Music Therapy and the relationship between a mother and a toddler with a disability

by

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Abstract

This dissertation is a qualitative study of the relationship between a mother and a toddler with a disability. This study was conducted with both a mother and toddler at the Baby Therapy Centre in Pretoria, a facility that caters for babies and toddlers between the ages of birth to three years with special needs and developmental delays. The purpose of this research was to explore how the medium of music throughout a process of eight music therapy sessions might afford a mother and toddler with a disability opportunities for relating. Throughout the course of the music therapy process, moments of play, communication and meaningful interaction occurred between the mother and toddler, indicating a shift in the mother-toddler relationship, thereby advocating for the inclusion of mothers in music therapy sessions. The research approach adopted in this dissertation includes an in-depth case study of one mother-toddler pair, using interviews and thick descriptions of video excerpts as the main data sources. The findings from this research indicate that music therapy affords a mother and toddler with a disability opportunities to relate within sessions through play, musical interaction, instrumental play, vocal use and improvisation. The inclusion of the mother in music therapy sessions appeared to enhance the mother-toddler relationship, in addition to the learned transference of skills that the toddler acquired during the process.

Keywords:

Relationship
Mother
Toddler
Roles
Disability
Developmental delay
Music therapy
Mother-toddler interaction
Play
Attachment
Development
Communication

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1. Introduction

1.1 Background and context

Stern (1977:23) states that a child is born with the motivation to engage in an intimate relationship from birth. 'Mother-infant interaction' has become a frequently used term in music therapy literature when referring to non-verbal relating that commonly takes place through music. There are many similarities found regarding the way a mother relates to her child, the therapeutic relationship, and the way that client and therapist relate in clinical improvisation and music making (Sobey 2006:11).

I have taken a great interest in the interaction and relating that occurs between a mother and her child within their relationship. My curiosity began in my fourth year of BMus studies, when I wrote an assignment on pre-, peri- and post-natal music therapy. It was upon returning to this assignment, coupled with a recent observation session at the Baby Therapy Centre as part of my MMus (Music Therapy) training, that inspired my revisiting of the subject.

Research done by Bowlby (1969) and Pavlicevic (1997) indicates that the early bond formed between a mother and a child is of great significance, particularly influencing the formation of positive attachments and relationships with those around them (family members, peers). In cases where the child has a disability, in this case in the form of developmental delay, the formation of attachment, bonding, communication (verbal and non-verbal), and everyday interactions between mother and child appear to be influenced (Pavlicevic 1997; Barandon 2003). The focus of this research is to study how music therapy is able to facilitate interactions between a mother and her toddler with a disability, examining the positive influence music therapy could potentially have on their relationship.

Music therapy conduced with both the child and mother (or other family members) is a relatively small but growing area of work, one which I explored through the inclusion of the mother in our music therapy sessions. According to Sobey (2006:12), "there is a move to be made... from the presence of a maternal figure as an influence on behaviour of either therapist or client to the inclusion of a parent as active participator in the therapy". In this research study, the changing perceptions and involvement of the mother are examined and discussed with reference to music therapy and its influence on the mother-toddler relationship.

This research study was conducted at the Baby Therapy Centre in Pretoria which focuses on early intervention for babies and toddlers, between the ages of birth to three years with

special needs and developmental delays. Staff at the centre aim to unlock the potential of the young child, and provide the families of these children with guidance and support. The centre presently has an interdisciplinary team of physiotherapists, occupational therapists, speech-language and feeding therapists, hydro-therapists and music therapists. The mother and toddler came to the centre to receive the music therapy sessions pertaining to this research study.

1.2 Aims

My primary focus is to investigate how music therapy affords a mother and her toddler with a disability opportunities for relating in music therapy sessions. The toddler chosen for this study was diagnosed with developmental delay, presenting difficulties in reaching physical, communicative (speech) and socially appropriate milestones for her age. Through an in-depth case-study I sought to contribute to knowledge concerning the value of including mothers in music therapy sessions with toddlers with disabilities. Through eight music therapy sessions conducted with both the mother and toddler present and actively participating in music making in its various forms, I endeavored to revisit forms of playful interaction between the mother and toddler, as well as explore relating to one another in new ways, through the highly appropriate and relevant medium of music. In order to fulfill these aims, I focus on two research questions.

1.3 Research questions

Main research question:

> How does music therapy afford a mother and her disabled toddler opportunities for relating?

Sub-question:

> What are the implications of this for informing the inclusion of mothers in music therapy sessions with toddlers with disabilities?

2. Literature review

2.1 Introduction

Before considering the above-mentioned questions, I review existing literature in order to place this study in context, particularly with reference to opportunities that music therapy may provide a mother and her toddler for relating. Research indicates that there exists a wide range of needs and challenges that may be faced by any mother-toddler pair, including developmental (cognitive, social and motor), communicative and relational needs (Standley, Walworth & Nguyen 2009:11), and that the mother-toddler pair benefits from intervention in these areas. However, although much literature focuses on the developmental and communicative needs, research is lacking in the area of relational needs between a mother and toddler. Furthermore, a great deal of literature focuses on mother-*infant* interaction, instead of the relational interactions that occur between a mother and toddler. I explore literature related to the opportunities and value that music therapy may provide this pair for relating, as these relational needs are of primary importance, since this early relationship appears to form the foundation for building relationships later in life (Stern 1977:106). I have divided my review of literature into two sections.

First, I will survey the literature pertaining to the relationship between a mother and toddler with a disability primarily in the form of developmental delay, taking the development of a child and aspects of attachment into consideration. I will subsequently look in more detail at the role of music therapy in the relationship between a mother and toddler with a disability, focusing on the value and significance of the inclusion of the mother within music therapy sessions.

2.2 The relationship between a mother and toddler

Perry (2003:230) proposes that the ideal context of early communication between a mother and child is a close, trusting relationship. Early communication begins in infancy but continues to take different forms into toddlerhood. Communication between a mother and toddler occurs through various means: it employs facial expressions, gazing, whole body movements, gestures, speech and even crying. The ways in which parents offer care, talk, guidance and orientation to meet their toddler's interests and need for affection influences the child's future life (Fiamenghi, Vedovato, Meirelles & Shimoda, 2010:192). However, Lederberg and Mobley (1990:1596) hypothesise that the development of a typical mother-child relationship is disrupted, in case of disability for example, by the inability of the child to understand his or her mother's normal means of communication, often expressed by physical

means such as arm movements, holding and other body 'language'. This will be explored further in section 2.2.4.

Pavlicevic (1997:102), a prolific music therapy author, writes extensively on the relationship between a mother and child and the way that mothers and babies exchange information across modalities. A mother's speech has distinctive features in response to interaction with her child. This change in a mother's speaking style from adult-adult dialogue to mother-child dialogue is known as 'motherese'. Characteristics of motherese include very short, usually single clause utterances; clearly enunciated slowed and more fluent speech; an increase in redundant information, such as topics that are related to objects and/events in view; frequent use of questions and imperatives; and few or no true grammatical errors (Dunster 1991:3). The mother may use 'motherese' in order to communicate with her baby (Pavlicevic 2003:184). Pavlicevic (2003:185) postulates that motherese shows us how, from birth, babies adjust the micro-timing of their being in response to that of their mothers, as these micro-adjustments are embedded in the "mechanisms of non-verbal communication".

The relationship between a mother and toddler involves the full extent of the child's development, as the parent-child relationship consists of a combination of behaviours, feelings and expectations that are unique to a particular parent and a particular child (Dunster 1991:4). A great number of articles explore the typical development of a child, including the different stages of development in a child's life and the development of various motor skills, the perceptive faculty, social behaviour, verbal expression and language comprehension during the first year of the child's life (Pavlicevic 2001; Hellbrügge, Lajosi, Menara & Schamberger 2002). Schuster and Ashburn (1986:129) present a fair amount of detail regarding the biophysical, cognitive and psychosocial development of the infant, which is, they found, hampered by the disability of the toddler to varying degrees.

According to Watkins (1987:104-109), the relational aspects and interactions that take place between a mother and toddler, as well as the quality of their attachment (explored further in section 2.2.1), may "set the stage for all other relationships", through the forming of the foundational relationship between a mother and toddler. The term 'interaction' implies mutuality and reciprocity within a dyad, and that each member of the dyad responds in some way to the behaviour, communicative or otherwise, of the other (Dunster 1991:7). Stern's (1977) chapter entitled *From interaction to development* explains how the mother-child relationship emerges from the many interactions that, in Stern's (1977:105) opinion, contribute to its formation. Stern (1977:106) believes that a relationship is determined by the history of all separate interactions, but implies that it is determined by "more than the sum of past and present interactions". When considering the interactive nature of the relationship

between a mother and toddler, attachment is considered to be of significant value (Winnicott 1970, 1988; Bowlby 1969).

2.2.1 Attachment

Winnicott (1988), in his book *Babies and their mothers*, gives an in-depth account of communication that occurs between a child (of varying ages) and mother, which could provide clues as to how the pair interact with one another, indicating the quality of their attachment. Alongside Bowlby and Ainsworth, Winnicott may be considered to have pioneered attachment theories, and he has written extensively on the topic of mother-infant relationships and child development. In a subsequent book, containing collections of his work and entitled *Thinking about children*, Winnicott (1996) explores various situations within and processes of development, including how these stages of the development of attachment are affected by the presence of a disability in a toddler. According to Jonsdottir (2002), an early dyadic intervention (until the age of six), such as music therapy, might strengthen children's attachment patterns which are in constant danger as a result of their disability. The impact of a disability in the form of developmental delay in a toddler is discussed later in this literature review, in the following section. In the case of attachment disorders and 'broken interaction' in the presence of a disability, Winnicott's theories (1977) regarding the importance of providing emotional support in early childhood, and Stern's (1977) ideas on the mother's attunement to the child, are very helpful.

Attachment styles are developed in early infancy and are directly related to all former interactions between the baby and his/her caregivers, such as the mother: for instance, the satisfaction of the baby's need for closeness, shelter and protection when he/she is feeling fear or pain (Bowlby 1969). According to Bowlby's (1969) theory of attachment, the mother and her baby are involved in a flux of behaviours which is intended to facilitate and preserve their relationship, which is a condition for the survival of the baby. Behaviours such as eye contact and smiling as a reaction to the mothers' voice (explored in more detail in section 2.2.2) improve the probability that mothers stay in physical proximity to their babies and protect them. In a successful process of development, the baby forms a mental representation of his/her caregiver and develops a sense of a 'secure attachment'. Secure attachment is one of three attachment styles catagorised by Ainsworth, the other two being: insecure-ambivalent attachment and insecure-avoidant attachment (Ainsworth, Velar, Waters & Wall 1978). Secure attachment is considered to be the most desirable, as it is predictive of the best outcome in terms of present and future relationships and interactions that the child may form. The bonds of attachment formed during childhood may persist as models in the

representational world of the toddler, and are enriched, reinterpreted and remodelled throughout the child's life into adulthood (Araneda, Santelices & Farkas 2010:31).

Raicar (2008:9) proposes the following "basic bonding cycle" as necessary for the emotional well-being of both parent and child:

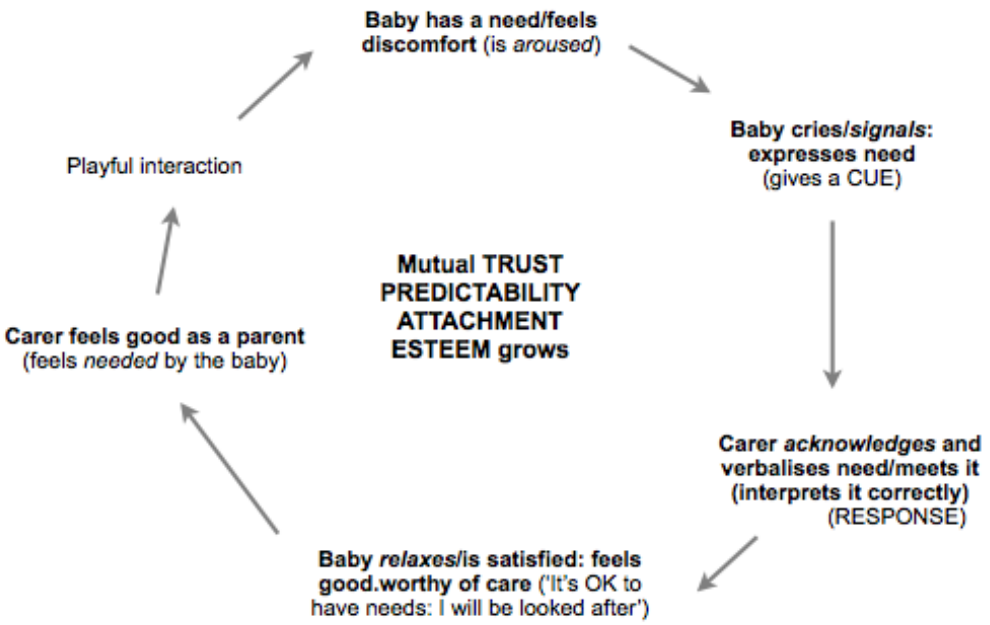


Figure 2.1 The basic bonding cycle (Raicar 2008:9)

This cycle flows in a clockwise direction, describing attachment "cues" (such as crying, calling, clinging, or smiling) to or at the attachment figure (the mother). Both carer and child feel rewarded when the child cries to express a need and the carer responds, learning to interpret and meet that need accordingly. Once the child and mother learn to respond to one another appropriately, as in the manner proposed above, they can enjoy *playful interaction*, which, in turn, strengthens the attachment bond between them (Bull 2008:74).

In cases of developmental delay, maternal depression and other contributing factors, intuitive musical engagement between a mother and child may fail to take place (Drake 2008:41). This lack of engagement may result in insecure attachment and difficulties in communication, interaction, emotional expression and cognitive development of the child (Drake 2008; Pavlicevic 1997).

When considering the communicative relationship between a mother and child, many consider the mother's voice as the creator of the basis of the relationship between human

beings and the environment, communication and speech. According to Abad and Williams (2007:53), music has long been associated with parent-child interactions, bonding and attachment, and the act of singing is one of the earliest and most common forms of musical interaction shared between a parent and child. They propose that music used with families in an interactive way within therapy can support the participants in developing skills that enhance parent-child relationships (Adab & Williams 2007:53). Research shows that children have a preference for infant-directed singing over infant-directed speech, demonstrating the importance of musical interaction between a mother and child (O'Gorman 2006; Drake 2008).

2.2.2 The impact of the mother's voice

According to Barcellos (2006:7), the relationship between a mother and child is constructed through contact with the *voice*, singing, playing and looking at the baby. Child-directed singing, from the mother, is typified by higher pitch, slower tempo, warm tone, clear structural cues and simplicity (Drake 2008:42). A fair amount of literature can be found on the effect of the mother's voice, particularly on emotional and physiological responses (Cevasco 2008; O'Gorman 2006). In addition, most literature on the effects of the mother's voice deals with newborn babies who are still at a very early stage of development. For example, Cevasco (2008:273) examines, in her article *The effects of mothers' singing on full-term and preterm infants and maternal emotional responses*, means to determine the effects of mothers' singing on their adjustment to and bonding with their new infants as well as the use of music in the home environment in the first two weeks after the infants' birth. Similarly, O'Gorman (2006) discusses the infant's mother in *Facilitating an experience of infant-directed singing with the mother in mind*. This article (O'Gorman 2006:22) focuses on the application of infant-directed singing (which can be described as "improvised vocalizing in response to the infant's cues") as a means of supporting the mother's desire to *interact* with her infant, concluding that the therapeutic application of infant-directed singing "not only supports the mother's desire to interact with her infant but also serves to facilitate the infant's development" (O'Gorman 2006:29).

Barcellos (2006:4) also gives an account of the value of the mother's voice in therapy. She speaks specifically about the choice of song used in therapy, and the effect this has on the mother and premature infant. Moreover, Nöcker-Ribaupierre (1999:54) believes that the mother's voice is something 'alive', through which vitality affects are conveyed to the infant in the "disembodied world of the incubator", and that the voice can become the therapeutic medium. Therefore, the therapeutic value of the mother's voice, functioning as a form of connection, may become an element of attachment and communication between mother and

toddler. As the mother adopts musical styles of vocalisation, this may assist in drawing both child and parent in to attuning to one another at a level from which they can develop a "responsive relationship" (Drake 2008:42). However, in the presence of a developmental delay, an absence of connection, attachment and communication between mother and child might prevail.

2.2.3 Developmental delay

Developmental disabilities are a group of related chronic disorders of early onset estimated to effect as much as 10% of children (Shevell, Ashwal, Donley, Flint, Gingold, Hirtz, Majnemer, Noetzel & Sheth 2003:367). According to Shevell *et al.* (2003:367), global developmental delay can be defined as the following:

> A subset of developmental disabilities defined as significant delay in two or more of the following developmental domains: gross/fine motor, speech/language, cognition, social/ personal, and activities of daily living.

The etiological profile of developmental delay is associated with age specific deficits in adaptation and learning skills. The term 'developmental delay' is usually reserved for younger children (typically less that five years of age), that is, toddlers and younger.

Developmental delay may affect the capacity of a child to play, speak or relate. Music therapy may, therefore, be a viable therapeutic form for developmentally delayed children because one of the roles of the therapist in music therapy is to respond to the abilities and potentials of the child, rather than focus on their disabilities. Thus the child's limitations are minimised, and an environment is provided where, although temporary, individual, or joint change can occur.

As I will discuss in section 2.3.1, the ability to communicate meaningfully with another person and the acquisition of speech is important in childhood development. Music therapy encourages and enables children without language to communicate and has therefore developed a significant place in the treatment of developmental delay in children (Aldridge 1996:248). The impact of the developmental disability of a toddler has a profound influence on the mother-child relationship, which I will discuss in section 2.2.4 below.

2.2.4 The impact of disability of a toddler on the mother-toddler relationship

According to Baradon (2003:130), Jonsdottir (2002:4) and Pavlicevic (1997:103), the disability of an infant appears to influence the relationship between the mother and her child in the formation of attachment, bonding, communication (verbal and non-verbal) and their

everyday interactions. The difficulties toddlers with disabilities have in developing relationships with others stem from characteristics related to developmental disability and the effects of these characteristics on the partners within the relationship (Perry 2003:230). A study by Esdaile and Greenwood (2003:116) supports findings that mothers of toddlers with chronic illness or disability experience high levels of interruption in their relationship and need intervention. This proposed study offers the intervention of music therapy for the mother of such a child, as these authors underscore the importance of addressing the needs of the parents, as well as their children.

Inevitably, the presence of a developmental disability of a child impacts negatively on the lives of family members, particularly the mother (Kearney & Griffin 2001:582). Literature describes parental reactions of fear, denial, anger, frustration, guilt, grief and mourning that follow the initial impact of diagnosis of impairment in a child. Whilst the last decade of research has seen some changes in the conceptualisation and theorising of disability, the consequences for parents of disabled or developmentally delayed children have been limited because of the continuing dominance of medical discourse which views disability from an individual and tragic perspective. However, Kearney and Griffin's (2001:590) research specifically focuses on the "positive contributions" to family life of a child with developmental disability and that there is evidence of a shift in research emphasis on the adjustment and inclusion of parents in therapy. According to Kearney and Griffin (2001:589), parents require "alliances and effective partnerships" with professionals, such as therapists, which support their walk in living with a child with a disability.

Baradon (2003:129) writes about psychotherapeutic work with parents and infants, describing the relationship between a parent (or primary caretaker) and his/her baby, where there has been a disruption or distortion of the normal course of bonding, also referred to as "broken interaction". The disability or delayed development of a toddler can be considered to be an example of such a disruption, in that the presence of a disability may distort the typical mother-toddler relationship and attachment patterns (Jonsdottir 2002:2).

Esdaile and Greenwood (2003:115) propose that parents of children with disabilities are vulnerable to parenting stress, which may place them at physical and psychological risk. Parenting stress, in this study (Esdaile & Greenwood 2003:116) is assessed within the parent-child system using the Parent-Stress Index (PSI). Drawing on works by various authors (Esdaile & Greenwood 2003, Lederberg & Mobley 1990), it is clear that the effects of parenting stress on everyday life have a strong correlation to the relationship between a mother and toddler, particularly in the interactions that occur between them. Behavioural disorders, such as attention-deficit hyperactivity disorder; pervasive developmental disorders;

physical disabilities such as cerebral palsy and deafness (Lederberg & Mobley 1990); as well as medical risk factors such a pre-term birth, have all been associated with increased levels of parenting stress, as well as additional stress on the relationship between the mother and child (Esdaile & Greenwood 2003:116).

An important feature in all successful human interaction, including the interaction that occurs between adults and toddlers is coordinated interpersonal timing, also known as interactional synchrony, which may be of developmental, cognitive and social significance (Bernieri & Rosenthal 1991:404). Interactional synchrony (that is, the degree to which two people are in the same behavioural and affective state at the same time) is only possible where self-synchrony exists. Self-synchrony may simply be described as being “in tune” or “in sync” with yourself (Pavlicevic 1997:104). Self-synchrony can also be described as the synchronisation of the temporal features of your own vocalisations and body motions (Pavlicevic 1996:170). A breakdown of the natural process of synchronisation in people suffering from some form of disability, disease and/or mental illness, may occur. Synchrony most often comes naturally to people without certain disabilities and illnesses, and the reverse of this can also be true. Pavlicevic (1997:112) suggests that interactional synchrony is composed of rhythm, simultaneous movement and the “smooth meshing of interaction” between two people, and that it may be absent in the presence of a disability. Furthermore, the presence of a disability of delay in development strongly influences the interactional and relational patterns that occur between a mother and toddler (Jonsdottir 2002; Perry 2003). Music therapy, however, provides new and intriguing opportunities for relating.

2.3 Opportunities for relating

A typical mother-toddler relationship evolves and develops as the attachment patterns between the pair develop. Literature shows that music therapy may be an appropriate intervention with this mother-toddler pair, where the toddler has a disability, because of the (oftentimes non-verbal) communicative and affective qualities of music (Aldridge 1996; Pavlicevic 1997), as well as the musical setting which creates many opportunities for interacting and relating (Oldfield & Bunce 2001; Perry 2003).

Aldridge (1996), a prominent music therapist, discusses the importance of how music may help to build and sustain a relationship between a mother and child in music therapy. Part of the process of developing this relationship is the affective sharing that takes place in musical interaction (Pavlicevic 1997:169; Perry 2003:230). Recent literature (Lederberg & Mobley 1990; Pavlicevic 2001; Perry 2003) shows agreement with regards to affective sharing,

understood as “the amount of enthusiasm and interest the child shows in interactions with mother in music therapy and preverbal communication” (Perry 2003:231).

2.3.1 Musical qualities of interactions and communication

Stige (2002) and Trevarthen (2002) both state that we are all born with the innate capacity to make music. Infants are born with an inherent drive towards socialising with others, and communicating with caregivers and mothers alike through gestures and sounds that have musical features. The pre-verbal interactions that occur between a mother and child have musical qualities, as explained by Tonsberg and Hauge (2003:1). Musical qualities, such as rhythm and tempo, seem to be significant components of interaction in early prelinguistic interaction, specifically in normal parent-infant dyads (Tonsberg & Hauge 2003:2). Dyadic interaction, between an adult and a child, includes more than the sum of these individuals’ behaviours, as indicated by Bernieri and Rosenthal (1991:416) in their research conducted with an “interaction dyad”. During their investigation they did not only measure the degree to which the dyad behaved as a unit, but they also measured the degree of entrainment or synchrony between individuals, implying that behaviour (even musical behaviour or playing) may indicate more than just physical interaction as a sign of communication and relationship. Music can be understood as a fundamental means of communication: a means through which people can share emotions, intentions and meanings (Hargreaves, Miell & MacDonald 2002:18).

In a description of her work with mothers and toddlers, Oldfield (2006:118) became aware of how useful the musical interactions between mothers and young children could be to explore and focus on relationship difficulties. With reference to the development of these first relationships, mothers attune to the child’s communicative acts, giving these acts meaning within the relationship. It is through this relationship that a child learns to understand different feeling states and to perform themselves as they are in the world. This communicative musicality (Trevarthen 2002:21) is the source of our ability to communicative with others, and participate and play in the world. Furthermore, even once, or if, verbal skills are acquired, people attune to one another through non-verbal gestures when they communicate. Drake (2008:43) believes that the musical aspects and foundations of relationships and communication may be restored for children and their parents in fragile, damaged, traumatised or impaired relationships, who have missed this critical stage of bonding and development. This is implemented most effectively in music therapy because “musical interaction directly addresses the issue through the very means that can resolve it, without the need for words” (Drake 2008:43).

2.3.2 Playful interactions

Winnicott (1971:44) proposes that a child's capacity to play is evidence of the mother-child relationship and that play promotes health. In therapy with mothers and children, music is effective in bringing parents and children together by facilitating play (Oldfield 1999:197). Music not only offers the mother an acceptable medium to play through, but also provides them with an excuse to play and a shared experience with their child in a contained environment. Howden (2008:119) states that play has a major role in music therapy with families. Music facilitates play and can be beneficial to both those who already enjoy playing with their child, and those who are struggling to connect with their child. In her experience, occasions where a mother and child were able to share a game or play together represented significant turning points in their relationships during therapy (Howden 2008:119).

Play, as a specific form of communication between mother and child, can also be understood in parallel with musical interaction, particularly within improvisational music therapy (Perry 2003, Aldridge 1996). Pavlicevic (1997:150) believes that an understanding of play may be a useful analogy for extending our understanding of clinical improvisation - the main component of improvisational music therapy. The act of creating music together (the child and therapist or mother, child and therapist) is, in the opinion of Pavlicvevic (1997:151), an act of playing in the Winnicottian sense. Through any simple musical act (for instance, shaking a shaker) the client is invited to co-create a "Play-full" space. When mother and child or therapist and client both express themselves by playing, an intersubjective relationship is possible (Pavlicevic 1997:151). Pavlicevic (1997:112) states that, in music therapy improvisation, we might tune in to the "communicative forms" which exist within all of us in order to create a relationship. These communicative forms can be understood as the way in which we communicate with another, and how our movements and gestures reflect various aspects of our speech (Pavlicevic 1997:112).

The concept of play, according to Burns (1986:22), is of great significance to the all-round development of the child and crucial to human development. Play is a relationship between the child and other children, the child and adults, and between the child and its needs and problems. Furthermore, play may motivate learning, increase control and develop a sense of achievement and self-confidence. In the presence of insecure or damaged attachment patterns, musical play might allow both participants to experience this invaluable aspect of relationship development (Drake 2008:42).

2.3.3 The value of music therapy with a toddler with a disability

Literature provides various accounts of mostly quantitative studies regarding the topic of music therapy with mothers and children predominantly *without* disabilities (Woodward, Guidozzi, Hofmeyr, De Yong, Anthony & Woods 1993; Walworth 2009). However, Aldridge (1995, 1996) explores the use of creative music therapy in the treatment of children *with* developmental delay and challenges the concept of 'normal development'. The latter article (Aldridge 1996) was as a consequence of the first preliminary study in 1995, in which Aldridge, Gustorff and Neugebauer (1995:189) attempt to demonstrate that creative music therapy is a "viable therapeutic form for developmentally-delayed children". They propose that an important feature of childhood development is the acquisition of speech and the ability to communicate meaningfully with another person. Their study does not, however, include mothers within the therapy process (Aldridge, Gustorff & Neugebauer 1995:191). Through this study they discovered that the medium of music provides many new and unexplored avenues for communication, particularly in such young children. In a study concerning music therapy assessment for children with developmental disabilities, Orsmond and Miller (1995:152) investigate the musical characteristics of free improvisation in a group of children with developmental disability. The researchers used unstructured music activities as an assessment tool and found that the children showed great pleasure and musical characteristics when participating in these activities.

Although developmental delay and other forms of disability are not always associated with premature birth, this is often the case (Nöcker-Ribaupierre 1999; Cevasco & Grant 2005). A premature baby can be described as a baby born before 36 completed weeks of gestation (Nöcker-Ribaupierre 1999:63). Premature birth and music therapy is a relatively new area of clinical practice, although a number of studies have already been conducted (Cassidy & Standley 1995; Cassidy & Ditty 1998; Cevasco & Grant 2005; Keith, Russell & Weaver 2009), all of which are quantitative, results-driven studies.

When a baby is born and goes to the NICU, as is frequently the case with a baby born prematurely, there are often difficulties establishing a relationship between the mother and baby, since they are not in direct contact with each other. Although premature birth may not be a diagnosis itself, it affects the development of the child and often plays a role within the etiology of disability. Nöcker-Ribaupierre (1999:57), on the other hand, also studies the mother's account, examining what the therapeutic support could be like in that situation. Studies regarding the relations between a disabled child and the family (such as the mother) have hypothesised that the first experiences of the parents with the child may be seriously affected (Fiamenghi *et al* 2010:192). Music therapy, however, may not only have benefit for

the toddler alone, but also for the intentional inclusion of the mother in music therapy sessions. Oldfield (2006:118) makes the following statement with regards to what music therapy might afford a mother-child pair:

> Music therapy can provide an appropriate opportunity to recreate this vital process of attuning to one another, for both child and parent, through shared musical experiences of timing, rhythm, pulse, melody and pitch, as should have occurred in the natural bonding process.

2.3.4 The significance of the inclusion of the mother

Within the profession of music therapy, working together with children and family members is a relatively small, yet growing area of work (Loth 2008:53). A significant, recent study by Gilboa and Roginsky (2010:103) indicated that dyadic treatment has been found to be effective in facilitating mother-child relationships. In the past few decades there has been an increase in the implementations of dyadic therapy (Gilboa & Roginsky 2010; Kaplan 2000). The basis for this type of treatment was laid by several theoreticians, including Klein, Freud, Winnicott, as well as Bowlby. These theoreticians discussed the importance of the interactions between the mother and her baby and the implications that these interactions had on the mental development of the baby (Gilboa & Roginsky 2010:108).

In a case study investigating two years of individual music therapy with a toddler with autism (Suzanna) and her mother, Bunt and Hoskyns (2002:73) drew the following conclusion: “The music clearly helped to deepen the relationship between the mother and the child. This was demonstrated particularly in the way Suzanna included her mother in the musical play”. This, and other examples (Jondottir 2002:3; Oldfield 2006:120) seem to indicate that both the parent and the young child benefit from joint music therapy sessions. Oldfield (2006:90) believes that in some cases, difficulties experienced by families can only be addressed when the music therapist focuses on the *relationship* between the parent and child.

Early interventions for families with young children who are either defined “at risk” or with established disabilities, is a topic spoken about in-depth by Jonsdottir (2002) in her article *Musicking in early intervention*. Jonsdottir (2002:1) seeks to find out how music can serve as a therapeutic tool in early intervention with caretakers and their special needs infants, whereas this proposed study will be conducted with a toddler. Jonsdottir (2002:2) reveals how the needs of the infant and caretaker can be met using music therapy as a tool, and concludes by stating that “informed intuitive musicking can guide parents [towards] a state of ideal relationship”, in which they come closer to the non-verbal representational world of the infant. Much of the content of this article involves the dynamic relationship between a mother and infant (Jonsdottir 2002). The topic of early intervention is also discussed by Dunst

(2007:161), who states that although claims that early intervention is a necessary condition for the optimisation of the "developmental outcomes of infants and toddlers", this was not always the case, as early intervention has only been considered a 'necessary condition' for the past forty to fifty years. Accumulating evidence demonstrates the benefits of early intervention through many different means, and Shevell *et al*. (2003:368) suggest that early diagnosis and treatment of a child with developmental delay specifically may improve the outcome.

