the course of events in each session as well as the process of analysis.

4.2 Participants

Four women participated in the study and completed all seven sessions: Rodene (R.), Caroline (C.), Lizette (L.), and Tertia (T.). Two other participants, Erika (E.) and Minette (M.) also attended at the start of the process but did not complete all seven sessions (Erika attended sessions one and two and then withdrew and Minette attended only the first session). All the participants were from middle to high-income groups and had at least an undergraduate-level qualification. All six women were married to men and had lived in the same large town in South Africa for at least three years. The careers of most residents revolved around the petrochemical industry, and most participants' spouses worked at a large petrochemical company in town or at related engineering consulting companies. All the participants were white and Afrikaans-speaking.

Rodene was a teacher at a primary school in a neighbouring town. Her daughter, Lilian[2], was 13 months old at the start of the sessions and was Rodene's only child. Lilian was also born with a cleft palate and had been admitted to the NICU for three weeks. Lilian had already undergone surgery more than once which had been traumatic for the whole family. Rodene had a miscarriage less than a year ago. She described herself as a hard worker, valued self-improvement in all areas of her life, and was busy with her Doctoral degree in Education. She was a pillar of strength for her family and rarely cried at home. She joined the study to experience camaraderie with other mothers. She shared their story with conviction, in detail, and with intensity. She had a bubbly personality which brought a lot of energy to the sessions.

Lizette's daughter was 15 months old when we started the sessions. Lizette was a chemical engineer and worked at the petrochemical company mentioned earlier. She was referred to the sessions by a friend who had shown her the introduction video made available on various local WhatsApp support groups. Towards the end of our sessions, Lizette shared the news that she was pregnant with their second child. During the labour with her first child, she made use of therapeutic intervention by a psychologist to help her through the process mentally. She was reserved about sharing details of her support structures and I did not have much insight into their family dynamics. She was excited about the prospects of music therapy at the start of the

[2] Pseudonyms were also used for participants' children

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process and wanted to explore music therapy's possibilities as a coping skill. Lizette shared her experiences of becoming a mother freely and openly and had a serious demeanour. She was, however, struggling to cope with the general stressors of life and motherhood and expressed a need for coping skills.

Caroline was referred by Rodene. She joined us during session two and completed all the remaining sessions. She was the mother of two young children (a girl of two years and a baby boy of two months). She was a full-time engineer at an engineering consulting firm. Her daughter attended a preschool, and her baby was in the care of a good friend during the day. Caroline suffered from anxiety and was using medication to help her self-regulate. She had lost her mother five years ago after a very long and difficult sickbed. She often had a serious facial expression but easily smiled and engaged warmly with those around her. Her husband did not encourage discussion about their feelings, and this has led Caroline to feel blunted and out of touch with her emotions. She often felt as if she had to be strong for her two brothers and father's sake after the loss of her mother. Her siblings and father were all living some distance away. The main reason for self-referral for Caroline was her need to feel again and to find a way to manage her anxiety better.

Minette had a baby of seven months at the time. She was referred to the study by the clinic sister at Kosmos Pharmacy Clinic. She only attended the first session and then decided to withdraw because of difficult circumstances with her child. Her baby had been born with a cleft palate and was scheduled for an operation in the week after our first session and required full-time care during her recovery. This was her first child. Minette did not volunteer any information about family construction and whether she had adequate support structures. Minette was noticeably reserved in the first session. She was rather quiet and had a tense or nervous facial expression for most of the session. Her energy had a tight quality and I found it very difficult to connect with her verbally and non-verbally. Her face would light up when I spoke to her and she would respond briefly, but then remained quiet again, observing the talking of the other group members.

Erika was the mother of a five-month-old baby girl. She had been married for a few years and this was their first child. They had family support nearby since the grandparents lived in the same town. Erika was on maternity leave at the time of the study. She had had a traumatic birth experience and was in extended labour whereafter an emergency c-section was performed. She joined the study after seeing the poster and said that it looked enjoyable and that she wanted to try the sessions out.

Erika, however, withdrew from the study after the second session. Although she was reassured that she was under no obligation to divulge her reasons, she spontaneously offered several.

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She felt that some of the music used in the first session did not resonate with her religious belief system. She also mentioned that she felt re-traumatised after the first session since she felt as if there was an expectation of her to share some of her most difficult moments with persons she did not even know. Throughout the sessions, I invited the participants to share and was careful not to pressure them to share or push them to share difficult experiences if they were not ready. It was important to gently create opportunities for the participants to get to know each other and share at their own pace. Erika said that she would have preferred to be briefed beforehand about the content of the sessions. She would not have attended the first one if she had known what the sessions were about, especially since it was group sessions; she also would have preferred individual sessions. Additionally, her maternity leave was due to end soon and she wanted to spend time with her daughter before returning to work. At the time I felt puzzled about her detailed drawing and verbal reflection in the session, despite seemingly experiencing reluctance to share.

In hindsight, I realised that asking the participants to reflect on their birthing experiences (which could have been traumatic) in the first session already, whilst having no insight into their history and backgrounds, was risky and going too quickly and directly to possible trauma (Scheiby, 1998). Najavits (2019) recommends that the therapist provide participants with a substantial amount of choice regarding the therapeutic route that is followed, thereby offering protection against re-traumatisation. I also realised that going into the reliving of the birthing experiences blindly might have been a "countertransferential pitfall" (Scheiby, 1998, p. 23) in that it related to my need for control or my nervousness about starting the process and consequently diving into the content shortsightedly. Although I intended to understand and recognise the participants' treatment needs, as recommended by Fernandes et al. (2021), there was a misalignment between Erika's expectations of the sessions and my plans. Erika's withdrawal brought valuable learning for me as the therapist and reminded me of the importance of establishing a partnership between the therapist and the client's needs and conducting a trauma-informed assessment at the start of the process.

Erika's withdrawal from the study after the second session led me to reconsider my approach towards gaining insight into the participants' needs and expectations, hence we talked about their expectations in session three. From the start of our process, I was conducting an informal assessment using sensory observation (as proposed by Sattler as cited in Gattino et al., 2001) to gain a sense of the participants' needs and strengths, but soon realised that we needed to allocate some time for a group discussion. I was aware that setting time aside to discuss their expectations only during session three, might have been too late for some participants.

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Tertia had a daughter of three months. She was a stay-at-home mother at the time of the research. She was a qualified food technologist but had chosen to stay home with her baby for a while before continuing her career as a teacher. She recently finished her teaching degree via distance education. She had heard about the sessions via one of the other participants and felt encouraged to learn what it was about. She reckoned that she could only gain from the sessions and wanted to try it out since it sounded interesting. Tertia came across as being friendly and open to input from others. She had a light energy and seemed to be at peace. She struggled to deal with the workload of being a full-time mother 24/7 and often spoke about her need for time for herself. The arrival of their baby was somewhat unexpected very soon after their marriage and at the time she and her husband were not yet able to stay together because of her husband's work obligations. Tertia then had to move to the current town (where her husband was staying) whilst still pregnant. She experienced getting married, moving out of town, and becoming a mother within one year as a very intense and difficult time, and wanted to explore the possibilities that music therapy might offer to help her process these events. Tertia expressed appreciation and affection towards her husband and valued his support. They did not have immediate family staying close by. For most participants, it was the first time that they had heard of Music Therapy.

4.3 Music Therapy Sessions

Group music therapy sessions were held once a week on Friday afternoons for all four participants in one group. Since the group was smaller, I had enough contact time with all the women to reach their "truth space" (Leech and Onwuegbuzie, 2007, p. 106). All participants chose the Friday afternoon time slot since their spouses were available to look after their babies. The group met for seven weeks in total (three consecutive sessions in May 2023, followed by six weeks of no sessions because of a public holiday and my required attendance at the university for study block and exam purposes, and then four more consecutive sessions in July 2023). The Music Therapy sessions were 90 minutes in duration and took place at my private music studio.

Three participants attended the first session. A repeat of session one was held for the other two participants. As mentioned above, one participant withdrew from the study after session one due to difficult circumstances with her child. The remaining four participants attended session two whereafter another participant withdrew because of the two reasons already discussed above. A new participant joined the second session. Four remaining participants attended sessions three, four, and five. Only two participants could attend session six and I therefore held individual catchup sessions for the other two participants. For the last session (session seven) I offered one individual session and a group session for the other three participants. The four

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remaining participants experienced seven 90-minute sessions, whether in the group or individually.

I used various receptive and active music therapy techniques during the music therapy sessions. Active music therapy involves re-creation, composition, and improvisation while receptive music therapy focuses on music listening (Bruscia, 1998). Our sessions consisted of adapted Guided Imagery and Music (GIM), movement and body percussion, instrumental play (Boomwhackers and drumming), clay work, singing, songwriting, story reading, improvisation, painting, and drawing depending on the needs of the participants as the process evolved (Brooke, 2006). The three themes extracted from the Maternal Role Attainment model (Attrill, 2002) formed the basis for our seven sessions: telling and retelling the birth story, feelings experienced by new mothers, and accepting the "new normal". I received clinical supervision and research supervision throughout the data collection process. This was important since I was working in the dual role of therapist-researcher.

I strived to offer the participants a balance between allowing for freedom of choice and expression within carefully constructed guidelines as per the session plans (as recommended by Strongwater, 2018). I had to adjust my macro plan numerous times to accommodate individuals who could not attend the group sessions and for whom individual catch-up sessions were necessary. Strongwater suggests that the music therapist should keep in mind that all may not go according to plan. We experienced this first-hand when I was informed, less than 45 minutes before session two started, that the marimbas I was planning to use were no longer available. I had to rearrange the venue and plan a new session within minutes. My tenacity and ability to keep my clinical focus was tested to its limits. The participants benefitted from this change of events in that we ended up doing much more active music-making than originally planned and this afforded them a unique experience since much of the work in the other sessions was based on reflective music therapy techniques. I became aware of the benefits of working from a proper plan in that it supports efficiency and reduces anxiety (Strongwater, 2018) after this session. Nonetheless, having to adjust the session structures and plan continuously offered the participants novel experiences, and supported creative expression and spontaneity whilst also stretching my abilities as a therapist.

4.4 Session Summaries

Session one:

This session started with an overview of my background and the reasons for conducting the study. Each participant shared the names of their babies, their names, their ages, and where

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and how their babies were born. I then invited the group to look at the pictures they brought of their babies and to think about one quality about their child that was unique whilst listening to a pre-recorded song by Sade *The Sweetest Gift.* I chose this song beforehand because of its slow and steady tempo, lyrical content, soothing timbre, and intimate lyrics that set the scene for internal reflection. The intent was to help the participants slow down and leave behind the busyness of the outside world. The song was about a mother's safekeeping wishes for her child as she watched her daughter sleep with the moonlight shining over her. I played the song twice to give the participants enough time to become fully aware of the lyrics. In hindsight, it was perhaps not necessary to repeat the song, since some of the participants started to fiddle a bit and seemed to become distracted. After listening, I invited the group to share any reflections they might have had while listening. I did not explain the intent of the choice of the song before the music started. Reflecting on this afterwards, I realised that it might have been wiser. The participants would have then had an opportunity to raise any concerns they might have had with the music itself - I later learned that some of the participants were extra mindful of the lyrics of the music that they normally listened to. Nevertheless, it seemed as if the song's intimate, slow, and pensive quality afforded the participants a space of quiet reflection.

We then embarked on an adapted GIM process where participants could listen to a few pieces of pre-recorded music whilst lying down, keeping the theme of "the birthing process" in mind. I played the following pieces:

The Butterfly Effect (Meditative Mind, 2019) – I chose this piece because of its simplicity, nature sounds, gentle harp playing, and inviting quality that could help the participants breathe deeply and gradually relax their whole bodies. The music used the tonal note and a major second in the base throughout the whole song. This provided a strong sense of being grounded and safe. The character of the music was calm and had a gently pulling quality, akin to being accompanied, perhaps through a beautiful forest.

Life Must Have Its Mysteries (Hans Zimmer, 2016) – The start of this song brought a beautiful transition from the previous music into what felt like the start of a journey. The rise and fall of the melody gradually took the participants back to their birthing experiences, its story-telling-like character making it easier to think back, taking time to feel. The music was in a minor key and brought some nostalgia and drama. It also built towards a powerful climax. A sense of determination came to mind when listening to this build-up as it "pulled the listener up the hill", figuratively speaking. The music brought a sense of completion as it closed with a chordal resolution and gently faded out.

In Your Eyes (Mree, 2020) – I chose this song to afford the participants a sense of moving to a place of calmness and serenity after the (possible) intense revisiting of their birthing

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experiences. The tempo was very slow and for large parts of the song, only single chords piano accompaniment could be heard played only on the first pulse. The vocalist's voice had a wispy and dreamy quality, giving the music a sense of simplicity and serenity.

Quietly (Scripture Lullabies and Jay Stocker, 2017) – This piece had similar qualities to that of the previous song. It served as an extension of where the participants were on their journeys. The song did, however, have a bit more movement and a somewhat richer instrumental tapestry. It was an instrumental track, with a single-line piano melody. My choice of this song was intended to bring the participants comfort and a deep sense of being held by the music.

The participants then did some drawing with pastels followed by an opportunity for verbal reflection/sharing with the group. I explained that the theme was derived from the Role Attainment Tasks model developed by Attrill (2002), which focused on emotional adaptation and conscious awareness of what was happening to women, emotionally, as they became mothers. Although we did not dwell on the theoretical content of the model, it was valuable to show the group my rationale for starting the process with their birthing experiences. By sharing this model with the participants, I was hoping that they might experience a sense of normalisation and that their feelings and experiences were valid and not that much out of the ordinary, and that this notion might contribute to their therapeutic processes.

<u>Session one (repeat)</u>: (Repeated for Erika and Rodene who could not attend the first session)

This session had a similar structure as the first session. We ended the session with a different song (*Take My Breath Away* by Eva Cassidy, 1997) which I sang to the group, inviting them to join me in the singing. I sensed that both Erika and Rodene needed a few more minutes to process and ground themselves after both had shared intense birthing experiences with a lot of emotion. The lyrics of Eva Cassidy's song supported the work done in the session since it could be interpreted as the power of a mother's love.

<u>Session two</u>:

We started this session by singing the song *Molweni Nonke* (by Andrew Tracey and Monwabisi Gladstone Sabani). This was a Xhosa greeting song and translated to "Hallo everyone". This song was welcoming and inclusive and greeted each participant individually by name, acknowledging their presence. I asked everybody to rate their stress levels on a scale of one to ten (one = no stress, 10 = high levels of stress). We then did a call-and-response song and movement activity based on the song *Che Che Kule*, a Swahili folk song from Ghana. I used this song because of its rhythmical affordances (steady pulse and easy-to-follow movements). The song brought heightened awareness of each other since it required coordination in the group to successfully perform the gross motor movements together. It also engaged the participants on

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a cognitive level since the lyrics were in another language. Performing the song together not only induced laughter but also had other stress-relieving antidotes as was evident in the smiles and cheerful verbal engagement of the participants once they started moving energetically in a circle.

This was followed by Boomwhacker ensemble playing. I taught individual parts and we combined this into an ensemble. We switched parts once. This elicited heightened awareness of each other as persons but also of each other's music. The clinical intent was to work on group dynamics via humour, courage, encouragement from each other, and just simply having some fun together. I encouraged the group members to help each other with the rhythms they were struggling with.

After switching rhythmic patterns a few times and adding some melody we moved on to drumming. I showed them two basic rhythms on the djembes ("Panlogo" and "Triplet"), with the clinical intent of providing them with an experience of group music-making and the accompanying affordances of unity, togetherness, and sharing. I also invited the group members to play solos whilst the group accompanied them. The clinical intent of the drumming was to give the participants a different experience of themselves and each other. None of the participants had ever engaged in drumming before.

We ended the session with free movement to a pre-recorded song, which I had selected beforehand, *Salute to Mama* (Snoti, 2015) with large pieces of chiffon cloth that each person could drape over their shoulders. The lyrics had an affirmative message and were about honouring mothers for what they did and who they were. The song was from a pop genre and had a lifting type of energy that encouraged movement. This helped the group to wind down and gave them a moment to prepare themselves emotionally to step into the outside world again. I checked in again with the group regarding their stress levels at the end of the session.

<u>Session three</u>:

We started this session with a body percussion dance for the song *Bring Me Little Water Sylvie* by Moira Sylvie (2018). I used this as an introductory activity to help everybody become present in the moment. It was also helpful to establish trust and to draw the group together. After the dancing, we discussed the group's expectations of the sessions. I postponed this discussion to session three since the first two sessions were used for informal assessment and for the group members to get to know each other first. We also spent a lot of time in this session checking in with everybody and discussing various burning issues regarding motherhood (e.g., lack of sleep, coping, and the importance of self-care).

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I then asked the participants to depict any image/model of their lives before and after they had their babies with clay. Each person was invited to share their stories if they wished to do so. This activity helped the participants to externalise what could possibly be some of the most difficult, intense, joyful, and ecstatic (to name a few) moments in their lives. Creating an artifact could provide an opportunity for them to reflect on the events from a more objective stance, possibly realising or coming to know things that might have been buried or hidden from consciousness for a long time. The aim was to create a sense of freedom of expression and non-judgemental acceptance of whatever each participant sculpted and shared.

The session closed with us singing Caroline's favourite song together: *The Story* (Brandi Carlisle, 2009) with guitar accompaniment. This song felt appropriate to close an intense session that invited a lot of deep reflection from the participants. The music could help them gradually return to the current reality while singing the song together.

Caroline: *A new day*
(Before baby)

Rodene: *'Time and Travel'*
(Before and After baby)

Lizette: *'Sunny field lilies'*
(Before baby)

Tertia: *''The Journey'*
(Before and After baby)

Figure 1: *Clay sculptors: 'Before and After Baby'*

<u>Session four</u>:

We started this session with the normal check-in and then, as an icebreaker/warm-up activity, we moved into a circle body percussion activity using Tertia's favourite song, *Coming Along* (Sunset Sweatshop, 2018). The activity consisted of passing on a beat by crossing hands in a high-five with the person seated on the left. The clinical intent was to facilitate some blood flow and heightened awareness of each other, the music, and the joy of laughing together. I then invited the group to continue working on their clay sculptures, depicting the phase after having

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their babies. Pre-selected pre-recorded music was played in the background. I chose the following pieces of music:

Liminal (Dennis Stelmakh, 2021) – I played this piece first while the participants were still busy with their sculptures depicting the days before they had their babies. This music was somewhat pensive with a slow tempo and many rubato's (taking time and giving time). It facilitated deep reflection.

Anna's Theme Red Violin (Esa-Pekka Salonen, 1998) – This piece had a contrasting character to the previous piece: there was tension in the music with dissonance and an intense melody written in a minor key. I played this piece while the participants were busy with their "after" sculptures specifically to facilitate the expression of difficult feelings and experiences.

The group members were incited to explain the symbolic meaning of their clay sculptures, highlighting specific insights they had gained. I then read the participants a story: *The Butterfly and the Cocoon* (McBratney, 2004, https://www.youtube.com/watch?v=dQ26D_Ck158) as a precursor to the improvisation that followed. Whilst reading, I played a piece of pre-recorded music (*Eternity* by Whitesand, 2017) and invited them to imagine the butterfly's flight. I chose this piece because of its long musical phrases and space. There were moments in this piece when the music intensified in terms of dynamics and texture, and this might as well have symbolized a journey/flight.

We then engaged in an improvisation based on this theme and discussed their experiences of the improvisation afterwards. A variety of handheld percussion instruments, including a djembe, xylophone, Cajon drum, and steel tongue drum were available. This technique was useful since it introduced a new channel of expression to the group – nobody had improvised before.

<u>Session five</u>:

In this session, we spent a substantial amount of time checking in verbally with everybody, the group members offering each other support and understanding of the challenges they were facing. I briefly spoke about the Maternal Role Attainment Model (Attrill, 2002) again, highlighting relevant aspects. We then moved into music listening (*A Small Measure of Peace* by Hans Zimmer, 2017; *Celtic Dream* and *Gypsy* by Ronan Hardiman, 2018) and visualisation and I invited the group to identify their greatest needs and obstacles to meeting these needs. They were invited to write down two keywords on a large piece of paper posted on the wall when the music finished. The clinical intent was to facilitate space and time for the participants to reflect on their struggles, and to bring this into the group space, collectively finding creative ways to work with the obstacles. When the music finished each person could choose a modality to express the words written on the paper creatively. They could choose a box with suggestions

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for the different modalities inside (i.e., movement, art, instrumental play). The participants collectively took part in expressing one person's needs at a time (e.g., everybody painted together as per the instructions of one person). Tertia chose painting, Caroline drumming, and Lizette movement (with a parachute). As a closing comment, I asked the group to reflect on their process and whether they could gain new insights regarding the obstacles they were facing.