In a six-week long study conducted by Oldfield (2006:123) with mothers and young children, which was called the Mother and Toddler Group (MTG), Oldfield concluded the following:

- All of the mothers gained joy and satisfaction from interacting non-verbally through music making
- All of the toddlers loved making music and were motivated to attend sessions
- Music therapy sessions provided a positive experience for the mothers and children
- It created an outlet for expression
- The music therapy groups helped the mother's to gain new insights into aspects of their relationships with their toddlers.

When a toddler has a disability or is delayed in their development, it is rare for a mother to have a positive experience of their child, or find any opportunity or time to interact non-verbally through the satisfying act of making music with their toddler (Jondottir 2002).

Qualitative studies concerning music therapy including mothers and children are rarely found, with the exception of only a few case studies. Oldfield and Bunce (2001:31) describe a dyadic short-term music therapy treatment. It was intended for families who fell in a low income bracket, who were diagnosed as suffering from decreased communication patterns in the family. The role of music in the treatment was to emphasise the non-verbal parts of dyadic communication and to bring them to the parents' awareness. The treatment was successful: it enhanced the self-confidence of the parents, improved their ability to understand what their children were communicating to them and improved the functioning of the young children (between the ages of 18-36 months) as well (Oldfield & Bunce, 2001). The findings of a study conducted by Fiamenghi *et al* (2010:191) indicate that a mother of a disabled infant, regardless of the precise nature of the disability, should be aware that her child's development will benefit from a positive affective interaction with her. Although this research was conducted with two mothers and their *infants,* it examines the effects of the inclusion of the mother within therapy, noting that this interaction will have a positive effect on the child's development. To my knowledge, with the exception of Oldfield (2001; 2006), Bunt and Hoskyns (2002) and Oldfield and Bunce (2001), no other studies have been conducted

exploring the inclusion of the mother in sessions in order to address the kinds of needs a toddler with a disability may experience.

2.4 Conclusion

A number of aspects of research pertaining to this proposed study have become clear as a result of this current literature search. The first of these is that the majority of research studies pertaining to the mother-child pair are quantitative and positivist in nature, and seek to obtain results driven by hypotheses (Cassidy & Standley 1995), including recent studies such as Walsworth (2009). Studies do exist concerning research pertaining to the premature baby (Cassidy & Ditty 1998, Cevasco & Grant 2005, Keith *et al.* 2009), and the musical-therapeutic treatment of toddlers with developmental delay and other disabilities, but few examine the mother-toddler pair specifically within music therapy, with the exception of Jonsdottir (2002), Oldfield and Bunce (2001) and Oldfield (2006). Furthermore, analysis of the relationship between the mother and toddler is not included in many studies conducted in musical-therapeutic settings concerning toddlers, even though the mother is often present or even involved during the therapy sessions. However, in Oldfield and Bunce (2001) and Oldfield (2006) the mother is actively included in the therapy process. It is in these studies that the relationship between the mother and toddler is observed in more detail.

The literature available on attachment theory and general aspects of interaction between a mother and infant is vast, and although much of it is dated, it is still applicable to this proposed study. Works by Stern (1973; 1977) and Winnicott (1970; 1988) are of utmost importance, since most other writers (Pavlicevic 2001:14) on the topic of attachment and mother-toddler bonding refer to these works, and they have laid the foundation for further exploration around concepts such as the mother-toddler relationship. While there is some literature pertaining to mother-toddler interaction in music therapy and related fields, providing indications as to why working with the mother-toddler pair may be valuable (Pavlicevic 1997; Jonsdottir 2002; Perry 2003), the area is generally under-reported and under-researched. Winnicott (1953) stresses how relationally valuable a therapeutic session is when both the parent and the child attend. Although the area of mother-toddler interactions is under-researched, it is clear from existing literature that music therapy offers many opportunities for improving the relationship between the mother and toddler, as well as offering possibilities for communicating and developmental growth (Oldfield 2006; Pavlicevic 1997; Perry 2003; Dunst 2007). Finally, Oldfield (2006:90) states: “Music therapy seems to enhance the bond between the parent and child, enables parents to gain new insights about their relationships with their children, and in many cases improves the quality of life for the child and the parent”.

3. Methodology and ethical considerations

In the following section I present an account of the methodological processes that were used in this research study in order to address my research questions. I describe the methods that were used to generate data, the chosen research paradigm, as well as the process of data preparation. I also briefly discuss how data was analysed and examine the ethical considerations involved in this research project.

3.1 Research paradigm

This study utilised a qualitative research approach. The intention of exploring my own clinical work in a naturalistic setting (Ansdell & Pavlicevic 2001:137) and generating layers of meaning about this work (rather than 'proving' the efficacy of music therapy with mothers and toddlers with disabilities) led me to the use of qualitative research methods. A natural setting, as mentioned above, provides opportunities for observing, describing and understanding the relationship between a mother and her toddler in the music therapy setting. Naturalistic enquiry may offer greater "contextual relevance" and richness throughout the research investigation (Guba & Lincoln 1983:313). Durrheim (2006:287) further emphasises that qualitative researchers want to make sense of "feelings, experiences, social situations or phenomena as they occur in the real world", that is, in a natural setting.

The findings from this study, as they are qualitative and naturalistic in nature, cannot be generalised beyond the context in which they are studied (i.e. the particular mother-toddler pair), and data gathered as a result of this investigation is inherent to this study (Wheeler 1995:12). This research involves the experiences of a mother involved in a music therapy process with her toddler, as well as the researcher's findings throughout this process within the context of the Baby Therapy Centre specifically, and no attempts are made to generalise findings to other contexts.

Qualitative research is described by Bruscia (1998:186) as: "The study of *interaction* and interexperience, as it seeks to explicate the various gaps and bridges that exist between human beings and which make it possible to understand one another's behaviour and experience". Thus, this study provided me with the opportunity to explore the relationship *between* the mother and her disabled toddler. Aigen (1995) believes that qualitative approaches are more likely to produce interesting and meaningful music therapy research that is useful in a variety of contexts, due to its common procedures and approaches.

I considered the qualitative paradigm as being the most appropriate paradigm for addressing the research questions pertaining to this study, since, according to Aigen (1995), qualitative research is always an interpersonal experience. Qualitative researchers seek to study the way in which human beings study other human beings, as well as the human condition, or aspects thereof, such as interpersonal relationships. Through a qualitative approach, I aim to attain insight and understanding by 'illuminating' context-dependent relationships, rather than by establishing exceptionless laws (Aigen 1995). Finally, Aigen (1995) believes that a qualitative research approach should seek to establish the personal context of the researcher's work because of the epistemological belief that knowledge results from an interaction between the knower and the known.

3.2 Research design

3.2.1. Research questions

As mentioned, the research questions guiding this proposed research are as follows:

Main research question:

How does music therapy afford a mother and her disabled toddler opportunities for relating?

Sub-question:

What are the implications of this for informing the inclusion of mothers in music therapy sessions with toddlers with disabilities?

3.2.2. Design

This study utilised a case study design. Robson (1993:146) defines a case study as "a strategy for doing research which involves an empirical investigation of a particular contemporary phenomenon within its real life context using multiple sources of evidence". Kohlbacher (2006:4) suggests that case studies have become "one of the most common ways to do qualitative inquiry". According to Yin (2003:2), the distinctive need and value of employing a case study design arises out of the desire to understand "complex social phenomena" because the case study method allows investigators to retain the holistic and meaningful characteristics of real-life events, as is often the case with qualitative research.

A case study is not designed to establish the general, but rather to characterise and focus on the individual (Ansdell & Pavlicevic 2001:142). Willig (2001:26) believes it is possible to characterise a case study with reference to its idiographic perspective in which the researchers are concerned with the particular (individuals) rather than the general, such as the relationship between the mother and toddler in this study. As such, case study research

is about engaging with the complexities of the real world and about making sense of them (Harrison 2002:177). Harrison (2002:158) states that "some of the major contributions to theory in the social sciences have been based on evidence from case studies". The 'rewards', or value of the case study design, according to Harrison (2002:177) are deeper insights into reality than are possible with other approaches to social enquiry. Furthermore, case study research is flexible and can be adapted to many areas of knowledge creation.

This design typically utilizes and relies on tools of triangulation (Aigen 1995), as data may be collected from many different sources. The study, for example, utilised both video footage and interview data, which is discussed further in section 3.2.4.

This study is descriptive in nature as it aims to describe the phenomena at hand, particularly through the use of a thick description of the video excerpts. Descriptive studies generally aim to describe phenomena, either through narrative-type descriptions (such as the transcriptions of the interview data) or in reporting on relationships, such as the one between the mother and her toddler (Durrheim 2006:44). Thick (or detailed) descriptions are used to produce idiographic findings (Bruscia 1995:180). Although these findings remain focused within a narrow context, they will nevertheless give detailed information regarding this context and research focus.

3.2.3. Sample

Sampling can be described as "the selection of research participants from an entire population" and, in the case of this research study, involved decisions regarding which people, behaviours and/or social processes to observe (Durrheim 2006:49). As I chose to utilise individual units of analysis, one mother-toddler pair was selected for this research study in order to provide an in-depth understanding of the processes that occur in the relationship between a mother and toddler in music therapy. Purposive sampling is a form of non-probability sampling which aims to target a particular group of people (Durrheim 2006:49). The primary goal of purposive sampling is not so much to generate a sample that is 'representative' of a larger target population as it is to represent certain subject characteristics that are considered, by the researcher, relevant to the investigation. Purposive sampling may fulfill an important and useful research function when the researcher's primary concern is to generate variation with respect to a key characteristic (such as the relationship between a mother and toddler). This is instead of obtaining samples that are representative of larger target populations (Stommel & Wills 2004:303).

In consultation with the Baby Therapy Centre, a mother-toddler pair was chosen for this research study. The mother-toddler pair chosen for this study were outpatients at the Baby Therapy Centre, attending the centre once a week for other scheduled therapy sessions, such as physiotherapy, occupational therapy and speech therapy. The toddler was between the ages of one to three years, since I sought to study the impact of early intervention and observe this relationship early in the child's life. With reference to the selection criteria for the mother, her ability to participate in an interview in English was taken into consideration. Eight sessions of approximately thirty minutes were conducted with the mother-toddler pair on a weekly basis.

3.2.4. Data collection

Methods of data collection in qualitative research commonly consist of naturalistic observation, interviews and the "study of artifacts" (Bruscia 1995:71). Interviews are seen as one of the dominant methods of data collection in qualitative research (Flick 2007:78). Interviews can be considered to be the central qualitative method of enquiry, as they have the potential to explore the intricate nature of others' descriptions, opinions and versions of events (Ansdell & Pavlicevic 2001:189). This study used a pre- and post-therapy interview with the mother as well as naturalistic observation through utilising video footage to collect data. The interviews conducted were semi-structured, with an interview schedule developed in advance, but one that could freely be modified according to the researcher's perception of what seemed to be the most appropriate in the context of the 'conversation' (Robson 1993:149). Interview schedules for both the pre- and post-therapy interviews are included in Appendix IV. The schedule for the post-therapy interview was refined once the process of therapy had been completed in order to ensure that the most relevant questions were asked.

More than one data source was used in order to explore layers of meaning within the collected information, which leads to data triangulation. Qualitative investigators may choose triangulation as a research strategy to assure completeness of findings or to confirm findings, since any single research strategy has its limitations. Robson (1993:383) also suggests that data triangulation occurs when two sources cross-validate each other. Therefore, if there is a discrepancy, its investigation may help in explaining the phenomenon. Hammersley (2010:553) suggests that both audio- and video-recordings are two major sources of data in qualitative research today.

Data source 1: Video excerpts

Each of the eight music therapy sessions were video recorded. I drew three excerpts from the video material: one from the beginning, one from the middle and one from the end of the therapy process. These excerpts were selected, through supervision, according to how they demonstrated meaningful moments of interaction within the mother-toddler relationship.

Supervision has formed an integral part of the process of writing this study in order to monitor possible personal bias and to stimulate critical thinking. Although video recordings lack contextual data and may include background noise which may make recordings somewhat unclear at times, the use of video data does hold value for this study. The use of transcripts of electronic recordings, such as the thick descriptions described above are mainly employed by qualitative researchers. The use of such data is often regarded as more rigorous than reliance upon field notes, in the sense that it provides a fuller and more accurate representation of 'what happened' (Hammersley 2010:554).

According to Lotter (2003:33), the use of video data allows for density and permanence, since visual and audio content can be captured using video recordings, making this form of recording valuable in collecting rich data. In terms of permanence, having video footage available to review events as often as necessary and in various ways, provides for a reliable and rich source of data (Lotter 2003:34). In this way, the video data enhances and adds richness to the interview data, my second data source.

Data source 2: Interviews with the mother

An initial semi-structured interview was conducted with the mother in order to establish how she views her relationship with her toddler prior to the therapy process. I was interested in determining what the mother's experience of music therapy with her toddler would be and her perception of her relationship with her toddler pre- and post- therapy. Therefore, a short post-session discussion was held after each individual session and a more in-depth interview was conducted at the end of the therapy process. The advantage of a semi-structured interview is its flexible nature and the yielding of rich information (Ansdell & Pavlicevic 2001:190). Since I aimed to gather data pertaining to the mother's experience of music therapy, I avoided asking 'leading questions' during the interview which may have caused the mother to feel pressurised to answer in a specific way (Kelly 2006:301). Although the mother may still have provided answers that the researcher wanted to hear, the use of video excerpts (and therefore the concept of triangulation) may have helped in this regard in order to provide a fuller picture of data collected (Kelly 2006:301).

An additional resource was the researcher's written field notes (documented in the researchers reflexive journal), recorded after conducting the interviews which included the researcher's "impressions and perceptions of emergent issues and feelings" in relation to the data collection. This informed the process of data analysis (Banister, Burman, Parker, Taylor & Tindall 1995:57).

3.2.5. Data preparation

After each session, extensive session notes were written for the researchers reference and discovery of relevant video excerpts. The video excerpts were prepared through the writing of thick descriptions. A thick description intends to illustrate the interaction of description and interpretation (Stige 2002:264), as well as provide a detailed description of the data.

Regarding data source two (semi-structured interviews), a verbatim transcription (Ansdell & Pavlicevic 2001:149) of both the pre- and post-therapy interviews with the mother from the audio recording was prepared. The researcher acknowledges that the interview transcript can never be a "mirror image" of the interview and that all forms of transcription constitute a form of translation (Willig 2001:27).

3.3 Data analysis

Regarding data source one (video excerpts), the written thick description was coded and categorised and emerging themes were identified. An example of this process can be found in Appendix XI. The same process was followed for the analysis of data source two (semi-structured interviews). Coding (also known as analytic labeling) (Ansdell & Pavlicevic 2001:150) is the process by which categories are identified. During the process of identifying codes, qualitative content analysis was used to analyse the collected data. One might code a phrase, a line, a sentence, or a paragraph, depending on whether it contains material that pertains to the emerging themes under consideration (Terre Blanche, Durrheim & Kelly 2006:324).

Open coding was used in this study, which refers to that part of analysis that deals with the labeling and categorising of phenomena as indicated by the data (Pandit 1996:4). The idea was to "open up (or expose) the theoretical possibilities of the data" (Punch 1998:211). In other words, written data from thick descriptions or transcripts are conceptualised line by line. During open coding, data are initially broken down by asking simple questions such as what, where, how etc. Subsequently, data are compared and similar incidents are grouped

together and given the same conceptual label. The process of grouping concepts at a higher, more abstract level is termed “categorising” (Willig 2001).

A category, according to Ansdell and Pavlicevic (2001:151), could be referred to as a “mutually exclusive meaning box”. A category can also be likened to a higher order code. Categories may arise directly from what has been said in an interview or from the codes, or may arise from descriptions of what is happening in the data, for instance, in the thick descriptions. This next stage of the analytic process involves comparing codes, identifying similarities amongst them and grouping them together into mutually exclusive categories. Categorisation thereby allows for detailed definition and logical comparison of the data.

Through the organising and reorganising of categories, I sought to discover emerging themes that form the basis for the discussion of the research questions. Both musical and nonmusical or verbal data has themes or meaning units. Searching for emerging themes may involve the process of sorting through the ‘fabric’ of the whole to find an understanding of the threads or patterns that run throughout the research data and lifting them out to make a general statement (Kohlbacher 2006:28).

3.4 Research quality

3.4.1 Therapist as researcher

This research is further grounded within the qualitative paradigm by the fact that I, as researcher, was the primary instrument of data analysis. Qualitative research is reflexive in nature and I intended to continually evaluate the dual relationship between myself as therapist and researcher, as well as the client as participant (Ansdell & Pavlicevic 2001:103-104). This dual relationship formed “rich relational ground”, possibly also enhancing the therapeutic process, as each relationship enhances and complements the other, both inter- and intra-personally (Ansdell & Pavlicevic 2001:103). Within this study, I interacted with the research participants as therapist and researcher, and therefore acknowledge that it is vital to assume a reflexive stance to explore my aforementioned dual role. Furthermore, Aigen (1995) believes that the researcher’s personal and professional qualities as a therapist can cause the research process to be more consistent with music therapy practice, as they possibly possess a deeper understanding of both research and practice in the area of music therapy. My own position within the process of this research is one of reflexivity, as my own self- reflection and critical thinking function as a resource within this research project. This self-reflection and critical thinking was recorded in the form of a ‘reflexive journal’, added to and expanded upon throughout the course of this research study. My interpretations of the

themes identified, although subjective, will be treated as a resource (rather than problematic or biased) as I take the stance of "practitioner-researcher" (Ansdell & Pavlicevic 2001:103).

My aim is that my reflexive stance increases the trustworthiness of the study. Reflexivity not only helps the researcher to acknowledge their own personal biases, but it also invites the researcher to think about how their own reactions to the research context and data may make certain insights and understandings possible (Ansdell & Pavlicevic 2001:140). The qualitative research approach values the researcher-as-instrument because it is the "open-mindedness, insight, and thoroughness of the researcher that ensures the production of interesting and useful findings" (Aigen In: Wheeler 1995:296). In order to ensure that the findings of the study are dependable and confirmable, raw data and selections of analysed data have been included in the dissertation. This will render transparency to the process of interpreting the findings.

3.4.2 Subjectivity and trustworthiness

Research is always carried out from a particular standpoint, and the acknowledgement of subjectivity is, therefore, of importance, particularly pertaining to this proposed study. Subjectivity in qualitative research, according to Parker (1994:13) is a resource, not a problem, and it may provide the researcher with a theoretically and pragmatically sufficient explanation. Qualitative research maintains that there is no such thing as 'unbiased' research, and that the researcher's subjectivity and reflection enhance the research process. My potential bias pertaining to this research study was seen as a resource rather than a hindrance, in keeping with qualitative methodology. However, in order to manage the occurrence of this bias, an ongoing peer review process was adhered to (Aigen 1995). This peer review process involved weekly research discussions with peers and my research supervisor.

I intended to ensure trustworthiness and credibility by utilising methods of triangulation, as mentioned earlier. Triangulation involves the use of a variety of data sources or methods in order to determine the quality of data by the researcher (Aigen 1995). In this study, I ensured the trustworthiness of my own impressions through utilising both video and interview data.

3.5 Ethical considerations

At the beginning of the therapy process, written and signed informed consent were obtained from the centre manager of the Baby Therapy Centre as well as from the mother, before conducting interviews and therapy. These standard consent forms, written in clear and

intelligible language, can be found in Appendix I and III. This protected the participants, as well as the institution, and ensured respect for the dignity of all persons involved (Wassenaar 2006:67). Protection of individual confidentiality was provided in this study through conforming to the code of ethics laid down by the Health Professions Counsel of South Africa (HPCSA 2003). The research does not provide the names of any person partaking in the research, ensuring their confidentiality and anonymity. Furthermore, in order to maintain the privacy and confidentiality of the interviewees, only the researcher, academic supervisors and academic peers (during the peer review) had access to the data, which will be used purely for academic purposes. Informed consent ensured that no one will be involved in this study without knowing about it and having a chance to refuse to take part (Flick 2007:69).

Nonmaleficence was ensured, as this particular study avoids and minimises harms and wrongs (Wassenaar 2006:67). The participants in this research study did not suffer any disadvantage or risk from taking part. Since the research took place in a therapeutic environment, there may have been some therapeutic value, which could be seen as an incentive for the participants, from which they may benefit. The interaction and relationship studied may have lead to interventions that could have been of value to the participants and/or others in a similar situation, perhaps belonging to an institution of a similar design (Wassenaar 2006:69).

All of the data obtained is used for this research project and will be stored at the University of Pretoria for fifteen years for archiving purposes. After this time has elapsed, the data will be destroyed. The information pertaining to this study may also be published in a journal.

3.6 Conclusion

This chapter outlines aspects of the qualitative research paradigm that relate to the study, including qualitative methods of data collection, preparation and selection. Issues pertaining to the therapist as researcher and practitioner have been explored, including subjectivity and trustworthiness, as well as the consideration of the ethical implications involved in this research study. The following chapter takes a closer look at the process of data analysis.

4. Data presentation and analysis

4.1 Introduction

This chapter presents the process of analysis of the following data:

- Data source one: Three video excerpts taken from therapy sessions conducted with the mother and toddler.
- Data source two: A pre- and post-interview with the mother.

A description of the music therapy process is first provided in order to contextualise the relevant data. The narrative, aims and layout of the sessions are referred to through the course of this chapter, advocating for the relevance of its explanation.

4.2 The music therapy process

4.2.1 Narrative of the music therapy process

The music therapy process of eight weeks with this mother-toddler pair can be described according to three identifiable stages, each of which has its own particular characteristics. These stages were identified through analysis of the relevant data and the adoption of a continuous reflexive stance through mediums such as the researcher's reflexive journal and supervision. The three stages of the process are documented in Table 4.1. Each stage is labeled and distinguished from the other stages by specific characteristics that described each stage.

Table 4.1 Narrative of the music therapy process- three stages.

Session numbers	Stage	Characteristics
1-3	One: *Making contact in music*	The beginning of the therapeutic process, an introduction to music therapy, the toddlers reliance on the mother, tentativeness from both the mother and toddler, more structure in the musical activities, and little to no vocalisation from the mother or toddler.
4-6	Two: *Playing, exploring, responding*	Playing together, musically and non-musically, exploring the musical-therapeutic space, increased eye contact, increased response from both the mother and toddler, and increased vocalisations from the mother and toddler.

Session numbers	Stage	Characteristics
7-9	Three: *Towards a receptive and expressive way of relating*	Freedom of expression, joint leadership and independence from the toddler, greater proximity, eye contact and vocalisation from the mother and toddler, comfortable interaction and more flexibility and improvisation (as opposed to structure).

4.2.2 Reasons for referral

The mother and toddler pair who participated in this research study were referred by the head of the Baby Therapy Centre for reasons of availability, reliability (based on regularity of attendance to other therapy sessions) and adherence to the requirements of the sample (for example, age), as explained in Section 3.2.3.

4.2.3 Therapeutic aims

For the purposes of this research study, and in order to guide the planning and structure of each session, I adhered to the following therapeutic aims for the duration of our eight sessions:

- To provide opportunities, through musical interactions, for the mother and toddler to relate, interact, play and communicate. Through these opportunities, a sense of self and other was developed through the creative act of making music with another. I also sought to maintain and strengthen the existing interpersonal relationship that did exist between the mother and toddler.
- To enable the mother, who may feel inhibited to communicate through playful, musical exchanges with her toddler, to interact and communicate freely. Through this free and uninhibited relating, I sought to offer both the mother and toddler a sense of accomplishment, direction and control.

4.2.4 Key used for the data collection, preparation and analysis

The following key was used throughout the documenting process in order to remain concise and efficient in the writing of thick descriptions and sessions notes, the transcription of data, and the coding and categorising process.

Table 4.2 Key for all abbreviations

Abbreviation	Full meaning
MT	Music Therapy
M	Mother
T	Toddler
R	Researcher
P	Participant

4.2.5 Layout of the sessions

In order to understand the context in which each of the three video excerpts (data source one) was selected, the plan for the general layout of each music therapy session with this mother-toddler pair is provided here. The 'hello' and 'goodbye' songs provided boundaries and structure to the sessions, signaling the beginning or end of the session. The exploring part of the session encouraged the mother and toddler to relax and explore in the non-threatening environment of the music therapy setting, gradually introducing them to new sounds, instruments and songs. This intention was carried over into the instrumental play section, which allowed the mother and toddler to relate to one another in new, interesting and non-threatening ways. The 'peekaboo song' held significant value in providing a point of connection and encouraging a sense of play within sessions. The activity labeled 'improvising at the piano' was one that emerged and developed throughout our process of eight weeks, one which both mother and toddler came to enjoy and utilise as a tool for reaching out and give-and-take. Finally, the sessions always concluded with a 'resting song' and thereafter closing with the 'goodbye song'. The resting song fulfilled the purpose of creating a sense of closeness, thereby imitating attachment, as well as creating a relaxed environment in order to transition to the end of the session.

Table 4.3 Layout of the music therapy sessions

Activity	Description	Musical content
Hello song	R greets the mother and toddler by name.	See Appendix IX
Exploring	R provides the T and M with different instruments with which to explore and play.	Freely improvised known and unknown songs.
Instrumental play	R offers the M and T drums and various other instruments on which to play together.	Two songs used primarily to facilitate this: "Everyone's playing the drum" and "Shake and stop".

Activity	Description	Musical content
Peekaboo	A song composed for the mother-toddler pair is sung by M and R, using material to 'hide away' and reappear.	Peekaboo song': Notated and included in section 4.3.2.
Improvising at the piano	T sits on the M's lap, positioned at the upper register of the piano, R sits at the middle-lower register. They improvise freely on the mother and toddlers names, as well as nonsense syllables, such as 'oooh' and 'aaah'.	Free improvisations at the piano, generally maintaining basic chordal structures (I-IV-V-vi) or pentatonic playing.
Resting song	R picks the 'resting song' on the guitar, humming or singing open-mouthed vowels.	Utilising the same chords as the 'goodbye song'.
Goodbye song	R greets the M and T by name.	See Appendix IX.

In continuing with the analysis of data, the two sources of data are now discussed and analysed.

4.3 Data source one: Video excerpts

4.3.1 General information regarding the video excerpts

The following three video excerpts were chosen from different sessions throughout the music therapy process and are laid out in chronological order here, in the sense that the first excerpt happened earliest in the therapy process and the third, last. These excerpts were selected according to the layout and three stages which constituted the entire music therapy process, as discussed above, in order to provide a range of data. As discussed in Chapter Three, the excerpts were selected, through supervision, according to how they demonstrate meaningful moments of interaction and relating within the mother-toddler relationship.

4.3.2 Description of video excerpts

In order to introduce each video excerpt, a brief, written description of each excerpt is provided, along with relevant musical material.

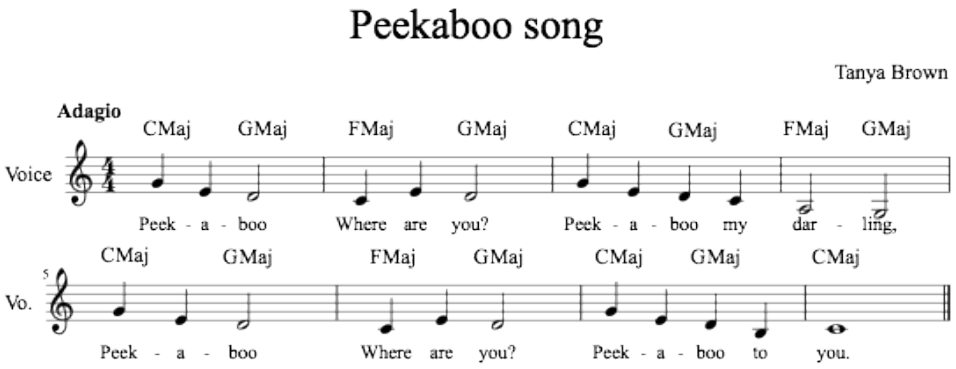
Video excerpt 1: Session 2

This excerpt is taken from the second session, approximately 15 minutes into the session, and is approximately 45 seconds long. The excerpt is situated in the first stage of the therapeutic process: *Making contact in music.* The therapist had introduced the toddler to some new instruments in that session, and the toddler seemed to be growing physically tired of grasping, holding up and playing the many instruments. This excerpt is taken from the

section of the session straight after the instrumental play, where the therapist encouraged the mother and toddler to move together, using the song “If you’re happy and you know it”. The mother aided the toddler in performing the actions to the song, holding her hands, as the toddler sat on the mother’s lap. A moment of connection was formed at the beginning of this excerpt, as the mother and toddler made eye contact in a meaningful moment of interaction.

Video excerpt 2: Session 4

This excerpt is taken from the fourth session, also 15 minutes into the session, and is just over a minute in length. This excerpt is situated in the middle stage of the therapeutic process: *Playing, exploring, responding.* The ‘peekaboo song’ and activity was included in all eight sessions but one, and became a tool in providing contact and comfortable association between mother and toddler. The position of the toddler is important in this excerpt, since it was the first time that the mother could see and effectively engage with her daughter without physical positioning difficulty. The music for the ‘peekaboo song’, composed by the researcher, is included here.



Score 4.1: Peekaboo song

Video excerpt 3: Session 8

This excerpt is taken from the eighth and final session session, approximately 23 minutes into the session, and is a minute and a half in length. This excerpt is situated in the final stage of the therapeutic process: *Towards a receptive and expressive way of relating.* This excerpt accurately represents the central characteristics of the final stage, as the mother and toddler relate to one another with ease. A form of turn-taking developed at the piano, and the mother and toddler were able to give and take throughout the musical improvisation at the piano. There was a synchrony in the playing of the researcher, mother and toddler, and this music flowed straight into the ‘goodbye song’- the final song of our eight week process.

4.3.3 Transcription of video excerpts (thick description)

The video excerpts were transcribed by use of a written, thick description for each excerpt. Table 4.4 contains an example of the thick description transcript from the first video excerpt. For the full thick description transcript, please see Appendix VII.

Table 4.4 Example of a transcribed video excerpt

Line number	Thick description
2-1 2-2 2-3	The R sings and plays (on the guitar) "If you're happy and you know it clap your hands", at a slower and gentle tempo, singing in a *piano* dynamic, gradually slowing down the tempo. The R is the only one who sings and uses her voice.

4.4 Data source two: Interview data

4.4.1 Description of interviews

Both interviews were conducted at the Baby Therapy Centre in the music therapy room with the mother. Below is a brief description of each interview.

Pre-interview

This interview was relaxed and informative, although the mother and researcher did not know each other at all, which resulted in some shorter answers with less depth and complexity than the data generated from the post-interview. However, the interviewee answered the interview questions aptly in English and seemed willing to explore various responses to questions. The interviewee provided clear, concise information in this initial interview, as well as showing interest in the music therapy process, regarding how sessions were going to be conducted, and general information regarding the arrangement and organisation of music therapy sessions.

Post-interview

This interview, which was considerably longer than the first, generated some interesting and informative data. The researcher and mother, who had since been in eight music therapy sessions with the toddler, had built up a rapport with each other, and the interview questions and conversation therefore flowed more fluently, and the mother spoke openly about the music therapy process with her child. The questions and answers generated a lot of useful information, much of which was relevant to this study. The interviewee answered the questions with confidence and certainty, and I experienced her as insightful, enthusiastic and attentive.

4.4.2 Layout and transcription of interview data

The interviews were both transcribed from the audio recording. Table 4.5 and 4.6 are examples of the pre- and post-interview transcripts. For the full transcript, please see Appendix V.

Table 4.5 Example of the interview transcription from the pre-interview

Line number	Interview transcription
1-198	R: Now, this is specifically to do with you, as the mother. How do you experience
1-199	having a child with developmental delay?
1-200	P: Initially it was very frustrating. You get comments from people that tend to
1-201	discourage you. But, you know, after I've seen how the therapies have helped, I
1-202	mean, we've all developed. We want to go further. So, positive thinking!

Table 4.6 Example of the interview transcription from the post-interview

Line number	Interview transcription
2-77	R: Yes, relationship. Okay, so were there any specific moments that stood out to
2-78	you in our therapy sessions, or anything in particular, specifically, that you would
2-79	like to share?
2-80	P: Okay. Uuummm... I think with the drum playing- I know she liked that a lot.
2-81	Even the guitar - she totally loved that, and would want to take over and take
2-82	charge and, you know, not let... she used to kind of leave me behind. But what I
2-83	liked a lot was not in this session but in the previous session, where she took the
2-84	shakers on her own, even though we were away for so long, but she
2-85	remembered what to do with them. And I didn't have to give it to her and shake
2-86	her hand and say "Okay, now you need to shake". She did it herself! And for me
2-87	that was... I'm lucky I didn't cry because I was about to. That was a major
2-88	milestone for her. You know, to remember... "This is how it works and how you
2-89	do it. I don't need my mommy, I can do it on my own".

4.5 Coding

Coding, the process of analysing the content of the collected data, was applied to both sources of data line-by-line. Below are examples of the coding process taken from the initial interview (Table 4.7) and a thick description from session four (Table 4.8). For coded

transcriptions of both the pre- and post-interviews as well as the thick descriptions from sessions two, four and eight, please see Appendix VI and Appendix VIII.

Table 4.7 Example of a coded interview transcription

Line number	Transcription	Codes
1-130	P: Oh ya! We hug a lot and kiss a lot and, um, we roll about on the carpet, those	Physical intimacy
1-131	types of things. Lot of touching, a lot of touching. Lots and lots of touching.	Touching-M&T
1-132	R: It sounds like you spend a lot of time, just time, being with her.	Quality time between M&T
1-133	P: Yes.	
1-134	*[P lifts her daughter onto her lap and speaks to and comforts her]*	
1-135	R: And, now appropriately, could you elaborate on your emotional attachment?	Emotional attachment
1-136	P: Oh, we're very attached. But I think it has a lot to do with the fact that, for	Very attached-M&T
1-137	about the first year of her life, I was working, so I wasn't really at home that	Absent mother (from home)
1-138	much.	

Table 4.8 Example of a coded thick description

Line number	Thick description	Codes
4-49	The M lets the material naturally fall off her face, and there is synchrony in this	Synchrony in movement
4-50	moment, between the M, T and R's music specifically. As soon as the material	Musical response
4-51	falls off the M's head, the M says 'hello', looking at her T, immediately making	Eye contact - M to T;
4-52	eye contact, and the T wriggles, using her voice in response to the M's voice.	T Physical movement-
4-53	The M and T laugh together.	response; laughing-T; M&T laughing

Throughout the coding process, I attempted to remain as close to the data as possible, keeping the codes detailed. Further attempts were made to keep the codes simple, not linking up too many ideas at once, so that the codes could remain mutually exclusive when the categorisation process was started at a later stage, but also to keep the interpretation of data to a minimum. Where the lines offered more information than one code could define, the codes were labeled with an 'a' and 'b' if they pertained to the same line, but were describing different aspects of the data. In the case of the interviews, the interviewer's questions were not coded, except when appropriate prompts were provided that led to further discussion from the mother, sometimes offering a direction for the interviewer's thoughts.

When the data sources had been coded line-by-line, a list was compiled containing all codes for the researcher's reference and categorising purposes. An example of an extract from this list is included below. The hash ('#') sign indicates the total number code in the complete list of codes. A compiled list of all codes can be found in Appendix X.

Table 4.9 Extract from the complete list of codes

#	Ref	Code
265	I2-227	Passive involvement from M
266	I2-230	Active involvement of M in MT sessions
267	I2-237	Interaction
268	I2-239	Quality of interactions
269	I2-240	Interaction improved-M&T
270	I2-242	Prior frustration-M

Once the codes were all compiled into the same document, I found myself with an extensive and disorganised list of codes. However, I began sorting all my codes into groups, spending a great deal of time reflecting upon and assimilating the data. This process was the most difficult and time consuming, and I often sat sorting and re-sorting my codes. This continual re-grouping of codes led me to move codes that fit better alongside other codes and, without taking meaning away from any of the codes, find a mutually exclusive category for each one. As the codes were organised into categories, sub-categories of information began forming, which were sufficient in organising the data into smaller divisions, making the data more manageable.

4.6 Categorising

4.6.1 The initial process

The initial process of categorisation was laborious and challenging. Once an initial sort of the codes into categories was done, I was left with approximately 15 categories, which very broadly accommodated my codes. However, the categories did not appear to be as understandable or coherent as they could be. Although the plan was to sub-divide these preliminary categories, they still seemed to be non-descriptive and unclear. The initial categories were as follows:

1. Communication
2. Music therapy
3. The role of the researcher
4. Physical interactions and movement
5. Interactions
6. Play
7. Independence and autonomy of toddler
8. Vocal use and expression
9. Music
10. Other therapies
11. Transference of skills
12. Relationship
13. Eye contact
14. Response and influence of behaviour
15. Developmental delay

4.6.2 Re-categorising and sub-categories

After supervision, and much thought, I then re-categorised my codes, condensing some of the information into more coherent titles, with sub-titles that aided the flow of information, thereby creating a less ambiguous classification of the codes. By sorting and re-sorting the codes, I came to a clearer understanding of to which category each mutually exclusive code belonged. By working with the codes in this way, the data was allowed to emerge, leading the research process, as opposed to trying to prove preconceived ideas. Instead, throughout the continual process of self- and data-exploration and reflection, concepts began to form out of the data (Bruscia 1995:70). Throughout the process, I constantly referred back to the transcripts in order to remain as close to the data as possible. This was also useful in eliminating mis-interpretations of the codes, constantly referring me to the original meanings in context.

4.6.3 Description of categories

The following are the final categories that emerged. Some of the category labels were named according to words or phrases drawn directly from the text, while others offer a description of the codes within the category. Included in this section is a detailed presentation of the layout and arrangement of the codes into the final categories. Each category has been sub-categorised and corresponding codes are included with labeling references. A brief description of each category is also provided.

Category one: Characteristics of interaction

Table 4.10 Category one: Characteristics of interaction

Category	Sub-categories	Codes	
Character-istics of interaction	Quality of interactions	• Interaction (T8-27b; I2-237) • Interaction improved-M&T (I2-240) • Interaction-M&T (I2-123) • Spontaneous interaction-M&T (I2-129) • Informal interaction-M&T (I2-124; I2-193; I2-136; I2-137; T8-27)	• Informal musical interactions (I2-142) • T interacting with M (T4-32) • Taking time together (I1-149) • Quality time between M&T (I1-132) • Amount of time spent together (I1-151) • Quality of interactions (I2-239)
	Eye contact	• Eye contact-M to T (T4-51a; T2-21) • Eye contact-T to M (T4-68; T4-41a) • Eye contact maintained (T4-38)	• Eye contact-T&M (T4-29; T2-9; T4-28; T4-46a; T2-35a; T8-12a; T8-12) • T looks at M (T8-9) • No eye contact (T4-20)
	Play	• Play time (I1-148; I1-93) • Choice to play (I1-122) • Time to play (I1-62) • T encourages M to play (I2-109) • Play between M&T (I2-131) • Play in learning (I2-30) • Increased play and togetherness (I2-250) • Playing together (I2-125) • Opportunities for play (I1-336) • Unity in play (T8-27a)	• Peekaboo activity (T4-2; T4-10; T4-44b) • Peekaboo song (T4-63a) • Playing with material (T4-71; T4-33a; T4-66; T4-54a; T4-48; T4-63c; T4-17) • M plays with T's hand (T8-26) • M allows T to play alone (T8-52) • T watching M play (T8-18) • M allows space for T to play (T8-51)

This category combined three of the initial categories into the broader title 'characteristics of interaction'. These sub-categories proved to be full of significant meanings, each one containing a great deal of data. Instead of focusing on the frequency of interactive moments, I began examining the quality of their interactions, which is labeled as such here. The incidence of eye contact in music therapy sessions also emerged as a sub-category, as these moments most often coincided with expressive moments of interaction. Play emerged as a topic of conversation, particularly in the pre- and post-interviews with the mother, who elaborated on this aspect of their interactions.

Category two: Elements of relationship

Table 4.11 Category two: Elements of relationship

Category	Sub-categories	Codes	
Elements of relationship	The attachment bond	• Very attached-M&T (I1-136; I1-140) • Emotional attachment (I1-135)	• Quality time influencing attachment (I1-144) • Changing attachment (I1-142)
	Influence of disability	• No actual disability (I1-29) • No specific diagnosis (I1-28) • Age of toddler (I1-9) • Not reaching developmental milestones (I1-36)	• Gradually reaching a milestone (I2-88) • Developmental delay (I1-31; I1-198)
	Quality of relationship	• Bond between daughters (I1-76) • Inseparable relationship- two daughters (I1-70) • Calm when together- effect on each other (I1-72) • Effect on each other-daughters (I1-71) • Positive effect on each other (I1-77) • Two daughters (I2-281) • Other sibling present (T4-6) • Other daughter (I1-49) • Children responsive (I1-58) • Encourage each other-daughters (I1-78) • Sisters close in age (I1-81) • Calm when together-effect on each other (I1-72) • Daughters dependent on M (I1-52)	• Relationship-M&T (I2-271; I1-216; I2-69) • Relationship between M and two daughters (I1-50) • Relationship influenced (I2-204) • Closeness of relationship (I2-210; I2-205) • Closeness attributed to quality time (I1-153) • Intimacy, informal (I2-138) • Intimacy between M&T (I1-127) • Security in relationship (I1-161) • Music imitating relationship (I2-75) • Security from M (I2-211) • M&T laughing (T4-53) • Laughing-T (T4-52; T4-59) • Smile-M (T4-34; T8-31a; T4-67a; T4-22) • Smile-T (T2-35b; T4-19) • Smile-M&T (T4-69)

Category	Sub-categories	Codes	
	Physical relationship and interactions	• Swaying together (T2-30; T2-13a; T2-15) • Physical interaction-M&T (T4-11b; I1-124; I2-125) • Physical intimacy (I1-130) • T to M for physical support (T2-23b) • Physical movements-M&T (T4-39b) • Physical involvement (I1-286) • T moves energetically (T8-32) • Holding hands-M&T (T2-20; T2-6b; T2-27a; T8-6) • M holding T's hand (T8-11a; T8-12b) • M uses hand to show T (I2-95) • M moving for T (T2-31) • M lets go of T's hand (T8-15) • M&T let go of hands (T2-19) • T holding M's hand (T8-16; T8-57a; I2-93; T8-25) • T holds M's finger (T8-20) • T's use of her hands (I2-20b) • No hands-on involvement from T (I1-287) • T plays with M's hand (T8-35) • T takes M's hand (T8-38) • T on M's lap (T8-2)	• Physical proximity (T8-7b; T4-4; T8-13b; T2-4a; T2-10) • Whole body reaction-T (T4-60; T4-69a) • Increased physical activity from T (I1-179; I1-182) • T moves whole body (T4-36b; T4-21a) • T physical movement-response (T4-51b) • T directs M's movements (T8-39) • T's position on floor (T4-3) • Touching (I1-131; T2-4b) • Actions in music (T2-5) • T interested in M's actions (T8-36) • Joint movement-M&T (T2-29) • Synchrony in movement (T4-49a) • Synchrony (T4-39a) • T movement (T8-29b) • Repositioning of T (T4-30; T4-23) • T finds M's hand (T8-5) • T is physically unstable (T8-50; T2-23a; T2-22) • T not physically able (I1-89)
	Response and influence of behaviour of M&T on one another	• Response from others (I2-108) • M directing T (T8-11b; T8-13a) • M cues R (T2-8) • M-response and reaction (T4-21b) • M's response to T (I2-71; I2-73) • Response from T (I2-199) • T expects response from M (I2-114) • T's physical response to M (T4-56) • M moves in response to T (T8-31b) • Using M to take part/express herself (I2-92)	• T directs M's playing (T8-41a; T8;46) • Influence of behaviour-M&T (I2-68; I2-63) • T relies on M's response (I2-110) • T watches M and directs M (T8-22a) • Dependence of T on M (I2-280; I2-186; I2-282) • Response to M's name (T4-44a) • M's response-exclamation (T4-33b) • T smiles in response to M (I2-117)

This category, full of rich, revealing data, was sub-divided into five sub-categories, all focused around various elements of the mother-toddler relationship, primarily observed

within music therapy sessions. The attachment bond was discussed by the mother in both the pre- and post-interviews, as she reflected on her levels of attachment with her toddler. The presence of a developmental disability was also discussed, particularly as an initial reason for assessing the toddler and bringing her to various other forms of therapy. The quality of relationship was discussed with reference to two forms of relationship:

- The relationship between the mother and toddler with a disability, in and outside the therapeutic space.
- The relationship between the mother's two daughters, described outside of any form of therapy.

The physical relationship and response between the mother and toddler formed a large part of their relating within sessions, and the mother also accounted for their closeness with reference to physical proximity and touch. Finally, the response and influence of both the mother and toddler's behaviour on one another within music therapy sessions emerged as an area of interest, particularly with reference to its transferable influence on the character of the mother-toddler relationship.

Category three: Perceptions of the mother

Table 4.12 Category three: Perceptions of the mother

Category	Sub-categories	Codes	
Perceptions of the mother	Music and music therapy	• Change in perception-M (I1-204; I2-38; I1-203) • Changing perception of T-M (I2-288) • Change in perception of MT-M (I2-38) • Change in T since MT process (I2-21) • Enjoyment of M in MT (I2-153) • MT used for increased understanding (I1-301) • Impressions of MT-M (I2-41) • Change in T&M from MT (I2-298) • Gradual introduction to new things in MT (I2-172; I2-1921) • No boundaries in MT (I1-222) • Flexibility of MT process (I1-334; I1-332) • Boundaries in MT sessions (I1-314) • Impressions of MT process (I2-22; I2-9) • Seeing potential MT (I1-208)	• Changing impressions of MT-M (I2-23) • No MT understanding (I1-229) • Skeptical about MT (I2-26) • Expectations of MT from M (I1-297) • MT made a difference (I2-296) • Importance of music-M (I2-27) • No background in music (I1-262) • Therapy through music (I1-231) • Music as motivation (I1-306; I1-305) • Music as universal medium (I1-339; I1-263) • Music creating peace and calm (I1-233; I1-247) • Benefits of music (I1-252) • Music as reward (I1-307; I2-34; I2-32) • T enjoyed MT sessions (I2-44) • Anonymity of participant (I1-3; I1-6; I2-2)

Category	Sub-categories	Codes	
	Other therapies	• Therapy aided in finding potential (I1-211) • Impact of other therapies (I1-174) • Therapy process's aided maturation of T (I1-194)	• Other therapies invasive (I2-178) • Therapy to boost toddler up (I1-42) • Right tools in therapy (I1-212) • Positive reaction to other therapies (I2-225)

This category examines the perceptions of the mother in and outside of both music and other therapies. The mother's perception of the toddler in music therapy as compared to other therapies was also an interesting discovery in this study. A shift in the mothers perception of music and music therapy became evident through the emergent data, similar to her levels of involvement in music therapy, as opposed to the other therapies in which the toddler has participated.

Category four: Involvement of the mother

Table 4.13 Category four: Involvement of the mother

Category	Sub-categories	Codes	
Involvement of the mother	Music therapy	• Commitment to participate in MT (I1-223) • Active involvement from M in MT (I2-158; I2-230)	• Involvement of Mt in MT sessions (I2-217) • No MT prior to this (I1-195)
	Other therapies	• Other therapies-different to MT (I2-154) • Other therapies: physiotherapy, OT, speech therapy (I1-166) • Other therapies (I2-219; I2-213; I2-297; I1-201; I2-28) • BTC (I1-169) • Reason for attending BTC (I1-35) • Evaluation at BTC (I1-39) • Involvement in therapy (I1-239) • Occupational therapy (I1-176) • Physiotherapy (I1-178)	• Observation in other sessions-M (I1-288) • Passive involvement from M (I2-227) • Lack of initial involvement in other therapies (I1-219) • Increased involvement from M in other therapy sessions (I1-273; I1-221) • Increased involvement from M (I1-220) • M wants to be more involved (I1-288) • M not involved earlier (I1-157)

As mentioned above, the nature of the mother's involvement in music therapy was compared to that of her involvement in other therapies, with the primary difference between passive and active involvement, and the shift between the two, being discussed in particular.

Category five: Features of music therapy sessions

Table 4.14 Category five: Features of music therapy sessions

Category	Sub-categories	Codes	
Features of MT sessions	The role and music of the therapist/researcher	• R's music slower and gentler (T4-64) • R observing (T4-5) • R holding and containing (T8-24) • R's music- no breaks, loud (T4-24) • R's music-change of key (T4-25; T4-11a)	• R's music-singing, guitar playing (T2-25) • R's music chordal (T4-10) • R's music slower (T2-11) • R's music-slower tempo&softer dynamic (T2-1) • R's music and voice-offbeat playing (T8-3) • R's music loud (T4-15b)
	Structure of MT sessions	• Playing at the piano (T8-4) • R, T&M playing at the piano (T8-1) • Length of MT sessions (I1-342) • Structure of MT sessions (I1-321; I1-313)	• Control of music and session (I2-60) • Moments in MT sessions (I2-77) • MT process (I2-4) • M plays at the piano (T8-34)
	Vocal use	• R's singing (T8-48b; T4-63b; T8-22; T4-41b; T2-17; T2-7; T4-46b; T8-22b) • R singing (only one) (T2-3b) • No vocal use from M (T2-26) • T plays with her voice (I2-104) • M sings with R (T8-7a; T8-49) • Voice as instrument (I2-143) • T wants to vocalise (T8-28) • T vocalises (T4-61; T4-47b) • Using the voice (I2-100) • R sings T's name (T8-42)	• Voice-M (I1-268) • M's voice (I2-147; I2-140) • M sings along with R (T8-49) • R's accented vocal response (T4-35) • M stops singing (T8-59) • Vocal exchange-M to T (T2-34; T4-15a) • Increased vocal activity from T (I1-184; I2-103) • Vocal use and exclamation-M&R (T4-18)
	Instrumental play	• Musical response (T4-49b) • T interested in R's playing (T8-54; T8-57b) • T playing faster than R (T8-47) • T attentive to R's playing (T8-29a) • T interest in guitar (T2-27b; T2-16)	• Slower tempo (T2-3a) • Same tempo as before-M&T (T2-13b) • R&M play piano (T8-10) • Drumming in sessions (I2-80) • Instrumental play (I1-323) • Music playing (I1-251) • M's music-single notes (T8-17)

Category	Sub-categories	Codes	
	Elements of music	• Sensitivity to sound-T (I1-253; I1-255a; I2-168) • Music (T)-faster, descending (T8-48a)	• R's music-single notes, descending (T8-55) • Music creating suspense (T4-26; T4-47a; T8-41b)

This category describes, through the sorted codes, the musical and non-musical elements pertaining to the music therapy sessions. Although described as 'musical' and 'non-musical' elements separately, they both have an influence on one another and cannot be separated in such a simplistic manner. The sub-categories 'instrumental play' and 'vocal use', for instance, are influenced by desire to play, tiredness and interest, and have an effect on the proceedings ('musical' and 'non-musical') as a whole. The sub-category 'elements of music', however, contains codes directly related to musical activities within the sessions. The structure of the music therapy sessions refers to logistical matters such as length and order of activities, as opposed to the structure of actions and interactions performed within sessions. Rather, it is this juxtaposition between structure and spontaneity that is explored in the first category, which contains codes such as 'informal musical interactions' (I2-142) and 'spontaneous interaction' (I2-129), referring specifically to the reciprocal action and influence of behaviour of the mother and toddler on each other *within* sessions.

The final three categories will be discussed simultaneously at the end of this section.

Category six: Before music therapy: roles, routine and attributes of relationship

Table 4.15 Category six: Before music therapy: Roles, routine and attributes of relationship

Category	Sub-categories	Codes	
Before MT: Roles, routine and attributes of relationship	Communica-tion	• Other forms of communication (I1-118) • Alternate forms of communication (I1-117) • Lack of means to communicate (I2-53) • Medium of communication (I1-113)	• Communication within relationship (I1-106) • Communicative sounds (I1-190; I1-186) • Break in communication (I1-338)

Category	Sub-categories	Codes	
	Routine of a normal day pre-MT	• Sleeping (I1-92) • Feeding (I1-90) • Routine of an average day (I1-83; I1-96)	• Visiting people (I1-104) • Going out-break the routine (I1-103)
	Characteristics of T and M outside or/before MT	• Perseverance-M&T (I1-351) • Perseverance in tasks-T (I1-187) • Joint development-M&T (I1-202) • M&T very busy (I1-85) • Cautious, weary of new situations-T (I1-16; I1-23) • Caution- T (I1-259) • T friendly, smiling (I1-14) • Sensitivity to sound (I1-255) • T reserved (I1-109) • Maturation of T (I1-346) • Encouragement (I1-207)	• T doesn't show emotion (I1-110) • Motivation of T (I1-302) • T matured (I1-193) • Bribes from M (I1-120) • Development of T (I1-353) • Emotional state/s of T (I1-232) • T's understanding improving (I1-177) • Enjoyment of music (I1-249) • T enjoys music (I1-255b) • Encouragement of T from M (I1-303; I1-281; I1-205; I1-284; I1-280)
	The M's role before MT	• Working M (I1-154) • Doubt from M (I2-222; I1-224) • Prior frustration-M (I2-242) • M frustrated (I1-200) • Mother not working (I1-65) • Emotional state/s of M (I1-237) • Mothers voice at home (I1-328)	• Music from birth-M singing to T (I1-264) • Absent mother (from home) (I1-137) • M taking care of two daughters (I1-98) • M responds to children too (I1-59)

Category seven: During music therapy: Towards independence

Table 4.16 Category seven: During music therapy: Towards independence

Category	Sub-categories	Codes	
During MT: Towards independ-ence	T: From dependence to autonomy	• Independence-T (I2-270; I2-82; I2-276b; I2-278; I2-86; I2-90; I2-185; I2-132; I2-91) • T taking initiative (I2-265; T4-57) • Alternating leadership of movements (T8-6a) • T leading M (T8-44b) • Leadership of T-control (I2-181; I2-268) • Leadership from T (I2-47; I2-84; I2-81)	• Value of leading from T (I2-50) • Making choices-T (I2-275) • Provision of choice (I1-116) • T being in control (I2-184) • Control-T (I2-269) • Taking charge-T (I2-276a) • Dependence on M (I1-55) • M follows T (T8-44a) • M sings with R (T8-7) • T's pace (I2-57) • Change in T (I2-291)
	T&M's involvement in and experience of Music Therapy	• Peace and calm-T (I2-148; I2-16; I2-247) • Barriers, isolation-T (I2-200) • Barriers-T (I2-169) • Emotional state/s of M&T (I2-246) • Understanding of music-T (I2-166) • T not interested (T2-32) • T drifts off (I2-14a) • Expression from T (I2-180) • Frustration lessened-M (I2-245)	• Challenging T (I2-134; I2-135) • T interested, invested (T8-21) • T's love for music (I2-18) • Comfortability-T (I2-259) • M speaking to T (T4-67b) • M speaks to T (T4-14) • Joint expression-M&T (T4-54b) • M vocalising (kissing) (T4-69b) • T laughs and vocalises (T4-36a) • T facing M (T4-31) • Lack of verbalising-T (I2-273) • Focus-T (I2-243)

Category eight: After music therapy: transference and acquisition of skills

Table 4.17 Category eight: After music therapy: transference and acquisition of skills

Category	Sub-categories	Codes	
After MT: Transfer-ence and	Transference of skills to other environments	• Skills to home (I2-208; I2-145; I2-15; I2-94; I2-202; I2-258b; I2-11; I2-97) • Using tools and skills at home (I1-214)	• Practicing skills learnt in therapy (I1-293) • Repetition at home (I2-258a) • M singing at home (I2-12) • Talking from M (I1-114)

Category	Sub-categories	Codes	
acquisition of skills	Increased range of capabilities as a result of MT	• Increased memory-T (I2-85; I2-46) • Memory (I2-89; I2-161) • Memory of sessions (I2-155) • Lack of means for expression (I2-52) • Increased enthusiasm for trying new things (I2-286) • T's attention span longer (T8-37)	• Music keeps T's attention (I2-14b) • T is a person too (I2-61) • Motivation (I2-31) • Enjoyment of music-M&T (I2-302; I2-165;I2-176) • Music helpful (I2-20a) • Use of voice in learning (I2-29) • Learning in music (I2-107)

Although categories six, seven and eight are not intended to be consequentially sequenced, they have many similarities, which is why they are discussed in combination here. As I compiled the codes for these three categories, it became clear that each of these categories have a clear and dominant data source, as follows:

- Category six: data source two - The pre-interview with the mother.
- Category seven: data source one - Thick descriptions from sessions two, four and eight.
- Category eight: data source one and two- Thick descriptions from sessions two, four and eight, and the post-interview with the mother.

Since these last three categories are related to the music therapy process, they were all suffixed according to where along the 'continuum' of this process they are found. As the relevant data emerged, I found that each period of time was characterised by specific attributes, which became the suffix for the titles of these three categories. The sixth category contains codes pertaining to the mother's experience of her toddler outside of or before music therapy, with reference to communicative aspects of their relating and the mother's role. The seventh category was largely dominated by codes reflecting the toddler's shift from complete dependence on her mother in therapy, to glimpses of autonomy and independence. This was seen particularly in her musical play, as the toddler gradually took turns with her mother, eventually performing activities on her own, executing a kind of give-and-take with the mother instead of complete reliance on her. The last category, category eight, was predominantly influenced by the mother's account of the many transferable skills and capabilities that the toddler acquired during the music therapy process, and was beginning to be used in other settings.

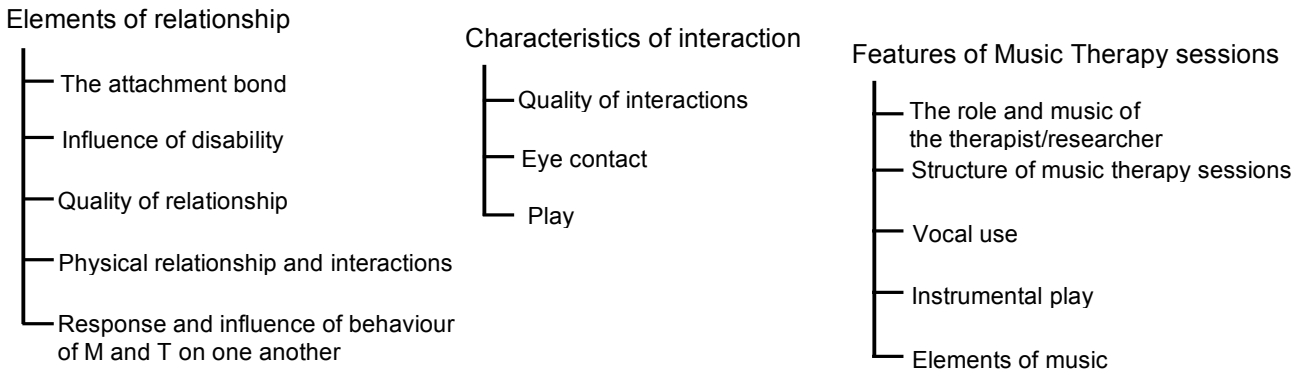
This study began with little view of where the research would lead, but as ideas began to emerge from the data, the whole research process became more focused. The data began to fit together more clearly and the vast amounts of data that I began with became more

manageable as the process progressed. Eventually, some thematic ideas began emerging from the data, which are discussed below.

4.7 Emergent themes

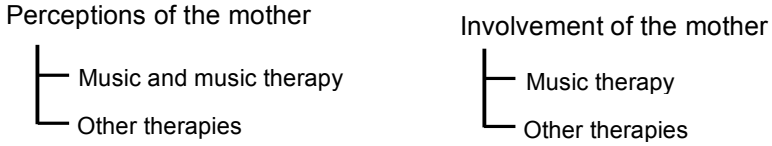
Each theme is discussed individually, with reference to the appropriate grouping of categories pertaining to each one.

4.7.1 Theme one: Music therapy's influence on the mother-toddler relationship



This theme was born out of the many patterns and mediums of interaction that took place during music therapy with the mother and toddler, and the resulting relating that took place. The music therapy process provided an appropriate medium for play, increased eye contact and connection, as well as opportunities for relating and interacting. Music, as a naturally interactive medium, was used in many different ways: instrumental play, vocal use (the mother, toddler and the researcher) and turn-taking through known songs and improvisation. Within the music therapy sessions, the role of the researcher/therapist emerged primarily as one of facilitation, with the music used to support and encourage interactions between the mother and toddler.

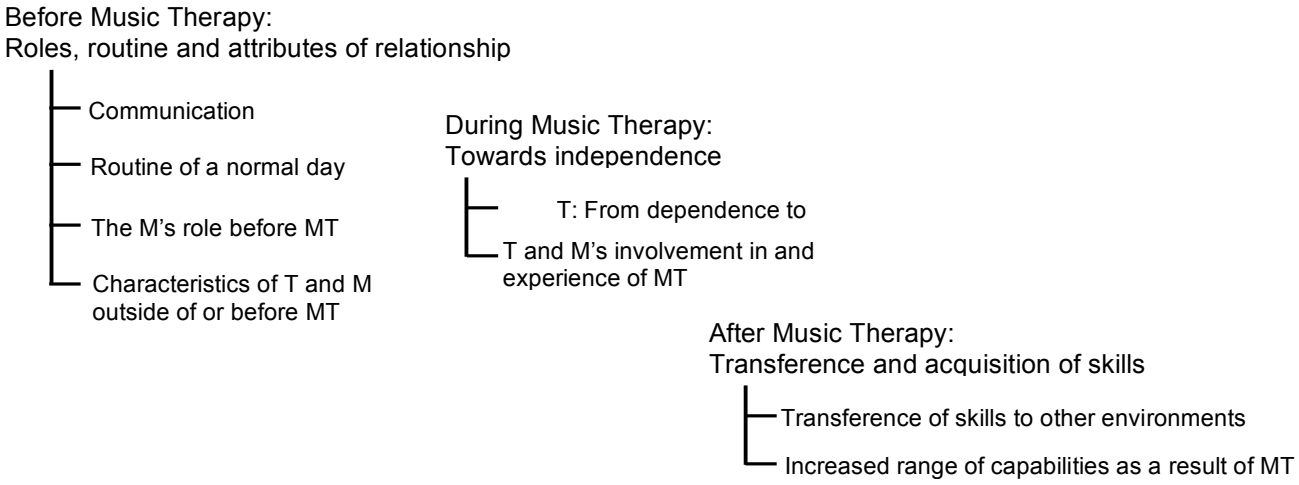
4.7.2 Theme two: The shifting role and perceptions of the mother



Theme two relates primarily to the experiences and impressions of the mother, both of music therapy and other therapies comparatively, as well as her experience of her toddler and their

relationship in music therapy compared with other therapies in which the toddler is involved. Primary differences between both the mothers perception of and involvement in music and other therapies were identified, which will be discussed further in the following chapter.