<u>Session six</u>:

As a check-in, I asked each participant to choose a flower that depicted how they were feeling which encouraged in-depth verbal sharing. I then invited them to look at the pictures of themselves as toddlers/babies and to go on a journey with the little girl. I asked them to think of a special message they would like to give to the little girl and to imagine playing with her or reading her a story whilst listening to soft pre-recorded music that I played in the background (*The Green* Room, Wayne Gratz, 1991). I chose this piece of music because of its tender timbre, gentle tempo, warmth, and melody that seemed to tell a story. The intent of playing this song was to help the participants focus on their childhoods and to help them linger there for a while. I also read them a short children's story (*Julle is almal my gunstelinge* by McBratney, 2004) to help them imagine that they were with the little girl and also invited them to blow some bubbles as part of the reflection. During the reflection time, both participants came to important realisations regarding motherhood and the pressures to perform. The theme of this story was about valuing self and being loved, unconditionally, for who you are. I intended to create an atmosphere of acceptance and warmth, but also deep reflection.

We also started a songwriting process where each person wrote lyrics for a person of their choice. I encouraged them to take their time and to discard all pressure to perform.

Lizette wrote these words:

<u>Original text</u>	<u>Translation</u>
Liewe Lizette,	Dear Lizette,
Die lewe is 'n lied	Life is a song
Die lewe is vol draaie en kleur,	Life is full of turns and colour
Daar is wel hoop om elke deur	There is indeed hope around each door
Liewe Lizette	Dear Lizette
Jy hoef nie bekommerd te wees nie	You do not have to worry
Jy kan net wees	You can just be
En gee oor aan Hom	And surrender to Him
En wees	And just be

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Liefste Lizette	*Dearest* Lizette
Jy kan leef	You can live
Kom en beleef hierdie lewe	Come and experience this life
Liefste Lizette	Dearest Lizette
Jy kan waarlik leef	You can truly live

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Rodene wrote this song for her daughter:

A Song for Lilian

Composed by René Schmidt
Lyrics by Rodene

♩ = 65

Dm Csus4 C Gm
In the face of storms a figh – ter stands. Li-lian's cour age,

Dm F C
in her hands. With a cleft smile, she breaks through...

Dm G Dm Interlude C
Lit tle war – rior, brave and true Through storms

Dm C Dm E
she stands tall. Cou – ra – geous heart, con-quers all ... She, ...

Asus4 A Chorus F C Gm
she con-quers all! Oh Lil – ian a beacon in the night In-spi

Dm F C
ring us with your fight. God'smi – ra – cle guides your way,

Dm G Dm G Dm D (last repeat)
You're our ho-pe eve – ry day

Figure 2: *Rodene's song for her daughter*

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Verse 1	**Chorus**
In the face of storms	Oh Lilian, a beacon in the night
a fighter stands,	Inspiring us with your fight,
Lilian's courage,	God's miracle, guides your way,
in her hands	You are our hope, every day
With a cleft smile,	
she breaks through …	**Verse 2**
A little warrior, brave and true	Lilian, our fighter, lead the way.
Interlude	So, here's to you, our precious star,
Through storms,	No challenge ever too far,
she stands tall.	In every heart, your song will play.
Courageous heart, conquers all …	
She, conquers all!	**Repeat Chorus**

Session six (repeat): (Repeated for Tertia and Caroline who could not attend the previous session)

Tertia's session:

We began by discussing how Tertia was coping, and she shared how difficult it was to be available for her baby every hour of the day. She was still exclusively breastfeeding, and she could not leave her baby with anybody, not even for an hour or two. We talked about how difficult it was for her to hear her baby cry and how she then immediately felt as if she was not meeting her baby's needs. She also mentioned that it was starting to get to her and that she desperately needed some time for herself. In this session, Tertia had to bring her baby with her because her husband was away, and she could not make an alternative arrangement. I invited Tertia to look at the picture of herself as a little girl and then read the story to Tertia's baby with the intent of giving Tertia a few moments on her own. Tertia turned her shoulder towards us a bit to create some distance. She blew bubbles and listened to the story while reflecting. We then moved into sharing what Tertia had written in her journal. I invited Tertia to reflect on her baby's soul and what made her unique in Tertia's eyes. I played two songs on the piano (*Forest Gump* by Alan Silvestri, 2001, *Legends of the Fall* by James Horner, 2012) while Tertia and her baby bonded, whilst lying down on the carpet. In both pieces, there was a sentimental, gentle melody with an arpeggiated accompaniment which facilitated intimacy between Tertia and her baby. I also played some pre-recorded music (*The Green Room* by Wayne Gratz, 1991) while offering more sensory stimulation to the baby and reflecting verbally on the qualities that Tertia noted regarding her daughter's unique characteristics. Tertia decided that she wanted to write lyrics

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for a song for her father. She dictated the words while feeding her daughter and I wrote them down. Her baby then fell asleep.

Vir Pappa

Composed by René Schmidt
Lyrics by Tertia

♩= 115
Shuffle

Intro

A/C♯ Dsus2 A/C♯ Dsus2 A/C♯ Dsus2 Dmaj7

5 E A D/A E/A A D E/D

Verse 1: Ka-ra vaan va-kan-sies by die see Krie - ket speel in Bec-kett

9 E/G♯ A A D E F♯m D

straat se tuin Fietsry by die Unie ge - bou - e Vol-ley ball

12 E/D Asus4 A Chorus D E/D A F♯m D

op T. O. se strand Ko-m rol saam op die speel ma-tras. Dankie

16 E A D E A

vir wie Pap - pa is en was ..Vir Pappa se tyd en al die

19 F♯m D E F♯m F♯m/E

hou vas, ons is be - voorreg om Papa te mag hê ons is be -

23 D E A/C♯ Dsus2 A/C♯ Dsus2 A/C♯ Dsus2 Dmaj7 E Bridge

voor - reg om Papa te ken Vir

27 A D/A A Esus4 E F♯m

Pap-pa ons Pap-pa ons Pap - pa ons waar-deer (Dankie vir Pap -

Figure 3: *Tertia's song for her father*

Intro	**Verse 2**
Verse 1	Inry teaters by Wonderboom
Karavaan vakansies by die see	(met ons blou) Jetta was jy daar
Krieket speel in Beckett straat se tuin	altyd getrou, sonder skroom
Fietsry by die Unie geboue	Fietsry Sondae middae in Arcadia
Volleyball op T.O.se strand	(Gimna)stiek, hokkie, en atletiek,
Chorus	… jy was daar!
Kom rol saam op die "speel matras"	**Chorus**
Dankie vir wie Pappa is en was …	**Bridge**
Vir Pappa se tyd en al die houvas	Vir Pappa, my Pappa, ons Pappa
Ons is bevoorreg om Paps te hê	… ons waardeer
Ons is bevoorreg om Paps te ken	(Dankie vir) Pappa se liefde
Instrumental interlude (repeat of Intro)	(vir ons) Mamma, so teer
	Instrumental closing (repeat of Intro)

Caroline's session:

Caroline and I began the session by discussing how life's events fostered inner resilience. She shared her need to explore her deeper emotions and how much she longed for this kind of engagement since her husband did not talk about his feelings and did not make time to listen to hers. The session followed a similar structure as the group session, except for a piano improvisation which we did after the story reading. Caroline then proceeded to write lyrics for a song for her mother.

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Caroline's poem:

Original text	Translation
Mamma	**Mom**
Vlerkies	***Wings***
Ek wens ek kon vir jou sê	I wish I could tell you
Mag ek vlerkies kry en vlieg Soos jou vlerke Toe die Here jou kom haal het	May I also grow wings and fly Just like your wings When the Lord fetched you
Here gee my vlerkies Sodat ek kan vlieg Hoog en vry Van die bande wat my vashou.	Lord, give me wings so that I can fly High and free From the ties that bind me
Mamma, Jou aardse stryd is voltooi. Jy't jou vlerkies gekry die dag toe die Here jou kom haal het.	Mom Your struggle on earth is done You received your wings the day When the Lord fetched you.
Eendag sal ons saam vlieg	One day we will fly together

<u>Session seven</u>:

At the start of the session, each person gave an overview of events during their week. In this session, we spent time with each person's song/poem. There were two songs and two movement activities (parachuting with the participant lying down and a mirroring activity). We started with Rodene's song, and the group sang the song together with guitar accompaniment. I then played Tertia's song with piano accompaniment and invited the group to sing along. Everybody joined in with small percussion instruments as well.

Caroline needed additional support and encouragement to share her poem with the group. I gently invited her to select a partner for a movement/mirroring exercise with a piece of pre-recorded music which I chose beforehand: *Fly* by Celine Dion (2019). One group member would play the role of another's mirror image, and they would move together with the music. By doing this, the person leading the movement could experience an embodied reflection of what they were portraying/feeling and, in this way, could feel heard in a new way. I chose the song *Fly* because of the connections between the lyrics and the poem that Caroline wrote. The melodic and harmonic content also closely supported the emotional expression of Caroline's lyrics she wrote for her mother.

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We supported Caroline and her partner by moving around them with large pieces of cloth, symbolising a safe circle. The group spontaneously offered Caroline more supporting words after the movement activity.

Figure 4: *Movement/Mirroring*

We then concluded the work with each participant making an image with the title: "A Mother and Child". They also pasted the lyrics of their song/poem and the artwork onto the glass of two picture frames. They took the final creations home after the session.

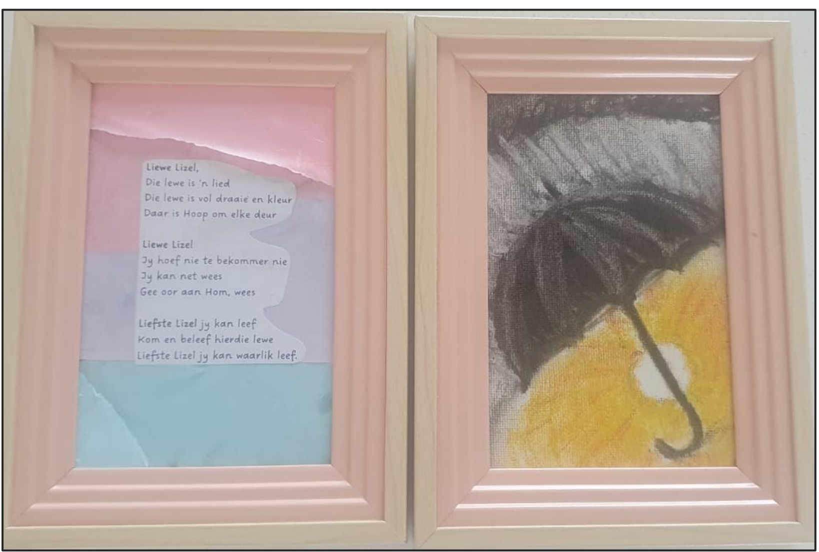

Figure 5: *Example of the artwork*

<u>Session seven (repeat)</u>: (Repeated for Lizette who could not attend the last session with the group)

For this session, we took enough time to make sure that Lizette was seated comfortably since the focus of the session was on her becoming quiet and having space for internal reflection. The

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room was arranged accordingly, with Lizette having a view of a beautiful tree outside and surrounded by soft blankets and cushions. I used some props (large pink feathers and a soft parachute) to create an atmosphere while we listened to a pre-recorded piece of music: *Images of the Past* by Gabriel Yared (1999). I read Lizette's poem out loud, in sync with the music. I chose the music because of its simplicity, and meaningful double-note melody without any accompaniment. Lizette also did her artwork ('A Mother and Child') in this session with one of her favourite songs, *The Same Love* (Paul Baloche, 2012), playing in the background. During the reflection afterwards Lizette shared profound spiritual insights which she became aware of while listening to the music.

Figure 6: *Session seven Lizette*

4.5 Selection of Clinical Work Material

4.5.1 Pre-selected Video Excerpts

I chose ten excerpts from the sessions that related to my research questions using the following criteria:

- Including both active and receptive music therapy techniques to cover the range of approaches used in sessions
- Including key topics in the music therapy process (e.g., exploring the birthing experience)
- Showing the range of participants' emotional states/experiences/needs
- Showing key changes in group dynamics
- Showing how I needed to adapt my approach as the therapist
- Showing the participants' explorations of their struggles

Table 3 shows the ten video excerpts that I selected, the length of each excerpt, their position within each session, and the reasons I chose them.

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Table 3

Video Clip Excerpts

Excerpt	**Length**	**Portion of session**	**Reasons for selection**
Session One (Three participants)	5:35	This was 66 minutes into the session, following introductions and welcoming and sharing one quality of their children (with photos). The clip showed verbal reflection and sharing after music listening and drawing about the birthing experiences. Also, 80 minutes into the session, we spent some time processing everybody's emotions after their experiences in the process as described above.	• Invitation to reflect • Emotion processing ('barometer')
Session One (Other two participants)	3:30	This was 55 minutes into the session, following a check-in, sharing one quality of their children (with photos) and music listening and drawing. The clip showed verbal reflection and sharing of their birthing experiences. Also, 67 minutes into the session, following a song that I sang for the group with guitar accompaniment. I asked about how they were feeling as part of closing the session.	• Receptive Music Therapy (MT) technique shown • Key theme in MT process: working with birthing experience • Emotion processing ('barometer')
Session Two (Five participants)	20:00	The clip showed the whole Boomwhacker activity 12 minutes into the session which took place after the check-in greeting song and explanation of a movement and singing activity.	• Active MT technique shown • Shows group dynamics • Shows difficult moments for me as the therapist
Session Three (Four participants)	3:36	This was 30 minutes into the session, following the verbal check-in and a body percussion dance. We were talking about their expectations for the sessions.	• Setting of expectations
Session Four (Four participants)	9:00	This was 76 minutes into the session. The clip showed our group improvisation. The improvisation was preceded by a lengthy verbal check-in, recapping of a previously learned body percussion activity, a musical circle game, finishing their "After" clay sculptures, some discussion, and story-reading (theme for the improvisation).	• Active MT technique is shown (Group improvisation) • Shows what participants found difficult
Session Five (Three participants)	3:20	This was 2:31 minutes into the session, as part of the verbal check-in. The group empathised with Lizette. Also, 79 minutes into the session, following the art, drumming, and movement activities as chosen by	• Shows how the group supports an individual group member

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		each participant. The group shared their experiences of doing the activities together and how it helped/could help them deal with the obstacles identified beforehand.	• Verbal reflection after working with different modalities chosen by the participants
Session Six (Two participants)	5:30	This was 47 minutes into the session, following music listening, and reflecting on a message they wanted to give to the little girl in their photos (self-portraits). Both participants were sharing what they had noticed/learned and what they would like to say to the little girl.	• Shows insights of participants after Receptive MT technique
Session Six (Catch-up session with Caroline)	5:23	This was 3 minutes into the session, following the check-in. Caroline explained her choice of flower as a check-in symbol and talked about her current way of coping. Also, 38 minutes into the session, following the story-reading and bubble-blowing activities and reflection about a message to the little girl in the photograph. Caroline was talking about her struggles to access her own emotional world. Also, 57 minutes into the session, following the verbal reflections as mentioned in the second part of the clip and a short piano improvisation together. We were talking about Caroline's experience of the improvisation.	• Shows deep insights into the participant's struggles to access her emotions • Shows piano improvisation
Session Six (Catch-up session with Tertia)	2:00	This was 40 minutes into the session, following the story-reading, bubble-blowing, reflection about a message to the little girl in the photograph, and me playing live piano music whilst Tertia and her daughter were cuddling. During the clip, we were talking about Tertia's perceptions around connection with others and her wishes for her daughter.	• Shows adjustments that I needed to make (as a therapist) to meet an individual client's needs
Session Seven (Three participants)	3:00	This was 88 minutes into the session, following time spent with each person's song/poem and doing artwork based on the theme of "A mother and child". The clip was a verbal reflection on what the sessions meant for them and how the music had added value.	• Shows final words/impressions/experiences of the sessions to close our work together

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4.5.2 Interview Transcription Data

Interviews were held with the four participants who attended all seven sessions within the music therapy process. I transcribed all the interviews verbatim.

4.6 Clinical Work Analysis

4.6.1 Coding of Video Excerpts

To code the video excerpts, I wrote thick descriptions of the selected excerpts. Codes were assigned to portions of data or meaning units, and I gave each code a specific colour that corresponded with the same colour in the text. Each highlighted colour represented a new code. The chosen codes assigned an "essence-capturing, summative, and salient" (Saldana, 2013, p. 3) attribute to portions of data that could be grouped. I found the coding process to be dynamic and nonlinear, as I read and reread the collected data. This helped me to form an intimate understanding of the data, as recommended by Moser & Williams (2019). 4 details an example of a thick description from session two and the assigned codes (all thick descriptions can be found in Appendix J). The codes that I assigned to the text are listed in the right-hand column.

Table 4

Coding of thick descriptions of video data – example

	Thick description	Codes
	could just let go and feel what I was feeling. It was **intense, big feelings, overwhelming.** One didn't always realize what you were feeling, but there was not often time to feel what you were feeling. You just must continue, life pulled. One could not always allow the feelings".	Music helped the participant to fully experience her feelings (intense, big feelings, overwhelming) MT sessions provided the time that was needed to 'feel'
	T. said making the art together already meant a lot to her. Verbalizing what she felt was meaningful and displaying it graphically helped her a lot.	To verbalize feelings and display them graphically was meaningful
	I asked C. if there was anything that came up for her during the process of that day. She answered: "I think like we've said previously, just to be in this space and to have an opportunity to be *real*. And not to be strong. The time that one gave to be here every week. It helped a lot.	MT provided an opportunity to *be real* and not strong

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4.6.2 Coding of Interview Transcriptions

All four interview transcripts were coded using the same process as the session notes data. The following is an example of the coding of a section of the interview with Caroline (C.). The complete transcriptions with coding can be found in Appendix K.

Table 5

Coding of interview data – Example

Interview data	Codes
was about and explained that the sessions focus on postpartum experiences. She told me that it had a lot to do with the therapy in the postpartum phase. And that's why I thought I could join since I was still on maternity leave when I started.	Normally didn't have time to attend sessions
It sounded very interesting, and I thought I wanted to join this since I can only gain from it.	Participant expected to benefit from the sessions
RA: I'm glad that you tried it out! Is there something specifically that you enjoyed in the sessions? C: Uhm, ... I think I enjoyed the fact that we were all in the same phases of our lives. That was very enjoyable. Meeting other mothers who are going through the same experiences. It was good to just be able to talk and just to share experiences.	It felt good to share experiences with others
I also got some exposure to some of the instruments that we played with. And we just played. We could not expect to make aesthetically beautiful music between all of us, except for René.	MT offered an opportunity to play/be playful
It was just playing and gave me exposure to things I did not know anything about and that I was not aware of at all.	Participant enjoyed exposure to new experiences (music)
Whilst busy in the session, one forgets about everything else. You are fully present in the moment.	MT helped client to be fully present in the moment
The music also found a way to talk to me and to elicit emotions that I did not think would happen.	Music elicited emotions (unexpected) The music "talked to me"
RA: Thank you for sharing. Is there something that stood out to you in the seven sessions? Maybe a specific activity? C: Yes, the one session where we had to write a song. René was playing	Technique used: Songwriting

4.7 Categorising

I used inductive reasoning to refine, align, and organise the codes into categories. Inductive reasoning is a process in which multiple premises (codes), are believed to be true or found true most of the time and then combined to obtain a specific conclusion (category) (Matzel & Sauce, 2017). I compiled 168 codes from the thick descriptions and interview transcripts combined and grouped these codes into 12 categories which can be seen in Table 7 below.

Table 6 shows a sample of how the categories were identified. The numbers that appear next to the codes were used to group the codes to develop the categories.

Table 6

Categories – Example

Codes	Categories
SHARING OF UNPLEASANT EARLIER EXPERIENCES OF MUSIC AS A YOUNG CHILD - 1	**MT facilitated the sharing of experiences**
MUSIC ELICITED TEAMWORK - 2	
THERE IS VALUE IN HEARING OTHERS' STORIES - 1	
Benefit of group: Open up more - 3	
GROUP SUPPORTED EACH OTHER IN LEARNING - 1	
Benefit of group session: I learned more - 3	
EMPATHIC UNDERSTANDING - 1	
MT PROVIDED A SPACE WHERE MOTHERS COULD ENCOURAGE EACH OTHER - 1	
Finding ways to get through this together, as women - 1	
I feel better if I can offer reassurance to another - 1	
Benefit of group: Sympathy & empathy from others - 1	
Benefit of group: Friendship - 1	**MT sessions created a space where friendships could form**
Camaraderie between mothers is special - 1	
MEMBERS - 2	
BODY LANGUAGE: SMILING AND WELCOMING - 2	
MT PROVIDED CAMARADERIE WITH OTHER MOTHERS - 1	
Valued having a shared experience with others going through similar things: I am not alone - 1	**MT sessions alleviated loneliness**
SESSIONS HELPED PARTICIPANT REALIZE THAT SHE WAS NOT ALONE - 1	
Valued feeling surrounded by others - 1	
PARTICIPANTS VALUED JUST BEING TOGETHER - 1	
Sessions countered feelings of loneliness - 1	
MUSIC ELICITED LIVELY INTERACTION BETWEEN THE GROUP MEMBERS - 2	
MUSIC-MAKING BROUGHT AN INCREASED AWARENESS OF EACH OTHER - 2	

Lower case = Interview data
Upper case = Session notes data

4.8 Emerging Themes

I derived themes and refined them until they accurately related to the research question and literature (Braun & Clarke, 2013).