4.7.3 Theme three: Music therapy as an agent of change



This theme emerged as a culmination of many attributes of the music therapy process. Although the categories pertaining to this theme do not necessarily occur chronologically, they have had an influence on one another and there is a sense of movement or development amongst them. I have attributed this development to the process of music therapy and its role as a vehicle for change in both the mother and toddlers lives individually, and as a relational pair.

4.8 Conclusion

This analysis of data has revealed three emerging thematic ideas: music therapy's influence on the mother-toddler relationship, the shifting role and perceptions of the mother and music therapy as an agent of change. In the following chapter, the themes that emerged from the data are discussed in further detail. The research questions will also be addressed by using these emerging themes and drawing on information provided in the literature review, thereby contextualising the data. Interpretations of the thematic data are offered providing a discussion around the implications that this research might hold for music therapists working with mothers *and* toddlers in similar contexts.

5. Discussion

5.1 Introduction

In this chapter I discuss the themes that emerged during the data analysis process, as they relate to my two research questions. Before continuing with this discussion, I restate my research questions:

Main research question:

> How does music therapy afford a mother and her disabled toddler opportunities for relating?

Sub-question:

> What are the implications of this for informing the inclusion of mothers in music therapy sessions with toddlers with disabilities?

Table 5.1 provides a synopsis of the emerging themes and corresponding categories, as they are discussed in the data analysis chapter.

Table 5.1 Themes and related categories

Theme	Categories	Sub-categories
Music therapy's influence on the mother-toddler relationship	Elements of relationship	The attachment bond
		Influence of disability
		Quality of relationship
		Physical relationship and interactions
		Response and influence of behaviour of M and T on one another
	Characteristics of interaction	Quality of interactions
		Eye contact
		Play
	Features of Music Therapy sessions	The role and music of the therapist/researcher
		Structure of music therapy sessions
		Vocal use
		Instrumental play

Theme	Categories	Sub-categories
		Elements of music
The shifting role and perceptions of the mother	Perceptions of the mother	Music and music therapy
		Other therapies
	Involvement of the mother	Music therapy
		Other therapies
Music therapy as an agent of change	Before Music Therapy: Roles, routine and attributes of relationship	Communication
		Routine of a normal day
		The M's role before MT
		Characteristics of T and M outside of or before MT
	During Music Therapy: Towards independence	T: From dependence to autonomy
		T and M's involvement in and experience of MT
	After Music Therapy: Transference and acquisition of skills	Transference of skills to other environments
		Increased range of capabilities as a result of MT

5.2 Addressing the focus of my clinical inquiry: How does music therapy afford a mother and her disabled toddler opportunities for relating?

This research question specifically addresses the music therapy process and its relational affordances for the mother-toddler pair. As the mother and toddler began to interact, play and communicate musically and non-musically in sessions, a sense of a responsive relationship began to develop, affirmed particularly by the mothers opinions of the process and the researchers interpretations within sessions. In addressing the main focus of this clinical inquiry, I now proceed to discuss themes one and three.

5.2.1 Theme one: Music therapy's influence on the mother-toddler relationship

"R: Music, in a very beautiful way kind of imitates...

P: Relationship.

R: Yes, relationship" (Appendix V, post-interview 2:75-77).

The first theme that emerged from the data pertains specifically to music therapy's influence on the relationship between a mother and a toddler with a disability. I found that all three categories pertaining to this theme are all interlinked, influencing one another through music therapy sessions. The elements of relationship and characteristics of interaction that occurred in music therapy sessions appeared to provide new opportunities for the mother and toddler to relate. Shared musical experiences of timing, rhythm, pulse, melody and pitch often imitate the natural bonding process and relationship that occurs between a mother and child, which supports the value of music therapy as an intervention for a mother and toddler whose relationship has not occurred along the natural relational continuum.

The characteristics of the mother-toddler interactions were prominently linked to the way in which the mother and toddler related to one another in music therapy sessions. The mother reflected upon the following in the post-interview:

> "That it's very important to interact with your child- it doesn't have to be loud, it doesn't have to be formal. It's about the little things: a little smile, it's a little touch.. you know, play... it's all of that. If you focus on those things you definitely will see bigger changes. It's not about the big things" (Appendix V, post-interview, 2:123-126).

The 'little things' she is referring to here were evident in our music therapy sessions, such as a touch, a look, a laugh or a word of encouragement. Play, understood in parallel with musical interaction and improvisation, offered the mother and toddler a new and exciting medium through which to relate, giving the mother an 'excuse' to play and share this experience with her child through a contained environment. Although the mother did not appear to have great difficulty in playing with her child prior to the music therapy sessions, music offered her a more relaxed, creative medium through which to try new ways of being with her child. Oftentimes throughout our process, playful moments represented significant turning points in the therapy process, for example, during part of the second session described in the first thick description (see Appendix XII).

Developmental disability affects the capacity of a child to play, which is why music therapy offered the mother and toddler new moments to play, focusing rather on the *abilities* of the child than the disabilities. Within the eight music therapy sessions, musical and non-musical play became a prominent part of our sessions, having an influence on both eye contact and interaction. One of the primary means of play within the sessions was through a 'peekaboo song', written specifically for this mother-toddler pair. This song provided the mother and toddler with opportunities to explore, take part in and appreciate the value of musical play. The researcher recounts a playful moment from the fourth session:

> "The M had already begun removing the material from the T, but it was ultimately the T that pulled the material off of her. The R also responds by accenting the last word of that phrase. The T laughs, vocalising and moving her body in response to the M's exclamation at 'finding' her. The M claps her hands together gently for the T, and they maintain eye contact for longer than before" (Appendix VII, thick description, session 4:34-38).

Throughout the process, I found that the incidence of eye contact between the mother and toddler was almost inseparably linked to their relationship. In this sense, the moments of eye contact also often represented moments of intimate interaction and synchrony. In the first thick description, the researcher describes a moment of connection between the mother and toddler:

> "Almost instantly, the T looks up at the M, who is already looking down at her. Their faces are very close to each other, and they maintain eye contact for a few seconds before the T moves her gaze elsewhere" (Appendix VII, thick description, session 2:9-11).

These moments of eye contact, reflected above as significant in terms of the mother and toddler's interactional synchrony, which is of developmental, cognitive and social significance, can also be related to the attachment experience between them. Watkins (1987:104) states that the quality of a child's attachment with their mother may set the stage for all other relationships, making early dyadic intervention an appropriate form of early intervention, as it may, through music, strengthen relational and attachment patterns that may be distorted or insecure due to the presence of a disability.

Essentially, music therapy began to change the interpersonal reality of the mother and toddler throughout the process of eight weeks, and how they relate to one another. As opposed to a formal, rigid way of interacting, music therapy offered them a less formal, more flexible way of interacting. The mother commented on this after the music therapy process:

> "It was informal. It was intimate. That's also a good word to describe it. I mean, because it can happen anywhere... (Appendix V, post-interview 2:138-139).

Music therapy, as an intimate, interesting new avenue for relating, afforded the mother and toddler the space and opportunities to relate to one another in new ways. The medium of music provided the mother and toddler with a means to engage and interact fluidly with one

another due to rhythmic and melodic qualities found in both music and the "smooth meshing of interactions" (Pavlicevic 1997:112).

The mother equated the amount of quality time spent with her daughter to the quality of their attachment and interactions. The familiarity of the music therapy space provided the mother and toddler with a special period of time that was set aside for them on a weekly basis- a space in which they could comfortably explore, play and relate. In this comfortable, intimate space, the mother appeared to begin to try out new forms of interacting with her child in sessions, most notably, through the use of her voice.

The mother slowly and tentatively began using her voice during the eight music therapy sessions. She was initially cautious in the use of her voice initially, requiring some prompting and encouragement from the therapist before she began to feel comfortable using it within music therapy sessions. The use of her voice was an important component of the music therapy process, since it can be considered the creator of the basis of the relationships between human beings, and one of the earliest and most common forms of musical interaction between a mother and child. By the eighth music therapy session, the mother had begun to use her voice in a more self-confident manner, reflected below:

> "When the R adds an 'oooooh' on three successive notes with her voice, the M instantly joins in, singing with the R, while continuing to engage and play with the T" (Appendix VII, thick description, session 8:48-50).

Not only did the mother begin exploring the music therapy space through the use of her voice, but during the music therapy process, the toddler also took a particular interest in playing on certain instruments, such as the bongo drums, the shaker and the piano. The impact that joint piano playing had on the mother and toddler is specifically discussed in 5.2.2. My understanding is that the toddler took a liking to these instruments because they created an interactive, playful space, which invited the mother and toddler to express themselves by playing together, through which an intersubjective relationship is possible (Pavlicevic 1997:151).

Finally, with reference to this first theme, I explore the role of the researcher throughout the music therapy process. The primary responsibility of *facilitator* emerged as the most prominent function of the music therapist during sessions. The music therapist oftentimes facilitated interactions that occurred between the mother and toddler by removing herself slightly from the physical proximity of the mother-toddler pair, or by allowing them space to explore the music therapy space together. This was done by the holding of each other's

hands, the toddler sitting on the mother's lap, or the toddler facing the mother, with the researcher's support. Such interactional moments frequently occurred when the mother and toddler where playing the bongo drums together. I found these drums to be a highly suitable instrument to facilitate musical interaction and play, since there are two drum heads which were placed between the mother and toddler's legs while they faced each other. The toddler was supported by the music therapist, who sat behind her. In this way, the mother and toddler were able to maintain eye contact and synchronise their movements. The music therapist also performed holding and containing functions within sessions:

> "The R continues to play and sing the same song during this time, providing a holding container for both M and T" (Appendix VII, thick description, session 8:24).

Due to the specific nature of this mother-toddler relationship, the music therapist also fulfilled the role of modeling as a means to draw the mother in to playful interaction with her child. This seemed to help to "re-awaken" her natural parenting instinct for communicative and playful engagement with her child which could not always be verbally explained. However, at other times, a gentle word of encouragement or prompting from the therapist motivated the mother to new levels of personal investment in the sessions.

Essentially, it appears that eye contact, physical proximity, singing and playing, all reflected on here, construct and even constitute the mother-toddler relationship (Barcellos 2006:7). The spontaneity and understanding present in the music therapy sessions had a great impact on the mother's experience of interacting with her toddler in a different way, also, perhaps, changing her perception of how she has always related to her child. Jonsdottir (2002:2), reflects this mother-toddler pair well: "...informed intuitive musicking can guide parents [towards] a state of ideal relationship".

5.2.2 Theme three: Music therapy as an agent of change

The process of music therapy exhibited change in many facets of the mother's and toddler's lives, particularly in the area of their relationship. The process of music therapy also revealed many different opportunities to relate, as well as changes in the mother-toddler relationship, which are discussed here. The research process with this mother-toddler pair indicated change over three somewhat interconnected periods of the process, namely the three categories comprising this theme:

Before Music Therapy: Roles, routine and attributes of relationship

↓

During Music Therapy: Towards independence

↓

After Music Therapy: Transference and acquisition of skills

The defining characteristic of this theme is that of change: change in the mother-toddler relationship and interpersonal dynamics, change in the means with which they communicate, and change in the development and abilities of the toddler. The mother made the following pertinent statement regarding her experience of music therapy:

> "But it definitely, it definitely definitely made a difference in our lives. I didn't think it would. I thought it would just be one of those therapies... we'll be going through this and ja at the end we'd say 'it really didn't do anything'. But this really did. It made a change. And it's noticeable" (Appendix V, post-interview 2:295-299).

An aspect of this study that I had not anticipated prior to commencing music therapy sessions with the mother and toddler was that of the influence of change in the toddler's life on the relationship between the mother and toddler as a whole. In essence, perceived change in the toddler affected the manner in which she related to her daughter. As the toddler acquired new abilities in music therapy sessions, the mother used these in other environments in order to interact differently with her child. For example, whilst improvising at the piano during music therapy sessions, the mother would frequently take the toddler's hands to demonstrate how or what to play, which the toddler imitated with the use of her mother's hand:

> "And also with the piano, and where she learned to take my hand and do what she wanted me to do, or what she wanted to do, but using me. And that, I mean, that was amazing. I never thought... I never ever thought we could do that. And that has affected us a lot, at home as well. Because now, when we introduce new things, I usually take her hand and do it with her and then she's more comfortable" (Appendix V, post-interview 2:91-96).

One of the most obvious shifts that took place in the toddler was the means by which she communicates, primarily with her mother. This, in turn, had a positive effect on the mother-toddler relationship, as music offered them a new avenue to communicate. Although communication between a mother and toddler can occur by many means (for example, facial expressions, body movements and gestures), the presence of a disability might interrupt this, leaving the child with very few ways to express herself:

> "Because she doesn't really have a way of expressing herself. Because she's not talking and she's not mobile either so this was probably her way of saying, 'I've got something to say and I'm gonna say it' (Appendix V, post-interview 2:52-54).

Here, the mother notes that, although the toddler is limited in her means to communicate, music became a fundamental means of communication for both the mother and toddler - a means through which they began to share emotions, intention and meanings (Hargreaves, Meill & MacDonald 2002:18).

One of the main characteristics of the second category pertaining to this theme, towards independence, displayed a prominent shift in the toddler as she moved towards becoming more independent within music therapy sessions. The following two extracts provide an example of this shift. The first extract is taken from very early in the music therapy process, when they toddler still relied greatly on her mother to do things for her, and the second extract is taken from the post-interview, containing the mother's experience of this shift:

> "The M did the tapping for the T, and the T showed no interest of motivation to lift her arms by herself during this verse" (Appendix VII, thick description, session 2:31-33).

> "But what I liked a lot was not in this session but in the previous session, where she took the shakers on her own... and I didn't have to give it to her and shake her hand and say "Okay, now you need to shake". She did it herself! And for me that was... I'm lucky I didn't cry because I was about to. That was a major milestone for her. You know, to remember... "this is how it works and how you do it". "I don't need my mommy, I can do it on my own" (Appendix V, post-interview 2:83-89).

This is an appropriate example of the change in the toddler's behaviour, directly influencing the mother's perceptions of her, which, in turn, influenced and even changed their relationship (expressed further in Figure 5.4). The music therapy process challenged (I2-134; I2-135) the emotional state of both the mother and toddler (I2-246), the comfortability of the toddler (I2-259), as well as the barriers and isolation felt by the toddler (I2-200). In so doing,

the toddler was able to begin making her own choices (I2-275) and take initiative in music activities (I2-265; T4-57), thereby influencing her development towards independence (I2-270; I2-82; I2-276b; I2-278; I2-86; I2-90; I2-185; I2-132; I2-91).

During the music therapy process, the toddler acquired skills such as memory (I2-89; I2-161), increased attention span (T8-37) and more motivation (I2-31). Play within music therapy sessions, as discussed in section 5.2.1, motivated learning, increased control, and developed a sense of achievement and self-confidence in the toddler. The acquisition of these skills was an important component of the process for the mother, as her role as a mother also began to shift (discussed further in section 5.3.1). Abad and Williams (2007:53) believe that music therapy used in an interactive way within families can support participants in developing skills that enhance parent-child relationships. Therefore, the skills themselves, although vitally important to the development of the toddler, also influenced the mother-toddler relationship:

> "But it [music therapy] helped- it really made a difference at home, it made a difference in the car because when she's tired and you sing then she calms down and sleeps or whatever (Appendix V, post-interview, 2:15-17).

Finally, significant moments within the therapy process also came to represent significant moments outside of therapy. In other words, some activities and improvisations within the music therapy sessions had an impact on the ways in which the mother and toddler relate to one another outside of sessions. One of the notable transferable impacts that music therapy had was the frequency of physical contact, particularly the holding of hands. In music therapy sessions, the mother would help the toddler to perform certain tasks, for example, by guiding her hand at the piano, helping her hold a shaker, lifting her hands up to play the drum, and so forth. Furthermore, as the mother grew in confidence with the use of her voice, she began to use it outside of therapy, at home or in the car (I2-12), particularly in situations where the toddler needed to be calmed down or soothed, or sleep. The musical tools that the mother gained in music therapy, therefore, aided the mother in relating to her child in a different way, making a transferable difference in a multitude of everyday situations.

5.3 Addressing the focus of my clinical inquiry: What are the implications of this for informing the inclusion of mothers in music therapy sessions with toddlers with disabilities?

This research question examines implications discovered through this research project for informing the inclusion of mothers in music therapy with their toddlers. Two predominant

aspects of working with the mother and toddler emerged through the music therapy process, namely the mother's role and her perceptions. The mother's role is discussed in relation to her involvement in music therapy sessions with her toddler, contrasted to her manner of involvement in other therapies. The shift in the mother's perceptions are discussed with reference to data collected prior to the music therapy process as well as afterwards. In addressing the main focus of this second clinical inquiry, theme two is discussed below

5.3.1 Theme two: The shifting role and perceptions of the mother

Working alongside the mother and toddler in music therapy sessions revealed a great deal of perceptual data regarding the mother's specific role in and outside of music therapy with a toddler with a disability. An "effective partnership" seemed to begin to develop between the mother and I, as researcher, during the music therapy process, which, in turn, supported her journey in living with a child with a disability (Kearney & Griffin 2001:589). The mother's role and perceptions shifted during the music therapy process, both with reference to music therapy, other forms of therapy, as well as the mother-toddler relationship.

The mother's role can be regarded as being directly linked to her involvement in music therapy and the other forms of therapy, how this involvement differed in the different forms of therapy, and whether there was any noticeable change. The mother made the following statement with regards to her involvement in music therapy sessions:

> "Being involved is different because you can... I think, when you're in it, you can understand, okay, "I can do this, or I can't do this". You understand your limitations as well" (Appendix V, post-interview 2:217-219).

This is in juxtaposition to her involvement in other therapies, which she describes as follows:

> "...in other forms of therapy it's the therapist and the child and you sort of sit and... you're sitting on the sidelines and you watching. And, um, when it comes to that you don't always remember what happened" (Appendix V, post-interview 2:153-155).

The shift in the role in which the mother found herself in music therapy compared to other therapies can be explored visually through the following graphic representations. These figures can be understood as representations not only of the mother's shifting role, but also as representations of possible layers of relationship within music therapy sessions and connection with the music therapist:

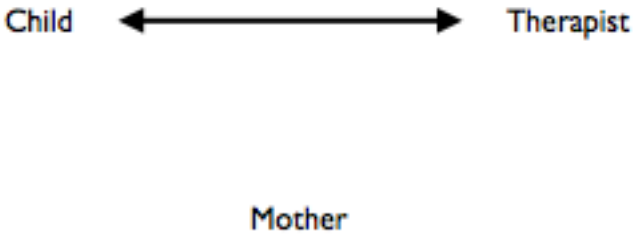


Figure 5.1: Mother as a passive observer

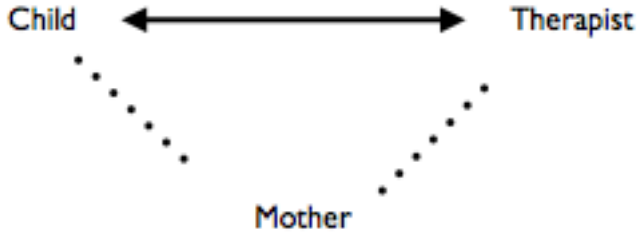


Figure 5.2: Mother as an involved observer

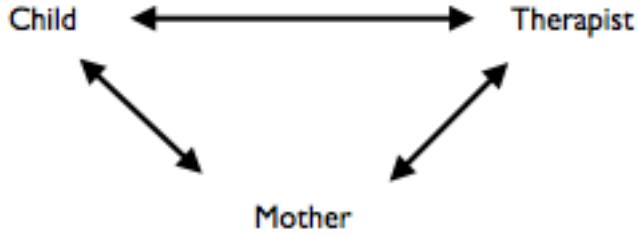


Figure 5.3: Mother as an active participant

The idea for these sketches was taken from Flower's (2006:180) description of music therapy work within the family setting. The first figure, 5.1, describes the mother as a passive observer, which may be likened to her descriptions of her involvement in the other forms of therapy in which the toddler is involved (when asked about her levels of involvement in other forms of therapy):

> "Not really. It's more observation, but I would like to be more involved" (Appendix V, pre-interview 1:288).

The second figure, 5.2, describes the mother as an involved observer, a role that she spoke of fulfilling within some forms of therapy (for example, occupational therapy), but not others. This figure also represents the beginning phase of our work together in music therapy, *making contact in music* (discussed in section 4.2.1), characterised by tentative involvement from both the mother and toddler, more structure in the musical activities, and little to no vocalisation from the mother or toddler.

However, as the music therapy process continued, the mother's involvement began to shift to that represented in Figure 5.3 which describes the mother as an active participant. This becomes the primary experience of the mother's role in music therapy. The mother's experience of being involved is recounted as follows:

> "But when you're part of the actual therapy you do remember a lot more about what happened and you can do it at home, and in different situations, not necessarily just here" (Appendix V, post-interview 2:157-159).

By becoming part of and actively involved in the music therapy experience, the mother has the opportunity to bear powerful witness to the vitality and uniqueness of her child's life, no matter the skill or disability. The possibility of experiencing moments of vitality in music therapy were important for both the child and mother. Not only did the mother make an effort to actively participate in music therapy sessions, but the toddler also invited her into their musical play, thereby creating influential reciprocal involvement from both mother and child.

The music therapy process seemed to afford the mother opportunities not only to reflect on her perception of the music therapy process and its influence on their relationships, but also for her to reflect on the way in which she perceives her toddler and the toddlers development throughout the process of music therapy, gaining new insights into aspects of her relationship with her toddler. Prior to the therapy process, the mother made the following statement regarding her enthusiasm for the toddler's development and her investment in her life:

> "... and probably in the way that I look at her. I know that she can do more. And I tend to be more encouraging, whereas before if she couldn't do it I would tell myself, "Okay, that's fine, she can't do it so we'll leave it", but now I want her to do it. I want her to do more" (Appendix V, pre-interview 1:204-207).

The positive interaction, discussed in theme one, that occurred during music therapy sessions, appeared to have a direct effect on the toddler's actual development in terms of

memory, verbalisation, grasping and reaching out, by which the mother was encouraged. According to Flower (2006:182), a musical act of health, however small or brief, "bears testimony to the life of the child", allowing the mother ease and fluency in the midst of disability.

The mother experiences the other therapies as intrusive, which she contrasts with her experience of her toddler within music therapy:

> "Because with the other therapies they are very invasive. They get into my space... Here, she was allowed to be expressive. She was in control, she was in charge (Appendix V, post- interview 2:178-181).

However, the mother also experiences the other forms of therapy, not only as invasive, but also as helpful, aiding in finding the toddler's potential (I1-211) and boosting the toddler up (I1-42). Although the mother has experienced frustration, anxiety and discouragement during the course of her relationship with her toddler with developmental delay, which she expressed in the initial interview, she was encouraged by the impact that the other therapies were having on her toddlers life. After bringing her child to the Baby Therapy Centre and experiencing the change and development that has occurred as a result of other therapeutic interventions, the mother has been motivated to pursue therapy with her child, persistently bringing her child to therapy each week. This determined attitude and open-mindedness perhaps also had an influence on her shifting role and perceptions in and outside of music therapy sessions:

> "Initially it was very frustrating. You get comments from people that tend to discourage you. But, you know, after I've seen how the therapies have helped, I mean, we've all developed. We want to go further" (Appendix V, pre-interview 1:200-202).

The informed inclusion of the mother in music therapy sessions with her toddler with a disability led to many positive and consequential outcomes. The inclusion of the mother in music therapy sessions led to a shift in her perception, not only of music therapy itself, but also of her toddler, as mentioned earlier, thereby having a positive effect on their relationship and interactions within therapy. This, in turn, influenced the toddler's levels of participation and involvement, encouraging her to experiment with new ways of playing, interacting and learning (including the acquisition of new skills).

Furthermore, I would like to propose that the toddler's new levels of participation and investment, not only in music therapy, but in her relationship with her mother, influenced her actual development. This is an especially significant finding for the mother-toddler pair involved in this research study, as the toddler's primary disability is that of developmental delay, and development in any area of her life is seen by the mother as an achievement or developmental milestone (I2-88). I would like to suggest that the described reciprocal effects of the mother's perception of the toddler may act as a cyclical event, constantly evolving with the mother-toddler relationship.

The above stated information is visually represented in the following figure:

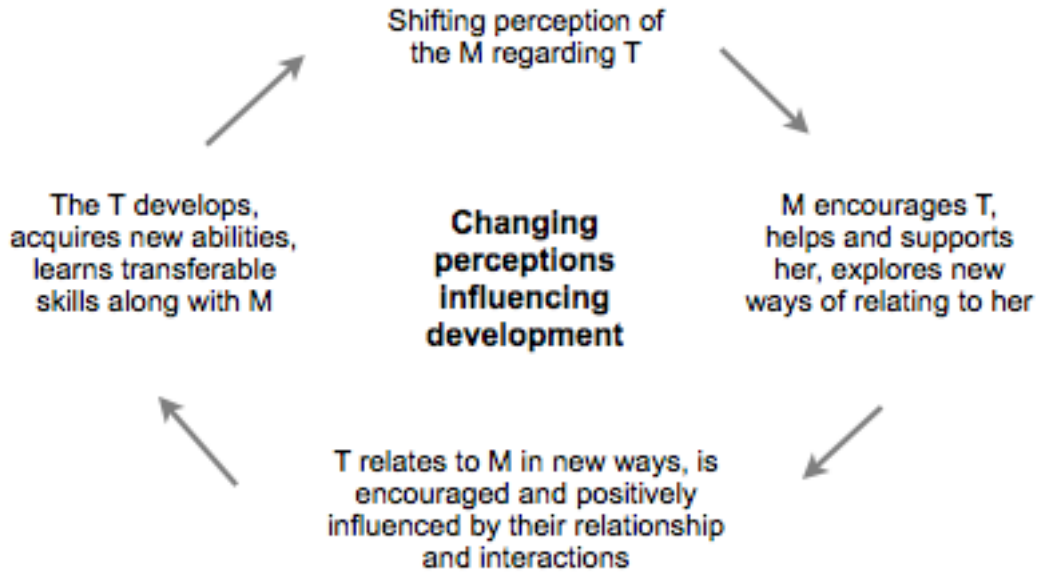


Figure 5.4 The perceptual-developmental cycle

I would consequently like to propose that the inclusion of the mother in music therapy with her toddler with a disability not only impacts on her shifting role and perceptions, but also on their relationship and the toddler's development.

Finally, the mother made a significant statement during the post-interview, which has led me to me explore the possibility of another avenue: the inclusion of music in other forms of therapy:

> "I think music is important. *It's the way to go*. I think the other forms of therapy can definitely incorporate it in their therapy. Because kids, they definitely learn through play, through singing and, ja" (Appendix V, post-interview 2:27-29).

Communicative, playful and relational benefits that the mother and toddler were afforded through the process of music therapy could be offered during other forms of therapy, should they choose to include musical activities and songs in their sessions. As discussed with the mother in the pre- and post-interviews, music is a universal medium (I1-339; I1-263) and a motivating force (I1-306; I1-305), one that might add great value to other forms of therapy. Music can also be explored as an intangible reward during sessions (I1-307; I2-34; I2-32), which also aids in creating peace and calm (I1-233; I1-247) during more difficult or challenging tasks.

This concludes the discussion chapter. Chapter Six concludes this study and presents closing thoughts and remarks, as well as limitations of and recommendations for this study.

6. Conclusion

6.1 Summary of results

The mother-toddler relationship contains complex and intricate connections and interactions that occur in and outside of the music therapy process. The many relational needs that exist and are hampered due to the presence of a disability are explored, examining the opportunities that music therapy might afford a mother-toddler pair. This includes various opportunities and avenues for relating, and providing an alternate point of connection through instrumental play and vocal use (particularly by the mother), musical games and play, and joint improvisation. Through the pre-verbal, fluid medium of music, the mother and toddler were able to create or revisit playful interaction, and relate and engage with one another in new ways. Music therapy's potential to focus on the ability of the child as opposed to the disability created a safe, trusting environment in which increased eye contact and moments of interactional synchrony, quality time and play were made possible.

This research highlights the possibilities of including the mother in music therapy sessions, and how this impacts both on her role and perceptions, as well as the mother-toddler relationship as a whole. In order to advocate for the inclusion of mothers in music therapy sessions with toddlers with disabilities, the influence that music therapy has on this relationship is explored, as well as the many benefits that it has on the development and skills acquisition of the child which, in turn, positively affects the mother-toddler relationship. A shift was particularly seen in the mother's involvement in music therapy sessions from being an 'involved observer' to an 'active participant' which, in turn, influenced the development of the mother-toddler relationship, as shown through the 'perceptual-developmental' cycle.

Through music therapy, the toddler acquired a number of transferable skills, such as memory and increased attention span. She also displayed an increase in independence in sessions and in other environments. Music, as a communicative form, also offered the toddler a new means through which to express herself, particularly in her relationship with her mother. Through the offer of therapeutic support by the music therapist to the mother, the toddler and their relationship, the mother began to explore new approaches to dealing with her child's disability in their changing interpersonal reality.

6.2 Limitations and recommendations of the study

This study has limitations, and further investigation may be helpful in gaining deeper insights into further opportunities that music therapy might afford a mother and toddler with a disability, as well as informing the inclusion of the mother in music therapy sessions. Firstly, the research material only explores the opinions of one mother. Due to the complexities of this early relationship, it may be interesting to gain deeper insights by including other mother-toddler pairs in future studies. Secondly, this investigation was carried out within one context, and while an in-depth case study of this mother-toddler pair is provided, the findings are not fully generalisable in other contexts. It is also recognised that the research reports on a brief period in the lives of the mother and toddler when the child is still young, and presents nothing regarding how life might be at a later stage.

6.3 Closing comments

I reflected on the words of Sobey (2006:17) who wrote, quoting the words of Bick (1963) that one should “discard fixed notions about right and wrong handling, but think of the uniqueness of each couple for each baby develops at its own pace and relates to its mother in its own way, as does, of course, each music therapist”. Learning to adapt session plans and content to accommodate an interactional process between the mother and toddler was an enriching and engaging process, as I facilitated the mother and toddler relating to one another in new and exciting ways, in and outside of music therapy.

By being directly involved in the research as researcher and therapist, I was able to offer support and witness firsthand the power of music therapy for this mother-toddler pair. This was an invaluable experience for me as a young music therapy professional in training and has offered me great insights, constantly challenging me to think both theoretically and practically in my work. This study forms the beginning of thinking about music therapy with mother and toddlers with disabilities: a valuable area of study for music therapists in this relatively new profession in South Africa.

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Appendix I: Participant consent form

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Denkleiers • Leading Minds • Dikgopolo tša Dihlalefi

FACULTY OF HUMANITIES

Department of Music

PARTICIPANT CONSENT

Title: Music therapy and the relationship between a mother and her toddler with a disability

I, _____ (parent/guardian) hereby give/ do not give my consent to participate in this research, through attending eight music therapy sessions. I also consent to the recording of these sessions and for this video material to be used as data in this particular study. Each session will be video recorded and extracts from a few sessions will be used in order to gather data and will only be used for clinical, research and educational purposes as part of the below mentioned music therapy student's training. Should this data be used for further, future research, your informed consent will be obtained.

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

Participant details:

Participant name: _____ Signature: _____

Participant contact number: _____ Date: _____

Researcher and supervisor signatures:

Researcher name: _____

Researcher signature: _____ Date: _____

Supervisor name: _____

Supervisor signature: _____ Date: _____

Music therapy programme

TEL (012) 420-5372/5374 **FAX (012) 420-4517**

www.up.ac.za/academic/music/music.html

Appendix II: Participant information sheet

FACULTY OF HUMANITIES

Department of Music

PARTICIPANT INFORMATION

Title: Music therapy and the relationship between a mother and her toddler with a disability

Dear _____

As part of my MMus (Music Therapy) degree I will be conducting research in order to explore the relationship between a mother and her toddler with a disability. This study will involve conducting eight, weekly music therapy sessions with a mother and her toddler. I would greatly value your and your child's participation in this study.