4.9 Results

Four themes emerged from the 12 categories and are shown below.

Table 7

Themes that emerged from the Categories

Categories	Themes
MT sessions created time for self-care	**Theme 1: MT afforded self-nurture**
MT sessions afforded space for reflection	
MT helped participants relax	
MT facilitated the sharing of experiences	**Theme 2: MT afforded empathic connections and experiences**
MT created a space where friendships could form	
MT sessions alleviated loneliness	

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MT sessions instilled the use of music as a resource in day-to-day living (in relationships with children and spouses)	**Theme 3: MT stimulated inner resourcefulness**
MT can be used as a coping mechanism/skill	
MT challenged participants to move out of their comfort zones	
MT sessions helped participants access their creativity	
MT afforded emotional processing and expression	**Theme 4: MT helped to restore emotional equilibrium in the new role as a mother**
MT facilitated new insights into the birthing process and the meaning of becoming a mother	

4.9.1 Theme 1: Music Therapy Affords Self-Nurture

Theme 1 was developed out of three categories: time for self-care, space for reflection, and relaxation. I will now discuss these categories in more detail. Participants reported they did not make time for self-care and felt obliged to give all their attention to their babies. They valued the opportunity to set time aside for themselves to attend the sessions. They realised anew the importance of standing still and making time to recharge. Tertia described this in session 1: “Things were so busy with a small baby, you know right? I think it was very good that we thought about this and talked about it”. In session 3, she said: “I enjoyed the first session a lot. I enjoyed the opportunity to put time aside for myself. It meant a lot to recharge my batteries and unwind”.

The music therapy sessions afforded the participants space for reflection and focusing on their inner worlds. One participant reported the sessions helped her to let go and get in touch with her feelings. Another said that she had learned a lot about herself and that the sessions helped her recognise resources already present in and around her. Songwriting was helpful for deep reflection and facing deep issues. In session one Rodene said: “The songs you wrote for us were very special to me”. One participant specifically mentioned how she normally avoided difficult issues. The sessions helped one participant to reflect on her wishes for her daughter and another could express her appreciation for a happy childhood.

The last category showed that the Music Therapy sessions helped the participants to relax and be fully present in the moment, forgetting about the outside world, at least for the moment. More than one participant reported they could drop their guard and just “be”. They also reported not feeling any pressure to share. Music Therapy offered a non-judgemental space and participants reported feeling grounded and peaceful at the end of the sessions. The physical space played a part in their experience and two participants found the space beautiful, comfortable, and peaceful.

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4.9.2 Theme 2: Music Therapy Affords Empathic Connections and Experiences

Theme Two encompassed three categories: sharing of experiences, friendships, and alleviation of loneliness.

All the participants expressed how it was meaningful to share their experiences with others. The group members felt supported, and some shared that they found it easier to open up in a group setting. Two participants noted how receiving, but also giving reassurance to others was meaningful. In her interview, Rodene said: “I could tell Tertia that I knew she was going through difficult times but that she could know that things do get better … just to be able to share that with somebody else helped me to feel better”.

The second category highlighted how the sessions offered the group members camaraderie and friendship, and they often showed appreciation for each other’s musical contributions, realising that their music could influence somebody else’s music. In session four Rodene said: “I enjoyed seeing how one person could change the whole rhythm. If somebody brought a new beat, everyone adapted to that. I found this fascinating”. Caroline also commented in this session: “Tertia brought something interesting …”. The sessions eased loneliness as participants realized they were not alone in their struggles.

Caroline (session 7):

> I think what this process has shown me, in the first place, was that everybody has their own story. And to go through this together was meaningful. We saw each other every week, and we could share. We could create in so many ways and just talk about the things that we were struggling with every day. In that aspect, it had helped a lot just to create a platform where we could realize we were not alone.

4.9.3 Theme 3: Music Therapy Stimulates Inner Resourcefulness

Theme Three comprised four categories: music as a resource in day-to-day living, music therapy as a coping mechanism/skill, accessing creativity, and being out of one’s comfort zone.

Music therapy sessions stimulated the participants’ inner resourcefulness. The participants now used music as a resource in day-to-day living, specifically in their relationships with their spouses and children. Rodene would, for instance, encourage her daughter to sing to get to know her voice and to express her feelings (as also mentioned in theme one). The music also stimulated a need for a discussion with her husband to explore his experience of the birthing process and the transition to parenthood. Lizette reported that she had listened to the same

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music used in the session to help her cope with a stressful time at work. Regarding the music therapy sessions specifically, two participants showed they wanted to come for further sessions. Caroline hoped that Music Therapy might become a way for her to cope with her anxiety and tendency to rationalise everything. Lizette wanted to attend further sessions to help her cope with everyday life stressors. Lizette stated in session 3: “I wondered if this type of therapy could teach us coping skills to help us deal with difficult times. I wondered if one could use music to take you to a place in your mind”.

Some participants felt challenged to move out of their comfort zones. More than one participant reported improvisation to be difficult, for example, Caroline (session four): “Honestly, I felt that I was in my head a lot. For me it was difficult. I could see how it worked, but it didn’t work that well for me”. Others found it difficult to sing and play simultaneously. Some were surprised by the fact that we were making the music ourselves and were therefore somewhat reserved.

The Music Therapy sessions helped the participants to access their creativity. All the participants reported they enjoyed making art together in such a hands-on and sometimes playful way. They enjoyed using the different mediums that were provided (clay, pastels, ink, etc.). Musically, the participants used creativity during improvisations and songwriting and felt encouraged to play instruments again after many years. The sessions brought excitement, anticipation, and a break from the usual routine.

4.9.4 Theme 4: Music Therapy Helps to Restore Emotional Equilibrium in the New Role of a Mother

Theme four consisted of two categories: emotional processing and expression, and new insights into the birthing process and the meaning of becoming a mother. All participants reported they needed time to feel and a space where they could freely express their emotions. The sessions provided this for them and there were often tears and emotional release. According to some participants, music therapy often accessed deep and buried emotions, and the music helped them to process these feelings, despite being intense and overwhelming. Caroline (session six): “With my last session I was very surprised at how deep music could dig things up which I didn’t think would happen”. The participants reported feeling safe and held. Caroline mentioned that she believed that music therapy could help her deal with difficult emotions such as anger and frustration in the future. All participants found it particularly helpful to depict their feelings graphically and to verbalize what they were feeling.

Most participants reported that music listening helped them to relive and retell their birthing stories meaningfully. In Tertia’s interview, she said: “The internal reflection about how I

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experienced this process (birthing process), from where I went to the theatre and my daughter arrived, was very precious". According to Lizette the music led her to relive the most intense, intimate, and transcendental moments of her experience and changed her perspective.

> The picture I had was how I was standing on a rock and an ocean was around me and it was a rough ocean. Dark clouds were around me. It was dripping and the wind was blowing strongly. That was what I was trying to depict. The wind blew my hair into the air. Tears were rolling down my face. I am not sure whether this was tears or the rain. And I was putting my hands in the air. I had a golden ring around me while I was standing there. I'm not sure how spiritual this can be, but for me, this represented God who was with me at that moment. He was enfolding me. I was experiencing Him in a deep, intimate place. I also became overwhelmed with peace and acceptance. I was in this storm, but everything was okay.

Another participant told us about how she had discovered things she did not even know bothered her during the music listening. In session one Rodene commented on her experience with her baby being in the NICU: "I didn't realise that it bothered me so much that she was so far away". Describing her birthing experience helped Rodene process some of her feelings relating to the loss of control:

> The doctor explained what would happen. He asked me to move as soon as he injected me, and I said okay, great…! And when I pressed on the operating table next to me, my hand pushed through a hole in the table's side. I didn't see the hole since it was covered in those blue theatre cloths. And when I was listening to the music, I realised that everything from there felt exactly like the sensation of falling through that table. There I was with my legs numb. I was half naked because my gown had slipped, and I had this huge tummy that I couldn't move. And everybody was laughing, and I didn't know what to do with six doctors trying to get me onto the table. It just felt as if everything went like that from there on. I couldn't breastfeed. I realized this from early in my pregnancy. Things just felt out of control. I also developed mastitis, and that was extremely painful, even more than the c-section!

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Figure 7: *Rodene's depiction of her birthing experience*

The sessions played a part in the process of finding a new identity in that they led participants to realise how much they have achieved in life thus far, giving them a valuable sense of self-worth. Some participants expressed a need for more of this type of therapy, where they could reflect on the entire process of becoming a mother.

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Chapter 5: Discussion

5.1 Introduction

In this chapter, I will discuss two potentially interconnected aspects that serve as overarching concepts integrating salient aspects of the four themes described in chapter four. Based on the results of this study, two significant findings stood out that speak to the research question: How can participation in group music therapy sessions support the overall emotional well-being of new mothers with postpartum stress? Music therapy offered validation of the participants' feelings and contributed to a perceived strengthening of the self. I will now look at how these main aspects of the findings relate to the existing literature and consider whether there are similarities, differences, or contrasts between the results of the current study and the literature.

5.2 Music Therapy Validated the Emotions of New Mothers in the Postpartum Phase

One of the main affordances of music therapy in this study related to how it validated the feelings of the participants. All four participants reported that they did not have/make time to reflect on their emotions and that they prioritised their babies' needs above their own. Caroline and Rodene also mentioned how their current familial system did not accommodate any discussion about how they were feeling. Rodene felt that she had to be strong at home and did not allow herself to cry in front of her husband. Caroline spoke about how she and her husband rather avoided talking about emotions and deeper feelings and that it kept things simpler.

Contrary to this, the music therapy sessions invited expression and active engagement in a wide variety of creative activities which brought the participants closer and more connected to their "feeling voices" (Ribbens, 1998, p. 10). Ribbens ascribes this disconnect to the fact that mothers often struggle to make sense of their feelings amidst the multitude of voices around mothering, especially when it comes to the idealized views created by society of "the perfect mother". New mothers often feel disillusioned when they realise that motherhood is not as "mythical, magical, and powerful" (Apter, 1993) as they originally thought and find it difficult to deal with the accompanying negative emotions (Ribbens, 1998). Ribbens' observations stemmed from her PhD study with mothers and their children. Console et al. (2010) reported how weekly, hour-long lullaby groups increased self-expression and the mothers' ability to identify their feelings. The main modality was, however, different and the mothers had their babies with them in the sessions.

In the current study, listening to specific pieces afforded inner reflection and recognition of unprocessed emotions. It was also helpful for the participants to create artefacts, artwork, songs, and poems after listening to the music as a means of externalising their feelings (Hutyrova,

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2016). In a study by Hiller (2019), reflective and receptive (music-listening-based) techniques were also shown to help participants access their emotions. Hiller also employed techniques such as the three circles, mandalas, and journaling, recognizing the value of artefacts. The main difference between my study and Hiller's was that the participants in Hiller's study were still pregnant which implied a different set of inter-relational dynamics and client needs. The participants also came from distinctly different social and cultural backgrounds.

Participation in music therapy provided the participants in the current study with a sense that somebody was interested in their well-being and that their feelings mattered. Creating time and space for the participants in the current study to explore their emotions around becoming a mother and providing them space to freely express themselves via drawing, movement, and songwriting contributed towards a sense of being heard and understood, supported, not judged, and that their feelings had a right to existence. It also brought normalisation of these emotions According to Rudman and Waldenström (2007), this was important since mothers in the postpartum phase needed someone asking them whether everything was okay to counter feelings of neglect. Rudmand and Waldenström based this statement on a longitudinal study of 2 783 postpartum women's experiences of hospital and follow-up postpartum care at three points on their postpartum journeys, early pregnancy, two months, and one year postpartum. This further relates to findings in a study by Du (2016) where the results showed that music therapy decreased negative thoughts that often accumulated when a new mother was experiencing postpartum distress. The strategy in Du's research entailed the therapist helping the mothers voice their thoughts into their favourite music and then reading the words again later together, analysing and unpacking the meanings. Although Du used different therapeutic techniques, she recognised the value of standing still and taking the time to find out about participants' deeper emotional states and well-being. Du's participants were music therapists who worked with postpartum clients. They also often used songwriting and supportive music and imagery with their clients. Lyrics analysis and compiling playlists as therapeutic interventions were also mentioned.

Another important finding in my study that relates to the validation of the feelings of the participants, was the degree to which the music therapy sessions afforded the participants time for themselves. All the participants reported a deep need for time to focus only on themselves. This aligned with the results of a study by Fancourt and Perkins (2018) with 134 postpartum women experiencing postpartum depression symptoms. The participants reported that music therapy gave them time for themselves and described this time as being "immersive".

Music therapy also offered the participants in the current study multimodal and embodied experiences when they were engaged in movement, drumming, body percussion, improvisation,

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and singing activities. This facilitated a unique expression of their journeys in a variety of ways. The use of creative modalities combined with music provided them with a different, gentle, forgiving, and empathic experience/exploration of their feelings. There were further similarities between this finding and the results of the above-mentioned study by Fancourt and Perkins (2018). The participants in their study also reported an authentic, social creative experience after participating in weekly singing group sessions for 10 weeks. The participants, additionally, also commented on the multicultural nature of the creative experience. An important difference was again that the participants' babies were present in the sessions and that the focus was largely on the connection between the mothers and their babies.

For some of the participants in my study, the music had a regulative function. For instance, Lizette described how the music led her to feelings of peace and acceptance while reliving her birthing experience. She described how the intensity of the music brought forth equally intense emotions and flashbacks of deep and intimate moments. Another participant reported how music listening helped her cope with stressful circumstances during the week and helped her regulate her emotional responses. These findings imply non-judgemental acceptance of the full palette of emotions that participants went through and showed how the music in the sessions acted as a “resource for meaning-making” (De Nora, 2011, p. xiv). The music invited the participants to either sing along or to let the music take them on a sonic and affective journey (Bradbury & Gabrielsson, 2011) which experientially consumed them as the music unfolded around them. Krueger (2014) describes this as an “offloading” (Krueger, 2014, p. 4) of regulative processes onto the music, meaning that the music does some of the work of organizing the emotional responses of the listener. He proposed that this offloading formed a central part of the pleasurable “letting go” (Krueger, 2014. p. 7) experience, which often happens when clients are engaged in deep listening.

The participants in the current study reported that they experienced empathic understanding, felt emotionally held and that their stories were heard and valued. It was meaningful to them to share their greatest needs as well as explore the obstacles blocking these needs in the group context. Each person had an opportunity to experience how it felt to have others’ undivided attention for a few moments and to have agency. This appeared to foster empathic understanding and provided the participants with a true sense of being in somebody else’s shoes for a little while. Most of the group members reported a realisation that they were not alone and that their experiences were validated by the group. Miller (2007) described the journey into first-time motherhood as a steep, lonely, and bumpy, learning curve. She based this observation on a longitudinal study about how a group of women negotiated their way around the dominant discourses that constitute society’s views of “good mothering” and motherhood.

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Having these kinds of containing experiences, as found in the current study, could act as a buffer against loneliness and isolation as described by Miller.

Barnett et al. (2019) cited the following themes related to loneliness: i) new mothers' tendency to make unfavourable self-comparisons with the perceived mothering 'norms', ii) reduced social contact, and iii) lack of empathy from their partners and other mothers. Howard et al. (2021) noted similar findings and outlined the reasons for this loneliness as feeling lost and confined to their homes, feeling unsupported, and relationships lacking empathy. According to Young (1982) developmental or unexpected disruptions, such as childbirth, often triggered what they coined "situational loneliness" (Young, 1982, p. 380). Jopling and Sserwanja (2016) noted that first-time mothers qualified as a group at risk of experiencing this kind of loneliness. Rodene, Lizette, and Caroline worked full-time and did not mention being confined to their homes as the reason for their feelings of isolation. Other aspects mentioned as reasons for their struggles, related to the comparison with others, lack of empathy from partners, and not being fully prepared for motherhood emotionally. Tertia mentioned that she sometimes struggles to deal with spending so much time alone at home since she has not yet returned to work.

An important learning occurred in the current study relating to being alert to the possibility that clients might be re-traumatised in the process. Erika's withdrawal from the study after the second session led me to reconsider my approach towards gaining insight into the participants' needs and expectations, hence we talked about their expectations in session three. In my study, only an informal assessment was not done. Also, the participants could only share their expectations of the sessions during session three. This might have been too late in the process for some participants.

5.3 Music Therapy Contributed to a Strengthening of the Self

The music therapy process afforded the participants creative ways to reflect on their own lives and to be reminded of all that they have achieved in life already. This contributed to their sense of self-worth. They gained inner resilience and resourcefulness in their roles as mothers, and this contributed to increased self-confidence. Any new mother's self-confidence in her mothering abilities plays a crucial role in the successful transition to motherhood (Elander et al., 1999). It was therefore important to include a strengthening of the self as a clinical focus in the current study. I realise that the previous key outcome, "validation of feelings", and "strengthening of the self" can potentially overlap (having one's feelings validated will most likely bring a strengthening of the self), but I still decided to discuss them separately to illustrate the specific therapeutic techniques that pertained to the two outcomes independently.

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I will now expand on some of the techniques used in my study to support the participants in recognising their strengths as individuals and as mothers. Reflecting on a message that they would like to give to themselves (as little girls) and listening to stories (which were about the meaning of challenges/difficulties in life) appeared to help the participants recognise their inner resilience. This may have contributed to their sense of self-worth and influenced how they related to their babies. There were similar findings in some other studies. For instance, music therapy increased participants' confidence levels (Du, 2016), provided a sense of connection with their babies which built confidence in their mothering abilities (Benattar et al., 2019), and afforded participants a sense of achievement and identity as well as a sense of self and purpose (Fancourt & Perkins, 2018). The techniques used by Benattar et al. were also mainly receptive and included music-assisted relaxation, breath-entrainment to music, and humming or toning. As mentioned, Fancourt and Perkins focused on group singing where the participants listened to songs sung by the leader, sang songs with their babies, and created new songs together. The use of receptive techniques coincides with my studies, with the fundamental difference being the therapeutic starting points (e.g., the picture of themselves as toddlers/babies and listening to stories that I read out loud with supportive music in the background). These starting points provided the participants with an intimate focus point and helped them channel their energy inward.

Creating an artefact with the title: "Mother and Child" (picture made by the participants placed in a frame) in the last session (session 7) allowed the participants to reflect on their roles and mothers and how they wanted to relate to their child. It also facilitated reflection on the relationship with their mothers and how this was influencing their transitions into motherhood. Again, in comparison with other studies, the approach followed in my study was unique in terms of the clinical intent with the starting point of the experiences. I could not find other studies where the creation of such artefacts or story-reading by the therapist to the clients was used. The participants reported gaining inner resilience and resourcefulness in their roles as mothers through these processes, and this contributed to their self-confidence. Experiences that improved self-affirmation and self-worth in the early stages of the postpartum phase were important since a sense of self-worth can be easily eroded because of physical vulnerabilities (Bonet et al., 2020), self-criticism (Miller, 2007), lacking support structures (Chalmers, 1993; Perkins, 2023), societal expectations (Rokach, 2004), perceived judgments (Cosslett, 1994), and unfavourable comparison to others (Barnett et al., 2019). The sessions provided different lenses on the views of self and played an active part in the re-assembly of the divided parts (Jenkins & Ogden, 2012) of self. This took place via the exploration of their new roles, exploring their views of themselves, and reflecting on their relationships with their babies through the different creative modalities that the music therapy sessions offered. This was helpful since

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participants needed to become aware, not only of emotions, feelings, and actions that were acceptable, but also of those that were less acceptable, or even unacceptable (recommended by Holdstock, 2000). In the sessions, the participants could reflect on the full spectrum of their experiences – also those that were difficult or 'not as acceptable' or perhaps frowned upon by others (such as not feeling maternal or being passive in the maternal role as described by Attrill (2002) in the Maternal Role Attainment Tasks model) (Chapter two, p. 7). Only through thorough reflection, also of negative emotions, could one become "fully whole" (Holdstock, 2000, p. 108). New mothers might often feel "divided"/undone (Jenkins & Ogden, 2012, p. 23) during the early postpartum months as they struggle to settle into their new identities (Anderson et al., 2014) and they need time to start re-integrating the parts of themselves that were disintegrated. Mothering expands women's selves and identities multi-variously (Anderson et al., 2014) and it, therefore, makes sense that becoming 'whole' can be described as "that which is no longer divided" (Jenkins & Ogden, 2012, p. 23).

5.4 Conclusion

The findings in this study showed that by employing a variety of receptive techniques, which entailed listening to music chosen by the therapist and then expressing their emotions and experiences via drawing, sculpting, artefacts, songs, and poems, the participating mothers could gain valuable access to their deeper feelings and perceptions relating to becoming mothers. These findings correlated significantly with the outcomes of a variety of other studies. Only one of the studies was, however, conducted in a South African context.

One of the noteworthy findings in my study was the fact that the participants felt heard and understood in the sessions. Most participants expressed surprise and relief when realising that what they were going through was universal and that they were not alone in their struggles. This knowledge contributed towards the normalisation of their emotions and brought a sense of acceptance and validation. An approach that I used in my study which seemed to be novel and not yet used in other studies related to asking the participants to help individuals express/embody their greatest needs and obstacles towards attaining these needs, via a modality of their choice. This provided the participants with a valuable embodied experience and contributed to empathic understanding and support.

The finding that music therapy contributed towards an enhanced sense of self-worth also featured often in other studies. Asking the participants to reflect on a message to themselves as babies/toddlers, was however seemingly unique and not yet used by other researchers. This approach was highly impactful and instilled various meaningful insights. Despite the above

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findings, I realize that further exploration of participants' experiences during the sessions via more detailed follow-up questions could have been beneficial for future practice.

5.5 Implications for Practice

The results of this study point to the importance of facilitating a space for emotional processing when doing music therapy work with mothers in the postpartum phase. This dimension of their experience was shown to be a very important part of the adaptation to motherhood and should form an integral part of any music therapy process and clinical goal formulation with this client group. Equally important, is the notion of working on a strengthening of the self, since this part of a new mother's make-up seems to be one of the core elements that are potentially at risk of becoming depleted or impoverished during the transition to motherhood.

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Chapter 6: Conclusion

6.1 Conclusion

This study, involving a thematic analysis of thick descriptions of seven sessions with four mothers and final individual interviews, aimed to explore how music therapy could offer emotional support during the postpartum phase. All four participants came from stable middle to high-income backgrounds and were self-referred to the study to cope better with anxiety, life stressors, and the emotional processing of arduous experiences related to childbirth. My research question was: How can participation in group music therapy sessions support the overall emotional well-being of new mothers with postpartum stress in South Africa?

When entering motherhood, the participants in my study reported feelings of loss and gain, all in one, and, for some, experiences of emotional turmoil. Most were trying to present as coping mothers but were not finding any time or capacity to process what they were going through emotionally. The findings suggest that music therapy offered the participants valuable time for nurturing the self, emotional processing, and coming to terms with what it meant to become mothers. It provided them with valuable insight into their birthing experiences and facilitated much-needed reflection and sharing. It supported their inner resourcefulness and afforded them an empathic connection with others.

Music therapy played a critical role in making sense of their experiences and provided the participants with time, vocabulary, a soft landing, non-judgemental acceptance, and a supportive listening environment. This appeared to be influenced by an empathic and person-centred approach used by the therapist.

An unexpected finding related to the importance of working from a trauma-informed perspective and including a trauma-informed assessment. Also, offering participants a choice in how they would like to approach therapy was found to be of paramount importance in offering protection against re-traumatization. When working with this client group, clinicians should take special care to understand their clients' needs and expectations, since there is always the possibility that the client had a traumatic birth experience that was hidden from the outside world.

In concluding this chapter, I would like to highlight this key thought raised by Nicolson (1999, p. 19):

> Some argue if we take these losses seriously and encourage women to grieve, postpartum distress would be seen by the women and their partners,

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> family, and friends as a ***potentially healthy process*** towards psychological re-integration and personal growth rather than as a pathological response to a “happy event”.

It is my proposition, based on the results of this study, that music therapy could offer women who are experiencing this very difficult life transition, a place of acceptance and an embrace of their holistic experiences and being. It could offer mothers a powerful ‘how’ or resource for turning this potentially destructive phase/experience into something useful, memorable, and helpful. Music therapy offered an accessible and embodied experience to the participants in this study, and I could only hope that others might also gain access to this kind of help to make navigating the treacherous waters of motherhood a little easier, even if it was only for a little while.

“Music tells us the one thing we really want to hear. We are not alone.”

(Bryan Appleyard, 2012, p. 120)

6.2 Strengths and Limitations of this Study

This study is novel considering the paucity of South African research on music therapy with postpartum women. The strength of this study lies in its design since it facilitated gaining access to the lived experiences of the participants in the South African context. This study’s findings may offer some insight for music therapists on the importance of assessment and the value of using a person-centred approach.

The sample size was relatively small, perhaps because mothers are often hesitant to disclose their struggles, as noticed by Chur-Hansen (2020) and Du (2016). A small sample size was, however, beneficial for this study since it led to richer findings (Casey & Young, 2018) in that it facilitated trust and deeper sharing between the participants. Also, the participants came from the same geographic, cultural, and demographic backgrounds which would normally make generalisation of the data difficult. This study, however, aimed to explore a specific group of mothers’ subjective experiences and therefore generalisations would not be appropriate.

There were two instances of not adhering to the inclusion and exclusion criteria of this study. From the six participants who initially enrolled in the study, two participants’ babies were older than eight weeks (contrary to the inclusion criteria of the women still being in the first eight weeks post-delivery). I decided, however, to include these participants anyway because of the low response rate from participants. It brought valuable learning about the structuring of such inclusion criteria for future research for mothers with small babies. A breach of the exclusion

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criteria also occurred when one participant had to bring her baby along because she could not find a babysitter in time (individual catch-up session with Tertia). I noticed a definite change in dynamics in the room with the baby present and it also influenced my facilitation style and way of relating to Tertia. It did, however, bring valuable learning for future research when deciding whether it was realistic to ask mothers to attend sessions without their babies.

6.3 Recommendations for Future Research

I recommend future researchers contemplate the design of such interventions since the exclusion of mothers who could not find alternative childcare arrangements could significantly influence the recruitment of participants. Careful consideration of the research aims and whether the exclusion of such mothers would be beneficial, practical, and advisable, is strongly recommended. Conducting further studies with mothers who cannot arrange childcare and need to bring their children to the sessions will be meaningful.

The lack of diversity limited the research in some aspects of the sample (e.g., race - all participants were white); all the participants lived in the same town and had tertiary education, with relatively high and stable household incomes. Further research replicating this study with a larger and more diverse sample, like fathers and partners, could be meaningful to gain insight into the possible role of music therapy in offering postpartum support to families and/or parenting triads. Offering similar interventions to participants from different cultural groups could also provide meaningful insights, especially within the South African context.

Further research relating to how music therapy can offer psychosocial support to postpartum clients, either whilst still in the hospital or via home visits, can be beneficial and contribute towards positioning music therapy as an invaluable part of inpatient care and therapeutic service offerings in the broader South African community.

6.4 Final Remarks

It has been an immense privilege to conduct this study, for two reasons. I felt humbled by how the participants bestowed so much trust in me as the therapist, in the music, as well as in the music therapy process itself. Making the time to attend the sessions and being brave at such a vulnerable time in their lives, was commendable and has contributed meaningfully towards the database of how music therapy can add value in the lives of postpartum women.

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Appendices

Appendix A: Pamphlet/Poster

Postpartum distress

Are you struggling to cope emotionally after the birth of your baby?

RENÉ SCHMIDT
BCom (Hons), BMus (Hons) Music Communicationn, Orff Level 1 SA

Music Therapy can help you process your experience

Private studio
9 Fairburn st, Secunda
March 2023
10:00 - 11:30

Enroll for 8 free sessions

As part of the research project for partial fulfillment of the Masters degree in Music Therapy (UP)

Contact details: 084 359 6515
Limited space available

© University of Pretoria

Appendix B: Letter of Permission to Recruit Participants from Private Clinics

Letter to Kosmos Clinic:

TITLE OF THE RESEARCH PROJECT: Music Therapy as part of postpartum care to support emotional wellbeing

Request for permission to recruit research participants at Kosmos Clinic

Dear Mr Dodd,

My name is René Schmidt. I am a student at the University of Pretoria and am currently enrolled in the Master's degree in Music Therapy. I will be conducting a research project for my degree and need to recruit research participants for this purpose. The study aims to explore how music therapy can play a role in supporting new mothers' emotional well-being. Pending approval of the Research Ethics Committee of the Faculty of Humanities, University of Pretoria, the study will begin in early 2023.

What will be expected of participants?

Their participation will involve attending eight group music therapy sessions (weekly), reflecting in a personal journal (provided to them), and a semi-structured interview after all the music therapy sessions. The music therapy sessions will be video-recorded, and the interviews audio-recorded. Interviews will be held individually via the online platform Zoom. The information will be treated with strict confidentiality.

I hereby ask permission to advertise and recruit participants at Kosmos Clinic using posters, flyers, and invitations to mothers (by the clinic nurses) when they bring their babies for inoculation and weighing.

How will the study add value?

© University of Pretoria

- The benefits of this study will include future researchers understanding more about how music therapy can help women struggling to cope emotionally after becoming mothers for the first time.
- The participants may also find that music therapy personally benefits them.
- If participants feel they need additional support after the session(s), they will be referred to a private psychologist who will be available for a once-off pro bono assessment session. The psychologist will make recommendations and/or refer the client to LifeLine or FAMSA for further support.

Participation in the study is completely voluntary, and participants are free to withdraw at any time. If they decide to withdraw, there will be no negative consequences, nor will they need to explain their reasons. Participants will be encouraged to ask any questions they might have about the study.

Who will have access to the results of the study?

I will conduct the research as the principal researcher. The data will be used for academic purposes only. The de-identified, transcribed data will be archived at the School of the Arts for ten years in an electronic password-protected format. Other researchers may use this data during this period.

Your consideration of permitting me to advertise for this research study at Kosmos Clinic would be greatly appreciated.

Kind regards,

René Schmidt

Email: reneudo81@gmail.com

Tel.: 084 359 6515

© University of Pretoria

Letter from Kosmos Clinic:

Letterhead of Clinic

TITLE OF THE RESEARCH PROJECT: Music Therapy as part of postpartum care to support emotional wellbeing

Permission to recruit research participants at Kosmos Pharmacy **(name of clinic)**

To whom it may concern

I, Stanley Dodd (name & surname), in my capacity as Manager, hereby grant René Schmidt (student number: 21060470) permission to advertise for and recruit participants for her research project for the Master's degree in Music Therapy at UP, at Kosmos Pharmacy Clinic, (name of clinic) Secunda.

The research project's rationale/aims, participants' expectations, and how they will benefit have been explained to me. I also understand that participation is voluntary, and that all information will be treated confidentially.

Name: Stanley Dodd

Signature: [signature]

Title: Manager

Date: 14/11/2022

KOSMOS GAME PARK HIPERAPTEEK HIPERPHARMACY SENTRUM CENTRE
POSBUS / P.O. BOX 7
SECUNDA 2302
TEL: 017 631 7000
FAX: 086 625 5250

Clinic stamp

© University of Pretoria

<u>Letter to Secunda Pharmacy Clinic</u>:

School of the Arts

TITLE OF THE RESEARCH PROJECT: Music Therapy as part of postpartum care to support emotional wellbeing

Request for permission to recruit research participants at Secunda Pharmacy Clinic

Dear Mrs Dodd,

My name is René Schmidt. I am a student at the University of Pretoria and am currently enrolled in the Master's degree in Music Therapy. I will be conducting a research project for my degree and need to recruit research participants for this purpose. The study aims to explore how music therapy can play a role in supporting new mothers' emotional well-being. Pending approval of the Research Ethics Committee of the Faculty of Humanities, University of Pretoria, the study will begin in early 2023.

What will be expected of participants?

Their participation will involve attending eight group music therapy sessions (weekly), reflecting in a personal journal (provided to them), and a semi-structured interview after all the music therapy sessions. The music therapy sessions will be video-recorded, and the interviews audio-recorded. Interviews will be held individually via the online platform Zoom. The information will be treated with strict confidentiality.

I hereby ask permission to advertise and recruit participants at Secunda Pharmacy Clinic using posters, flyers, and invitations to mothers (by the clinic nurses) when they bring their babies for inoculation and weighing.

How will the study add value?

© University of Pretoria

- The benefits of this study will include future researchers understanding more about how music therapy can help women struggling to cope emotionally after becoming mothers for the first time.
- The participants may also find that music therapy personally benefits them.
- If participants feel they need additional support after the session(s), they will be referred to a private psychologist who will be available for a once-off pro bono assessment session. The psychologist will make recommendations and/or refer the client to LifeLine or FAMSA for further support.

Participation in the study is completely voluntary, and participants are free to withdraw at any time. If they decide to withdraw, there will be no negative consequences, nor will they need to explain their reasons. Participants will be encouraged to ask any questions they might have about the study.

Who will have access to the results of the study?

I will conduct the research as the principal researcher. The data will be used for academic purposes only. The de-identified, transcribed data will be archived at the School of the Arts for ten years in an electronic password-protected format. Other researchers may use this data during this period.

Your consideration of permitting me to advertise for this research study at Secunda Pharmacy Clinic would be greatly appreciated.

Kind regards,

René Schmidt

Email: reneudo81@gmail.com

Tel.: 084 359 6515

© University of Pretoria

Letter from Secunda Pharmacy Clinic:

Letterhead of Clinic

TITLE OF THE RESEARCH PROJECT: Music Therapy as part of postpartum care to support emotional wellbeing

Permission to recruit research participants at Secunda Pharmacy Clinic **(name of clinic)**

To whom it may concern

I, Stephanie Dodd (name & surname), in my capacity as Pharmacist & Manager, hereby grant René Schmidt (student number: 21060470) permission to advertise for and recruit participants for her research project for the Master's degree in Music Therapy at UP, at Secunda Pharmacy Clinic, (name of clinic) Secunda.

The research project's rationale/aims, participants' expectations, and how they will benefit have been explained to me. I also understand that participation is voluntary, and that all information will be treated confidentially.

Name: Stephanie Dodd

Signature: [signature]

Title: Mrs

Date: 14/11/2022.

Secunda Apteek
Secunda Village
H/V Vaalrivier & Nelson Madela Drive
POSBUS / P.O. BOX 7
SECUNDA, 2302
Tel: 017 - 631 7100
Fax: [illegible]

Clinic stamp

© University of Pretoria

Letter to Secunda Baby Centre:

TITLE OF THE RESEARCH PROJECT: Music Therapy as part of postpartum care to support emotional wellbeing

Request for permission to recruit research participants at Secunda Baby Centre

Dear Sr De Wit

My name is René Schmidt. I am a student at the University of Pretoria and am currently enrolled in the Master's degree in Music Therapy. I will be conducting a research project for my degree and need to recruit research participants for this purpose. The study aims to explore how music therapy can play a role in supporting new mothers' emotional well-being. Pending approval of the Research Ethics Committee of the Faculty of Humanities, University of Pretoria, the study will begin in early 2023.

What will be expected of participants?

Their participation will involve attending eight group music therapy sessions (weekly), reflecting in a personal journal (provided to them), and a semi-structured interview after all the music therapy sessions. The music therapy sessions will be video-recorded, and the interviews audio-recorded. Interviews will be held individually via the online platform Zoom. The information will be treated with strict confidentiality.

I hereby ask permission to advertise and recruit participants at Secunda Baby Centre using posters, flyers, and invitations to mothers (by the clinic nurses) when they bring their babies for inoculation and weighing.

How will the study add value?

© University of Pretoria

- The benefits of this study will include future researchers understanding more about how music therapy can help women struggling to cope emotionally after becoming mothers for the first time.
- The participants may also find that music therapy personally benefits them.
- If participants feel they need additional support after the session(s), they will be referred to a private psychologist who will be available for a once-off pro bono assessment session. The psychologist will make recommendations and/or refer the client to LifeLine or FAMSA for further support.

Participation in the study is completely voluntary, and participants are free to withdraw at any time. If they decide to withdraw, there will be no negative consequences, nor will they need to explain their reasons. Participants will be encouraged to ask any questions they might have about the study.

Who will have access to the results of the study?

I will conduct the research as the principal researcher. The data will be used for academic purposes only. The de-identified, transcribed data will be archived at the School of the Arts for ten years in an electronic password-protected format. Other researchers may use this data during this period.

Your consideration of permitting me to advertise for this research study at Secunda Baby Centre would be greatly appreciated.

Kind regards,

René Schmidt

Email: reneudo81@gmail.com

Tel.: 084 359 6515

© University of Pretoria

Letter from Secunda Baby Centre:

Letterhead of Clinic

TITLE OF THE RESEARCH PROJECT: Music Therapy as part of postpartum care to support emotional wellbeing

Permission to recruit research participants at Secunda Baby Centre **(name of clinic)**

To whom it may concern

I, Catherine Jeanette de Wit (name & surname), in my capacity as Owner hereby grant René Schmidt (student number: 21060470) permission to advertise for and recruit participants for her research project for the partial fulfilment of her Master's degree in Music Therapy at UP, at Secunda Baby Centre, (name of clinic) Secunda.

The research project's rationale/aims, what will be expected of participants, and how they will benefit have been explained to me. I also understand that participation is voluntary, and that all information will be treated confidentially.

Name: Catherine Jeanette de Wit

Signature: [signature]

Title: Owner

Date: 2022/11/13

SECUNDA
BABY CENTRE

Clinic stamp

© University of Pretoria

Letter to Medico Clinic:

TITLE OF THE RESEARCH PROJECT: Music Therapy as part of postpartum care to support emotional wellbeing

Request for permission to recruit research participants at Medico Clinic

Dear Sir/Madam,

My name is René Schmidt. I am a student at the University of Pretoria and am currently enrolled in the Master's degree in Music Therapy. I will be conducting a research project for my degree and need to recruit research participants for this purpose. The study aims to explore how music therapy can play a role in supporting new mothers' emotional well-being. Pending approval of the Research Ethics Committee of the Faculty of Humanities, University of Pretoria, the study will begin in early 2023.

What will be expected of participants?

Their participation will involve attending eight group music therapy sessions (weekly), reflecting in a personal journal (provided to them), and a semi-structured interview after all the music therapy sessions. The music therapy sessions will be video-recorded, and the interviews audio-recorded. Interviews will be held individually via the online platform Zoom. The information will be treated with strict confidentiality.

I hereby ask permission to advertise and recruit participants at Medico Clinic using posters, flyers, and invitations to mothers (by the clinic nurses) when they bring their babies for inoculation and weighing.

How will the study add value?

© University of Pretoria

- The benefits of this study will include future researchers understanding more about how music therapy can help women struggling to cope emotionally after becoming mothers for the first time.
- The participants may also find that music therapy personally benefits them.
- If participants feel they need additional support after the session(s), they will be referred to a private psychologist who will be available for a once-off pro bono assessment session. The psychologist will make recommendations and/or refer the client to LifeLine or FAMSA for further support.

Participation in the study is completely voluntary, and participants are free to withdraw at any time. If they decide to withdraw, there will be no negative consequences, nor will they need to explain their reasons. Participants will be encouraged to ask any questions they might have about the study.

Who will have access to the results of the study?

I will conduct the research as the principal researcher. The data will be used for academic purposes only. The de-identified, transcribed data will be archived at the School of the Arts for ten years in an electronic password-protected format. Other researchers may use this data during this period.

Your consideration of permitting me to advertise for this research study at Medico Clinic would be greatly appreciated.

Kind regards,

René Schmidt

Email: reneudo81@gmail.com

Tel.: 084 359 6515

© University of Pretoria

Letter from Medico Clinic:

Letterhead of Clinic

TITLE OF THE RESEARCH PROJECT: Music Therapy as part of postpartum care to support emotional wellbeing

Permission to recruit research participants at Medico Pharmacy (name of clinic)

To whom it may concern

I, [illegible] (name & surname), in my capacity as Owner hereby grant René Schmidt (student number: 21060470) permission to advertise for and recruit participants for her research project for the Master's degree in Music Therapy at UP, at Medico Pharmacy (name of clinic) Secunda.

The research project's rationale/aims, participants' expectations, and how they will benefit have been explained to me. I also understand that participation is voluntary, and that all information will be treated confidentially.