In addition to offering music therapy sessions with you and your toddler, I will also be conducting one interview before commencing the process and a second interview after the eight music therapy sessions have been completed. The attached consent form requests permission from you to video and audio record all sessions and both the interviews. Nonmaleficence is ensured, and you will not suffer any disadvantage or risk from taking part. Since the research will take place in a therapeutic environment, there may be therapeutic value, which could be seen as an incentive, from which you and your child may benefit. Selected data obtained will be used for this research project, and will be stored at the University of Pretoria for 15 years for archiving purposes. After this time has elapsed, the data will be destroyed. The information pertaining to this study may also be published in a journal. Confidentiality will be ensured as the data will only be accessed by myself as researcher, and by those involved in the research process, such as research supervisors.

Participation in this research project is voluntary and you are free to withdraw from the process at any time. If you withdraw, all data pertaining to you will be destroyed. Should you have any questions or concerns pertaining to this research study, please feel free to contact me. I would greatly appreciate your participation in this study. If you are willing to do so, please would you complete the attached consent form.

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www.up.ac.za/academic/music/music.html

Appendix III: Institutional consent form

FACULTY OF HUMANITIES
Department of Music

INSTITUTION CONSENT

Title: Music therapy and the relationship between a mother and her toddler with a disability

I, _____ (institution representative), _____ (title) of _____ (name of institution) hereby give/ do not give my consent to host sessions pertaining to this research, through providing a space for music therapy sessions to take place. I also consent to the recording of these sessions at my institution and for this video material to be used as data in this particular study. Each session will be video recorded and extracts from a few sessions will be used in order to gather data and will only be used for clinical, research and educational purposes as part of the below mentioned music therapy student's training.

With full acknowledgement of the above, I agree to host this study on this _____ (day) of this _____ (month) and this _____ (year).

Institution representative details:
Representative's name: _____ Signature: _____
Representative's contact number: _____ Date: _____

Researcher and supervisor signatures:
Researcher name: _____
Researcher signature: _____ Date: _____

Supervisor name: _____
Supervisor signature: _____ Date: _____

Music therapy programme
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Appendix IV: Interview schedules

Pre-music therapy semi-structured interview

1. Introductory comments

Thank you for being willing to take part in this initial interview. Can I first assure you that you will remain completely anonymous and no records of the interview will be kept with your name attached.

2. Topic headings and key questions

A) Client information

1. How old is your child?
    a) What is your child's date of birth?
    b) Can you give me a brief description of your child?
2. Has your child received a specific diagnosis related to physical disability?
    a) If so, what is that diagnosis and when was he/she diagnosed?
    b) What prompted you to have your child assessed in this regard?
3. Do you have any other children?
    a) If yes, please briefly describe your relationship with these children.
    b) Please could you briefly describe their relationships with each other.

B) The mother-toddler relationship

4. How do you experience an average day with your child?
5. How would you describe your relationship with your child who will be in therapy with you?
    a) Please discuss any aspects concerning communication within your relationship.
    b) Please elaborate on your physical interaction with your toddler.
    c) Please elaborate on your emotional attachment.

C) The disability of the toddler

6. What kinds of therapy does your toddler presently receive?
    a) Please could you give a brief description of the therapies your child received in the past or may be receiving now.
    b) Has your toddler ever been involved in music therapy sessions?

7. How do you experience having a child with a disability?
8. How do you think this disability impacts on your relationship with your child?

D) The mother in therapy

9. How do you think you and your child may benefit from music therapy?
    a) Have you, personally, ever been involved in music therapy?
    b) Have you ever taken part, or participated in any therapy sessions with your child?
    c) What are your expectations of this process of music therapy with your child?

3. Closing comments

Thank you so much for giving me your time and for helping me. Is there anything that we have not covered in this interview that you would like to tell me about?

Post-music therapy semi-structured interview

1. Introductory comments

Thank you for being willing to take part in this post-music therapy interview. Can I first remind you that you will remain completely anonymous and no records of the interview will be kept with your name. I am interested to hear your opinion on the music therapy process, so would you mind if I asked you a few questions?

2. Topic headings and key questions

A) Perceptions of the disability of the toddler

1. What were your impressions of the music therapy process?
2. What was your impression of your toddler within music therapy sessions?
    a) Please describe any moments that stood out to you in music therapy sessions with your toddler, or anything in particular that you witnessed that you would like to share.

B) The mother in therapy

3. What do you think you will remember from this music therapy process?
4. What was your experience of taking part in music therapy sessions with your child?
1. Can you describe anything that was difficult or easy for you about this music therapy process?
2. How do you think sessions could have been conducted differently?

C) The mother-toddler relationship

3. How do you think your relationship with your child has been influenced by the music therapy process?
4. In everyday life, please describe the nature of encounters with your toddler since the therapy process.

3. Closing comments

Thank you so much for giving me your time and for helping me. Is there any aspect of the therapy process that we have not covered in this interview that you would like to tell me about?

Appendix V: Interview transcripts

Pre-interview

Date: June 2011

R=Researcher

R: So, I first want to say thank you for taking part in this interview. I really appreciate your time, and I also want to assure you that you will remain completely anonymous, and any records of this interview won't contain your name.

P: Okay.

R: I will either scratch out your name or I replace it with a... like a pseudonym. Okay, so, I'd first like to ask a little bit about your little girl. How old is she at the moment?

P: She's now 21 months.

R: So what's her date of birth.

P: Uh, 21st August, 2009.

R: And if, if I hadn't met her, if you had to give me a description of her, how would you describe her?

P: Very friendly. Always smiling.

R: Mmhmm.

P: Um... but very, very, very cautious.

R: Cautious?

P: Yes.

R: In what way?

P: In... in...

R: With new people?...

P: New people, new things, new environments. She... she needs to warm up to you first before she can dive in.

R: Ya. Okay. Um... has she received a specific diagnosis related to her disability?

P: No.

R: No specific diagnosis?

P: She doesn't actually have a disability.

R: Okay.

P: She's just... um... her development's delayed.

R: Okay. I wondered... Because when I looked at her I couldn't figure out...

P: (laughs)

R: Okay, so she hasn't... and... um... here I have: What prompted you to bring her to therapy in the first place? What age, or what made you think?...

P: She was about... um... I think it was around eight to nine months where she

wasn't, um, sitting yet.
R: Okay.
P: Or crawling. So, um, we went to the pediatrician for her usual check up and then he suggested Baby Therapy Centre, just to go for an evaluation, to see what happened. And, after the evaluation, they decided therapy is the way to go, and they've got to work on it just to boost her, and so ya, thats where we are.
R: Okay. So that was when she was eight months old?
P: Ya.
R: Okay. Wonderful that they recommended this place for you to come to.
P: Yes.
R: Okay. And then... obviously now I've met your other daughter (gestures to (gestures to other child in the room), um, I just wanted to ask, how old is she?
P: She is now seven months old.
R: Seven months. And how would you describe your relationship with your two daughters?
P: Um, I think, they tend to be dependent, um... both physically, emotionally... definitely.
R: Mmm.
P: I mean, there are times when I'm not allowed to leave the room, and then there are other times that I can disappear and they won't even notice.
R: (Laughs)
P: (Laughs) Um, so, but ya, we get along quite well. They're responsive. I respond well to them as well, and I can see when they're tired and we won't push it.
R: Ya, ya.
P: You know, when it's just time to play, then we play.
R: Yes, yes. And so are you most of the day with them?
P: Yes.
R: You're not working at the moment?
P: No.
R: Okay. Makes sense. (Laughs)
R: (Laughs)
R: And could you briefly describe their relationship with each other?
P: They are almost inseparable.
R: Really?
P: Yes. They very aware of each other... um... and when they're together , then they calm. Especially if one is crying or upset in any way, we put them together and then they stop immediately.
R: Really?
P: Ya. It's just this bond that they have and you can see it.
R: Mmm... bond... ya. Like a positive effect that they have on each other.
P: Ya! It is, it is. And then they sort of encourage each other to do things.
R: Oh, really?

1-80 P: Which is good.
1-81 R: Well, they're fairly close in age.
1-82 P: They are, they are.
1-83 R: So, if you could describe for me, how would you experience an average day
1-84 with your little girl?
1-85 P: Very busy.
1-86 R: Busy?
1-87 P: Very.
1-88 R: With what kind of things do you fill your day?
1-89 P: Everything. It starts out from the morning, because now she's not crawling...
1-90 she's not any better in that way, she's not mobile. So then we've got to start with
1-91 feeding, once feeding is done then there's a little bit of play time, and after that a
1-92 sleep... a bit of a nap. And then, uh, it's not always very long.
1-93 R: Yes.
1-94 P: You're lucky if you get an hour.
1-95 R: Oh really?
1-96 P: Very lucky. And then she's up again... eat, play, and it keeps going. (Laughs)
1-97 R: (Laughs) And you have to do that twice!
1-98 P: Ya! And it just so happens that they take turns... um, when we come to
1-99 sleeping. The minute the one's eyes close, the other one wakes up. But we love
1-100 it, we love it.
1-101 R: And do you get out and about much or are you at home?
1-102 P: I try to, I try to. Um... we try not to stay at home all the time. Just break the
1-103 routine here and there. Um, we do go out. We try shopping, those kinds of
1-104 things. Visiting people, ya.
1-105 R: Mmm. Okay, and you have described your relationship with your daughter.
1-106 So, relating to your relationship with your little girl, how would you... are there any
1-107 aspects concerning communication within the relationship that you want to
1-108 elaborate on?
1-109 P: Um, with S, she's very reserved. So you won't always get a clear reading of
1-110 what she's feeling.
1-111 R: What she wants?...
1-112 P: Ya.
1-113 R: What medium do you use to communicate?
1-114 P: Oh, we talk.
1-115 R: Really?
1-116 P: I talk to her. I talk a lot. I give her choices. (Laughs)
1-117 R: (Laughs) And any other alternate forms of communication? Or prompts or
1-118 things like that that you use?
1-119 P: We do a lot of play. I try not to give her a lot of... um, what I call bribes that I
1-120 use when you do this. I don't do that.
1-121 R: Okay.
1-122 P: If you want to play, you can play. If you can sleep you can sleep... or make

you sleep.
R: And could you elaborate on your physical interaction? How would you describe your physical interaction.
P: Oh... um.... I don't know.
R: Is there intimacy between you?
P: Yes.
R: Hugging and...
P: Oh ya! We hug a lot and kiss a lot and, um, we roll about on the carpet, those type of things. Lot of touching, a lot of touching. Lots and lots of touching.
R: It sounds like you spend a lot of time, just time, being with her.
P: Yes.
[P lifts her daughter onto her lap and speaks to and comforts her]
R: And, now appropriately, could you elaborate on your emotional attachment?
P: Oh, we're very attached. But I think it has a lot to do with the fact that, for about the first year of her life, I was working, so I wasn't really at home that much.
R: Okay.
P: So, ya, I think we very attached.
R: So would you say it's changed over time? From when she was born?
P: It has changed...
R: How has it changed?
P: Well, we've gotten closer. Um... we get to spend more time with each other. I make more time. Whereas before I was very torn between work and home and my husband and people we live with... There really wasn't any time for her. It was just basically making her sleep and feeding her, thats it. Now we've got a lot more play time. A lot more exploring time. Where... she understands I need my time and I understand you need your time (pointing to her daughter). Although, "we take up a lot of mommy's time".
R: So you would attribute your closeness to her to the amount of time spent with her?
P: Yes, definitely.
R: Yes, I think it's difficult for a working mom.
P: Yes, for sure.
R: I mean, I wouldn't know...
P: You're not so involved.
R: Ya. And how does that... how do you think it affects your relationship?
P: With her? (Points to daughter)
R: Ya.
P: Well, I think she knows that... there is security. She knows that I will be there for her, whatever goes wrong, whatever doesn't go wrong. And... uh, ya, this is my baby. (Laughs)
R: (Laughs) It's very obvious. Lovely. And so, what kinds of therapy does she presently receive?

1-166 P: She goes for occupational therapy, she's doing a little bit of physiotherapy as
1-167 well, and speech therapy.
1-168 R: All here at the centre?
1-169 P: All here at the centre.
1-170 R: Okay. And... uh... Any that she received in the past that she's stopped
1-171 receiving now?
1-172 P: No, nothing. Since that evaluation at about 8 months or so, ya, we've been
1-173 here, ever since.
1-174 R: And if you had to describe each of those therapies, how would you describe
1-175 them? Or their impact on her? Just briefly.
1-176 P: Um, well, for OT, it helps her I think with her day-to-day activities. You know,
1-177 she's beginning to understand how things fit together. Um, ya, so thats helping
1-178 with her. With physiotherapy, it's helping tremendously with.. when we started
1-179 she was not moving at all, you know, she never used to do this (child sways from
1-180 front to back on mothers lap). But she's doing it now!
1-181 R: Ya!
1-182 P: She's a lot more mobile.
1-183 R: She seems so active.
1-184 P: She is. And with speech therapy she's a lot more vocal. She tried to get her
1-185 message across, somehow.
1-186 R: Making sounds...
1-187 P: Yes, sounds. Or if she's unhappy, she'll cry. She won't necessarily say
1-188 something but if she wants something she'll try and get to it and if she can't then
1-189 she'll try again.
1-190 R: It's communicative then, the way she tries to...
1-191 P: Yes, yes.
1-192 R:... get the message across.
1-193 P: She definitely has matured, she's matured a lot.
1-194 R: And you would attribute that to her therapy process.
1-195 P: Ya.
1-196 R: So has she ever been involved in music therapy before?
1-197 P: Never.
1-198 R: Now, this is specifically to do with you, as that mother. How do you experience
1-199 having a child with developmental delay?
1-200 P: Initially it was very frustrating. You get comments from people that tend to
1-201 discourage you. But, you know, after I've been how the therapies have helped, I
1-202 mean, we've all developed. We want to go further. So, positive thinking!
1-203 R: Ya. So there's definitely been a change in the way that you perceive it.
1-204 P: Yes, and probably in the way that I look at her. I know that she can do more.
1-205 And I tend to be more encouraging, whereas before if she couldn't do it I would
1-206 tell myself, "Okay, thats fine, she can't do it" so we'll leave it, but now I want her
1-207 to do it. I want her to do more.
1-208 R: So you see her potential really.

1-209 P: Yes, ya, I do.
1-210 R: Amazing. Would you attribute that to something specific?
1-211 P: Definitely. Definitely, therapy has helped. I don't think I would have been able
1-212 to do it on my own. I mean, we've probably been introduced to the right tools. If
1-213 you don't have the tools, you can't do anything.
1-214 R: Which you can now use at home.
1-215 P: Which I can. Ya.
1-216 R: So specifically on your relationship with her now, because we've spoken
1-217 about you and how it's affected you, how do you think it affected on your
1-218 relationship with her, from the beginning, to now?
1-219 P: Well, initially, like i said, we were not so involved. Um, even in therapy, I would
1-220 watch and try do so things. Now it's more like I'm doing a lot and in maybe
1-221 showing her, and giving an example, I get more involved. I get down on the floor,
1-222 whereas before I wouldn't do that. You know there were these boundaries, now
1-223 there's no boundaries. Now we're all in there!
1-224 R: Amazing.
1-225 P: And she likes it, she likes it.
1-226 R: And I'm sure she knows- she feels that involvement from you. And, okay, so
1-227 this is to do with music therapy specifically, in your understanding, what do you
1-228 think music therapy entails?
1-229 P: I have no idea.
1-230 R: I had no idea as well when I started.
1-231 P: Actually, I thought it was therapy, but through music. I know it... or what I
1-232 assume is it probably focuses more on the emotional state of the child and how
1-233 to bring them into calmness and peace and get them more focused. I guess thats
1-234 what music therapy is about.
1-235 R: I think you have a good understanding.
1-236 P: Do I? (Laughing)
1-237 R: Or perhaps even the emotional state of a mother?
1-238 P: Yes, of course.
1-239 R: Whoever is involved in the therapy then.
1-240 P: Yes.
1-241 R: Well, if you have any questions please don't hesitate to ask me, during our
1-242 whole process. I'm very open to that. I can't guarantee that I'll always have the
1-243 answers, but I'm very open to questions.
1-244 P: Well, we're here to learn.
1-245 R: So, if you think about what you know about music therapy, how do you think
1-246 she and yourself might benefit from music therapy? You've gone a little bit into
1-247 the calmness and the peace, so how do you think you might specifically benefit
1-248 from music therapy as opposed to another form of therapy?
1-249 P: I think it would benefit us. Both of us like music. I mean, if there's music
1-250 playing, we're calm. If there's no music playing, then something is wrong. For
1-251 me, something is wrong is there's no music playing. And she likes it. I think she'll

benefit, I really do think she will.
R: And you said she's sensitive to sound?
P: She is.
R: But even though she is sensitive, she still likes music.
P: She likes music as long as it's not too loud and she tends to startle a lot. So if it's too sudden sounds it will pose a problem. But if she knows where it's coming from then she's okay.
R: And you said she's cautious anyway.
P: She is, ya. She will suss it out.
R: Do you have a background in music that you both love it so much?
P: No!
R: Music is such a universal thing anyway.
P: From when we were babies, any babies, the first thing a mother does is she holds the baby and she sings to the baby, so it's been with us from birth. Thats how I get her to sleep.
R: Ya, we can explore some of that in our therapy sessions.
P: (laughs embarrassed) Oh, okay. We're definitely going to have to work on our voice.
R: So you've said that she's never had music therapy, but you also haven't had music therapy?
P: No.
R: And then with reference to the other forms of therapy that she receives, you said you've started to do some things in the sessions?
P: Ya.
R: Would you say you have ever taken part in or actively participated in a session with her?
P: Yes.
R: And to what extent?
P: Um, in terms of encouragement. If, for instance, in one of the other sessions, if we start singing a song then if everybody is singing, then it encourages her to do more, and to go further. And if I'm doing it as well, then she wants to go even more.
R: So you encourage her and spur her on.
P: Yes, ya.
R: And are you physically involved in the session? Say, in physio, are you helping her physically?
P: Not really. It's more observation, but I would like to be more involved.
R: Particularly since you are here and you attend the sessions.
P: Yes, ya.
R: And those observations, what do you observe? What do you do with those observations?
P: It's ten weeks that we've got to practice for, and each week we've got to practice at home for the following week. But you don't always remember stuff.

1-295 R: Luckily it's weekly that you come in...?
1-296 P: Yes.
1-297 R: And so if you have to think... you've said you think music therapy will benefit
1-298 you, but what are your expectations of the whole process of music therapy? Do
1-299 you have specific expectations or things that you would want the process to do
1-300 for you?
1-301 P: I think it would definitely get us to understand each other a little more. What
1-302 I'm looking for is maybe something that I can use to sort of motivate or
1-303 encourage her to do. Maybe try something new or if I want her to do something,
1-304 to do it through music.
1-305 R: Music is a very motivating force.
1-306 P: Sort of like a reward. We're going to sing a song if you do this, or...
1-307 R: Which is better than a sweet, as you said.
1-308 P: Yes.
1-309 R: So thats all I really wanted to ask you today.
1-310 P: Okay.
1-311 R: Is there anything else that we haven't covered here that you want to share
1-312 with me? Anything else about your relationship or music therapy?
1-313 P: No. Well, what are we going to do? What are the sessions going to involve?
1-314 R: I usually have an opening activity and a closing activity to provide boundary
1-315 and structure to the session, which is usually in the form of a hello song or a
1-316 goodbye song.
1-317 P: Okay.
1-318 R: Or an activity. Like a goodbye activity. And usually before the goodbye
1-319 activity, we'll do something called a resting song, where it just prepares her and
1-320 us for the end of the session. So we don't just sing the song and then it's ended.
1-321 P: Ya, it's over.
1-322 R: So that will be like a gentle piece of music where we just relax together,
1-323 perhaps do some swaying or physical movements with that, and the rest of the
1-324 session is filled in by instrumental play, so we'll offer her different instruments
1-325 and see what she takes a liking to. I often use my guitar or the piano for
1-326 accompaniment, so we'll be in here. We'll sing some songs together, perhaps
1-327 even work on a song that may become your song, like a lullaby or something like
1-328 that. Which is why I'm interested to hear what you sing to her at home, not
1-329 because I want to hear your voice... you know music therapy is really not about
1-330 your musical ability.
1-331 P: Okay.
1-332 R: So we'll work on a few things and obviously it's a very flexible process, so we
1-333 go where the need is. If we see that she's really enjoying this, or doesn't like the
1-334 sound of that, we won't go there. So it's quite a flexible thing, and from week to
1-335 week, then i'll just adjust the process and we'll see what we can do. And it will
1-336 really be about offering you opportunities to play with your daughter, and interact
1-337 with her on another level, because in daily life sometimes that becomes difficult.

1-338 is a sort of universal medium that most people can communicate through, so lets
1-339 see where it takes us.
1-340 P: Well, we're excited.
1-341 R: Thank you very much for your time today, I really appreciate it.
1-342 P: Thank you. One more thing: How long will the sessions be?
1-343 R: They should be around half an hour. Is that generally how long her other
1-344 sessions are?
1-345 P: They used to be about... well, we started out with 15 minutes, because, well,
1-346 like I said, she's matured a lot. So she can handle a lot more. She used to get
1-347 tired very quickly. Well, we're lucky, because when we started here she would
1-348 cry from beginning to end.
1-349 R: Really?
1-350 P: It used to be quite frustrating- for everybody. But I think we persevered, and
1-351 we are where we are today. She does a lot more. She's become a person. She's
1-352 developed in so many ways.
1-353 R: She seems very comfortable here. Ready to have some therapy and interact.
1-354 P: Ya, that's true. She's tired now.
1-355 R: Well, thank you, I'm not going to keep you any longer then.
1-356 P: Thank you very much.

P=Participant

Post-interview

Date: August 2011

R=Researcher

P=Participant

R: Thank you for being willing to take part in this interview. I just want to remind you that you will remain anonymous. And so when I type out the interview, I don't type your name. And no records of the interview are kept with your name. I, for the purposes of this interview, am interested to hear your opinion on the music therapy process- our eight sessions. So, would you mind if I asked you a few questions?

P: That's fine.

R: So firstly, and this is very apt coming straight out of a session, what were your general impressions of the whole process? Feel free to just speak.

P: Um, I knew she was going to take well to it because she likes music. But, um, it's made it easier for me at home. If I need to get her attention quickly, you know, to start singing or something.

R: Yes!

P: It would grab her, because she tends to drift off. And she gets a bit into her own world. But it helped- it really made a difference at home, it made a difference in the car, because when she's tired and you sing then she calms down and sleeps or whatever. But she rests, which helps a lot. And I think for her as well- she loves it.

R: Yes.

P: It's helped with everything. It helped with her using her hands, she does it a lot more now. She's changed a lot.

R: So, thats what I was going to ask, did your impression of music therapy change from before the process to now? Throughout the process?

P: Yes, it did.

R: In what you thought it was and then what it actually was.

P: Yes. Initially, I was very skeptical about whether this was going to work and what was it about but now, definitely, I think music is important. It's the way to go. I think the other forms of therapy can definitely incorporate it in their therapy. Because kids, they definitely learn through play, through singing and, ya.

R: And I have seen some of them sing a song or something to motivate the child to do something.

P: Yes. So they are trying it. And it is, it is... it encourages them. Because it's a reward at the end- clap hands or something.

R: And it's not always a tangible reward.

P: Yes.

R: Like a sweet or something.

P: Ya.

2-38 R: And so what you're saying it that the process then had an influence on what
2-39 your perception of what it was... what music therapy was.
2-40 P: Definitely.
2-41 R: Then, specifically about her, what were your impressions on her within the
2-42 music therapy sessions? Do you have specific impressions of her in the music as
2-43 opposed to everyday life?
2-44 P: Okay. I noticed she used to look forward to the sessions and once we got here
2-45 it was as if she knew exactly what was going to happen and, um, like I said with
2-46 her memory- she would remember what we did in the previous music therapy
2-47 session. So she started taking over.
2-48 R: Yes.
2-49 P: Big time.
2-50 R: Do you think that was valuable for her? To take over like that, to have a bit of
2-51 control?
2-52 P: Ya. Because she doesn't really have a way of expressing herself. Because
2-53 she's not talking and she's not mobile either so this was probably her way of
2-54 saying, "I've got something to say and I'm gonna say it".
2-55 R: Yes.
2-56 P: "It might be loud, but I'm going to say it".
2-57 R: (laughs) And sometimes to do things in her own time, at her own pace, we
2-58 must wait for her...
2-59 P: Ya. That's very important.
2-60 R: She's gets to be in control of this aspect.
2-61 P: I think she's also realised that she's also a person and you're going to do what
2-62 you want but I'm also going to do what I want, when I want to do it.
2-63 R: And there's something to be said about the influence of her behaviour on our
2-64 behaviour and visa versa.
2-65 P: Mmm.
2-66 R: If she does something...
2-67 P: She knows... that there's uuuuh... if she stops, we stop. If she plays, we play.
2-68 Ya, she's picked up on that cause and effect.
2-69 R: Yes! Which is essentially what you do in your relationship with her?
2-70 P: Yes!
2-71 R: If she cries, you come.
2-72 P: Yes.
2-73 R: If she's happy, then you are a certain way.
2-74 P: Ya.
2-75 R: Music, in a very beautiful way kind of imitates...
2-76 P: Relationship...
2-77 R: Yes, relationship. Okay, so were there any specific moments that stood out to
2-78 you in our therapy sessions, or anything in particular, specifically, that you would
2-79 like to share?
2-80 P: Okay. Uuummm...I think with the drum playing- I know she liked that a lot.

Even the guitar- she totally loved that, and would want to take over and take charge and, you know, not let... she used to kind of leave me behind. But what I liked a lot was not in this session but in the previous session, where she took the shakers on her own, even though we were away for so long, but she remembered what to do with them. And I didn't have to give it to her and shake her hand and say "Okay, now you need to shake". She did it herself! And for me that was... I'm lucky I didn't cry because I was about to. That was a major milestone for her. You know, to remember... this is how it works and how you do it. "I don't need my mommy, I can do it on my own".

R: So a bit of independence?

P: Yes! And also with the piano, and where she learned to take my hand and do what she wanted me to do, or what she wanted to do, but using me. And that, I mean, that was amazing. I never thought... I never ever thought we could do that. And that has affected us a lot, at home as well. Because now, when we introduce new things, I usually take her hand and do it with her and then she's more comfortable.

R: So essentially you're saying, you've transferred what you've done here into the rest of your life?

P: Yes, exactly.

R: And as we were just chatting just now about using her voice- can you talk a little bit about that? Because from my perceptions (but I only see her half an hour a week)... has there been any change with regards to that?

P: She is... she is...She's a lot more vocal at home, she babbles a lot. She's learnt to play with her voice. And she knows, in certain spaces, there's an echo and I need to shout a bit and then she gets that reaction.

R: Yes.

P: She's learnt a lot. She's understanding turn-taking, and she makes sounds at home and then somebody's got to respond and if no one responds she gets louder. You know, so she encourages you to play.

R: Probably also because she knows and can reply on your response.

P: Ya. But it's not just with me. It's with everyone.

R: Really?

P: Ya. Like this, this is a test. (*toddler sucks her lips together making a sound- mother referring to toddlers sounds*). She's testing and waiting to see who's going to give something back.

R: And if you do?

P: The she'll look at you and smile and then she'll go for it. (*mother sucks her lips together, saying the toddlers name*)

R: (*Laughs*) Okay, well, if you do think of anything else just say it. You know, anything else that kind of stood out in the sessions. You can always... if you think about it as we're speaking... bring it up. So what do you think you as a mother, will remember from this therapy process, or take with you?

P: That it's very important to interact with your child- it doesn't have to be loud, it

doesn't have to be formal. It's about the little things: a little smile, it's a little touch.. you know, play... it's all of that. If you focus on those things you definitely will see bigger changes. It's not about the big things.
R: Ya.
P: It's never about the big things.
R: And so, there was something about the spontaneity of your interactions.
P: Yes. It was also a lot more about... "It's not only about mommy, and not about, okay, mommy says we have to play now and we're playing". It was, okay, "____ wants to play now", and so lets play, you know! She says yes then we go for it! She says no, okay, we stop it.
R: But still there's space for being able to challenge her.
P: Yes. And she was up for the challenge.
R: Ya, definitely. I mean, you said you, it doesn't have to be formal... the way you interact. So, this interaction, would you say it was mostly informal?
P: It was informal. It was intimate. Thats also a good word to describe it. I mean, because it can happen anywhere... it can be when you're going to sleep or when you're lying in bed. You know, a little bit of singing or a little bit of humming, it's important. It is very important. It doesn't have to be at a table sitting and playing, not necessarily with an instrument, but...
R: The voice is an instrument....
P: Ya.
R: I mean, as you've also said, you use it now in the car, and also at home...
P: At home... Even if she gets up and she realises that I'm not in the room and uh, all I've got to do is pick up her monitor and probably say something and she knows, okay, mommy's around. I can calm down. I can wait- I know she's coming. So, it's okay. I let her know that I'm awake, now she's let me know that she's coming.
R: And, now this is kind of a very similar question, but what was your experience then, of taking part with her?
P: Oh, it was amazing. I think that, uh, like I said in the initial interview, in other forms of therapy it's the therapist and the child and you sort of sit and... you're sitting on the sidelines and you watching. And, um, when it comes to that you don't always remember what happened. You say, "Ya, okay, I will do this, I will do that... I remember", but when you get home it's a different story. But when you're part of the actual therapy you do remember a lot more about what happened and you can do it at home, and in different situations, not necessarily just here. So ya, that was very important.
R: It really does help to remember things.
P: It does.
R: So, could you describe anything that was difficult or easy, or both, about our process for you?
P: The easy part was... I think she was very keen on music so that was a good thing. You know, it was something she understood, I understood, everybody likes

music so that made the therapy easier. A difficult thing was that ____ is not very inclined to loud sounds. She tends to... she's very fearful of them. And then... that tends to... she sort of creates a barrier around herself. If she doesn't like it, she's not going to pay any attention to you, you can do whatever you want. But I was amazed- she took to it! That I was wondering about...

R: And we gradually introduced stuff.

P: Yes. It was slowly, it wasn't all one big bang, you know, it wasn't a big symphony orchestra...

R: All at once...

P: All at once! No, we enjoyed it.

R: Why did it make it easier for you that she was keen? Because you didn't...

P: Because with the other therapies they are very invasive. They get into my space. And then there's always someone tugging on her hand, or saying "____, do this....", you know? Here, She was allowed to be expressive. She was in control, she was in charge. Everything revolved around her, whereas with the others: "I'm going to do this, not matter whether you like it or not".

R: Mmmm.

P: You know, that was very important- that she was in charge.

R: Yes. So this theme of independence is quite important for you?

P: Yes, definitely. In her life she's not independent. She's dependent on me for almost everything. So for her, this is her thing, this is not my thing.

R: Or it's your thing.

P: Ya, it's our thing.

R: So, now please be completely honest, how do you think could sessions have been conducted differently?

P: I don't think... I think the way they were was good. I mean, you introduced instruments slowly. If she didn't like it, you didn't insist on it. And you had a structure, but at the end of the day you sort of took your cues from her. You know, it wasn't rigid... "You have to do this, or you have to do this...". And that, with kids, is very important. With adults it's different, you can say "Okay, we're going to do this now, that later...". But with her, and kids in general, you need to just go with the flow and if you can't go with the flow, then you're doomed.