Name: [illegible] Signature: [signature]

Title: [illegible] Date: 3/01/2023

Medico Medisyne Depot
Posbus 11101 Secunda
Tel: 017 634 6364

Clinic stamp

© University of Pretoria

Letter to Dischem Well Baby Clinic:

TITLE OF THE RESEARCH PROJECT: Music Therapy as part of postpartum care to support emotional wellbeing

Request for permission to recruit research participants at Dischem Well Baby Clinic

Dear Sir/Madam,

My name is René Schmidt. I am a student at the University of Pretoria and am currently enrolled in the Master's degree in Music Therapy. I will be conducting a research project for my degree and need to recruit research participants for this purpose. The study aims to explore how music therapy can play a role in supporting new mothers' emotional well-being. Pending approval of the Research Ethics Committee of the Faculty of Humanities, University of Pretoria, the study will begin in early 2023.

What will be expected of participants?

Their participation will involve attending eight group music therapy sessions (weekly), reflecting in a personal journal (provided to them), and a semi-structured interview after all the music therapy sessions. The music therapy sessions will be video-recorded, and the interviews audio-recorded. Interviews will be held individually via the online platform Zoom. The information will be treated with strict confidentiality.

I hereby ask permission to advertise and recruit participants at Dischem Well Baby Clinic using posters, flyers, and invitations to mothers (by the clinic nurses) when they bring their babies for inoculation and weighing.

How will the study add value?

© University of Pretoria

- The benefits of this study will include future researchers understanding more about how music therapy can help women struggling to cope emotionally after becoming mothers for the first time.
- The participants may also find that music therapy personally benefits them.
- If participants feel they need additional support after the session(s), they will be referred to a private psychologist who will be available for a once-off pro bono assessment session. The psychologist will make recommendations and/or refer the client to LifeLine or FAMSA for further support.

Participation in the study is completely voluntary, and participants are free to withdraw at any time. If they decide to withdraw, there will be no negative consequences, nor will they need to explain their reasons. Participants will be encouraged to ask any questions they might have about the study.

Who will have access to the results of the study?

I will conduct the research as the principal researcher. The data will be used for academic purposes only. The de-identified, transcribed data will be archived at the School of the Arts for ten years in an electronic password-protected format. Other researchers may use this data during this period.

Your consideration of permitting me to advertise for this research study at Dischem Well Baby Clinic would be greatly appreciated.

Kind regards,

René Schmidt

Email: reneudo81@gmail.com

Tel.: 084 359 6515

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Letter from Dischem Well Baby Clinic:

Letterhead of Clinic

TITLE OF THE RESEARCH PROJECT: Music Therapy as part of postpartum care to support emotional wellbeing

Permission to recruit research participants at Dischem Well Baby Clinic **(name of clinic)**

To whom it may concern

I, Lizeth Kruger (name & surname), in my capacity as National Clinic Executive, hereby grant René Schmidt (student number 21060470) permission to recruit participants for the Master's degree in Music Therapy at UP, at Dischem Well Baby Clinic (name of clinic) Secunda. I solely grant permission for the clinic sisters to hand out pamphlets to the patients when they visit the clinic and not for any other means of patient recruitment.

The research project's rationale/aims, participants' expectations, and how they will benefit have been explained to me. I also understand that participation is voluntary and that all information will be treated confidentially.

Name: Lizeth Kruger Signature:

Title: National Clinic Executive Date: 12 April 2023

Dis-Chem Secunda Pharmacy
Shop UG36, Secunda Regional Mall
CNR PDP Kruger Road & Oliver Tambo Drive
Secunda
2302
Tel:
Fax:

Clinic stamp

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Appendix C: Information Letter

School of the Arts

Letter of information

Dear ___________________

My name is René Schmidt. I am a student at the University of Pretoria and am currently enrolled in the Master's degree in Music Therapy. You are invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this study.

TITLE OF THE RESEARCH PROJECT: Music Therapy as part of postpartum care to support emotional wellbeing

Rational/Aims of the study:

This study aims to explore how music therapy can play a role in supporting new mothers' emotional well-being.

What will be expected of you? Your participation will involve attending eight group music therapy sessions (weekly), reflecting in a personal journal (provided to you), and a semi-structured interview after all the music therapy sessions. The music therapy sessions will be video-recorded, and the interviews audio-recorded. Interviews will be held individually via the online platform Zoom. I will conduct the music therapy sessions and my research assistant will be conducting the interviews. The information will be treated with strict confidentiality. It will also be important that each group member respects the confidentiality of the other group members.

Will you benefit from taking part in this study?

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- The benefits of this study will include future researchers understanding more about how music therapy can help women struggling to cope emotionally after becoming mothers for the first time.
- You may also find that music therapy is beneficial for you personally.
- If you feel that you would like additional support after the session(s), you will be referred to a private psychologist who will be available for further support and referral.

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. You are encouraged to ask any questions you might have about the study.

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.

Who will have access to the results of the study? I will conduct the research as the principal researcher. Only me and my supervisor will see the video recordings of the sessions. The data will be used for academic purposes only. The de-identified, transcribed data will be archived at the School of the Arts for ten years in an electronic password-protected format. Other researchers may use this data during this period.

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

Kind regards,

René Schmidt

Email: reneudo81@gmail.com

Tel.: 084 359 6515

____

Dr Andeline dos Santos (Supervisor)

Email: andeline.dossantos@up.ac.za

____

Karyn Stuart (Co-Supervisor)

Email: karynlesley@hotmail.com

____

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Appendix D: Consent Form

School of the Arts

Consent Form

FULL NAME: ____

RESEARCH TITLE:

Music Therapy as part of postpartum care to support emotional wellbeing

I hereby give my consent to participate in the aforementioned research project and 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 the music therapy sessions and the interviews will be video recorded. I have had the opportunity to ask questions. I am aware that I may withdraw from the study at any time should I wish to do so.

____

Signature of participant

Date: ___________________________________

____

Signature of student/principal researcher

Date: ___________________________________

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Appendix E: Example of Session One Outline

No	Description	Duration
1.	**Welcoming** Introduce myself A brief overview of the research study Explain the duration of sessions, how the process will work and what will be expected of them Bathroom facilities etc. Set participants at ease (only do what they are comfortable with) Brief description of my background & reason for conducting the study Reassurance of confidentiality of data	10 min
2.	**Verbal check-in** Name, name & age of child, place of birth, birth modality Affirmation from the therapist & group	5 min
3.	**Sharing of reason(s) for attending by participants**	10 min
4.	**Adapted Guided Imagery and Music technique** Participants reflect on the birth experience of their child (abstractly) (Listen, draw, share)	25 min
5.	**Group improvisation** To create safety and fellowship. Acknowledging & validation of experiences shared	15 min
6.	**Hand out journals to participants** Invite participants to reflect at home (on anything that might come up regarding the birth experience/experience of the session)	5 min
7.	**Closing**	5 min

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Appendix F: Journal Questions

Examples of questions to reflect on at home

(Feel free to use drawing, writing, or any other means of artistic expression)

1.	Before the Music Therapy session, I felt ….
2.	After the Music Therapy session, I felt ….
3.	I found ………………. difficult in the session…
	I found……. helpful in the session…
4.	I wish we did more of …………….
5.	I wish we did not do ……………..
6.	I want to ask about ……………….
7.	Today I am struggling the most with ……………….
8.	Is there anything that I heard/learned/experienced during the Music Therapy session(s) that might help me cope better with my current struggle(s) …….?

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Appendix G: Interview Guide/Questionnaire

INTERVIEW GUIDE/QUESTIONNAIRE

In reflecting on your experience of the eight music therapy sessions which you attended recently; can you please answer the following questions:

Question 1: What was the process of Music Therapy like for you?

Question 2: What did you enjoy about the sessions and what did you not enjoy?

Question 3: What stood out to you during the eight sessions/what was most meaningful (if anything)?

Question 4*:* Would you recommend a similar kind of experience to a friend who might be experiencing postpartum distress or not? Why?

Question 5*:* Talk to me about how you are coping with the current stressors in your life, especially relating to motherhood and the phase you are in right now?

Question 6: Is there anything else you would like to add?

Thank you for your participation in this study.

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Appendix H: Letter from Psychologist

Anre Joubert – Sielkundige/Psychologist
B.Soc.Sc.SW(UFS); B.A.Hons(NWU); M.Soc.Sc.CounsellingPsychology(UFS)
PR: 0239224 ▪ HPCSA: PS0096768

083 605 8651 (w)
086 758 0835

PO Box 4079, Secunda, 2302
anrej@lantic.net

10 September 2022

To whom it may concern:

AVAILABILITY TO CONSULT

I hereby take note that René Schmidt (Stud no: 21060470) will be conducting the following research study during 2022/2023:

Research Title:
Exploring the Role of Music Therapy as part of Postpartum care in the support of Maternal Emotional Wellbeing.

I declare that I will be available to see participants during as well as after the study, should it be necessary.

Anre Joubert
Psychologist

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Appendix I: Nondisclosure Agreement

Confidentiality agreement

RESEARCH TITLE:

Music Therapy as part of postpartum care to support emotional wellbeing

Summary of service provision: Research assistant will conduct online interviews (via electronic platform e.g., Zoom) with all research participants in the above-mentioned study after the completion of eight music therapy sessions conducted by the Primary Researcher. The interviews are to be audio-recorded and the participants need to be informed of the recordings.

I agree to:

1) Keep all the research information shared with me confidential. I will not discuss or share any of the research information with anyone other than with the Primary Researcher.
2) Keep all research information secure while it is in my possession. Specifically, I will comply with the instructions of the Primary Researcher about requirements to physically and/or electronically secure records.
3) Not allow any personally identifiable information to which I have access to be accessible to anyone outside of the research team (unless specifically instructed otherwise in writing by the Primary Researcher).
4) I will inform the Primary Researcher immediately of any potential data breaches so that they can address the situation promptly.
5) Return all research information to the Primary Researcher when I have completed the research tasks or upon request, whichever is earlier.
6) After completing the research tasks or upon request, destroy all research information regarding this research project that is not returnable to the Primary Researcher after consulting with the Primary Researcher to obtain specific instructions.

Research Assistant's Name: Tarina Wilkinson

Research Assistant's Signature: Wilkinson Date: 14/11/2022

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Appendix J: Coding of Video Excerpts

Session no	Clip excerpt	Codes
Session 1 (3 participants)	Part One: V3 00:37 Joe (spouse) has stood out to me. There are tears when she explains that he was like a butterfly. It felt as if I was looking in from the side. But everything was beautiful to me, that's why I chose the butterfly. But some parts were not nice, therefore the red. But they are red, so it wasn't just sad, but also not only nice. He was protecting us. The antennas of the butterfly represent the future – where we are going. V3 1:48 M. shared: I drew a rainbow. It was a day of many different emotions: joy, it was being scared because you didn't know what would happen or how it would happen. The heart represented the new love in my life. It was another kind of love that I had never experienced before. My husband was with me the whole time, supporting me. When the baby was born, he was in between us the whole time, ensuring we were both okay. It was the best part for me, how he supported us both, checking that we were okay. Through the bad and good parts. L. shared: "This looks like a scribble". I told her I found it beautiful. The group smiled with us. "The picture I had was how I was standing on a rock and an ocean was around me and it was a rough ocean. Dark clouds were around me. It was dripping and the wind was blowing strongly. That was what I was trying to depict. The wind blew my hair into the air. Tears were rolling down my face. I am not sure whether this was tears or the rain. And I was putting my hands in the air. I had a golden ring around me while I was standing there. I'm not sure how spiritual this can be, but for me, this represented God who was with me in that moment and how He was enfolding me. And I was experiencing him in a deep, intimate place. But the tears were rolling. The tears were because of exhaustion, relief, and joy. So, it was	Music listening facilitated the reliving & retelling of the participants' birth stories MT helped participants to realize how much they appreciated their spouses' support The music brought flashbacks that were painful MT reminded participants of transcendental experiences during the birthing process

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	emotional turmoil and ocean. The picture also talked about nature, and it was huge, I was almost out of control. One couldn't control this; it was happening *to* you. That's really what I felt, it was overwhelming, but also good (laughed). Two extremes. As I stood there, and as the music went on, I also became overwhelmed with peace and acceptance. I was in this storm, but it was okay. "That was my picture of what I experienced. I'm not sure if I should make it more specific to the birth experience". I say: "You are welcome if you want to". L. continued: "Yes, I think this related a lot to what I experienced on the day of the birth. Big emotions (laugh). I think …. It was a long day. I was tired. If I look at the day overall, again the golden ring reminded me of God's presence during the delivery. His closeness, His voice blowing into me. There were complications at the end. Things did not look good, but I still felt this light around me. I remember telling my husband, where was she? (right after she came out). I was not sure anymore what was going on. I looked back and couldn't believe it. I just started crying … uncertainty, relief, everything that just came together in those moments, and phew, she was now here (laugh). This was it now. I think this was a lot of what I felt in this picture. Also, peace, contentment, thankfulness. So those were the emotions I experienced when I was lying here. When the music got intense, I had flashbacks of moments when I was wondering what would happen now. This was painful, I wanted out. I said to the doula, I cannot anymore. V3 09:01 When the music climaxed, I relived those intense, intimate moments. <u>Part Two</u>: V3 14:41 I asked the participants how they were feeling. L. said peaceful. "I had thought about a few things. That was good. I felt positive about the few sessions ahead".	MT helped the participants to identify emotions (joy, fear, new kind of love, relief, exhaustion, peace, acceptance, contentment) Music made me relive intense and intimate moments (climax moments during the birthing process) Participant felt peaceful after the session

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	M. said she felt peaceful. It was good to think about the whole situation. You realize that it was not as bad as you were tensing yourself up over. It gave the space to just relax about it a bit. A safe space. 15:50 T. said it was the first time she had thought about these things again. "Things were so busy with a small baby, you know right? I think it was very good that we thought about this and talked about it. L. said she did not want to run ahead, but this would have helped her a lot a year back in my life! The birth was not so traumatizing, it was a positive experience. But the three months afterward…. were very difficult. I'm very keen to share…?" V3 16:31: I think of very difficult times, my breaking points. I think everybody had those moments. Different depths, lengths, motions, etc.	MT helped the participant realize that her experience was not as bad as she thought it was and helped her relax about it MT session triggered some thoughts, and it was good to spend some time thinking about these things The session provided time for reflection MT sessions provided a space to think about the birthing experience again MT sessions can be helpful during the first three months after giving birth
Session 1 (catch-up) (Other two participants)	<u>Part One</u>: V2 25:12 "Although I knew that Lily was my child, she didn't feel like my child. She was just lying there. She also had jaundice and a feeding tube. So, there was no reason for me to pick her up because I was pumping out milk and she was being fed through a syringe and tube. If I could go back to those two days, I would have picked her up and held her so much more. But they never said that we were allowed to. And she was so wrapped all the time, with so many monitors on her. We were so afraid to move anything and then there was beeping, and everybody came running. So, the picture was literally where me and my husband only had hands. And if I could go back, I would change this (started to cry). And after that, I struggled to realize that she was mine. It was three very difficult weeks. Almost as if she didn't need me, although she needed me for the milk, she could cope and do everything for herself. Me and my husband could only lay our hands on her	

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	and pray for her, trusting that everything would go well. And it did, but she was so far". I asked if she could link an emotion word to this experience what would it be? "I think disappointment. Video two 26:55: Disappointed that I didn't realize that I could pick her up.	MT helped participants to identify emotions they were experiencing (disappointment, overwhelm)
	"I also realized I haven't cried once because everybody expects me to be strong all the time. I've tried to cry, but then my husband comes, and it's our home, so I try to be strong. And he sees that things are difficult and then we talk about it. But I haven't done any crying yet. Everybody was saying that we were doing so well and that we were so strong. Thank you that I could cry today".	Participant could cry in the sessions and didn't have to be strong for everybody (letting go) MT offered a space for emotional release (crying)
	When I listened to the music, I remembered all those traumatic experiences again and relived it, this experience that was actually very difficult for me. "I also realized there were things that were bothering me which I was not aware of". "And that I should not block these things out". I said: "It was expected of us to block things out, right?" V3 00:54 I asked whether she would be able to link an emotion word to the experience. She smiled and said "Overwhelmed" …	Music listening could lead to re-traumatization Participant realized that she should not block out the difficult things
	<u>Part Two</u>: I asked how each group member was feeling at that moment. R. said: "I feel much lighter. I have discovered things that I didn't know were bothering me. I didn't realize that it bothered me so much that she was so far away. R. thanked me again and said that she would be sharing her experience with her husband as well. For instance, saying to him: "I didn't think these things bothered me. Do they bother you as well…?"	Participant felt lighter after the session Participant discovered things that she didn't know were bothering her (realizations) MT sessions could trigger discussions with her husband about his experiences as well (stimulating dialogue between partners)

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| Session 2 (All six participants) | V3 (154141): I showed the group my Boomwhackers and explained how they worked. I then showed the different parts, starting at C. with the red note (C). V3 2:09 She did not understand, and we stopped playing to help her. She said yes now she understood. I showed E.'s part/green. She followed easily. R. was excited to hear her part (orange) because it had an offbeat rhythm. I showed T. her part (purple). We recapped all the parts, then stood up, walked it out, and via scaffolding added the different parts. 12:14 Everybody played their parts, and I sang the melody of Little Drummer Boy (12:04). 13:85 We played for a while and then exchanged Boomwhacker colours. There was lots of laughter. They showed each other what to play. 15:10 I also showed each colour their parts again. 17:31 R. asked why music was never so much fun when she was a child. She only remembered it being a terrible experience. E. said she also had the same problem as a child. 18:03 We started playing again and I counted us in. We tried to play together, but the tempo was too fast. We stopped and started again, and I counted in their parts. 20:07 We just walked, without playing for a few bars, then I cued them in to start playing again.20:22 I showed E. her part again. 21:53 Our playing was out of sync and L. stopped us with a loud "STOP!". There was laughter and talking again. The group decided that we should exchange colours again. We played a few more minutes and then the music stopped. Some group members appeared to be tense in their upper bodies while playing and I reminded them to play with relaxed bodies. 25:38 We started again, and I invited the group to join when they felt ready. They concentrated and we played a few more rounds. 27:38 I asked them how they felt about our last effort. One person responded: "It didn't sound too bad …" | Active music-making as technique

Group supported each other in learning

Music created anticipation and excitement

Music elicited laughter
Music elicited teamwork

Sharing of unpleasant earlier experiences of music as a young child

MT session provided an embodied experience

The music-making brought increased awareness of each other

Music elicited lively interaction between the group members

Music-making encouraged relaxation

Music encouraged participants to be fully present in the moment |

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| Session 3 (Four participants) | L. continued: "Life has seasons of suffering and times that were easier. I wondered if this type of therapy could teach us coping skills to help us deal with difficult times. I wondered if one could use music to take you to a place in your mind. There are many alternative ways to do this: for instance, exercise - it brings relief, eating chocolates, phoning somebody, or seeing a psychologist. There were many things out there. I hope that music could become a new coping mechanism."
R. agreed with L. and explained that she could see how music benefitted her daughter who had been through a lot of traumas, with all the operations she had to go through. She adds: "I won't say that I am doing this for her, but I am gaining skills from it. Video two: For instance, I took out pots and pans last week and me and Lilian just hit them together. And it was fantastic! My husband couldn't understand what we were up to, but I said we were zen (meditating)!"

R. continued: "So my goal was to also bring my daughter to sessions. I know how I felt throughout the difficult times that we had to go through. And another thing was to make time for myself. It was so much easier said than done! If I think about it, I haven't made any time for myself during the last year and a half. Taking a bath was my me-time. But now I hear how my daughter was screaming and my husband was prodding me to finish. So, it would only be nice to have some time. There didn't even have to be a specific goal in mind. I never did any pre-natal classes, meaning that I never experienced that camaraderie with other mothers". She talked about the how-to-dress baby dilemma and how much she valued hearing other moms' stories. "So, it was nice to hear that it was not only me that did not know. "Like with the small things, for example around feeding. We also went through this. | MT could become an alternative coping mechanism during difficult times/seasons

MT was giving skills that the participant could use with her daughter (self-expression to help process trauma)

MT sessions provided time for self

MT sessions provided camaraderie with other mothers

Participant values hearing other mothers' stories

Realization that others were going through the same things and were also feeling ill-equipped

MT provided a space where mothers could encourage each other |

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	And I wanted to say to you (addressing C.) that one's mouth heals quickest. They also said this to us in Lilian's situation". "And the screaming … I understand this completely!" "It hurts deep inside to hear them scream like that". And another thing to mention was that I could cry here. During the first session, I was very emotional. I struggled with this at home. C. adds to this: "Just to forget about everything else. And even, just being together was meaningful. On a personal level, I struggle with anxiety. I have tried many different things. Unfortunately, I am also using medication for this. The meds only help a little bit. I have even tried hypnotherapy and that was not working either. I could not be hypnotized; I just stayed in my head all the time. So, I'm curious to know if this type of therapy might help. L. says that we all go through difficulties. R. adds: "I think we all go through times when we feel we do not have control. I think one can then remember these sessions, even if you only listen to one song again. I had tremendous stress during the week at work and with my studies and I decided to listen to that song you played for us in session one, René. It helped me to remember that I felt better when listening to the song in the session and it helped me to cope better with my stress when I listened to it again. T. said that she enjoyed the first session a lot. And she enjoyed the opportunity to put time aside for herself. It meant a lot to her to recharge her batteries and unwind T. and C. commented that they enjoyed the practical hands-on work and that they also enjoyed working with pastels in the first session.	Participants valued just being together Participant hoped that MT might help her cope with her anxiety/help her get out of her head Music listening as coping mechanism with work and life stressors Participants enjoyed the opportunity to put time aside for themselves MT provided an opportunity to charge batteries and unwind Participant enjoyed practical hands-on work (pastels)

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Session 4 (Four participants)	10:04 Everybody selected instruments and there were smiles and casual talking. I offered a theme of a butterfly coming out of its cocoon and invited them to portray this on their instruments. L. began with a note on the tongue drum, looked at the others, and "counted" us in. R. immediately responded with a large maraca by shaking it intermittently while she watched the other group members. L. played mostly on the same note at the start of the song. Our music sounded like rustling leaves that were blown up in circles by the wind. There was movement, but also a sense of holding back. I sensed some nervousness in the room and a fear of playing "the wrong thing". R. sat across from me and smiled and encouraged me non-verbally (eye contact) to respond to her playing which now had a knocking and louder quality. I responded with a quick roll on the djembe. We played like this for a short while in a slow, steady 4/4 meter, mostly sustained by my pulse on the djembe and L.'s playing on the steel tongue drum. I included voice and sang an improvised melodic line in a minor key, staying within the rhythmical structure. After about 01:15 minutes of playing, there was a change in the intensity of our music. It now sounded like waves. Everybody seemed to be turning more inward and started to listen to each other's music. This was again led by R. on the maraca, and I matched her on the djembe. R. then introduced a slight temporal change by playing the maraca on the floor. This did not influence the pulse that I played on the djembe. I allowed the new pulse to change my playing slightly only after a while. L. also continued playing in the same tempo and key on the tongue drum and the music soon returned to the original tempo. T. joined us on the xylophone (she was in the bathroom when we started). T. started playing a descending melody (mezzo forte) on the xylophone.	Technique used: Group improvisation Therapist offered a theme for the improvisation MT encouraged non-verbal communication Music raised an awareness of each other Musical quality of instrumental playing: Movement, albeit cautious and nervous Participant played in a new way that brought playfulness and musical dialoguing Change in musical quality: more open and relaxed, more space Participant introduced a temporal change that was short-lived, and the music returned to the original tempo Participant brought new musical material (melody)

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	Her music sounded confident and seemed to pull us together for a while. T. played in a minor key and used a repetitive melody which the group immediately acknowledged non-verbally by smiling and nodding in T.'s direction. T.'s music brought new impetus to our playing.	Body language: Smiling and welcoming Participant introduced new musical material which provided impetus for the group playing
	R. then switched to a two-tone block and played a strong rhythm in 2/4 meter. C. also changed to playing African shakers. L. changed to egg shakers and a call and response developed between me (voice) and T. (still playing the xylophone). T. started to include glissandos (ascending and descending) as a response to the richer musical interaction between us. After five minutes of playing, C. started playing on the glockenspiel. Her music was very tentative, soft, and reserved as if she did not want to be heard, but still wanted to be part of the music. At this stage, L. moved to play on the two-tone block. She played loudly as if wanting to announce an entrance or something different. I immediately added a vocalization again as a response to L.'s playing. T. started playing on two maracas and moved into the background. C. was left with the only melodic instrument. She seemed to become aware of this but did not seize the opportunity to let her instrument take the lead. She stayed in the backdrop. In the meantime, R. moves to the cajon drum next to me. She somewhat awkwardly positioned herself and smiled throughout. She played a few beats together with the bass on the djembe and then introduced a syncopated rhythm which added colour to our music. This did not last long, and R. played a loud drum roll on the cajon seemingly leading us to some point of climax or closure. I matched the dynamics on the djembe and the improvisation came to an end with an accented final	Participant introduced a shift through rhythmical changes The therapist responded to the client: change in dynamics and tempo Quality of music: loud and rising

	note played by everybody. Everybody smiled and excitedly talked about their experience of the improvisation. I thanked the group for participating and asked them what they experienced while we were playing. L. says she enjoyed it, it was a good experience. She sighed and seemed to need to say more, bit didn't. R. said she enjoyed seeing how one person could change the whole rhythm. If somebody brought a new beat, everyone adapted to that. She found this fascinating. C. said T. brought something interesting. R. said the tongue drum too. T. experienced freedom and that they could just do what they wanted. R. added: "And nobody was judging". "I had no idea how to play on the cajon, but I tried, and it was fine". I asked C. what she experienced, honestly. She said: "Honestly, I felt that I was in my head a lot. For me it was difficult. I could see how it worked, but it didn't work that well for me".	Participant led improvisation to a grandiose ending Participant enjoyed the improvisation Participant noticed how one musical contribution could change everything Participant experienced freedom of expression Participant tried something new MT offered a non-judgemental space
Session 5 (Three participants)	<u>Part One</u>: 2:31 The group empathized with L. C said: "It was so bad. Although your pregnancy was not yet physically visible, you felt at your worst, so people didn't understand". <u>Part Two</u>: I asked C. how (and if) the drumming talked to her need and obstacle and if she saw a link. She said not really, but that she did have some frustrations and anger because she could not have coffee with her mother. "The drumming could help me to deal with this". L. shares: "I realized that I was going through very intense emotions when I was listening to the music and identifying the need to *let go*. I thought of the struggles we go through every day and as I was lying there, I	The group offered empathic understanding MT could help participant deal with frustration & anger Music helped the participant to let go and get in touch with her feelings

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	could just let go and feel what I was feeling. It was intense, big feelings, overwhelming. One didn't always realize what you were feeling, but there was not often time to feel what you were feeling. You just must continue, life pulled. One could not always allow the feelings". T. said making the art together already meant a lot to her. Verbalizing what she felt was meaningful and displaying it graphically helped her a lot. I asked C. if there was anything that came up for her during the process of that day. She answered: "I think like we've said previously, just to be in this space and to have an opportunity to be *real*. And not to be strong. The time that one gave to be here every week. It helped a lot.	Music helped the participant to fully experience her feelings (intense, big feelings, overwhelming) MT sessions provided the time that was needed to 'feel' To verbalize feelings and display them graphically was meaningful MT provided an opportunity to *be real* and not strong
Session 6 (Two participants)	R: "Then I just realized what makes one an esteemed person in life, anyway. What was success? The man in Thailand catching fish with bare feet and only a short was maybe even more content than the rest of us. I have peace in me now after the session – to know that my mother was where I am now. With the same ideas and worries and no knowledge about the future. And here I was today. My mother had often said not to worry so much. Because she knew, she could see now" R. said this was a wow moment in her life for her now. L.: "It was a positive experience in the sense that if I looked at myself as a little girl, I realized I worried about so many things. I was worried about everything – how would this happen, and how would that work out….?! And if I could only tell myself then that all these things were so insignificant. Everything you worried about turned out okay. If I could fast forward to when I am sixty, and I am now 33, I would probably want to tell	MT session facilitated an important realization about deeply ingrained ideas and hurt MT session brought new insight into mental struggle MT session brought peace Participant experienced an impactful realization

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	myself the same thing. This experience brought me perspective. There was a recurring theme. I would also tell myself not to be so hard on myself. Also, the idea of what success was anyway. Success was not about prestige or anything else. It was only about what you could mean to others. And there was just one place of life, and that was in God. If I could have told myself that when I was that young, things would have been very different. I wish I could tell the little girl that everything would work out. Generally, I found it very difficult just to surrender and just to be content. Video Two 21:06 "I struggled with that. To just have peace. This was something I would like to grow in. This really brought me perspective. The big things that looked huge in life were not that important. I tended to become consumed with the things I worried about. Was it possible to say this was big, but that things would be okay? Things worked out well anyway. I should also try not to measure myself. To reflect on what were the things that I thought I had to be/reach. 23:23 It was difficult because there was so much pressure to progress and climb the career ladder. I didn't always know. I was progressing nowhere. I was progressing in a circle and not getting anywhere. Then I asked myself if this was so important. Another thing was that when the new baby arrived, I had to decide whether my older child needed to go to a preschool or what. I could feel my head spinning with all of this." R. added by saying that she was also wondering whether she should be as consumed with all the things she needed to practice with Lilian (despite her frustrations with her child). "Could I not rather just sit, and watch her enjoy the bubbles?" L. says: "One so easily just let the worries run away with you. This session has helped me and has grounded me a bit". "To just get the perspective". L. also said that she thought	MT brought new perspective Participant came to deep realizations about the futility of all things MT increased self-worth, self-appraisal, and self-credit for progress made in life. Helped participant to rethink her way of

	that one must do this more often (it could be a recipe to help us). And, to remember where you were coming from and how much progress you had made. And to acknowledge where you were already in life. You had already achieved so much from being the little girl up until now. R. said she felt that I was giving them valuable keys. For instance, telling them to look after themselves. It was helping them a lot. R. said she would phone her mother immediately and ask her why she never talked about her struggles and all the difficult times/decisions.	working with her child (letting go and enjoying her daughter more and just being with her without pressure to perform) MT made participant feel grounded MT sessions gave participants valuable keys (e.g., self-care)
Session 6 (Catchup session with one participant)	Part One: I asked C. whether she needed to go deeper. She said, "…I might need to. I mostly avoid such deeper experiences now for me to be able to just carry on. My husband (most men) was not a deep guy. We just soldier on. He has had a difficult journey. 03:09 We don't talk about emotional things; we just ignore them. The way he processes things is just to cut himself off and just go on. We have become very blunted. I was not like that in the past. Now we just choose to not think about the difficult things, we don't look at the broader picture. In a way, it makes it easier. I have said to him many times I can see why it works for you, but I'm not sure if it is that healthy". I ask C. how all of that was for her… She said, "It comes out in other ways anyway…in one's body or in ways that you would never think. Part Two: "I was trying to work on the things that were still hindering me and holding me back. But to me, it felt so deep. I didn't know where to start. Or maybe I was just afraid to dig deep. I had the same experience with the hypnosis therapist. I saw him for a few very expensive sessions, and I just got nowhere with this. I was lying	The need of participant to face deeper & difficult issues and to work on them internally Sometimes it was easier just to pretend that everything was okay Participant did not have/did not make time to think about painful things

	there, it wasn't working for me, there was a big blockage. I was asking myself what it was that was eating at me. It was as if my brain just did not want to go and find that thing. And then it was easier to say that I was not in such a bad space then. To just soldier on". We smiled together. C. said "You were spot-on. I had just given up hope and was wondering whether it would really help me. I am on anti-depressants, and I would love to leave the medicine as soon as possible. I just didn't want to stop the meds and then fall back into a space of anxiety. For our marriage, this was also not good. Yes, I was sitting with this dilemma. Do I want to continue digging? Or do I just continue in autopilot mode – because it was easier? I responded by saying that I saw the suffering – in her eyes. Pause. C. said that she also didn't have time to pause and think about all of this. "I remember the past. It was after Nadia's birth but before Ben. But now I had to focus on the children and on what was best for them. If I dig now, I was weary about the impact it might have on them. I guess I should have done this work before I had children". We laugh and shake our heads together. I say that there never was a perfect time. C. added by saying "I think it is how life is. We all have our things". I responded: "Yes, but I think everybody reached a time in life where you want to be free of these things. I don't think one was supposed to live with these burdens. We were supposed to be free. C. agreed. She added: "I think another big thing was …, I never say this to anybody. But this stuff influences my relationship with God. And I know that God is with me in everything, and I can see His Grace in my life, so I am not blind to this. But for some reason, I cannot …. It prevents me from really having a relationship with Him. Although I can see His presence in my work, for some reason I am not where I should be in my religion. I cannot do what I want	Unprocessed feelings and past hurts influenced relationships with others and God Participant now only focused on the children's needs and never stood still at her own needs

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	to. I was being hindered by these things and it kept me from having a real relationship with God." <u>Part Three</u>: I asked her how the improvisation was for her. She said "Calming". "I did not experience particularly intense emotions, but I felt it made me feel calmer". I asked her to choose an adjective to describe the music. She reflected silently for a while. I encouraged her to think of just one word to describe the music. She took her time and then answered: "Longing …"	Piano improvisation was calming Piano improvisation brought a sense of longing
Session 6 (Catch-up session with another participant)	Video two 7:22 I asked T. whether the fact that Katryn (her baby) reached out to others and did not always get feedback resonated with her personally/whether she could relate to that. She says yes. I said, "That was interesting…". T. smiled whilst looking downward. "I think I get that from my dad. He was very much attuned to others' well-being. And I realized that everybody was not necessarily attuned to others in the same way. Sometimes I just hoped that this quality would be seen. If it is missed by others, I feel saddened. So, at times when Katryntjie reached out to others and there wasn't any response I felt sorry for her". I asked how that made her feel? "It felt as if I was not protecting her well enough". I asked if she meant protection of Katryn's heart. T. said yes. "I knew that I couldn't protect her against everything in life, but we could try, right …?" "My dad was also very sensitive and people didn't always see this. It's not as if he needed validation but if one showed some form of appreciation to him it would light up his heart. I could pick it up and am very much in tune with people's feelings. I was concerned about others all the time. Sometimes it was healthy and other times not. I just didn't want Katryn to reach out to others	MT helped the client become aware of some of her own hurts MT helped the client to express appreciation for a happy childhood MT helped the client reflect on her wishes for her daughter

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	and not get anything back. I just wanted her heart to be happy".	
Session 7 (Three participants)	C: "I think what this process has shown me, in the first place, was that everybody has their own story. And to go through this together was meaningful. We saw each other every week, and we could share. We could create in so many ways and just talk about the things that we were struggling with every day. In that aspect, it had helped a lot just to create a platform where we could realize we were not alone. And then the music … Video Three 23:00 … "With my last session I was very surprised at how deep music could dig things up which I didn't think would happen. With the previous sessions, it also had some effect, but because there were more people it was different. When it was only you and me the music suddenly spoke very deeply to me. That's how the music surprised me. R shared: "I saw, also with our baby, how music was important to us. Lilian (her daughter) had now learned about Heidi. Every morning, she said Hiiiii, hiiiii. She could only say Mama and Hiiiii. I think we put more emphasis on music after these sessions. I fetch pots and pans and then we play drums. We never used to do that because I never saw the benefit of it. But now, it's a different story …. I've bought her a recorder set. We sing. I encouraged everybody to sing so that she was not afraid of how her voice sounded, or that she might have a nasal sound. And all the emotion that it woke up, and I want to share this with her. Even if it was through Heidi or ABC or Lama – tannie Lama was also now part of our family. It was special, the love for music had been awakened. And the songs you wrote for us were very special to me".	MT sessions helped the participant realize that she was not alone MT accessed very deep (buried) emotions Music spoke very deeply The music surprised the participant More emphasis on music in their lives in general after the sessions, realizing the value and contribution Participant encouraged her daughter to sing so that she would not be afraid of how her voice sounded Love for music had been awakened The songwriting process was meaningful

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	We were reminded of the value of music. T. shared: "Remember I told you that I used to play guitar? And I was motivated to start playing again. It was good to see this again. The guitar had been in its bag from Standard 6. "Thank you for the space to share" It was an art to work with different people's emotions in a session, and you really managed to hold all our emotions. That was very special to me. Not many get this right".	MT sessions inspired the participant to start playing guitar again Participants valued the space to share, and they felt held

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Appendix K: Coding of Interview Transcripts

Interview 1 – Caroline	
RA (Research assistant): I am going to jump in with the first question and we will be reflecting together on the MT process for you. RA: How did you find the MT process? How did you experience it? C (Participant's name): Overall, I looked forward to the sessions each week. Regarding the sessions themselves, it was a break from the usual routine. It was also very different, especially for me, because I am in a very different field, not musically inclined. And, I don't have any music background. So, it was something totally different. But very enjoyable. And I looked forward to the sessions very much each week. I felt nice afterward. RA: I am so glad to hear that. You say you don't have a music background, what made you consider trying the sessions? C: I have a friend who joined the process first and she told me what it was about and explained that the sessions focus on postpartum experiences. She told me that it had a lot to do with the therapy in the postpartum phase. And that's why I thought I could join since I was still on maternity leave when I started. It sounded very interesting, and I thought I wanted to join this since I can only gain from it. RA: I'm glad that you tried it out! Is there something specifically that you enjoyed in the sessions? C: Uhm, … I think I enjoyed the fact that we were all in the same phase of our lives. That was very enjoyable. Meeting other mothers who are going through the same experiences. It was good to just be able to talk and just to share experiences. I also got some exposure to some of the instruments that we played with. And we just played. We could not expect to make aesthetically beautiful music between all of us, except for René. It was just playing and gave me exposure to things I did not know anything about and that I was not aware of at all. Whilst busy in the session, one forgets about everything else. You are fully present in the moment. The music also found a way to talk to me and to elicit emotions that I did not think would happen.	MT Sessions were a break from usual routine Participant did not have music background Participant enjoyed the sessions Felt nice afterwards Normally didn't have time to attend sessions Participant expected to benefit from the sessions Sessions provided an opportunity to talk and share experiences It felt good to share experiences with others MT offered an opportunity to play/be playful Participant enjoyed exposure to new experiences (music) MT helped client to be fully present in the moment Music elicited emotions (unexpected) The music "talked to me" Technique used: Songwriting Technique used: Story reading

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RA: Thank you for sharing. Is there something that stood out to you in the seven sessions? Maybe a specific activity? C: Yes, the one session where we had to write a song. René was playing music in the background, and we had to write a song for someone. She also read a story to us. At that moment, it was overwhelming for me because of the emotions that I experienced. I had to look deeply and write my own song. I had to find the words by myself. That touched me very deeply. Much deeper than I thought it would. That was a session that stood out to me a lot. RA: I can imagine – the lyrics and music combined …? C: Yes, it was a bit overwhelming – all the emotions, but so very therapeutic. It really was therapeutic. RA: I'm so glad that it meant so much to you. Is there something that you did not enjoy in the sessions? C: I would have to think a bit about that. I was a bit out of my comfort zone. That's not a bad thing, but it wasn't always easy. It was a bit uncomfortable. For example, the dancing and movement. It does not come naturally to me. So that was very much out of my comfort zone. RA: Yes, I can understand that. How did you experience the space/the studio? C: Do you mean the physical space? RA: Yes. C: Very peaceful. It was a beautiful, peaceful environment. Very comfortable. We sat on a mattress each time in a circle. It was very comfortable and peaceful. RA: That is good to hear. And being in the group, how was that for you? How do you think it would have been different if it was only individual sessions? C: I think the experiences can be very different. Being with others who are going through the same experiences because we are in the same phase of life – everybody has the same challenges, and it is nice to hear that you are not alone. That feeling of being surrounded by others was very nice and was an advantage. However, people might be wearier to share their deepest thoughts in a group context and that might be easier in a one-on-one session. There are ups and downs to both approaches. But the group also brings many advantages, especially if	Songwriting elicited overwhelming emotions Songwriting required me to look deeply within Songwriting encouraged creativity Songwriting elicited deeper emotion than expected Emotions elicited by songwriting: overwhelming but therapeutic Movement/dancing: outside comfort zone Physical space: beautiful Physical space: experienced as peaceful Physical space: experienced as comfortable Valued having a shared experience with others going through similar things Participant valued the realization that she was not alone Valued feeling surrounded by others Individual sessions might be more appropriate for deeper sharing

you are a young mother and you know that others are experiencing the same things. It is a big privilege, and it makes you feel so much better. RA: Would you recommend this to somebody who might be going through the same things, perhaps a friend who might be having postpartum distress? C: For sure! I think mothers often experience these things in isolation because they are at home with the baby. And many of the things you are experiencing are in isolation, you are alone. So, these types of sessions help a lot since you can at least come out a bit. The opportunity to share with others what you are experiencing helps a lot already. You feel much better then. You realize you are not alone. I think for sure! The whole music experience also brought another aspect to it. Not only the fact that you are in a group who are experiencing the same thing, but also the emotions that can be expressed through the music. I would strongly recommend this. RA: Can you talk to me a bit about how you are dealing with the current stressors in your life? Especially relating to motherhood and the phase you are in now. C: Uhm (laughter)…. RA: It's a big question. A long question ….! C: I'm not so sure that I am handling this at all now. It's a good question. Currently, there is very little time, and it sounds very cliché. But at this time, I get up in the morning, work, work, work, then you arrive home and then all the routine things for the children need to be done. Get everything right, eat, bathe, that type of thing. At this stage, I cannot tell you that there is a good way for me to handle the stressors of life. I am telling myself I need to start doing something. I must maybe pay attention to something. But unfortunately, at this stage, not yet. It is something that still needs to happen. Work in progress. RA: By attending the music therapy sessions, it was already a step in that direction…? C: Yes, this was a step in that direction, for sure. RA: Is there anything else you would like to share about the experience? C: No, I think I have mentioned the important things that stood out to me and what I have noticed. Yes … I have shared the most important things.	Participant would recommend the process to others Valued opportunity to share experiences with other group members Sessions countered feelings of loneliness Valued the role that music could play in experiencing and expressing emotions Possible role of MT as a coping skill/self-care