R: She probably wouldn't respond.

P: She wouldn't. In any way. She would just isolate herself. I don't think you could have changed the way you did it.

R: Thank you. So now, specifically about your relationship. You've touched on it, where it is transferred to your home environment, but how do you think your relationship has been influenced by this process.

P: I think it's brought us closer. Um, i noticed a lot now, um, if we do things, or if ___ is introduced to something new, she would look at me for cues... "Is it okay?",or just a look to say "mommy, is this fine?, can we do it". Now, with the hand over hand thing, she does that, she initiates it at home, where if she wants me to do something, she'll stretch out for my hand and then do it. But she won't

just do it on her own. So ya, that has brought us closer. I understand now that I can't expect too much from her, you know, she needs that security from me saying "it's fine, we can go ahead".

R: And, if you think (I'm just going to backtrack a little bit), if you think about those other forms of therapy that you've spoken about, is it difficult as a mother to watch or is it... how is it different? Sitting there to sitting here and being involved?

P: Being involved is different because you can... I think, when you're in it, you can understand, "Okay, I can do this, or I can't do this. You understand your limitations as well. With the other forms of therapy, the therapist will tell you, okay, "when you go home, you need to stretch her arm like this", for instance, but you've never tried it. You have absolutely no idea what it's supposed to feel like for yourself, let alone how it's supposed to feel for her. And when you get home and you're trying this and all of a sudden it doesn't work. It worked in therapy, but it didn't work at home, so you tend to doubt yourself, because now maybe you're doing something wrong. You know, you don't have that foundation to say "Okay, I know what it's supposed to feel like". So if it's not feeling good then I'm definitely doing it wrong. But if it feels right and she's reacting to it positively then you know, okay, it works.

R: Ya, you're doing it right. Which is opposed to being in the session...

P: In the session... Ya. In these sessions you're doing in, you're doing it with her, you know how she feels about it, you know how you feel about it. You know how it's supposed to be. You have an idea of it.

R: Yes.

P: Other than just a visual idea that you just see.

R: So then, and I mean, you really have already touched on this, can you, in every day life, describe the nature of your encounters with your child since the therapy process? You've touched on how you've interacted...

P: Ya...

R: But the quality or the nature of the interactions- has that also...?

P: It's definitely improved. Because now... whereas before, if I needed to get her attention, it would take me forever, because I just couldn't, and it used to be too frustrating. Whereas now I can sort of, you know, get her to pay attention by singing a little bit or clapping hands or anything and she will listen. She focuses. Then we can carry on with what we need to do.

R: So your frustration then, as a mother, is lessened.

P: Yes! Yes, and I think kids pick up a lot on a mothers emotions. And I am a bit more calmer even with new activities, whereas before I would be... I would build up all these things like "Is she going to like it? What are we going to do? What if she doesn't like it? What if she's not going to be normal?" Those kinds of things. But now it's like, okay, so heres a toy, lets see if we can play with it, lets figure it out together.

R: Yes. Like the playdough.

P: Ya! Like the playdough.
R: Because what happened with that? In the session she...
P: Didn't like it. I've tried it before as well, I did it at home as well and she would watch. After that session I said "no ways", we are going to play with playdough, and now we take it out every day. We expose her to it. That I noticed: that it's about repetition at home. If you expose them to it over and over and again, they become more comfortable with it and they become more exploratory. And ya, she won't play with it like how you would, but she would touch it and for me that was a big thing, that she's actually touching it now.
R: So, what you've just said now: It was a big thing for you that she did that. Was there anything about the process that for you was like a big thing? Like you said with the shakers...
P: Ya. She started taking initiative and she can remember it, she can do it. She did it with the shakers, she did it with the piano and at home as well. She's got a xylophone and if she doesn't want... well, with her baby sister, she doesn't let her touch it at all and she takes charge and plays. It's hers. Thats her space. Ya, so that was a big thing. Her taking that step, saying "I can do this, on my own. Yes, I need you to do it before, but I don't need you to do it all the time. I can do it".
R: Is that important for you because of your specific relationship? I mean, is it important for you for her to take charge, and make choices?
P: Ya, I think for her in general, right now her verbal working is not yet okay, but later on, I mean, she's going to be out in the world, and I'm not always going to be by her side and she's going to have to make choices by herself, she's going to have to take charge. She's going to have to be able to tell people, "I don't like this" or "I do like this". Because I'm not going to be there to do that.
R: Is it a difficult process as a mother to start realising that she's becoming independent...?
P: Ya! But with her, I mean, she's always been dependent on me. It's different between my two kids. The other one is very independent. And thats new for me, I never knew that. When I had her she did everything on her own. But with ____, I've got to do everything from feeding, to playing, to anything. I've got to do it for her. Or with her. And she always was afraid to try something new. She would just sit there and watch it and would think "keep your distance, i'm keeping my distance. I don't know you, I don't want to do this". But now, she jumps into things, I don't think she even waits anymore.
R: So you may have a different description for her now.
P: Yes.
R: Different to our first interview.
P: Ya. I definitely would describe her differently.
R: Well, thats really all I wanted to ask you today. Is there any other aspect of the therapy process that I haven't asked you about or anything that you want to talk about?
P: I can't think of anything. I mean, not right now. But it definitely, it definitely

definitely made a difference in our lives. I didn't think it would. I thought it would just be one of those therapies... we'll be going through this and ya at the end we'd say "it really didn't do anything". But this really did. It made a change. And it's noticeable.

R: Well I've really enjoyed this whole process, thank you. Thank you for your time, consistency and everything.

P: We enjoyed it, we really really enjoyed it.

Appendix VI: Coding of interview transcripts

Pre-interview (I)

Line number	Transcription	Codes
1-1	R: So, I first want to say thank you for taking part in this interview. I really	
1-2	appreciate your time, and I also want to assure you that you will remain	
1-3	completely anonymous, and any records of this interview won't contain your	Anonymity of participant
1-4	name.	
1-5	P: Okay.	
1-6	R: I will either scratch out your name or I replace it with a... like a pseudonym.	Anonymity of participant
1-7	Okay, so, I'd first like to ask a little bit about your little girl. How old is she at the	
1-8	moment?	
1-9	P: She's now 21 months.	Age of toddler
1-10	R: So what's her date of birth.	
1-11	P: Uh, 21st August, 2009.	
1-12	R: And if, if I hadn't met her, if you had to give me a description of her, how	
1-13	would you describe her?	
1-14	P: Very friendly. Always smiling.	T friendly, smiling
1-15	R: Mmhmm.	
1-16	P: Um... but very, very, very cautious.	Cautious, weary of new situations-T
1-17	R: Cautious?	
1-18	P: Yes.	
1-19	R: In what way?	
1-20	P: In... in...	

Line number	Transcription	Codes
1-21		
1-22	R: With new people?...	
1-23	P: New people, new things, new environments. She... she needs to warm up to	Cautious, weary of new situations-T
1-24	you first before she can dive in.	
1-25	R: Ya. Okay. Um... has she received a specific diagnosis related to her	
1-26	disability?	
1-27	P: No.	
1-28	R: No specific diagnosis?	No specific diagnosis
1-29	P: She doesn't actually have a disability.	No actual disability
1-30	R: Okay.	
1-31	P: She's just... um... her development's delayed.	Developmental delay
1-32	R: Okay. I wondered... Because when I looked at her I couldn't figure out...	
1-33	P: (laughs)	
1-34	R: Okay, so she hasn't... and... um... here I have: What prompted you to bring	
1-35	her to therapy in the first place? What age, or what made you think?...	Reason for attending BTC
1-36	P: She was about... um... I think it was around eight to nine months where she	Not reaching developmental milestones
1-37	wasn't, um, sitting yet.	
1-38	R: Okay.	Evaluation at BTC
1-39	P: Or crawling. So, um, we went to the pediatrician for her usual check up and	
1-40	then he suggested Baby Therapy Center, just to go for an evaluation, to see	
1-41	what happened. And, after the evaluation, they decided therapy is the way to go,	Therapy to boost toddler up
1-42	and they've got to work on it just to boost her, and so ya, thats where we are.	
1-43	R: Okay. So that was when she was eight months old?	

Line number	Transcription	Codes
1-44	P: Ya.	
1-45	R: Okay. Wonderful that they recommended this place for you to come to.	
1-46	P: Yes.	
1-47	R: Okay. And then... obviously now I've met your other daughter (gestures to	
1-48	(gestures to other child in the room), um, I just wanted to ask, how old is she?	
1-49	P: She is now seven months old.	Other daughter
1-50	R: Seven months. And how would you describe your relationship with your two	Relationship between M and two daughters
1-51	daughters?	Daughters dependent on M
1-52	P: Um, I think, they tend to be dependent, um... both physically, emotionally...	
1-53	definitely.	
1-54	R: Mmm.	Dependance on M
1-55	P: I mean, there are times when I'm not allowed to leave the room, and then	
1-56	there are other times that I can disappear and they won't even notice.	
1-57	R: (Laughs)	Children responsive
1-58	P: (Laughs) Um, so, but ya, we get along quite well. They're responsive. I	M responds to children too
1-59	respond well to them as well, and I can see when they're tired and we won't push	
1-60	it.	
1-61	R: Ya, ya.	Time to play
1-62	P: You know, when its just time to play, then we play.	
1-63	R: Yes, yes. And so are you most of the day with them?	
1-64	P: Yes.	Mother not working
1-65	R: You're not working at the moment?	
1-66	P: No.	

Line number	Transcription	Codes
1-67	R: Okay. Makes sense. (Laughs)	
1-68	R: (Laughs)	
1-69	R: And could you briefly describe their relationship with each other?	
1-70	P: They are almost inseparable.	Inseparable relationship-2 daughters
1-71	R: Really?	
1-72	P: Yes. They very aware of each other... um... and when they're together, then	Effect on each other
1-73	they calm. Especially if one is crying or upset in any way, we put them together	Calm when together- effect on each other
1-74	and then they stop immediately.	
1-75	R: Really?	
1-76	P: Ya. Its just this bond that they have and you can see it.	Bond between daughters
1-77	R: Mmm... bond... ya. Like a positive effect that they have on each other.	Positive effect on each other
1-78	P: Ya! It is, it is. And then they sort of encourage each other to do things.	Encourage each other
1-79	R: Oh, really?	
1-80	P: Which is good.	
1-81	R: Well, they're fairly close in age.	Sisters close in age
1-82	P: They are, they are.	
1-83	R: So, if you could describe for me, how would you experience an average day	Routine of an average day
1-84	with your little girl?	
1-85	P: Very busy.	M&T very busy
1-86	R: Busy?	
1-87	P: Very.	
1-88	R: With what kind of things do you fill your day?	
1-89	P: Everything. It starts out from the morning, because now she's not crawling...	T not physically able

Line number	Transcription	Codes
1-90	she's not any better in that way, she's not mobile. So then we've got to start with	Feeding
1-91	feeding, once feeding is done then there's a little bit of play time, and after that a	Play time
1-92	sleep... a bit of a nap. And then, uh, its not always very long.	Sleeping
1-93	R: Yes.	
1-94	P: You're lucky if you get an hour.	
1-95	R: Oh really?	
1-96	P: Very lucky. And then she's up again... eat, play, and it keeps going. (Laughs)	Routine of an average day
1-97	R: (Laughs) And you have to do that twice!	
1-98	P: Ya! And it just so happens that they take turns... um, when we come to	M taking care of two daughters
1-99	sleeping. The minute the one's eyes close, the other one wakes up. But we love	
1-100	it, we love it.	
1-101	R: And do you get out and about much or are you at home?	
1-102	P: I try to, I try to. Um... we try not to stay at home all the time. Just break the	
1-103	routine here and there. Um, we do go out. We try shopping, those kinds of	Going out-break the routine
1-104	things. Visiting people, ya.	Visiting people
1-105	R: Mmm. Okay, and you have described your relationship with your daughter.	
1-106	So, relating to your relationship with your little girl, how would you... are there	Communication within relationship
1-107	any aspects concerning communication within the relationship that you want to	
1-108	elaborate on?	
1-109	P: Um, with S, she's very reserved. So you won't always get a clear reading of	T reserved
1-110	what she's feeling.	T doesn't show emotion
1-111	R: What she wants?...	
1-112	P: Ya.	

Line number	Transcription	Codes
1-113	R: What medium do you use to communicate?	Medium of communication
1-114	P: Oh, we talk.	Talking from M
1-115	R: Really?	
1-116	P: I talk to her. I talk a lot. I give her choices. (Laughs)	Provision of choice
1-117	R: (Laughs) And any other alternate forms of communication? Or prompts or	Alternate forms of communication
1-118	things like that that you use?	Other forms of communication
1-119	P: We do a lot of play. I try not to give her a lot of... um, what I call bribes that I	Lots of play
1-120	use when you do this. I don't do that.	Bribes from M
1-121	R: Okay.	
1-122	P: If you want to play, you can play. If you can sleep you can sleep... or make	Choice to play
1-123	you sleep.	
1-124	R: And could you elaborate on your physical interaction? How would you	Physical interaction-M&T
1-125	describe your physical interaction?	
1-126	P: Oh... um.... I don't know.	
1-127	R: Is there intimacy between you?	Intimacy between M and T
1-128	P: Yes.	
1-129	R: Hugging and...	
1-130	P: Oh ya! We hug a lot and kiss a lot and, um, we roll about on the carpet, those	Physical intimacy
1-131	type of things. Lot of touching, a lot of touching. Lots and lots of touching.	Touching-M&T
1-132	R: It sounds like you spend a lot of time, just time, being with her.	Quality time between M&T
1-133	P: Yes.	
1-134	[P lifts her daughter onto her lap and speaks to and comforts her]	
1-135	R: And, now appropriately, could you elaborate on your emotional attachment?	Emotional attachment

Line number	Transcription	Codes
1-136	P: Oh, we're very attached. But I think it has a lot to do with the fact that, for	Very attached-M&T
1-137	about the first year of her life, I was working, so I wasn't really at home that	Absent mother (from home)
1-138	much.	
1-139	R: Okay.	
1-140	P: So, ya, I think we very attached.	Very attached-M&T
1-141	R: So would you say its changed over time? From when she was born?	
1-142	P: It has changed...	Changing attachment
1-143	R: How has it changed?	
1-144	P: Well, we've gotten closer. Um... we get to spend more time with each other. I	Quality time influencing attachment
1-145	make more time. Whereas before I was very torn between work and home and	
1-146	my husband and people we live with... There really wasn't any time for her. It	
1-147	was just basically making her sleep and feeding her, thats it. Now we've got a lot	
1-148	more play time. A lot more exploring time. Where... she understands I need my	Play time
1-149	time and I understand you need your time (pointing to her daughter). Although,	Taking time together
1-150	we take up a lot of mommy's time.	
1-151	R: So you would attribute your closeness to her to the amount of time spent with	Amount of time spent together
1-152	her?	
1-153	P: Yes, definitely.	Closeness attributed to quality time
1-154	R: Yes, I think its difficult for a working mom.	Working M
1-155	P: Yes, for sure.	
1-156	R: I mean, I wouldn't know...	
1-157	P: You're not so involved.	M not involved earlier
1-158	R: Ya. And how does that... how do you think it affects your relationship?	

Line number	Transcription	Codes
1-159	P: With her? (Points to daughter)	
1-160	R: Ya.	
1-161	P: Well, I think she knows that... there is security. She knows that I will be there	Security in relationship
1-162	for her, whatever goes wrong, whatever doesn't go wrong. And... uh, ya, this is	
1-163	my baby. (Laughs)	
1-164	R: (Laughs) Its very obvious. Lovely. And so, what kinds of therapy does she	
1-165	presently receive?	
1-166	P: She goes for occupational therapy, she's doing a little bit of physiotherapy as	Other therapies: physiotherapy, OT, speech therapy
1-167	well, and speech therapy.	
1-168	R: All here at the center?	BTC
1-169	P: All here at the center.	
1-170	R: Okay. And... uh... Any that she received in the past that she's stopped	
1-171	receiving now?	
1-172	P: No, nothing. Since that evaluation at about 8 months or so, ya, we've been	
1-173	here, ever since.	Impact of other therapies
1-174	R: And if you had to describe each of those therapies, how would you describe	
1-175	them? Or their impact on her? Just briefly.	Occupational therapy
1-176	P: Um, well, for OT, it helps her I think with her day-to-day activities. You know,	T's understanding improving
1-177	she's beginning to understand how things fit together. Um, ya, so thats helping	
1-178	with her. With physiotherapy, its helping tremendously with.. when we started	Physiotherapy
1-179	she was not moving at all, you know, she never used to do this (child sways from	Increased physical activity from T
1-180	front to back on mothers lap). But she's doing it now!	
1-181	R: Ya!	

Line number	Transcription	Codes
1-182	P: She's a lot more mobile.	Increased physical activity from T
1-183	R: She seems so active.	
1-184	P: She is. And with speech therapy she's a lot more vocal. She tried to get her	Increased vocal activity from T
1-185	message across, somehow.	
1-186	R: Making sounds...	Communicative sounds
1-187	P: Yes, sounds. Or if she's unhappy, she'll cry. She won't necessarily say	Perseverance in tasks-T
1-188	something but if she wants something she'll try and get to it and if she can't then	
1-189	she'll try again.	
1-190	R: Its communicative then, the way she tries to...	Communicative sounds
1-191	P: Yes, yes.	
1-192	R:... get the message across.	
1-193	P: She definitely has matured, she's matured a lot.	T matured
1-194	R: And you would attribute that to her therapy process.	Therapy process's aided maturation of T
1-195	P: Ya.	
1-196	R: So has she ever been involved in music therapy before?	No MT prior to this
1-197	P: Never.	
1-198	R: Now, this is specifically to do with you, as that mother. How do you	Developmental delay
1-199	experience having a child with developmental delay?	
1-200	P: Initially it was very frustrating. You get comments from people that tend to	M frustrated
1-201	discourage you. But, you know, after I've been how the therapies have helped, I	Other therapies
1-202	mean, we've all developed. We want to go further. So, positive thinking!	Joint development-M&T
1-203	R: Ya. So there's definitely been a change in the way that you perceive it.	Change in perception-M
1-204	P: Yes, and probably in the way that I look at her. I know that she can do more.	Change in perception-M

Line number	Transcription	Codes
1-205	And I tend to be more encouraging, whereas before if she couldn't do it I would	Encouragement from M
1-206	tell myself, 'okay, thats fine, she can't do it' so we'll leave it, but now I want her to	
1-207	do it. I want her to do more.	Encouragement
1-208	R: So you see her potential really.	Seeing potential in MT
1-209	P: Yes, ya, I do.	
1-210	R: Amazing. Would you attribute that to something specific?	
1-211	P: Definitely. Definitely, therapy has helped. I don't think I would have been able	Therapy aided in finding potential
1-212	to do it on my own. I mean, we've probably been introduced to the right tools. If	Right tools in therapy
1-213	you don't have the tools, you can't do anything.	
1-214	R: Which you can now use at home.	Using tools and skills at home
1-215	P: Which I can. Ya.	
1-216	R: So specifically on your relationship with her now, because we've spoken	Relationship-M&T
1-217	about you and how its affected you, how do you think it affected on your	
1-218	relationship with her, from the beginning, to now?	
1-219	P: Well, initially, like i said, we were not so involved. Um, even in therapy, I would	Lack of initial involvement in other therapies
1-220	watch and try do so things. Now its more like I'm doing a lot and in maybe	Increased involvement from M
1-221	showing her, and giving an example, I get more involved. I get down on the floor,	Increased involvement from M
1-222	whereas before I wouldn't do that. You know there were these boundaries, now	No boundaries in MT
1-223	there's no boundaries. Now we're all in there!	Commitment to participating in MT
1-224	R: Amazing.	
1-225	P: And she likes it, she likes it.	
1-226	R: And I'm sure she knows- she feels that involvement from you. And, okay, so	
1-227	this is to do with music therapy specifically, in your understanding, what do you	

Line number	Transcription	Codes
1-228	think music therapy entails?	No MT understanding
1-229	P: I have no idea.	
1-230	R: I had no idea as well when I started.	Therapy through music
1-231	P: Actually, I thought it was therapy, but through music. I know it... or what I	Emotional state/s of T
1-232	assume is it probably focuses more on the emotional state of the child and how	Music creating peace and calm
1-233	to bring them into calmness and peace and get them more focused. I guess thats	
1-234	what music therapy is about.	
1-235	R: I think you have a good understanding.	
1-236	P: Do I? (Laughing)	Emotional state/s of M
1-237	R: Or perhaps even the emotional state of a mother?	
1-238	P: Yes, of course.	Involvement in therapy
1-239	R: Whoever is involved in the therapy then.	
1-240	P: Yes.	
1-241	R: Well, if you have any questions please don't hesitate to ask me, during our	
1-242	whole process. I'm very open to that. I can't guarantee that I'll always have the	
1-243	answers, but I'm very open to questions.	
1-244	P: Well, we're here to learn.	
1-245	R: So, if you think about what you know about music therapy, how do you think	
1-246	she and yourself might benefit from music therapy? You've gone a little bit into	Music creating eace and calm
1-247	the calmness and the peace, so how do you think you might specifically benefit	
1-248	from music therapy as opposed to another form of therapy?	Enjoyment of music
1-249	P: I think it would benefit us. Both of us like music. I mean, if there's music	
1-250	playing, we're calm. If there's no music playing, then something is wrong. For	Music playing

Line number	Transcription	Codes
1-251	me, something is wrong is there's no music playing. And she likes it. I think she'll	Benefits of music
1-252	benefit, I really do think she will.	Sensitivity to sound-T
1-253	R: And you said she's sensitive to sound?	
1-254	P: She is.	Sensitivity to sound-T; T enjoys music
1-255	R: But even though she is sensitive, she still likes music.	
1-256	P: She likes music as long as its not too loud and she tends to startle a lot. So if	
1-257	its too sudden sounds it will pose a problem. But if she knows where its coming	
1-258	from then she's okay.	
1-259	R: And you said she's cautious anyway.	Caution-T
1-260	P: She is, ya. She will suss it out.	
1-261	R: Do you have a background in music that you both love it so much?	
1-262	P: No!	No background in music
1-263	R: Music is such a universal thing anyway.	Music as universal medium
1-264	P: From when we were babies, any babies, the first thing a mother does is she	Music from birth-M singing to T
1-265	holds the baby and she sings to the baby, so its been with us from birth. Thats	
1-266	how I get her to sleep.	
1-267	R: Ya, we can explore some of that in our therapy sessions.	
1-268	P: (laughs embarrassed) Oh, okay. We're definitely going to have to work on our	Voice-M
1-269	voice.	
1-270	R: So you've said that she's never had music therapy, but you also haven't had	
1-271	music therapy?	
1-272	P: No.	
1-273	R: And then with reference to the other forms of therapy that she receives, you	Increased involvement from M in other therapy

Line number	Transcription	Codes
1-274	said you've started to do some things in the sessions?	sessions
1-275	P: Ya.	
1-276	R: Would you say you have ever taken part in or actively participated in a	
1-277	session with her?	
1-278	P: Yes.	
1-279	R: And to what extent?	
1-280	P: Um, in terms of encouragement. If, for instance, in one of the other sessions,	Encouragement of T from M
1-281	if we start singing a song then if everybody is singing, then it encourages her to	Encouragement of T from M
1-282	do more, and to go further. And if I'm doing it as well, then she wants to go even	
1-283	more.	
1-284	R: So you encourage her and spur her on.	Encouragement of T from M
1-285	P: Yes, ya.	
1-286	R: And are you physically involved in the session? Say, in physio, are you	Physical involvement
1-287	helping her physically?	No hands on-involvement from T
1-288	P: Not really. Its more observation, but I would like to be more involved.	Observation in other sessions-M; M wants to be
1-289	R: Particularly since you are here and you attend the sessions.	more involved
1-290	P: Yes, ya.	
1-291	R: And those observations, what do you observe? What do you do with those	
1-292	observations?	
1-293	P: Its ten weeks that we've got to practice for, and each week we've got to	Practicing skills learnt in therapy
1-294	practice at home for the following week. But you don't always remember stuff.	
1-295	R: Luckily its weekly that you come in...?	
1-296	P: Yes.	

Line number	Transcription	Codes
1-297	R: And so if you have to think... you've said you think music therapy will benefit	Expectations of MT from M
1-298	you, but what are your expectations of the whole process of music therapy? Do	
1-299	you have specific expectations or things that you would want the process to do	
1-300	for you?	
1-301	P: I think it would definitely get us to understand each other a little more. What	MT used for increased understanding
1-302	I'm looking for is maybe something that I can use to sort of motivate or	Motivation of T
1-303	encourage her to do. Maybe try something new or if I want her to do something,	Encouragement of T from M
1-304	to do it through music.	
1-305	R: Music is a very motivating force.	Music as motivation
1-306	P: Sort of like a reward. We're going to sing a song if you do this, or...	Music as motivation
1-307	R: Which is better than a sweet, as you said.	Music as reward
1-308	P: Yes.	
1-309	R: So thats all I really wanted to ask you today.	
1-310	P: Okay.	
1-311	R: Is there anything else that we haven't covered here that you want to share	
1-312	with me? Anything else about your relationship or music therapy?	
1-313	P: No. Well, what are we going to do? What are the sessions going to involve?	Structure of MT sessions
1-314	R: I usually have an opening activity and a closing activity to provide boundary	Boundaries in MT sessions
1-315	and structure to the session, which is usually in the form of a hello song or a	
1-316	goodbye song.	
1-317	P: Okay.	
1-318	R: Or an activity. Like a goodbye activity. And usually before the goodbye	
1-319	activity, we'll do something called a resting song, where it just prepares her and	

Line number	Transcription	Codes
1-320	us for the end of the session. So we don't just sing the song and then its ended.	
1-321	P: Ya, its over.	Structure of MT sessions
1-322	R: So that will be like a gentle piece of music where we just relax together,	
1-323	perhaps do some swaying or physical movements with that, and the rest of the	Instrumental play
1-324	session is filled in by instrumental play, so we'll offer her different instruments	
1-325	and see what she takes a liking to. I often use my guitar or the piano for	
1-326	accompaniment, so we'll be in here. We'll sing some songs together, perhaps	
1-327	even work on a song that may become your song, like a lullaby or something like	
1-328	that. Which is why I'm interested to hear what you sing to her at home, not	Mothers voice at home
1-329	because I want to hear your voice... you know music therapy is really not about	
1-330	your musical ability.	
1-331	P: Okay.	
1-332	R: So we'll work on a few things and obviously its a very flexible process, so we	Flexibility of MT process
1-333	go where the need is. If we see that she's really enjoying this, or doesn't like the	
1-334	sound of that, we won't go there. So its quite a flexible thing, and from week to	Flexibility of MT process
1-335	week, then i'll just adjust the process and we'll see what we can do. And it will	
1-336	really be about offering you opportunities to play with your daughter, and interact	Opportunities for play
1-337	with her on another level, because in daily life sometimes that becomes difficult.	
1-338	Sometimes there's a break in communication or interaction or something. Music	Break in communication
1-339	is a sort of universal medium that most people can communicate through, so lets	Music as universal medium
1-340	see where it takes us.	
1-341	P: Well, we're excited.	
1-342	R: Thank you very much for your time today, I really appreciate it.	Length of MT sessions

Line number	Transcription	Codes
1-343	P: Thank you. One more thing: How long will the sessions be?	
1-344	R: They should be around half an hour. Is that generally how long her other	
1-345	sessions are?	
1-346	P: They used to be about... well, we started out with 15 minutes, because, well,	Maturation of T
1-347	like I said, she's matured a lot. So she can handle a lot more. She used to get	
1-348	tired very quickly. Well, we're lucky, because when we started here she would	
1-349	cry from beginning to end.	
1-350	R: Really?	
1-351	P: It used to be quite frustrating- for everybody. But I think we persevered, and	Perseverance-M&T
1-352	we are where we are today. She does a lot more. She's become a person. She's	
1-353	developed in so many ways.	Development of T
1-354	R: She seems very comfortable here. Ready to have some therapy and interact.	
1-355	P: Ya, that's true. She's tired now.	
1-356	R: Well, thank you, I'm not going to keep you any longer then.	
1-357	P: Thank you very much.	

Appendix VI: Coding of interview transcripts

Post-interview (II)

Line number	Transcription	Codes
2-1	R: Thank you for being willing to take part in this interview. I just want to remind	
2-2	you that you will remain anonymous. And so when I type out the interview, I don't	Anonymity of participant
2-3	type your name. And no records of the interview are kept with your name. I, for	
2-4	the purposes of this interview, am interested to hear your opinion on the music	MT process
2-5	therapy process- our eight sessions. So, would you mind if I asked you a few	
2-6	questions?	
2-7	P: That's fine.	
2-8	R: So firstly, and this is very apt coming straight out of a session, what were your	
2-9	general impressions of the whole process? Feel free to just speak.	Impressions of MT process
2-10	P: Um, I knew she was going to take well to it because she likes music. But, um,	
2-11	its made it easier for me at home. If I need to get her attention quickly, you know,	Skills to home
2-12	to start singing or something.	M singing at home
2-13	R: Yes!	
2-14	P: It would grab her, because she tends to drift off. And she gets a bit into her	T drifts off; music keeps T's attention
2-15	own world. But it helped- it really made a difference at home, it made a	Skills to home
2-16	difference in the car, because when she's tired and you sing then she calms	Peace and calm-T
2-17	down and sleeps or whatever. But she rests, which helps a lot. And I think for her	
2-18	as well- she loves it.	T's love for music
2-19	R: Yes.	
2-20	P: Its helped with everything. It helped with her using her hands, she does it a lot	Music helpful; T's use of her hands

Line number	Transcription	Codes
2-21	more now. She's changed a lot.	Change in T since MT process
2-22	R: So, thats what I was going to ask, did your impression of music therapy	Impressions of MT process
2-23	change from before the process to now? Throughout the process?	Changing impressions of MT-M
2-24	P: Yes, it did.	
2-25	R: In what you thought it was and then what it actually was.	
2-26	P: Yes. Initially, I was very skeptical about whether this was going to work and	Skeptical about MT
2-27	what was it about but now, definitely, I think music is important. Its the way to go.	Importance of music-M
2-28	I think the other forms of therapy can definitely incorporate it in their therapy.	Other therapies
2-29	Because kids, they definitely learn through play, through singing and, ya.	Use of voice in learning
2-30	R: And I have seen some of them sing a song or something to motivate the child	Play in learning
2-31	to do something.	Motivation
2-32	P: Yes. So they are trying it. And it is, it is... it encourages them. Because its a	Music as reward
2-33	reward at the end- clap hands or something.	
2-34	R: And its not always a tangible reward.	Music as reward
2-35	P: Yes.	
2-36	R: Like a sweet or something.	
2-37	P: Ya.	
2-38	R: And so what you're saying it that the process then had an influence on what	Changing perception of MT-M
2-39	your perception of what it was... what music therapy was.	
2-40	P: Definitely.	
2-41	R: Then, specifically about her, what were your impressions on her within the	Impressions of MT-M
2-42	music therapy sessions? Do you have specific impressions of her in the music as	
2-43	opposed to everyday life?	