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RA: Thank you for sharing and for your time and for being part of the session. We really appreciate it. It was good talking to you	
Interview 2 - Lizette RA: I'm going to start with the questions right away. We will be reflecting on the music therapy sessions. How was the process of the music therapy sessions for you? L: I experienced it positively. The process overall was positive. It was good. RA: Was it how you thought it might be when you heard about it the first time? L: I think it was a bit different from what I initially expected. There were different techniques that we used during the sessions. I did not know beforehand what it would entail. From that perspective, it was different from what I expected. But one doesn't know beforehand what it would entail, so … (laughter). RA: Was it the first time that you heard about Music Therapy? L: Yes! For sure. RA: Thanks for sharing. The next question: What did you enjoy about the sessions and was there perhaps something that you did not enjoy that much? L: I liked the music part a lot. And how it was worked into and incorporated into the different things. I also enjoyed the practical art part of the sessions. I enjoyed this a lot. I enjoyed just being quiet and reflecting and how the music accompanied me in this. That was good for me. I found the improvising difficult and therefore I did not enjoy that part as much. I think if I had done that a little bit longer it might have become easier. On the other hand, with the art, it was easy for me to just go. Perhaps this is an easier medium for me than using my voice in an improvisational way (laughing). RA: Do you have more experience with art? L: No, not really. I just did some art classes at school, and I did some projects around home – that type of thing. I don't have any formal training or something. I just enjoy doing it. RA: So, the things with your voice were more out of your comfort zone?	Overall process was positive Sessions were a bit different from what the participant expected Different techniques were used in the sessions Music was well integrated in the sessions Enjoyed doing art Enjoyed being quiet and to reflect The music was a companion Improvising was difficult for me Doing art was an easier modality than voice

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L: Yes …. I didn't know how to do this and keep the rhythm and everything. This was …. It probably was also because that part of my brain is not that well developed. So, that was difficult for me. But I'm sure if one can do more of this or bring some of it home, I'm sure I might become more comfortable with it.	Might become more comfortable with a technique if I do more of it
RA: So, sitting with it by yourself and working with it a little bit…?	
L: Yes, yes.	
RA: That is interesting. Thanks for sharing. The next question: What stood out to you during the seven sessions? What was the most meaningful if there was anything?	
L: There was an instance where we reflected on where we were small. And we had to imagine we were a toddler (two-year-old). For most of the sessions, we could take something home or have some kind of revelation. That one session, specifically, was very profound for me. It allowed me to reflect a bit. I think we don't give ourselves enough credit for how far we have come in life, in some way.	Technique used: Reflecting on toddler years Could take something home: learning/revelation MT sessions provided an opportunity to reflect MT sessions helped me to give myself credit for how far I have come in life
RA: Yes …	
L: And to put yourself in the shoes of a toddler again. It helps a lot to gain that perspective. To see that's where I was, look where I am now.	The technique gave me good perspective
RA: Yes, we tend to just look ahead …	
L: Yes, for sure. Or we only look five years back, but not to your toddler years. So, that was quite interesting.	
RA: I'm glad. Will you recommend this type of experience to a friend who is also experiencing postpartum distress or not?	
L: I don't think it is for everybody. I really believe this. I think for some people it will resonate more than with others. For some people, it will be more difficult to open and participate. Because you really need to share yourself, to some degree. I also think it depends on the type of music therapy that you did. René explained that there are different types of music therapy. We did more of a specific type. You can do more listening, I almost want to say. This might be better for some people. I think everybody will handle it differently in terms of how they must share or physically make music. Some people just want to listen and receive. So, I'm not sure it is for everybody. I will however recommend it to those whom I know it will make a difference for.	MT was not necessarily for everybody Some might find it difficult to open and participate on such a personal level Participants might have personal preferences of techniques

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RA: Talk to me about how you are dealing with the stressors in your life currently, especially regarding motherhood and the phase you are in now. L: Wait, just repeat the question for me. How do I handle …? RA: Repeats the question. L: OK, how do I handle those triggers? RA: Yes, the stressors. L: Is this now in relation to Music Therapy, or in general? RA: In general, how you respond, and how you handle this. L: I think what helps me is breathing. It sounds so simple. But we often forget to breathe (laughing). If we are anxious or overwhelmed by a situation we forget. Even if I sometimes drive to work. You are actually in this deep conversation with yourself and then I realize, just breathe a bit. Just take a moment. Just get some oxygen in your body. This is something I will do intentionally if I feel there is a trigger or stressor. Children tend to press many buttons at the same time. And then you just think …ok….. I think, to make it spiritual: For me, I pray when I am in a situation like that. I will ask God to help me. If I feel like screaming or losing my patience of screaming (my spirit wants to do this) I pray. And in those moments not making it a long prayer, but just breathing and knowing God is here. This is my way of coping. It does not always help, but … RA: This is something that you have, and you know it works. L: Yes, it is something I can fall back to. And I think something that God has taught me is to be thankful. To know if those circumstances come, God is busy with a holy-making process in motherhood. The reason for motherhood is to make us look more like God. And that is the reason why we go through most of the difficult situations in our lives. And parenthood is one of those vehicles that God uses to sanctify us. If I work from that perspective, it feels as if there are seasons in my life that I manage better than others. But, if I have that perspective and feel overwhelmed I can still thank God for the opportunity. And maybe my daughter will do something sweet again, and it will make my heart happy again. RA: There are always two sides ….! L: Yes… so that is my answer.	Music on its own will not be able to heal you

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RA: Wow L, thank you so much for sharing. It really is very special to hear how you experienced everything and that you have given time for this interview. Is there anything else you would like to add before we end? L: Yes, … I think in terms of …. Looking at everything holistically, there is value in this. For me, music on its own will not be able to heal you (laughing). I think it is a way to reflect and become quiet. There is such a great need for this type of therapy. There is very little space for one to reflect on the whole process that you go through and become quiet after you have had a baby. To become a mother is a process. It does not happen overnight. You cannot just put on a new jacket, which is in fact a new identity. And now you know what you are doing. It is a new identity that you must find. And um, I think there are a few ways of going through this. But this is helpful. Especially, if you just became a mother. I think it will have even more impact then. To stand still, I am going through this now. I am in this process and this process is okay. And to things like Music Therapy specifically, I think is a good platform/good method to become quiet and to reflect, and to make time for your own inner world. Because you don't know what's happening. You feel overwhelmed and you don't know why. And, to realize that it's okay to feel that way. So, there is a place for it. It can help mothers, and even babies if they are exposed to music. I'm not sure if this is being done…? But whatever trauma one is going through …Yes. That one finds a method to deal with the trauma. That is what I would like to add. RA: Thank you for the special contribution! L: I'm glad it can help. RA: Thank you for your time. L: It was a pleasure. It was quick (smiling). RA: It was special to hear what you had experienced. L: René said she was planning to open a private practice. So, I'm sure we will see her again. RA: I'm glad to hear that. Have a good evening. L: Thanks, same for you. Bye.	Music used to reflect and become quiet is helpful Need for this type of therapy (space to reflect on the whole process of becoming a mother) Can help in the process of finding a new identity Particularly helpful if you just became a mother Music helps me to make time for my own inner world It brings the realization that my feelings are okay MT can be a method to deal with trauma Planning to come for further MT sessions
Interview 3 – Tertia	
RA: Let's jump in and just talk and reflect about the Music Therapy process. How was the process for you? T: Do you mean the process like in the weekly sessions?	

RA: Yes T: I experienced it very positively. In terms of the process, it was nice, since we never did the same thing twice. We looked forward to seeing what was planned for every week. We were surprised each time with something enjoyable and interesting. That was great! RA: I'm so glad to hear that. Was this the first time that you heard of Music Therapy? T: Yes. RA: And was it what you were expecting? Did it fit your picture? T: I had quite a different picture. We worked a lot with art, which I enjoyed a lot. We often had to paint something or draw something while we listened to music. That was very cool. It was more like Art Therapy for me. Art that includes music, art, dancing, everything. It was very interesting. RA: Do you have a history with art, dancing, or music? T: Music – yes. I had music at school, but only until grade 9. And I also played a bit of guitar, but that was also long ago. This has inspired me to take my guitar out again. RA: Was there something specific that you enjoyed about the sessions, and was there something that was not as enjoyable if you think back a bit? T: We lay on our backs a few times and listened to music being played (instrumental music). I enjoyed this a lot. It was as if the music took us to another world. That was very special. I also enjoyed the art part. I enjoyed working with the materials. I am not art-orientated, but I enjoyed having a pencil and paper, or paintbrush and paint and drawing. And the fact that there were no boundaries – and being allowed to draw whatever comes up for you while listening to the music. RA: Having the opportunity to do this – almost like being like a child again. T: I also enjoyed the fact that René had all the mediums there: pencils and paints. I didn't think that we would be doing such fun drawing and painting in the sessions. I enjoyed that a lot. RA: That sounds like great fun! T: Yes! RA: Was there anything that you perhaps did not enjoy as much? Or something that maybe took you out of your comfort zone?	Overall process was positive Nice variety in process Sessions was something to look forward to Surprised each week Sessions were different from what I expected Enjoyed doing art Technique used: painting/drawing Sessions felt more like Art Therapy (music, art, dancing, everything) Participants had previous music experience MT sessions inspired participant to play guitar again Technique used: Music listening while lying down (Receptive MT) Enjoyment: Transcendental experience Participant was not art-orientated Participant enjoyed the freedom of expression/no boundaries MT offered opportunities to play like a child again Participant enjoyed having all art mediums at her disposal

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T: Yes, I would however not call it "not enjoyed". But out of your comfort zone. When I had to share some personal things, it was out of my comfort zone. But I could also understand the good behind all of that. I would believe that was the purpose of the sessions. RA: Yes, but indeed it remains a challenge to share personal things. How did you find working in a group? How do you think individual sessions would have compared, or worked for you? T: I missed one Friday session, so I did have a catchup session the week after in the week. If I had an opportunity to do both, I would see the value in both. I enjoyed the individual session, but I would also not want to do every session alone. I also enjoyed being in the group. The only thing I think that makes it challenging is that we stay in a small town. Two of the ladies' husbands are my husband's colleagues and another one was my husband's leader's wife. So, we were very much interlinked. I think this might have created a bit of a barrier to openly sharing with each other. Everybody was such lovely people, but I just mean it would be better if it was truly random people, which you didn't know at all. And they also didn't know your husband and your family etc. We might have been protecting ourselves a little bit since we know each other on that level. RA: That makes sense. Is there something specific that stood out to you in the sessions, or that meant a lot to you? T: Yes. The reflections, and that it lets you delve a bit deeper. I think it was with the first two sessions, René let us go through the birthing process again. And talk about it and think about it. She often also said that we did not have to share if we were not keen to do so. Even then, the internal reflection about how I experienced this process, from where I went to the theatre and my daughter arrived, was very precious. RA: To get the chance to go through that process must have been meaningful! T: Yes, because things have been so chaotic from the time that she arrived, so to have the time to think about it and to reflect about it, was very meaningful. RA: I'm glad that you had the opportunity. Would you recommend this experience to a friend, perhaps especially after they have just had a baby and are experiencing postpartum distress? T: Yes, absolutely.	Personal sharing was out of participant's comfort zone There was value in both individual and group sessions Common ties between everybody might be a barrier to openly sharing Reflections meant a lot Technique used: Verbal reflection about the birthing process No pressure to share anything Reflection about birthing process was very precious Having the time to think and reflect was very meaningful

RA: Can you talk to me a bit about how you are currently handling the stressors in your life, especially regarding motherhood and the phase that you are in now? T: The winter was a bit difficult, but I am so glad the sun is shining again. I am an outdoors person, and that is how I manage my stress. I like to jog. When my husband arrives home, he takes the baby for a little while so I can then go jogging. But with the winter it was just not possible because of the cold and darkness. I also like to walk with my baby outside a bit. Or drink a coffee. RA: That sounds good. Luckily the winter is disappearing fast now. T: The music therapy helped me to realize the importance of making time for this. It raised the awareness about myself and what I need and then I can also be a better mother. RA: Yes… just to have that time just to 'be'. T: Yes, everybody needs to recharge, and we need it a lot to be a better person and mother. RA: Was there anything from the music therapy sessions that you could take home or do at home? T: Yes, there were many things I took with me. The sessions created a nice space to do this in, Daddy (my husband) knew he had to take care of our daughter at that time, it was a fixed arrangement, and they knew it was my time away. To find that time again is quite challenging, but I think the more independent Katryn becomes, I will be able to find time for these things again. I would love to dust off my guitar again. I realized that I love music very much and it is good for me. The sessions triggered things that I know help me, like the music and listening and so on. I will do this more for sure. It's just difficult if you are at home and then you feel the obligation to give all your attention to the baby the whole time. It's easier to say "Daddy, it's your turn now, I will be leaving now". It was so nice to just arrive and know everything is there and ready for you. RA: Yes, and the time is set aside for you. Thank you so much for sharing. Is there anything else you would like to add? T: Yes, I think it is important to me that it should be noted that René put in a lot of effort. She made us feel very welcome and she involved everybody. She handled it very professionally. She treated us all the same and gave us all an opportunity to say something. She handled it	Would recommend the experience to others MT helped me realize the importance of making time to recharge MT raised my awareness about myself and what I needed Participant could take many experiences with her Difficult to find a fixed time for herself MT sessions helped the participant find a fixed time for herself Participant realized that music was good for her Sessions triggered things that I knew help me Participant felt an obligation to give all her attention to the baby the whole time Nice to arrive and everything was there and ready

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very professionally and kindly, with real care since she is also a mother and knows what we were going through. She walked the path. RA: That makes a difference, for sure. I am very glad to hear that. T: That was very special for me. I wanted to go every Friday. RA: Oh, that's good. You wanted to be there! Thank you so much for sharing. T: Pleasure.	Therapeutic use of self to create a holding environment for the participants The participant could identify with the therapist
Interview 4 – Rodene	
RA: Let's start with the first question. We will just be reflecting on your time with the music therapy sessions. How was the process of music therapy for you? How did you experience it? R: It was a very positive experience. From the start to the end, I learned so much about myself. As a child, my parents forced me to play violin, so I did not have a great love for music. I also don't have any musical background. Therefore, I found the sessions very enjoyable. René managed to read the room very well and could see where everybody's emotions were. She adjusted the sessions accordingly. I learned something about myself in each session and how to process certain things. The music and René gave us keys to open those emotions that have stayed beyond unopened doors for very long. It really helped a lot. RA: That is wonderful. Was it what you thought it would be when you said yes to the sessions? R: I did not really know what to expect. Firstly, I did not know we would be making the music ourselves. At every session where she said we should grab an instrument, let's play, it was a very good experience for me. I initially thought the music would be part of the session, but I didn't think we would have to make the music ourselves. This was an interactive and fun thing to do. The sessions exceeded my expectations. RA: I'm glad to hear that. Was there something specific that you enjoyed very much? R: During our very first session, we played with play dough. RA: Oh wow! That takes us back, right…? R: Yes, and I think René let us do lots of things that reminded us of the importance of just standing still in life sometimes. The last session was perhaps the most special to me. In combination with the music, we had to illustrate with a picture (she had put different mediums out for us to	Process was a very positive experience I learned much about myself Previous experience with music lessons was negative No musical background Enjoyable Conduct of therapist: Read the room Conduct of therapist: See where everybody's emotions were Participant learned how to process things Music gave participants keys to open emotions that were hidden for very long Participant did not know what to expect Did not think we will make music ourselves Interactive and fun Sessions exceeded my expectations Technique used: Working with play dough Reminded of importance of just standing still in life

work with, e.g., paint, charcoal, different things that we could use). I thoroughly enjoyed diving into the creative side as well. I would say the last session really brought everything together. I enjoyed this session a lot. RA: Thank you for sharing. Was there anything that you did not like as much or that was challenging for you during the sessions? R: (Laughing) I think playing the instruments… somewhere we had to play any instrument and we could also exchange the instruments. This was difficult for me: to listen to how everybody was playing and then do my own thing as well. In the second last session, we had to sing along to the song that we had written for Lily. We also had to use instruments. This was very difficult for me to combine all of this. Especially since I have not yet used music in this way in my life. I tried to do it right, but it was difficult! (laughing). RA: Multitasking? (smiling) RA: Yes, for sure. It is quite difficult with all the people around you are playing and you are trying to play … R: Yes! And then you just figured out the lyrics and then you lose the rhythm again. Or it comes out so different than you wanted it to. RA: (Laughing) What an experience! Is there something that really stood out to you and had special meaning during the seven sessions? R: Yes, I think the emotions that were elicited meant a lot to me. I'm not sure how much background you have, but my daughter was born with a cleft palate. And that was very traumatic for us. She is about 18 months old now. I have not yet worked through that trauma, since we were just busy planning the next operations or thinking about the next big thing that needed to happen. So, I never really felt the emotions that I needed and had to feel, I was hiding these feelings a bit. The sessions showed me that what I was feeling was real. It gave validity to my feelings; I was allowed to feel this way. Also noting how the music had helped me. I said to René from the time that the sessions started, me and Lilian just started to make music, whether it was with pots and pans, or two sticks, I started to incorporate music into our house much more. I can see how it is contributing to her life. So, I think the most valuable thing for me was to open up during the sessions and also to take something home that I could	Technique used: Drawing I enjoyed working with my creative side Meaningful last session Technique used: Instrumental play Improvisation was difficult Singing and playing together was difficult Technique used: Singing New ways to use music in my life Music elicited emotions (meaningful) Session gave validity to my feelings Started to incorporate music in my house Music was contributing to my child's life

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share with my own little girl. And to show her this coping mechanism of music and that she can use it when she is going through a difficult time. RA: That is so wonderful! For you to be able to take home something of what you had experienced and to share this with her is truly wonderful. Would you recommend music therapy to any other mother that you know who might also be going through postpartum distress? R: Yes, for sure! I think during the last session we said that the camaraderie between us mothers was really something. I have met two mothers for the first time and just to hear they are also going through this. Many times, in my situation I was not sure whether it was now a cleft thing or a normal baby thing. As soon as you have the baby, you are permanently in an absolute go-mode, and you don't realize whether the problems you were experiencing are your problems or were they universal phenomena. With the music therapy sessions, we had an opportunity to just stand still and realize that these were mommy problems, not just your problem. This was an important realization: to share each other's pain and to find ways to get through this, as women, together. So, yes, I would recommend this to others. I am planning to bring Lily for sessions together at the studio as well. As soon as she is a bit older (smiling). RA: Thank you for sharing. Can you talk to me about the way that you are dealing with the stressors in your life now, especially, in your role as a mother and being in this phase of your life? R: I think …. I am a teacher as well, so, at this stage when I reach home, I just want silence. I am an extrovert, but I have learned that it's okay just to want silence. I might listen to some music when I have this need. This is something I have learned. And I don't always have time for this. I think the sessions have given me 1,5 hours on a Friday where I could just "be". And there was nothing that could interrupt that time. I can honestly tell you, that I had thought to spend this afternoon peacefully with Lilian, but I have heaps of marking work that I had brought home. So, my plan for how to handle the stressors does not always work out. The sessions were set in stone, you must be there, you can cry there, you can focus, and then afterward go on again. So, now I handle my stressors by eating a lot which is not the best way to handle things. I am an emotional eater. I	Opening up was very valuable Valuable to take something home that I can share with her Music as coping mechanism Participant would recommend MT to others Camaraderie between mothers was special Value going through the same experiences An opportunity to stand still Sharing each other's pain Mommy problems, not just our problems Finding ways to get through this together, as women Planning to bring my daughter for sessions Listening to music as coping skill I don't always have time for self-care The sessions have given me time to just "be" Valuable to know that nothing could interrupt this time Having a fixed appointment really helped Time set aside for me was extremely valuable

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now see music as part of this. When I get home I try to be quiet for a little while (30 minutes or so) before I leave to fetch Lilian. RA: Is there anything else that you would like to add about the sessions or your experiences? R: No, I think René handled everything very well. The time was well managed. Sometimes it felt as if there was not enough time. But if we had made it longer it would have caused other stressors again regarding things that needed to be done. So, the length of the sessions was perfect. I said to René I was sad that the sessions were finished now. I know it must come to an end. I think the sessions were very meaningful and René handled it all very well. We could express ourselves. She had created a platform where we could just be. We did not have to adapt to her planned activities. Her planning was adjusted according to our needs. RA: OK wow. How did you experience the physical space here at the studio? R: I must say I truly experienced excitement. We used large clothes for instance, and we blew bubbles. Lilian normally blows a lot of bubbles, but that is not in somebody else's environment. In the session space, there was peacefulness, and it felt as if I could truly be myself. I could relax completely for the 1.5 hours and did not have to think about the outside world. It was a safe haven for me. RA: That is indeed important in this kind of work. You mentioned that there was lots of interaction with others. How do you think individual music therapy sessions would have been? R: Me and C have been friends before the sessions, and she said to me that the individual session was very good for her. I am another type of person – I function better in a group. I think an individual session would have held less benefit for me. I opened more in a group setting. Building friendships with others and the sympathy and empathy you receive from others also adds lots of value. Individual sessions are probably more intense. I think you reach a point in individual sessions where you feel that you have reached enough. While within the group other questions are asked, follow-up questions, etc. So, for me, the group sessions worked very well. Again, the realization that these were "mother problems" and not only my problems. I would not have been able to learn this much if we had only done individual sessions. I know René is also a	I could take the time to feel during the sessions Music is now part of my way of handling life's stressors Conduct of therapist: Manage time well Feeling sad that sessions were done now We could express ourselves Sessions created a platform where participants could just 'be' Conduct of therapist: Adjust planning according to participants' needs Excitement Technique used: Movement with large cloths, blowing bubbles Participant experienced peacefulness in the session space I could truly be myself I could relax completely The sessions offered a safe haven Did not have to think about the outside world Benefit of group sessions: Open up more Benefit of group sessions: Friendships develop Benefit of group sessions: Sympathy & empathy from others Individual sessions: More intense

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mother, but she was the therapist, so, she could not necessarily share her life experiences. But, we had an opportunity to share, and she led the session. This carried a large weight in the sessions and allowed me to learn from the other mothers. For example, I could tell Tertia that I knew she was going through difficult times but that she could know that things do get better … just to be able to share that with somebody else helped me to feel better. Knowing that I have been through that difficult time, but things will be better again, I can promise you this. So, the group sessions were perfect. I also think that the group should not be bigger. Four was a good number. It is intense, and everybody functions well together, and it might lose its purpose. RA: Thank you so much for sharing the experience and for participating in the study. It really means a lot. R: Oh, it's a pleasure. Thank you for your efforts to share the load of this admin. I know it's not the easiest thing to do. Thank you. RA: It really is only a privilege. Goodbye.	Benefit of group session: I learned more Conduct of therapist: Need to have walked the path Conduct therapist: Create opportunities for participants to share I feel better if I can offer reassurance to another Group size of four is perfect because of intensity of sessions

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Appendix L: Categorising and Identification of Themes

Lower case = Interview data
Upper case = Session data

CODES	CATEGORIES	THEMES
Participant normally didn't have time to attend sessions - 1	MT sessions created time for self-care	Theme 1: MT afforded nurturing of the self
I don't always have time for self-care - 1		
PARTICIPANT NOW ONLY FOCUSED ON THE CHILDREN'S NEEDS AND NEVER STOOD STILL AT HER OWN NEEDS		
Participant felt an obligation to give all her attention to the baby the whole time - 1		
Time set aside for me was extremely valuable - 2		
PARTICIPANTS ENJOYED THE OPPORTUNITY TO PUT TIME SET ASIDE FOR THEMSELVES - 2		
MT SESSIONS HAVE GIVEN ME TIME FOR MYSELF - 2		
Participant was reminded of importance of just standing still in life - 2		
MT helped me realize the importance of making time to recharge - 2		
MT OFFERED AN OPPORTUNITY TO CHARGE BATTERIES AND UNWIND - 2		
Music helps me to make time for my own inner world - 1	MT sessions afforded space for reflection	
Participant enjoyed being quiet and to reflect - 1		
Music used to reflect and become quiet is helpful - 1		
Sessions reminded her of helpful things - 1		
I learned much about myself - 1		
SESSIONS PROVIDED TIME FOR REFLECTION - 1		
Songwriting required me to look deeply within - 1		
MUSIC HELPED THE PARTICIPANT TO LET GO AND GET IN TOUCH WITH HER FEELINGS - 1		
MT HAD TRIGGERED THOUGHTS AND IT WAS GOOD TO SPEND TIME TO THINK ABOUT THESE THINGS - 1		
PARTICIPANT EXPRESSED A NEED TO FACE DEEPER & DIFFICULT ISSUES AND TO WORK ON THEM INTERNALLY - 2		
PARTICIPANT DOES NOT HAVE/DOES NOT MAKE TIME TO THINK ABOUT THESE PAINFUL THINGS - 2		
MT HELPED THE CLIENT TO BECOME AWARE OF SOME OF HER OWN HURTS - 2		
MT BROUGHT NEW INSIGHTS INTO MENTAL STRUGGLE - 2		
MT raised awareness about myself and what I needed - 2		
THE SESSION HELPED CLIENT TO REFLECT ON HER WISHES FOR HER DAUGHTER - 3		
THE SESSION HELPED CLIENT TO EXPRESS APPRECIATION FOR A HAPPY CHILDHOOD - 4		
Did not have to think about the outside world - 1	MT helped participants to relax	
MT helped client to be fully present in the moment - 1		
I could relax completely - 2		
No pressure to share anything - 2		
MUSIC HELPED PARTICIPANT TO BE '*REAL*' AND NOT STRONG - 2		
PARTICIPANT COULD CRY IN THE SESSIONS AND DIDN'T HAVE TO BE STRONG FOR EVERYBODY (LETTING GO) - 2		
The sessions have given me time to just "be" - 2		
Sessions created a platform where participants could just 'be' - 2		
MUSIC-MAKING ENCOURAGED RELAXATION - 2		
MT OFFERED A NON-JUDGEMENTAL SPACE - 2		
MT MADE PARTICIPANT FEEL GROUNDED - 3		
I could truly be myself - 3		
Felt nice afterwards - 4		
FELT MUCH LIGHTER AFTERWARDS - 4		
MUSIC ELICITED LAUGHTER - 4		
FEELING PEACEFUL AFTER THE SESSION - 5		
MT SESSION BROUGHT PEACE - 5		
PIANO IMPROVISATION WAS CALMING - 5		
Physical space: experienced as peaceful - 6		

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Codes	Sub-theme	Theme
Meaningful to share - 1	MT facilitated the sharing of experiences	Theme 2: MT afforded empathic connections & experiences
Group size of four is perfect because of intensity of sessions - 3		
Common experiences with other participants: enjoyable - 1		
Felt good to share experiences with others - 1		
Valued opportunity to share experiences with other group members - 1		
Valued going through the same experiences - 1		
SHARING OF UNPLEASANT EARLIER EXPERIENCES OF MUSIC AS A YOUNG CHILD - 1		
MUSIC ELICITED TEAMWORK - 2		
THERE IS VALUE IN HEARING OTHERS' STORIES - 1		
Benefit of group: Open up more - 3		
GROUP SUPPORTED EACH OTHER IN LEARNING - 1		
Benefit of group session: I learned more - 3		
EMPATHIC UNDERSTANDING - 1		
MT PROVIDED A SPACE WHERE MOTHERS COULD ENCOURAGE EACH OTHER - 1		
Finding ways to get through this together, as women - 1		
I feel better if I can offer reassurance to another - 1		
Benefit of group: Sympathy & empathy from others - 1		
Benefit of group: Friendship - 1	MT sessions created a space where friendships could form	
Camaraderie between mothers is special - 1		
PARTICIPANTS SHOWED APPRECIATION FOR THE MUSICAL CONTRIBUTIONS OF OTHER GROUP MEMBERS - 2		
BODY LANGUAGE: SMILING AND WELCOMING - 2		
MT PROVIDED CAMARADERIE WITH OTHER MOTHERS - 1		
Valued having a shared experience with others going through similar things: I am not alone - 1	MT sessions alleviated loneliness	
SESSIONS HELPED PARTICIPANT REALIZE THAT SHE WAS NOT ALONE - 1		
Valued feeling surrounded by others - 1		
PARTICIPANTS VALUED JUST BEING TOGETHER - 1		
Sessions countered feelings of loneliness - 1		
MUSIC ELICITED LIVELY INTERACTION BETWEEN THE GROUP MEMBERS - 2		
MUSIC-MAKING BROUGHT AN INCREASED AWARENESS OF EACH OTHER - 2		
PARTICIPANT VALUED THE SPACE TO SHARE, AND SHE FELT THAT THEY WERE HELD - 2		
THERAPIST ENCOURAGED NON-VERBAL COMMUNICATION - 2		
Expected to benefit from the sessions		
PARTICIPANT NOTICED HOW ONE MUSICAL CONTRIBUTION COULD CHANGE EVERYTHING - 2		
THE SESSIONS BROUGHT THE REALIZATION THAT OTHERS WERE GOING THROUGH THE SAME THINGS AND WERE ALSO FEELING ILL-EQUIPPED - 1		

Code	Category	Theme
The sessions showed me new ways to use music in my life - 1	**MT sessions instilled the use of music as a resource in day-to-day living (in relationship with children and spouses)**	**Theme 3: MT stimulated inner resourcefulness**
Started to incorporate music in my house - 1		
Participant realized that music was good for her - 1		
PARTICIPANT NOW PUTS MORE EMPHASIS ON MUSIC IN THEIR LIVES IN GENERAL AFTER THE SESSIONS, REALIZING THE VALUE & CONTRIBUTION - 1		
Participant could take something home: learning/revelation - 2		
Participant could take many experiences with her - 2		
I NOW ENCOURAGE MY DAUGHTER TO SING SO THAT SHE (DAUGHTER) IS NOT AFRAID OF HOW HER VOICE SOUNDS - 3		
MT IS GIVING SKILLS THAT I CAN USE WITH MY DAUGHTER (SELF-EXPRESSION TO HELP PROCESS TRAUMA) - 3		
Music is contributing to my child's life - 3		
It is valuable to take something home that I can share with her (my daughter) - 3		
SESSIONS STIMULATED THE NEED FOR A DISCUSSION WITH MY HUSBAND TO EXPLORE HIS EXPERIENCES AS WELL (STIMULATING DIALOGUE BETWEEN PARTNERS) - 4		
Possible role of MT as a coping skill/self-care		
ENJOYING HER DAUGHTER MORE AND JUST BEING WITH HER WITHOUT PRESSURE TO PERFORM)		
Music is now part of my way of handling life's stressors - 5		
Listening to music as coping skill - 5		
PARTICIPANT COULD LISTEN TO THE SAME MUSIC AGAIN AND IT HELPED HER TO COPE WITH HER STRESS AT WORK AND LIFE IN GENERAL (REFERRING BACK/COPING SKILL) - 5		
PARTICIPANT HOPES THAT MT CAN BECOME AN ALTERNATIVE COPING MECHANISM DURING DIFFICULT TIMES/SEASONS - 2	**MT can be used as a coping mechanism/skill**	
PARTICIPANT HOPES THAT MT MIGHT HELP HER COPE WITH HER ANXIETY/HELP HER MOVE OUT OF HER HEAD - 2		
Planning to come for further MT sessions - 1		
Planning to bring my daughter for sessions - 1		
PARTICIPANT HAS A NEED TO DO MORE OF THIS (COPING SKILL) - 1		
To sing and play simultaneuosly was difficult - 1	**MT challenged participants to move out of their comfort zones**	
Improvising was difficult for me - 1		
Improvisation was difficult - 1		
Participant realizes that sharing = purpose of sessions		
MUSIC SURPRISED ME - 2		
Did not think we would make the music ourselves - 2		
MT offered an opportunity to play/be playful - 1	**MT sessions helped participants to access their creativity**	
PARTICIPANT ENJOYED PRACTICAL HANDS-ON WORK (PASTELS) - 1		
Enjoyed doing art - 1		
MAKING ART TOGETHER WAS MEANINGFUL - 1		
PARTICIPANT PLAYED IN A NEW WAY THAT BROUGHT PLAYFULNESS AND MUSICAL DIALOGUING - 2		
PARTICIPANT LED IMPROVISATION TO A GRANDIOSE ENDING - 2		
PARTICIPANT BROUGHT NEW MUSICAL MATERIAL (MELODY) - 2		
PARTICIPANT TRIED SOMETHING NEW - 2		
PARTICIPANT INTRODUCED A SHIFT THROUGH RHYTHMICAL CHANGES - 2		
PARTICIPANT INTRODUCED NEW MUSICAL MATERIAL WHICH PROVIDED IMPETUS FOR THE GROUP PLAYING - 2		
PARTICIPANT INTRODUCED A TEMPORAL CHANGE THAT WAS SHORT-LIVED, AND THE MUSIC RETURNED TO THE ORIGINAL TEMPO - 2		
Songwriting encouraged creativity - 3		
I enjoyed working with my creative side - 3		
MT SESSIONS HAVE INSPIRED CLIENT TO START PLAYING GUITAR AGAIN - 3		
Inspired to play guitar again - 3		
Enjoyed exposure to new experiences (music) - 4		
MT sessions were a break from the usual routine - 4		
The session brought excitement - 4		
MUSIC CREATED ANTICIPATION AND EXCITEMENT - 4		
LOVE FOR MUSIC HAS BEEN AWAKENED - 4		
THE THERAPIST RESPONDED TO THE CLIENT: CHANGE IN DYNAMICS AND TEMPO		
PARTICIPANT ENJOYED THE IMPROVISATION - 4		
CHANGE IN MUSICAL QUALITY: MORE OPEN AND RELAXED, MORE SPACE - 5		

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Code	Category	Theme
Sessions gave validity to my feelings - 1	MT afforded emotional processing and expression	Theme 4: MT helped to restore emotional equilibrium in the new role as a mother
MT OFFERS A SPACE FOR EMOTIONAL RELEASE (CRYING) - 1		
We could express ourselves - 1		
MT ADDRESSED PARTICIPANT'S NEED TO BE FREE - 1		
MT PROVIDES TIME THAT WAS NEEDED TO FEEL - 2		
I could take the time to feel during the sessions - 2		
Songwriting evoked overwhelming and deeper emotion than expected - 3		
Music elicited emotions (unexpected) - 3		
MT ACCESSED VERY DEEP (BURIED) EMOTIONS - 3		
MUSIC HELPED PARTICIPANT TO FULLY EXPERIENCE HER FEELINGS (INTENSE, BIG FEELINGS, OVERWHELMING) - 3		
PIANO IMPROVISATION BROUGHT A SENSE OF LONGING - 3		
MUSIC SPOKE VERY DEEPLY TO ME - 3		
MT COULD POTENTIALLY HELP PARTICIPANT TO DEAL WITH FRUSTRATION AND ANGER - 3		
Valued the particular role of music to aid experiencing and expressing emotions with others - 3		
The music "talked to me" - 3		
MT SESSION FACILITATED AN IMPORTANT REALIZATION ABOUT DEEPLY INGRAINED IDEAS AND HURT - 3		
PARTICIPANT REALIZED THAT SHE SHOULD NOT BLOCK OUT THE DIFFICULT THINGS - 3		
UNPROCESSED FEELINGS AND PAST HURTS INFLUENCED RELATIONSHIPS WITH OTHERS AND GOD - 3		
IT WAS MEANINGFUL TO VERBALIZE FEELINGS AND DISPLAY THEM GRAPHICALLY - 3		
MT HELPED THE PARTICIPANTS TO IDENTIFY EMOTIONS (JOY, FEAR, NEW KIND OF LOVE, RELIEF, EXHAUSTION, PEACE, ACCEPTANCE, CONTENTMENT) - 3		
The sessions offered a safe haven/space - 4		
MT HELPED PARTICIPANTS TO IDENTIFY EMOTIONS THEY WERE EXPERIENCING (DISAPPOINTMENT, OVERWHELM) - 3		
Reflection about birthing process was very precious - 1	MT facilitated new insights into the birthing process & the meaning of becoming a mother	
Opening up was very valuable - 1		
MUSIC LISTENING FACILITATED THE RELIVING AND RETELLING OF THE PARTICIPANTS' BIRTH STORIES - 1		
MT SESSIONS PROVIDED A SPACE TO THINK ABOUT THE BIRTHING EXPERIENCE AGAIN - 1		
MT REMINDED PARTICIPANTS OF TRANSCENDENTAL EXPERIENCES DURING THE BIRTHING PROCESS - 1		
MUSIC MADE ME RELIVE INTENSE AND INTIMATE MOMENTS (CLIMAX MOMENTS DURING THE BIRTHING PROCESS) - 1		
MT BROUGHT NEW PERSPECTIVES - 1		
PARTICIPANT DISCOVERED THINGS THAT SHE DIDN'T KNOW WERE BOTHERING HER (REALIZATIONS) - 1		
PARTICIPANT CAME TO DEEP REALIZATION ABOUT THE FUTILITY OF ALL THINGS - 1		
MT HELPED PARTICIPANT REALIZE THAT HER EXPERIENCE WAS NOT AS BAD AS SHE THOUGHT IT WAS AND HELPED HER TO RELAX ABOUT IT - 1		
MT HELPED PARTICIPANTS REALIZE HOW MUCH THEY APPRECIATED THEIR SPOUSES' SUPPORT		
MT INCREASES SELF-WORTH AND SELF-APPRAISAL AND SELF-CREDIT FOR PROGRESS MADE IN LIFE (ACKNOWLEDGEMENT) - 2		
MT sessions helped me to give myself credit for how far I have come in life - 2		
PARTICIPANT EXPERIENCED AN IMPACTFUL REALIZATION - 3		
MT can help in process of finding a new identity - 3		
Need for this type of therapy (space to reflect on whole process of becoming a mother) - 3		
MT CAN HELP A LOT DURING THE FIRST THREE MONTHS AFTER BIRTH - 4		

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Appendix M: Signed Consent Letters of Participants

Letter of information

Dear [redacted] C.

My name is René Schmidt. I am a student at the University of Pretoria and am currently enrolled in the Master's degree in Music Therapy. You are invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this study.

TITLE OF THE RESEARCH PROJECT: **Music Therapy as part of postpartum care to support emotional wellbeing**

Rational/Aims of the study: This study aims to explore how music therapy can play a role in supporting new mothers' emotional well-being.

What will be expected of you? Your participation will involve attending eight group music therapy sessions (weekly), reflecting in a personal journal (provided to you), and a semi-structured interview after all the music therapy sessions. The music therapy sessions will be video-recorded, and the interviews audio-recorded. Interviews will be held individually via the online platform Zoom. I will conduct the music therapy sessions and my research assistant will be conducting the interviews.

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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.

Will you benefit from taking part in this study?

© University of Pretoria

- The benefits of this study will include future researchers understanding more about how music therapy can help women struggling to cope emotionally after becoming mothers for the first time.
- You may also find that music therapy is beneficial for you personally.
- If you feel that you would like additional support after the session(s), you will be referred to a private psychologist who will be available for further support and referral.

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. You are encouraged to ask any questions you might have about the study.

Please indicate:

[X] I hereby agree to video recordings [ ] I do not agree to video recordings

[ ] I agree to only audio recordings [ ] I do not agree to audio recordings

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

Kind regards,

René Schmidt

Email: reneudo81@gmail.com

Tel: 084 359 6515

C. Möller

Möller

____

Dr Andeline dos Santos (Supervisor)

Email: andeline.dossantos@up.ac.za

____

Karyn Stuart (Co-Supervisor)

Email: karynlesley@hotmail.com

____

Letter of information

Dear ______ E.

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Dr Andeline dos Santos (Supervisor)

Email: andeline.dossantos@up.ac.za

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Karyn Stuart (Co-Supervisor)

Email: karynlesley@hotmail.com

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Letter of information

Dear [redacted] L.

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Tel.: 084 359 6515

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Dr Andeline dos Santos (Supervisor)

Email: andeline.dossantos@up.ac.za

____

Karyn Stuart (Co-Supervisor)

Email: karynlesley@hotmail.com

Consent Form

FULL NAME: [redacted] M.

RESEARCH TITLE:

Music Therapy as part of postpartum care to support emotional wellbeing

I hereby give my consent to participate in the aforementioned research project and 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 the music therapy sessions and the interviews will be video recorded. I have had the opportunity to ask questions. I am aware that I may withdraw from the study at any time should I wish to do so.

____

Signature of participant

Date: 31-03-2023

____

Signature of student/principal researcher

Date: ____________________

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Letter of information

Dear _ [redacted] R.

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Letter of information

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