Line number	Transcription	Codes
2-44	P: Okay. I noticed she used to look forward to the sessions and once we got	T enjoyed MT sessions
2-45	here it was as if she knew exactly what was going to happen and, um, like I said	
2-46	with her memory- she would remember what we did in the previous music	Increase in memory-T
2-47	therapy session. So she started taking over.	Leadership from T
2-48	R: Yes.	
2-49	P: Big time.	
2-50	R: Do you think that was valuable for her? To take over like that, to have a bit of	Value of leading from T
2-51	control?	
2-52	P: Ya. Because she doesn't really have a way of expressing herself. Because	Lack of means for expression-T
2-53	she's not talking and she's not mobile either so this was probably her way of	Lack of means to communicate-T
2-54	saying, 'i've got something to say and I'm gonna say it'.	
2-55	R: Yes.	
2-56	P: 'It might be loud, but I'm going to say it'.	
2-57	R: (laughs) And sometimes to do things in her own time, at her own pace, we	T's pace
2-58	must wait for her...	
2-59	P: Ya. That's very important.	
2-60	R: She's gets to be in control of this aspect.	Control of music and session
2-61	P: I think she's also realised that she's also a person and you're going to do what	T is a person too
2-62	you want but I'm also going to do what I want, when I want to do it.	
2-63	R: And there's something to be said about the influence of her behaviour on our	Influence of behaviour-both M&T
2-64	behaviour and visa versa.	
2-65	P: Mmm.	
2-66	R: If she does something...	

Line number	Transcription	Codes
2-67	P: She knows... that there's uuuuh... if she stops, we stop. If she plays, we play.	
2-68	Ya, she's picked up on that cause and effect.	Influence of behaviour-M&T
2-69	R: Yes! Which is essentially what you do in your relationship with her?	Relationship-M&T
2-70	P: Yes!	
2-71	R: If she cries, you come.	M's response to T
2-72	P: Yes.	
2-73	R: If she's happy, then you are a certain way.	M's response to T
2-74	P: Ya.	
2-75	R: Music, in a very beautiful way kind of imitates...	Music imitating relationship
2-76	P: Relationship...	
2-77	R: Yes, relationship. Okay, so were there any specific moments that stood out to	Moments in MT sessions
2-78	you in our therapy sessions, or anything in particular, specifically, that you would	
2-79	like to share?	
2-80	P: Okay. Uuummm...I think with the drum playing- I know she liked that a lot.	Drumming in sessions
2-81	Even the guitar- she totally loved that, and would want to take over and take	Leadership -T
2-82	charge and, you know, not let... she used to kind of leave me behind. But what I	Independence-T
2-83	liked a lot was not in this session but in the previous session, where she took the	
2-84	shakers on her own, even though we were away for so long, but she	Leadership-T
2-85	remembered what to do with them. And I didn't have to give it to her and shake	Increased memory-T
2-86	her hand and say 'okay, now you need to shake'. She did it herself! And for me	Independence-T
2-87	that was... I'm lucky I didn't cry because I was about to. That was a major	
2-88	milestone for her. You know, to remember... this is how it works and how you do	Gradually reaching a milestone-T
2-89	it. I don't need my mommy, I can do it on my own.	Memory

Line number	Transcription	Codes
2-90	R: So a bit of independence?	Independence-T
2-91	P: Yes! And also with the piano, and where she learned to take my hand and do	Independence-T
2-92	what she wanted me to do, or what she wanted to do, but using me. And that, I	Using M to take part/express herself
2-93	mean, that was amazing. I never thought... I never ever thought we could do	T holding M's hand
2-94	that. And that has affected us a lot, at home as well. Because now, when we	Skills to home
2-95	introduce new things, I usually take her hand and do it with her and then she's	M uses hand to show T
2-96	more comfortable.	
2-97	R: So essentially you're saying, you've transferred what you've done here into	Skills to home
2-98	the rest of your life?	
2-99	P: Yes, exactly.	
2-100	R: And as we were just chatting just now about using her voice- can you talk a	Using the voice
2-101	little bit about that? Because from my perceptions (but I only see her half an hour	
2-102	a week)... has there been any change with regards to that?	
2-103	P: She is... she is...She's a lot more vocal at home, she babbles a lot. She's	Increased vocal activity from T
2-104	learnt to play with her voice. And she knows, in certain spaces, there's an echo	T plays with her voice
2-105	and I need to shout a bit and then she gets that reaction.	
2-106	R: Yes.	
2-107	P: She's learnt a lot. She's understanding turn-taking, and she makes sounds at	Learning in music
2-108	home and then somebody's got to respond and if no one responds she gets	Response from others
2-109	louder. You know, so she encourages you to play.	T encourages M to play
2-110	R: Probably also because she knows and can reply on your response.	T relies on M's response
2-111	P: Ya. But its not just with me. Its with everyone.	
2-112	R: Really?	

Line number	Transcription	Codes
2-113	P: Ya. Like this, this is a test. (*toddler sucks her lips together making a sound-*	
2-114	*mother referring to toddlers sounds*). She's testing and waiting to see who's	T expects response from M
2-115	going to give something back.	
2-116	R: And if you do?	
2-117	P: The she'll look at you and smile and then she'll go for it. (*mother sucks her lips*	T smiles in response to M
2-118	*together, saying the toddlers name*)	
2-119	R: (*Laughs*) Okay, well, if you do think of anything else just say it. You know,	
2-120	anything else that kind of stood out in the sessions. You can always... if you think	
2-121	about it as we're speaking... bring it up. So what do you think you as a mother,	
2-122	will remember from this therapy process, or take with you?	
2-123	P: That its very important to interact with your child- it doesn't have to be loud, it	Interaction-M&T
2-124	doesn't have to be formal. Its about the little things: a little smile, its a little touch..	Informal interaction
2-125	you know, play... its all of that. If you focus on those things you definitely	Playing together; Physical interaction
2-126	will see bigger changes. Its not about the big things.	
2-127	R: Ya.	
2-128	P: Its never about the big things.	
2-129	R: And so, there was something about the spontaneity of your interactions.	Spontaneous interaction-M&T
2-130	P: Yes. It was also a lot more about... its not only about mommy, and not about,	
2-131	okay, mommy says we have to play now and we're playing. It was, okay, ____	Play between M&T
2-132	wants to play now, and so lets play, you know! She says yes then we go for it!	Independence of T
2-133	She says no, okay, we stop it.	
2-134	R: But still there's space for being able to challenge her.	Challenging T
2-135	P: Yes. And she was up for the challenge.	Challenging T

Line number	Transcription	Codes
2-136	R: Ya, definitely. I mean, you said you, it doesn't have to be formal... the way you	Informal interaction-M&T
2-137	interact. So, this interaction, would you say it was mostly informal?	Informal interaction-M&T
2-138	P: It was informal. It was intimate. Thats also a good word to describe it. I mean,	Intimacy, informal
2-139	because it can happen anywhere... it can be when you're going to sleep or when	
2-140	you're lying in bed. You know, a little bit of singing or a little bit of humming, its	M's voice
2-141	important. It is very important. It doesn't have to be at a table sitting and playing,	
2-142	not necessarily with an instrument, but...	Informal musical interactions
2-143	R: The voice is an instrument....	Voice as instrument
2-144	P: Ya.	
2-145	R: I mean, as you've also said, you use it now in the car, and also at home...	Skills to home
2-146	P: At home... Even if she gets up and she realises that I'm not in the room and	
2-147	uh, all I've got to do is pick up her monitor and probably say something and she	M's voice
2-148	knows, okay, mommy's around. I can calm down. I can wait- I know she's	Peace and calm from T
2-149	coming. So, its okay. I let her know that I'm awake, now she's let me know that	
2-150	she's coming.	
2-151	R: And, now this is kind of a very similar question, but what was your experience	
2-152	then, of taking part with her?	
2-153	P: Oh, it was amazing. I think that, uh, like I said in the initial interview, in other	Enjoyment of M in MT
2-154	forms of therapy its the therapist and the child and you sort of sit and... you're	Other therapies- different to MT
2-155	sitting on the sidelines and you watching. And, um, when it comes to that you	Memory of sessions
2-156	don't always remember what happened. You say, 'ya, okay, I will do this, I will do	
2-157	that... I remember', but when you get home its a different story. But when you're	
2-158	part of the actual therapy you do remember a lot more about what happened and	Active involvement from M in MT

Line number	Transcription	Codes
2-159	you can do it at home, and in different situations, not necessarily just here. So	
2-160	ya, that was very important.	
2-161	R: It really does help to remember things.	Memory
2-162	P: It does.	
2-163	R: So, could you describe anything that was difficult or easy, or both, about our	
2-164	process for you?	
2-165	P: The easy part was... I think she was very keen on music so that was a good	Enjoyment of music-T
2-166	thing. You know, it was something she understood, I understood, everybody likes	Understanding of music-T
2-167	music so that made the therapy easier. A difficult thing was that ____ is not very	
2-168	inclined to loud sounds. She tends to... she's very fearful of them. And then...	Sensitivity to sounds-T
2-169	that tends to... she sort of creates a barrier around herself. If she doesn't like it,	Barriers-T
2-170	she's not going to pay any attention to you, you can do whatever you want. But I	
2-171	was amazed- she took to it! That I was wondering about...	
2-172	R: And we gradually introduced stuff.	Gradual introduction to new things in
2-173	P: Yes. It was slowly, it wasn't all one big bang, you know, it wasn't a big	MT
2-174	symphony orchestra...	
2-175	R: All at once...	
2-176	P: All at once! No, we enjoyed it.	Enjoyment of music-M&T
2-177	R: Why did it make it easier for you that she was keen? Because you didn't...	
2-178	P: Because with the other therapies they are very invasive. They get into my	Other therapies invasive
2-179	space. And then there's always someone tugging on her hand, or saying '____,	
2-180	do this....', you know? Here, She was allowed to be expressive. She was in	Expression from T
2-181	control, she was in charge. Everything revolved around her, whereas with the	Leadership of T- control

Line number	Transcription	Codes
2-182	others: 'I'm going to do this, not matter whether you like it or not'.	
2-183	R: Mmmm.	
2-184	P: You know, that was very important- that she was in charge.	T being in control
2-185	R: Yes. So this theme of independence is quite important for you?	Independence of T
2-186	P: Yes, definitely. In her life she's not independent. She's dependent on me for	Dependence of T on M
2-187	almost everything. So for her, this is her thing, this is not my thing.	
2-188	R: Or its your thing.	
2-189	P: Ya, its our thing.	
2-190	R: So, now please be completely honest, how do you think could sessions have	
2-191	been conducted differently?	
2-192	P: I don't think... I think the way they were was good. I mean, you introduced	Gradual introduction to new things in
2-193	instruments slowly. If she didn't like it, you didn't insist on it. And you had a	MT
2-194	structure, but at the end of the day you sort of took your cues from her. You	Informal interactions
2-195	know, it wasn't rigid... 'you have to do this, or you have to do this...' And that,	
2-196	with kids, is very important. With adults its different, you can say 'okay, we're	
2-197	going to do this now, that later...'. But with her, and kids in general, you need to	
2-198	just go with the flow and if you can't go with the flow, then you're doomed.	
2-199	R: She probably wouldn't respond.	
2-200	P: She wouldn't. In any way. She would just isolate herself. I don't think you	Response from T
2-201	could have changed the way you did it.	Barriers, isolation-T
2-202	R: Thank you. So now, specifically about your relationship. Yo u've touched on it,	
2-203	where it is transferred to your home environment, but how do you think your	Skills to home
2-204	relationship has been influenced by this process.	Relationship influenced

Line number	Transcription	Codes
2-205	P: I think its brought us closer. Um, i noticed a lot now, um, if we do things, or if	Closeness of relationship
2-206	___ is introduced to something new, she would look at me for cues... 'is it okay?',	
2-207	or just a little look to say 'mommy, is this fine?, can we do it?'. Now, with the	
2-208	hand over hand thing, she does that, she initiates it at home, where if she wants	Skills to home
2-209	me to do something, she'll stretch out for my hand and then do it. But she won't	
2-210	just do it on her own. So ya, that has brought us closer. I understand now that I	Closeness of relationship
2-211	can't expect too much from her, you know, she needs that security from me	Security from M
2-212	saying 'its fine, we can go ahead'.	
2-213	R: And, if you think (I'm just going to backtrack a little bit), if you think about	Other therapies
2-214	those other forms of therapy that you've spoken about, is it difficult as a mother	
2-215	to watch or is it... how is it different? Sitting there to sitting here and being	
2-216	involved?	
2-217	P: Being involved is different because you can... I think, when you're in it, you	Involvement of M in MT sessions
2-218	can understand, okay, I can do this, or I can't do this. You understand your	
2-219	limitations as well. With the other forms of therapy, the therapist will tell you,	Other therapies
2-220	okay, 'when you go home, you need to stretch her arm like this', for instance, but	
2-221	you've never tried it. You have absolutely no idea what its supposed to feel like	
2-222	for yourself, let alone how its supposed to feel for her. And when you get home	Doubt from M
2-223	and you're trying this and all of a sudden it doesn't work. It worked in therapy, but	
2-224	it didn't work at home, so you tend to doubt yourself, because now maybe you're	Doubt from M
2-225	doing something wrong. You know, you don't have that foundation to say 'okay, I	Positive reaction to other therapies
2-226	know what its supposed to feel like'. So if its not feeling good then I'm definitely	
2-227	doing it wrong. But if it feels right and she's reacting to it positively then you	Passive involvement from M

Line number	Transcription	Codes
2-228	know, okay, it works.	
2-229	R: Ya, you're doing it right. Which is opposed to being in the session...	
2-230	P: In the session... Ya. In these sessions you're doing in, you're doing it with	Active involvement of M in MT
2-231	her, you know how she feels about it, you know how you feel about it. You know	sessions
2-232	how its supposed to be. You have an idea of it.	
2-233	R: Yes.	
2-234	P: Other than just a visual idea that you just see.	
2-235	R: So then, and I mean, you really have already touched on this, can you, in	
2-236	every day life, describe the nature of your encounters with your child since the	
2-237	therapy process? You've touched on how you've interacted...	Interaction
2-238	P: Ya...	
2-239	R: But the quality or the nature of the interactions- has that also...?	Quality of interactions
2-240	P: Its definitely improved. Because now... whereas before, if I needed to get her	Interaction improved-M&T
2-241	attention, it would take me forever, because I just couldn't, and it used to be too	
2-242	frustrating. Whereas now I can sort of, you know, get her to pay attention by	Prior frustration-M
2-243	singing a little bit or clapping hands or anything and she will listen. She focuses.	Focus-T
2-244	Then we can carry on with what we need to do.	
2-245	R: So your frustration then, as a mother, is lessened.	Frustration lessened-M
2-246	P: Yes! Yes, and I think kids pick up a lot on a mothers emotions. And I am a bit	Emotional state/s of M&T
2-247	more calmer even with new activities, whereas before I would be... I would build	Peace and calm-T
2-248	up all these things like 'is she going to like it? what are we going to do? what if	
2-249	she doesn't like it? what if she's not going to be normal?' Those kinds of things.	
2-250	But now its like, okay, so heres a toy, lets see if we can play with it, lets figure it	Increased play and togetherness

Line number	Transcription	Codes
2-251	out together.	
2-252	R: Yes. Like the playdough.	
2-253	P: Ya! Like the playdough.	
2-254	R: Because what happened with that? In the session she...	
2-255	P: Didn't like it. I've tried it before as well, I did it at home as well and she would	
2-256	watch. After that session I said 'no ways', we are going to play with playdough,	
2-257	and now we take it out every day. We expose her to it. That I noticed: that its	
2-258	about repetition at home. If you expose them to it over and over and again, they	Repetition at home; skills to home
2-259	become more comfortable with it and they become more exploratory. And ya,	Comfortability-T
2-260	she won't play with it like how you would, but she would touch it and for me that	
2-261	was a big thing, that she's actually touching it now.	
2-262	R: So, what you've just said now: It was a big thing for you that she did that. Was	
2-263	there anything about the process that for you was like a big thing? Like you said	
2-264	with the shakers...	
2-265	P: Ya. She started taking initiative and she can remember it, she can do it. She	T taking initiative
2-266	did it with the shakers, she did it with the piano and at home as well. She's got a	
2-267	xylophone and if she doesn't want... well, with her baby sister, she doesn't let her	
2-268	touch it at all and she takes charge and plays. Its hers. Thats her space. Ya, so	Leadership of T
2-269	that was a big thing. Her taking that step, saying I can do this, on my own. Yes, I	Control-T
2-270	need you to do it before, but I don't need you to do it all the time. I can do it.	Independence-T
2-271	R: Is that important for you because of your specific relationship? I mean, is it	Relationship-M&T
2-272	important for you for her to take charge, and make choices?	
2-273	P: Ya, I think for her in general, right now her verbal working is not yet okay, but	Lack of verbalising-T

Line number	Transcription	Codes
2-274	later on, I mean, she's going to be out in the world, and I'm not always going to	
2-275	be by her side and she's going to have to make choices by herself, she's going	Making choices-T
2-276	to have to take charge. She's going to have to be able to tell people, 'I don't like	Taking charge-T; independence of T
2-277	this' or 'i do like this'. Because I'm not going to be there to do that.	
2-278	R: Is it a difficult process as a mother to start realising that she's becoming	Independence of T
2-279	independent...?	
2-280	P: Ya! But with her, I mean, she's always been dependent on me. Its different	Dependence of T on M
2-281	between my two kids. The other one is very independent. And thats new for me, I	Two daughters
2-282	never knew that. When I had her she did everything on her own. But with ____,	Dependance of T on M
2-283	I've got to do everything from feeding, to playing, to anything. I've got to do it for	
2-284	her. Or with her. And she always was afraid to try something new. She would just	
2-285	sit there and watch it and would think 'keep your distance, i'm keeping my	
2-286	distance. I don't know you, I don't want to do this'. But now, she jumps into	Increased enthusiasm for trying new
2-287	things, I don't think she even waits anymore.	things
2-288	R: So you may have a different description for her now.	Changing perception of T-M
2-289	P: Yes.	
2-290	R: Different to our first interview.	
2-291	P: Ya. I definitely would describe her differently.	Change in T
2-292	R: Well, thats really all I wanted to ask you today. Is there any other aspect of the	
2-293	therapy process that I haven't asked you about or anything that you want to talk	
2-294	about?	
2-295	P: I can't think of anything. I mean, not right now. But it definitely, it definitely	
2-296	definitely made a difference in our lives. I didn't think it would. I thought it would	MT made a difference

Line number	Transcription	Codes
2-297	just be one of those therapies... we'll be going through this and ya at the end	Other therapies
2-298	we'd say 'it really didn't do anything'. But this really did. It made a change. And	Change in T&M from MT
2-299	its noticeable.	
2-300	R: Well I've really enjoyed this whole process, thank you. Thank you for your	
2-301	time, consistency and everything.	
2-302	P: We enjoyed it, we really really enjoyed it.	Enjoyment of music

Appendix VII: Thick descriptions of video excerpts

Session: 2

Time: 15:18-16:01

The R sings and plays (on the guitar) “If you’re happy and you know it clap your hands”, at a slower and gentle tempo, singing in a *piano* dynamic, gradually slowing down the tempo. The R is the only one who sings and uses her voice. The T sits on the M’s lap, and the M places her arms around the T, in order to help her perform the actions belonging to the rest of the song. The M continues to hold the T’s hands, and starts to sway from side to side, as the R’s music slows down. During this section of the song, the R sings “If you’re happy and you know it sway around”, taking her cue from the M, who begins to sway with her T. Almost instantly, the T looks up at the M, who is already looking down at her. Their faces are very close to each other, and they maintain eye contact for a few seconds before the T moves her gaze elsewhere. The R’s music has slowed down by this point, and she is now strumming only occasionally on the beat whilst continuing to sing. The R and M and T’s swaying is not in the same direction, but it is at the same tempo from the beginning of this section, and they gradually begin to sway together, in the same direction. The M continues to hold the T tightly in her arms. The T’s gaze becomes fixated on the guitar, watching the R as she strums and sings the song.

When the R sings the last line of the first verse of this clip, “If you’re happy and you know it sway around”, the mother lets go of the T’s hand slightly, and in doing so, the T took hold of the M’s thumbs, lifting her arms up as the mother lifted her arms up. The M continued to look at the T, not distracting her gaze on anything else. The T became a little less stable on her own, and she could not keep herself upright. She relied on her M, and the holding of her M’s thumbs to keep her upright.

The R soon started singing “If you’re happy and you know it tap your knees”, adding stops and more chord strums to her guitar playing. The M still did not use her voice. The T’s eyes remained fixated on the guitar and her facial expression did not change. The M moved with the R’s music, and took the T’s hands, tapping them on her knees when the song so indicated. For the rest of the ‘tap your knees’ verse of the song, the M and T swayed back and forth very slightly, and the T continued to look straight ahead. The M did the tapping for the T, and the T showed no interest or motivation to lift her arms by herself during this verse. Straight after this verse was finished, the T lent backwards, the M exclaiming “good girl” to the T, making eye contact with her, and the T smiled a small smile, as did the M before they took some different instruments and continued with the song.

Session: 4

Time: 15:00-16:05

The R is sitting at the piano, removed from the M and T. The M is holding a yellow piece of satin material, used frequently for the peekaboo activity in sessions. The T is lying flat on her back on the floor, and the M is sitting cross-legged next to her. The T can see the M from where she is lying, as well as the R. The R has to turn her head in order to see how the M and T pair are interacting. The M's other daughter is also present in the session, as is the carer. Both of them are sitting on a chair next to the M and T on the floor, but they do not make any noises, or make any distractions during this activity (or for most of the session).

The R is sitting at the piano singing the song 'peek-a-boo', and playing the chords. The R has just changed key from C major to D major, and matches and attunes to the actions of the M and T as they interact on the floor, using the piece of material.

At the beginning of this clip, the M glances at the R at the piano, and then turns to her T, saying "look at mommy", since the T is looking the other way. The M also says the T's name, while the R continues to play and sing quite loudly, and the M places the material over the T's whole body. At the end of the first phrase, the mother pulls the material off her T's body, and both the M and R exclaim with a big "haaaaah" sound, and the M repeats the T's name again. The T smiles, still looking in the other direction, not making eye contact with the M yet. The T moves her whole body in response to the reaction of the M and R 'finding' her under the material. The M gives a big smile to the T and soon repositions her so that she can see the M better. The T is now faced at a different angle, but still lying flat on the floor. The R doesn't wait long, or allow much time in between phrases, and continues to sing and play the sang song in the same key on the piano. In between the phrases, the R does tremolos on the V_7 chord, in order to encourage the continuation of the song.

As soon as the M repositions the T, the T looks at her, and is aware that this change of position makes it easier for the M and T to see each other. Once the M has repositioned her daughter, she placed the material over her again, and the T's head was tilted towards the M for this phrase. Before the R is finished her next phrase, the T reaches up and removes the piece of material from her head with her own hands, and the M responds with a big gasp and "wow!", smiling at her T. The M had already begun removing the material from the T, but it was ultimately the T that pulled the material off of her. The R also responds by accenting the last word of that phrase. The T laughs, vocalising and moving her body in response to the M's exclamation at 'finding' her. The M claps her hands

4-38 together gently for the T, and they maintain eye contact for longer than before.
4-39 The M and T's responses to each other are more synchronised than before, as
4-40 they make sounds and eye contact at the same time, moving in a similar fashion
4-41 as well. The R makes a big descending glissando on the piano, and continues to
4-42 sing the song.
4-43 The M soon picks up the material again, placing it purposefully over her head this
4-44 time, and the T continues to look at the M. The R sings the peekaboo song in the
4-45 background, and as soon as she says the word 'mommy', the T smiles,
4-46 maintaining contact with the M. While the R sings "where's she, where's she,
4-47 where's she", holding a tremolo on an A_7 chord, the T vocalises looking at the
4-48 material on the M's head, reaching out her hand as if to remove the material. The
4-49 M lets the material naturally fall off her face, and there is synchrony in this
4-50 moment, between the M, T and R's music specifically. As soon as the material
4-51 falls off the M's head, the M says "hello", looking at her T, immediately making
4-52 eye contact, and the T wriggles, using her voice in response to the M's voice.
4-53 The M and T laugh together.
4-54 After this phrase, and burst of expression from both the M and T, the M places
4-55 the material back over her head, and the R continues to sing the peekaboo song.
4-56 The M initially puts the material over both herself and the T, but it slips into being
4-57 just over her head. However, the T reaches out, grabbing the edge of the
4-58 material, and as soon as she 'pulls' slightly, the material falls off, and at the same
4-59 time, the M and R react to the T's action. The T laughs and breathes with her
4-60 whole body, kicking her feet, and both the M and R hold an extended note with
4-61 their voices to match this. The T opens her mouth as if she is about to say a
4-62 syllable or part of a word.
4-63 The R continues to play the peekaboo song on the piano, but does not sing this
4-64 time, and the M once again places the material over the T's head. The R plays
4-65 the music gently and slightly slower than before. The T starts to pull the material
4-66 off her face with her arms and hands, and as she does so, the M also pulls the
4-67 material off. As soon as the M can see the T's face again, she says "hello" with a
4-68 big smile on her face, and the T makes eye contact with the M, smiling and
4-69 kicking her feet again in order to move again, apparently from excitement. The M
4-70 makes kissing noises with her mouth, similar to the ones the T frequently makes
4-71 (but was not making at this moment), and they continue to play with the material.

Session: 8

Time: 22:55-24:16

The M, T and R are sitting at the piano, with the R playing in the lower register, while the T sits on the M's lap, playing in the upper register of the piano. The R sings, "___ and mommy play today", while playing a slightly offbeat rhythm on the piano in 4/4 time. Both the M and T are playing on the piano, and the T has just discovered the M's hand, and how she can play with it. The M and T alternate the 'leadership' of who is playing the piano, switching between who is holding who's hand. The M sings along with the R, the same words that the R is singing, with her face very close to the T's face. This is the first time that the M used her voice in this session.

After singing this phrase for the second time, the T turns slowly towards her M, while the T and R continue to sing the words, and to play on the piano. The M is holding the T's wrist at this point, and is directing her play on the piano. The T reaches right around to looking at the M, and there is a moment where they maintain eye contact for a short while, before the T turns her attention back to the piano, and the M's playing with her hand. The T pays close attention to what the M is doing with her hand. Both the M and T are sitting in close proximity to each other. The M's playing is single notes on the 4/4 crotchet beats of the R's playing. The M soon lets go of the T's hand, and the T watches the M play for a few notes, before placing her hand back on top of the M's.

The M then takes her hand off the piano, and puts out one finger for the T to hold and 'control' during this improvisation. The T looks very invested in what the M is doing at the piano, and begins to take ownership of the improvisation, in using her M's hand to play. The R continues to play and sing the same song during this time, providing a holding container for both M and T.

Spontaneously, at a cadence that the R provides, the T takes her left hand, and also brings it forward towards the piano. The M takes this left hand of the T's, and at this point, the M is playing with the T's left hand, and the T is playing with the M's right hand- unity and interaction is seen in this interchange between the two of them. The T opens her mouth as if she wants to vocalise, and shifts her attention to the R's playing, looking at the R's hands.

At this point, the T starts to rock energetically back and forth, out of her own. The M smiles in response to this physical activity from the T, and rocks back and forth herself, although in a less intense manner. The T soon removes her hand from under the M's hand, and the M places her index finger back on the piano. The T then quickly places her hand back on top of the M's hand, watching as the M played, with broadening eyes and interest in what is happening at the piano. The M still does most of the playing, while the R continues to sing and play in the

8-38 background'. The T, however, is still invested in playing, and her attention is kept
8-39 for longer than usual, as she looks at her M's hands. Therefore, when the M
8-40 removes her hand from the piano at one point, the T 'fetches' her M's hand, and
8-41 brings it back to the piano. When she does this, the R offers a V_7 chord in
8-42 anticipation of what was going to happen next, singing the T's name at the same
8-43 time.
8-44 Here, for one of the first times in this improvisation, the M lets the T take charge
8-45 of her playing, and follows exactly what the T wants to play. It is apparent that
8-46 the M wants to guide the T's hand at the same tempo that the R is playing, but
8-47 the T plays slightly faster than the R's speed, moving in a descending fashion,
8-48 playing single notes. When the R adds a "oooooh" on three successive notes
8-49 with her voice, the M instantly joins in, singing with the R, while continuing to
8-50 engage and play with the T. The T becomes a little bit more unstable on her M's
8-51 lap for a short while, but the M allows her the time and space to bring her hands
8-52 back to the piano at her own pace. After the T has returned her hands to the
8-53 piano, the M lets go of the T's left hand, and allows her to gently tap on the keys
8-54 by herself, even though the sound is not always audible. The T also turns her
8-55 attention back to the R's playing, as she plays descending single notes with the
8-56 pedal depressed, creating a different atmosphere and mood to the music. While
8-57 still holding onto the M's index finger, the T looks at the R, interested to see what
8-58 she is playing. The M continues to play in the upper register of the piano, but
8-59 stops singing "oooooh" with the T.

Appendix VIII: Coding of thick descriptions

Session 2

"If you're happy and you know it"

Time: 15:18-16:01

Line number	Thick description	Codes
2-1	The R sings and plays (on the guitar) 'if you're happy and you know it clap your	R's music-Slower tempo&softer
2-2	hands', at a slower and gentle tempo, singing in a *piano* dynamic, gradually	dynamic
2-3	slowing down the tempo. The R is the only one who sings and uses her voice.	Slower tempo; R singing (only one)
2-4	The T sits on the M's lap, and the M places her arms around the T, in order to	Physical proximity:M&T; touching
2-5	help her perform the actions belonging to the rest of the song. The M continues	Actions in music
2-6	to hold the T's hands, and starts to sway from side to side, as the R's music	Holding hands-M&T
2-7	slows down. During this section of the song, the R sings 'if you're happy and you	R's music-singing
2-8	know it sway around', taking her cue from the M, who begins to sway with her T.	M cues R
2-9	Almost instantly, the T looks up at the M, who is already looking down at her.	Eye contact-M&T
2-10	Their faces are very close to each other, and they maintain eye contact for a few	Physical proximity/closeness
2-11	seconds before the T moves her gaze elsewhere. The R's music has slowed	R's music slower
2-12	down by this point, and she is now strumming only occasionally on the beat	
2-13	whilst continuing to sing. The R and M and T's swaying is not in the same	Swaying together; same tempo as
2-14	direction, but it is at the same tempo from the beginning of this section, and they	before-M&T
2-15	gradually begin to sway together, in the same direction. The M continues to hold	Swaying together
2-16	the T tightly in her arms. The T's gaze becomes fixated on the guitar, watching	T's interest in guitar
2-17	the R as she strums and sings the song.	R's music-singing

Line number	Thick description	Codes
2-18	When the R sings the last line of the first verse of this clip, 'if you're happy and	
2-19	you know it sway around', the mother lets go of the T's hand slightly, and in	M&T let go of hands
2-20	doing so, the T took hold of the M's thumbs, lifting her arms up as the mother	Holding hands-M&T
2-21	lifted her arms up. The M continued to look at the T, not distracting her gaze on	Eye contact-M to T
2-22	anything else. The T became a little less stable on her own, and she could not	T not physically stable
2-23	keep herself upright. She relied on her M, and the holding of her M's thumbs to	T not physically stable; T to M for
2-24	keep her upright.	physical support
2-25	The R soon started singing 'if you're happy and you know it tap your knees',	R's music-singing,guitar playing
2-26	adding stops and more chord strums to her guitar playing. The M still did not use	No vocal use from M
2-27	her voice. The T's eyes remained fixated on the guitar and her facial expression	Holding hands-M&T; T interest in
2-28	did not change. The M moved with the R's music, and took the T's hands,	guitar
2-29	tapping them on her knees when the song so indicated. For the rest of the 'tap	Joint movement-M&T
2-30	your knees' verse of the song, the M and T swayed back and forth very slightly,	Swaying together
2-31	and the T continued to look straight ahead. The M did the tapping for the T, and	M moving *for* T
2-32	the T showed no interest or motivation to lift her arms by herself during this	T not interested
2-33	verse. Straight after this verse was finished, the T lent backwards, the M	
2-34	exclaiming 'good girl' to the T, making eye contact with her, and the T smiled a	Vocal exchange- M to T
2-35	small smile, as did the M before they took some different instruments and	Eye contact M&T; smile-T
2-36	continued with the song.	

Session 4

Peekaboo song and activity

Time: 15:00-16:05

Line number	Thick description	Codes
4-1	The R is sitting at the piano, removed from the M and T. The M is holding a	
4-2	yellow piece of satin material, used frequently for the peekaboo activity in	Peekaboo activity
4-3	sessions. The T is lying flat on her back on the floor, and the M is sitting cross-	T's position on floor
4-4	legged next to her. The T can see the M from where she is lying, as well as the	Physical proximity
4-5	R. The R has to turn her head in order to see how the M and T pair are	R observing
4-6	interacting. The M's other daughter is also present in the session, as is the carer.	Other sibling present
4-7	Both of them are sitting on a chair next to the M and T on the floor, but they do	
4-8	not make any noises, or make any distractions during this activity (or for most of	
4-9	the session).	
4-10	The R is sitting at the piano singing the song 'peek-a-boo', and playing the	R's music chordal; peekaboo activity
4-11	chords. The R has just changed key from C major to D major, and matches and	R's music-key change; physical
4-12	attunes to the actions of the M and T as they interact on the floor, using the piece	interaction-M&T
4-13	of material.	
4-14	At the beginning of this clip, the M glances at the R at the piano, and then turns	M speaks to T
4-15	to her T, saying 'look at mommy', since the T is looking the other way. The M	Vocal exchange-M to T; R's music
4-16	also says the T's name, while the R continues to play and sing quite loudly, and	loud
4-17	the M places the material over the T's whole body. At the end of the first phrase,	Playing with material
4-18	the mother pulls the material off her T's body, and both the M and R exclaim with	Vocal use and exclamation-M&R;

Line number	Thick description	Codes
4-19	a big ‘haaaaah’ sound, and the M repeats the T’s name again. The T smiles, still	smile-T
4-20	looking in the other direction, not making eye contact with the M yet. The T	No eye contact
4-21	moves her whole body in response to the reaction of the M and R ‘finding’ her	T moves whole body; M-response
4-22	under the material. The M gives a big smile to the T and soon repositions her so	and reaction; Smile-M
4-23	that she can see the M better. The T is now faced at a different angle, but still	Repositioning of T
4-24	lying flat on the floor. The R doesn’t wait long, or allow much time in between	R’s music- no breaks, loud
4-25	phrases, and continues to sing and play the sang song in the same key on the	R’s music- change of key
4-26	piano. In between the phrases, the R does tremolos on the V_7 chord, in order to	Music creating suspense
4-27	encourage the continuation of the song.	
4-28	As soon as the M repositions the T, the T looks at her, and is aware that this	Eye contact-T&M
4-29	change of position makes it easier for the M and T to see each other. Once the	Eye contact-T&M
4-30	M has repositioned her daughter, she placed the material over her again, and the	Repositioning of T
4-31	T’s head was tilted towards the M for this phrase. Before the R is finished her	T facing M
4-32	next phrase, the T reaches up and removes the piece of material from her head	T interacting with M
4-33	with her own hands, and the M responds with a big gasp and ‘wow!’, smiling at	Playing with material; M’s response-
4-34	her T. The M had already begun removing the material from the T, but it was	exclamation; smile-M
4-35	ultimately the T that pulled the material off of her. The R also responds by	R’s accented vocal response
4-36	accenting the last word of that phrase. The T laughs, vocalising and moving her	T laughs& vocalises; T moves whole
4-37	body in response to the M’s exclamation at ‘finding’ her. The M claps her hands	body
4-38	together gently for the T, and they maintain eye contact for longer than before.	Eye contact maintained
4-39	The M and T’s responses to each other are more synchronised than before, as	Synchrony; physical movements-
4-40	they make sounds and eye contact at the same time, moving in a similar fashion	M&T
4-41	as well. The R makes a big descending glissando on the piano, and continues to	Eye contact-T to M; R’s singing

Line number	Thick description	Codes
4-42	sing the song.	
4-43	The M soon picks up the material again, placing it purposefully over her head	
4-44	this time, and the T continues to look at the M. The R sings the peekaboo song	Response to M's name; peekaboo
4-45	in the background, and as soon as she says the word 'mommy', the T smiles,	activity
4-46	maintaining contact with the M. While the R sings 'where's she, where's she,	Eye contact-M&T; R singing
4-47	where's she', holding a tremolo on an A_7 chord, the T vocalises looking at the	Music creating suspense; T vocalises
4-48	material on the M's head, reaching out her hand as if to remove the material. The	Playing with material
4-49	M lets the material naturally fall off her face, and there is synchrony in this	Synchrony in movement; musical
4-50	moment, between the M, T and R's music specifically. As soon as the material	response
4-51	falls off the M's head, the M says 'hello', looking at her T, immediately making	Eye contact - M to T; T physical
4-52	eye contact, and the T wriggles, using her voice in response to the M's voice.	movement-response; laughing
4-53	The M and T laugh together.	M&T laughing
4-54	After this phrase, and burst of expression from both the M and T, the M places	Playing with material; joint
4-55	the material back over her head, and the R continues to sing the peekaboo song.	expression-M&T
4-56	The M initially puts the material over both herself and the T, but its slips into	T's physical response to M
4-57	being just over her head. However, the T reaches out, grabbing the edge of the	T takes initiative
4-58	material, and as soon as she 'pulls' slightly, the material falls off, and at the same	
4-59	time, the M and R react to the T's action. The T laughs and breathes with her	Laughing-T
4-60	whole body, kicking her feet, and both the M and R hold an extended note with	Whole body reaction-T
4-61	their voices to match this. The T opens her mouth as if she is about to say a	T's vocalisations
4-62	syllable or part of a word.	
4-63	The R continues to play the peekaboo song on the piano, but does not sing this	Peekaboo song; R's singing; Playing
4-64	time, and the M once again places the material over the T's head. The R plays	with material;R's music slower and

Line number	Thick description	Codes
4-65	the music gently and slightly slower than before. The T starts to pull the material	gentler
4-66	off her face with her arms and hands, and as she does so, the M also pulls the	Playing with material
4-67	material off. As soon as the M can see the T's face again, she says 'hello' with a	Smile-M; M speaking to T
4-68	big smile on her face, and the T makes eye contact with the M, smiling and	Eye contact-T to M
4-69	kicking her feet again in order to move again, apparently from excitement. The M	Smile-M&T;whole body reaction-T; M
4-70	makes kissing noises with her mouth, similar to the ones the T frequently makes	Vocalising (kissing)
4-71	(but was not making at this moment), and they continue to play with the material.	Playing with material

Session 8

Piano improvisation

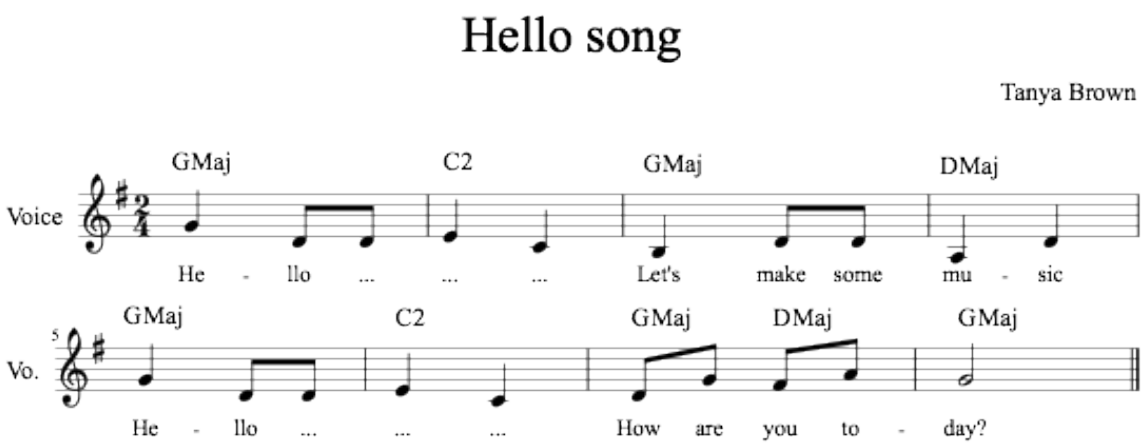
Time: 22:55-24:16

Line number	Thick description	Codes
8-1	The M, T and R are sitting at the piano, with the R playing in the lower register,	R, T&M playing at the piano
8-2	while the T sits on the M's lap, playing in the upper register of the piano.	T on M's lap
8-3	The R sings, '.... and mommy play today', while playing a slightly offbeat rhythm	R's music and voice-offbeat playing
8-4	on the piano in 4/4 time. Both the M and T are playing on the piano, and the T	Playing at piano-M&T&R
8-5	has just discovered the M's hand, and how she can play with it. The M and T	T finds M's hand
8-6	alternate the 'leadership' of who is playing the piano, switching between who is	Alternating leadership of movements;
8-7	holding who's hand. The M sings along with the R, the same words that the R is	holding hands.M's sings with R;
8-8	singing, with her face very close to the T's face. This is the first time that the M	physical proximity
8-9	used her voice in this session.	T looks at M
8-10	After singing this phrase for the second time, the T turns slowly towards her M,	R&M play piano
8-11	while the T and R continue to sing the words, and to play on the piano. The M is	M holding T's hand; M directing T;
8-12	holding the T's wrist at this point, and is directing her play on the piano. The T	Eye contact-M&T; M holding T's
8-13	reaches right around to looking at the M, and there is a moment where they	hand; M directing T; physical
8-14	maintain eye contact for a short while, before the T turns her attention back to	proximity
8-15	the piano, and the M's playing with her hand. The T pays close attention to what	M lets go of T's hand
8-16	the M is doing with her hand. Both the M and T are sitting in close proximity to	T holding M's hand
8-17	each other. The M's playing is single notes on the 4/4 crotchet beats of the R's	M's music-single notes
8-18	playing. The M soon lets go of the T's hand, and the T watches the M play for a	T watching M play

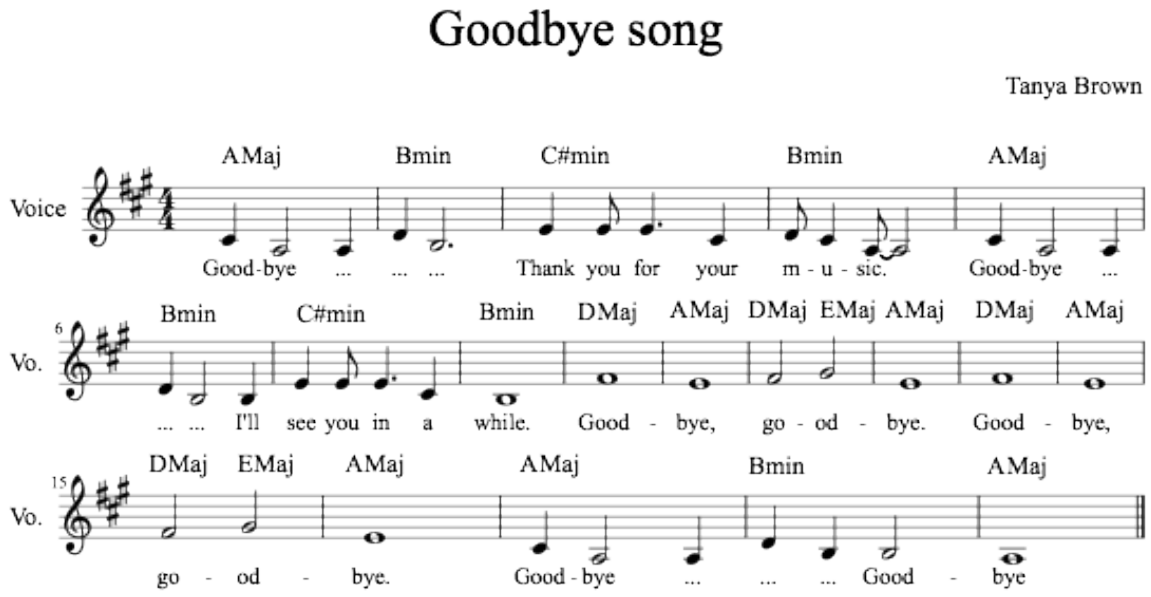
Line number	Thick description	Codes
8-19	few notes, before placing her hand back on top of the M's.	
8-20	The M then takes her hand off the piano, and puts out one finger for the T to hold	T holds M's finger
8-21	and 'control' during this improvisation. The T looks very invested in what the M is	T interested, invested
8-22	doing at the piano, and begins to take ownership of the improvisation, in using	T watches M and directs M; R's
8-23	her M's hand to play. The R continues to play and sing the same song during this	singing
8-24	time, providing a holding container for both M and T.	R holding and containing
8-25	Spontaneously, at a cadence that the R provides, the T takes her left hand, and	T holds M's hand
8-26	also brings it forward towards the piano. The M takes this left hand of the T's,	M plays with T's hand
8-27	and at this point, the M is playing with the T's left hand, and the T is playing with	Unity in play; interaction
8-28	the M's right hand- unity and interaction is seen in this interchange between the	T wants to vocalise
8-29	two of them. The T opens her mouth as if she wants to vocalise, and shifts her	T attentive to R's playing; T
8-30	attention to the R's playing, looking at the R's hands.	movement
8-31	At this point, the T starts to rock energetically back and forth, out of her own. The	Smile-M; M moves in response to T;
8-32	M smiles in response to this physical activity from the T, and rocks back and	T moves energetically
8-33	forth herself, although in a less intense manner. The T soon removes her hand	
8-34	from under the M's hand, and the M places her index finger back on the piano.	M plays at piano
8-35	The T then quickly places her hand back on top of the M's hand, watching as the	T plays with M's hand
8-36	M played, with broadening eyes and interest in what is happening at the piano.	T interested at M's actions
8-37	The M still does most of the playing, while the R continues to sing and play in the	T's attention span-longer
8-38	'background'. The T, however, is still invested in playing, and her attention is	T takes M's hand
8-39	kept for longer than usual, as she looks at her M's hands. Therefore, when the M	T directs M's movements
8-40	removes her hand from the piano at one point, the T 'fetches' her M's hand, and	
8-41	brings it back to the piano. When she does this, the R offers a V_7 chord in	T directs M's playing; music creating

Line number	Thick description	Codes
8-42	anticipation of what was going to happen next, singing the T's name at the same	suspense; R sings T's name
8-43	time.	
8-44	Here, for one of the first times in this improvisation, the M lets the T take charge	M follows T; T leading M
8-45	of her playing, and follows exactly what the T wants to play. It is apparent that	
8-46	the M wants to guide the T's hand at the same tempo that the R is playing, but	T directs M's playing
8-47	the T plays slightly faster than the R's speed, moving in a descending fashion,	T playing faster than R
8-48	playing single notes. When the R adds a 'oooooh' on three successive notes	Music (T)-faster, descending; R's
8-49	with her voice, the M instantly joins in, singing with the R, while continuing to	singing; M sings along with R
8-50	engage and play with the T. The T becomes a little bit more unstable on her M's	T physically unstable
8-51	lap for a short while, but the M allows her the time and space to bring her hands	M allows space for T to play
8-52	back to the piano at her own pace. After the T has returned her hands to the	M allows T to play alone
8-53	piano, the M lets go of the T's left hand, and allows her to gently tap on the keys	
8-54	by herself, even though the sound is not always audible. The T also turns her	T interested in R's playing
8-55	attention back to the R's playing, as she plays descending single notes with the	R's music-single notes, descending
8-56	pedal depressed, creating a different atmosphere and mood to the music. While	
8-57	still holding onto the M's index finger, the T looks at the R, interested to see what	T holds M's hand; T interested in R's
8-58	she is playing. The M continues to play in the upper register of the piano, but	playing
8-59	stops singing 'ooooh' with the T.	M stops singing

Appendix IX: Music scores



Score 2: Hello song



Score 3: Goodbye song

Appendix X: Full table of codes

#	Ref	Code
1	I1-3	Anonymity of participant
2	I1-6	Anonymity of participant
3	I1-9	Age of toddler
4	I1-14	T friendly, smiling
5	I1-16	Cautious, weary of new situations-T
6	I1-23	Cautious, weary of new situations-T
7	I1-28	No specific diagnosis
8	I1-29	No actual disability
9	I1-31	Developmental delay
10	I1-35	Reason for attending BTC
11	I1-36	Not reaching developmental milestones
12	I1-39	Evaluation at BTC
13	I1-42	Therapy to boost toddler up
14	I1-49	Other daughter
15	I1-50	Relationship between M and two daughters
16	I1-52	Daughters dependent on M
17	I1-55	Dependance on M
18	I1-58	Children responsive
19	I1-59	M responds to children too
20	I1-62	Time to play
21	I1-65	Mother not working
22	I1-70	Inseparable relationship-2 daughters
23	I1-71	Effect on each other-daughters

#	Ref	Code
24	I1-72	Calm when together- effect on each other
25	I1-76	Bond between daughters
26	I1-77	Positive effect on each other
27	I1-78	Encourage each other-daughters
28	I1-81	Sisters close in age
29	I1-83	Routine of an average day
30	I1-85	M&T very busy
31	I1-89	T not physically able
32	I1-90	Feeding
33	I1-91	Play time
34	I1-92	Sleeping
35	I1-96	Routine of an average day
36	I1-98	M taking care of two daughters
37	I1-103	Going out-break the routine
38	I1-104	Visiting people
39	I1-106	Communication within relationship
40	I1-109	T reserved
41	I1-110	T doesn't show emotion
42	I1-113	Medium of communication
43	I1-114	Talking from M
44	I1-116	Provision of choice
45	I1-117	Alternate forms of communication
46	I1-118	Other forms of communication
47	I1-119	Lots of play

#	Ref	Code
48	I1-120	Bribes from M
49	I1-122	Choice to play
50	I1-124	Physical interaction-M&T
51	I1-127	Intimacy between M and T
52	I1-130	Physical intimacy
53	I1-131	Touching-M&T
54	I1-132	Quality time between M&T
55	I1-135	Emotional attachment
56	I1-136	Very attached-M&T
57	I1-137	Absent mother (from home)
58	I1-140	Very attached-M&T
59	I1-142	Changing attachment
60	I1-144	Quality time influencing attachment
61	I1-148	Play time
62	I1-149	Taking time together
63	I1-151	Amount of time spent together
64	I1-153	Closeness attributed to quality time
65	I1-154	Working M
66	I1-157	M not involved earlier
67	I1-161	Security in relationship
68	I1-166	Other therapies: physiotherapy, OT, speech therapy
69	I1-169	BTC
70	I1-174	Impact of other therapies
71	I1-176	Occupational therapy

#	Ref	Code
72	I1-177	T's understanding improving
73	I1-178	Physiotherapy
74	I1-179	Increased physical activity from T
75	I1-182	Increased physical activity from T
76	I1-184	Increased vocal activity from T
77	I1-186	Communicative sounds
78	I1-187	Perseverance in tasks-T
79	I1-190	Communicative sounds
80	I1-193	T matured
81	I1-194	Therapy process's aided maturation of T
82	I1-195	No MT prior to this
83	I1-198	Developmental delay
84	I1-200	M frustrated
85	I1-201	Other therapies
86	I1-202	Joint development-M&T
87	I1-203	Change in perception-M
88	I1-204	Change in perception-M
89	I1-205	Encouragement from M
90	I1-207	Encouragement
91	I1-208	Seeing potential in MT
92	I1-211	Therapy aided in finding potential
93	I1-212	Right tools in therapy
94	I1-214	Using tools and skills at home
95	I1-216	Relationship-M&T

#	Ref	Code
96	I1-219	Lack of initial involvement in other therapies
97	I1-220	Increased involvement from M
98	I1-221	Increased involvement from M
99	I1-222	No boundaries in MT
100	I1-223	Commitment to participating in MT
101	I1-229	No MT understanding
102	I1-231	Therapy through music
103	I1-232	Emotional state/s of T
104	I1-233	Music creating peace and calm
105	I1-237	Emotional state/s of M
106	I1-239	Involvement in therapy
107	I1-247	Music creating peace and calm
108	I1-249	Enjoyment of music
109	I1-251	Music playing
110	I1-252	Benefits of music
111	I1-253	Sensitivity to sound-T
112	I1-255a	Sensitivity to sound-T
113	I1-255b	T enjoys music
114	I1-259	Caution-T
115	I1-262	No background in music
116	I1-263	Music as universal medium
117	I1-264	Music from birth-M singing to T
118	I1-268	Voice-M
119	I1-273	Increased involvement from M in other therapy sessions

#	Ref	Code
120	I1-280	Encouragement of T from M
121	I1-281	Encouragement of T from M
122	I1-284	Encouragement of T from M
123	I1-286	Physical involvement
124	I1-287	No hands on-involvement from T
125	I1-288a	Observation in other sessions-M
126	I1-288b	M wants to be more involved
127	I1-293	Practicing skills learnt in therapy
128	I1-297	Expectations of MT from M
129	I1-301	MT used for increased understanding
130	I1-302	Motivation of T
131	I1-303	Encouragement of T from M
132	I1-305	Music as motivation
133	I1-306	Music as motivation
134	I1-307	Music as reward
135	I1-313	Structure of MT sessions
136	I1-314	Boundaries in MT sessions
137	I1-321	Structure of MT sessions
138	I1-323	Instrumental play
139	I1-328	Mothers voice at home
140	I1-332	Flexibility of MT process
141	I1-334	Flexibility of MT process
142	I1-336	Opportunities for play
143	I1-338	Break in communication

#	Ref	Code
144	I1-339	Music as universal medium
145	I1-342	Length of MT sessions
146	I1-346	Maturation of T
147	I1-351	Perseverance-M&T
148	I1-353	Development of T
149	I2-2	Anonymity of participant
150	I2-4	MT process
151	I2-9	Impressions of MT process
152	I2-11	Skills to home
153	I2-12	M singing at home
154	I2-14a	T drifts off
155	I2-14b	Music keeps T's attention
156	I2-15	Skills to home
157	I2-16	Peace and calm-T
158	I2-18	T's love for music
159	I2-20a	Music helpful
160	I2-20b	T's use of her hands
161	I2-21	Change in T since MT process
162	I2-22	Impressions of MT process
163	I2-23	Changing impressions of MT-M
164	I2-26	Skeptical about MT
165	I2-27	Importance of music-M
166	I2-28	Other therapies
167	I2-29	Use of voice in learning

#	Ref	Code
168	I2-30	Play in learning
169	I2-31	Motivation
170	I2-32	Music as reward
171	I2-34	Music as reward
172	I2-38	Changing perception of MT-M
173	I2-41	Impressions of MT-M
174	I2-44	T enjoyed MT sessions
175	I2-46	Increase in memory-T
176	I2-47	Leadership from T
177	I2-50	Value of leading from T
178	I2-52	Lack of means for expression-T
179	I2-53	Lack of means to communicate-T
180	I2-57	T's pace
181	I2-60	Control of music and session
182	I2-61	T is a person too
183	I2-63	Influence of behaviour-both M&T
184	I2-68	Influence of behaviour-M&T
185	I2-69	Relationship-M&T
186	I2-71	M's response to T
187	I2-73	M's response to T
188	I2-75	Music imitating relationship
189	I2-77	Moments in MT sessions
190	I2-80	Drumming in sessions
191	I2-81	Leadership -T

#	Ref	Code
192	I2-82	Independence-T
193	I2-84	Leadership-T
194	I2-85	Increased memory-T
195	I2-86	Independence-T
196	I2-88	Gradually reaching a milestone-T
197	I2-89	Memory
198	I2-90	Independence-T
199	I2-91	Independence-T
200	I2-92	Using M to take part/express herself
201	I2-93	T holding M's hand
202	I2-94	Skills to home
203	I2-95	M uses hand to show T
204	I2-97	Skills to home
205	I2-100	Using the voice
206	I2-103	Increased vocal activity from T
207	I2-104	T plays with her voice
208	I2-107	Learning in music
209	I2-108	Response from others
210	I2-109	T encourages M to play
211	I2-110	T relies on M's response
212	I2-114	T expects response from M
213	I2-117	T smiles in response to M
214	I2-123	Interaction-M&T
215	I2-124	Informal interaction

#	Ref	Code
216	I2-125	Playing together
217	I2-125	Physical interaction- M&T
218	I2-129	Spontaneous interaction-M&T
219	I2-131	Play between M&T
220	I2-132	Independence of T
221	I2-134	Challenging T
222	I2-135	Challenging T
223	I2-136	Informal interaction-M&T
224	I2-137	Informal interaction-M&T
225	I2-138	Intimacy, informal
226	I2-140	M's voice
227	I2-142	Informal musical interactions
228	I2-143	Voice as instrument
229	I2-145	Skills to home
230	I2-147	M's voice
231	I2-148	Peace and calm from T
232	I2-153	Enjoyment of M in MT
233	I2-154	Other therapies- different to MT
234	I2-155	Memory of sessions
235	I2-158	Active involvement from M in MT
236	I2-161	Memory
237	I2-165	Enjoyment of music-T
238	I2-166	Understanding of music- T
239	I2-168	Sensitivity to sounds-T

#	Ref	Code
240	I2-169	Barriers-T
241	I2-172	Gradual introduction to new things in MT
242	I2-176	Enjoyment of music-M&T
243	I2-178	Other therapies invasive
244	I2-180	Expression from T
245	I2-181	Leadership of T- control
246	I2-184	T being in control
247	I2-185	Independence of T
248	I2-186	Dependence of T on M
249	I2-192	Gradual introduction to new things in MT
250	I2-193	Informal interactions
251	I2-199	Response from T
252	I2-200	Barriers, isolation-T
253	I2-202	Skills to home
254	I2-204	Relationship influenced
255	I2-205	Closeness of relationship
256	I2-208	Skills to home
257	I2-210	Closeness of relationship
258	I2-211	Security from M
259	I2-213	Other therapies
260	I2-217	Involvement of M in MT sessions
261	I2-219	Other therapies
262	I2-222	Doubt from M
263	I2-224	Doubt from M

#	Ref	Code
264	I2-225	Positive reaction to other therapies
265	I2-227	Passive involvement from M
266	I2-230	Active involvement of M in MT sessions
267	I2-237	Interaction
268	I2-239	Quality of interactions
269	I2-240	Interaction improved-M&T
270	I2-242	Prior frustration-M
271	I2-243	Focus-T
272	I2-245	Frustration lessened-M
273	I2-246	Emotional state/s of M&T
274	I2-247	Peace and calm-T
275	I2-250	Increased play and togetherness
276	I2-258a	Repetition at home
277	I2-258b	Skills to home
278	I2-259	Comfortability-T
279	I2-265	T taking initiative
280	I2-268	Leadership of T
281	I2-269	Control-T
282	I2-270	Independence-T
283	I2-271	Relationship-M&T
284	I2-273	Lack of verbalising-T
285	I2-275	Making choices-T
286	I2-276a	Taking charge-T
287	I2-276b	Independence of T

#	Ref	Code
288	I2-278	Independence of T
289	I2-280	Dependence of T on M
290	I2-281	Two daughters
291	I2-282	Dependance of T on M
292	I2-286	Increased enthusiasm for trying new things
293	I2-288	Changing perception of T-M
294	I2-291	Change in T
295	I2-296	MT made a difference
296	I2-297	Other therapies
297	I2-298	Change in T&M from MT
298	I2-302	Enjoyment of music
299	T2-1	R's music-Slower tempo&softer dynamic
300	T2-3a	Slower tempo
301	T2-3b	R singing (only one)
302	T2-4a	Physical proximity:M&T
303	T2-4b	Touching
304	T2-5	Actions in music
305	T2-6	Holding hands-M&T
306	T2-7	R's music-singing
307	T2-8	M cues R
308	T2-9	Eye contact-M&T
309	T2-10	Physical proximity
310	T2-11	R's music slower
311	T2-13a	Swaying together

#	Ref	Code
312	T2-13b	Same tempo as before-M&T
313	T2-15	Swaying together
314	T2-16	T's interest in guitar
315	T2-17	R's music-singing
316	T2-19	M&T let go of hands
317	T2-20	Holding hands-M&T
318	T2-21	Eye contact-M to T
319	T2-22	T not physically stable
320	T2-23a	T not physically stable
321	T2-23b	T to M for physical support
322	T2-25	R's music-singing,guitar playing
323	T2-26	No vocal use from M
324	T2-27a	Holding hands-M&T
325	T2-27b	T interest in guitar
326	T2-29	Joint movement-M&T
327	T2-30	Swaying together
328	T2-31	M moving *for* T
329	T2-32	T not interested
330	T2-34	Vocal exchange- M to T
331	T2-35a	Eye contact M&T
332	T2-35b	Smile-T
333	T4-2	Peekaboo activity
334	T4-3	T's position on floor
335	T4-4	Physical proximity

#	Ref	Code
336	T4-5	R observing
337	T4-6	Other sibling present
338	T4-10	R's music chordal
339	T4-10	Peekaboo activity
340	T4-11a	R's music-change of key
341	T4-11b	Physical interaction-M&T
342	T4-14	M speaks to T
343	T4-15a	Vocal exchange-M to T
344	T4-15b	R's music loud
345	T4-17	Playing with material
346	T4-18	Vocal use and exclamation-M&R
347	T4-19	Smile-T
348	T4-20	No eye contact
349	T4-21a	T moves whole body
350	T4-21b	M-response and reaction
351	T4-22	Smile-M
352	T4-23	Repositioning of T
353	T4-24	R's music- no breaks, loud
354	T4-25	R's music- change of key
355	T4-26	Music creating suspense
356	T4-28	Eye contact-T&M
357	T4-29	Eye contact-T&M
358	T4-30	Repositioning of T
359	T4-31	T facing M

#	Ref	Code
360	T4-32	T interacting with M
361	T4-33a	Playing with material
362	T4-33b	M's response-exclamation
363	T4-34	Smile-M
364	T4-35	R's accented vocal response
365	T4-36a	T laughs & vocalises
366	T4-36b	T moves whole body
367	T4-38	Eye contact maintained
368	T4-39a	Synchrony
369	T4-39b	Physical movements-M&T
370	T4-41a	Eye contact-T to M
371	T4-41b	R's singing
372	T4-44a	Response to M's name
373	T4-44b	Peekaboo activity
374	T4-46a	Eye contact-M&T
375	T4-46b	R's singing
376	T4-47a	Music creating suspense
377	T4-47b	T vocalises
378	T4-48	Playing with material
379	T4-49a	Synchrony in movement
380	T4-49b	Musical response
381	T4-51a	Eye contact - M to T
382	T4-51b	T physical movement-response
383	T4-52	Laughing

#	Ref	Code
384	T4-53	M&T laughing
385	T4-54a	Playing with material
386	T4-54b	Joint expression-M&T
387	T4-56	T's physical response to M
388	T4-57	T takes initiative
389	T4-59	Laughing-T
390	T4-60	Whole body reaction-T
391	T4-61	T's vocalisations
392	T4-63a	Peekaboo song
393	T4-63b	R's singing
394	T4-63c	Playing with material
395	T4-64	R's music slower and gentler
396	T4-66	Playing with material
397	T4-67a	Smile-M
398	T4-67b	M speaking to T
399	T4-68	Eye contact-T to M
400	T4-69	Smile-M&T
401	T4-69a	Whole body reaction-T
402	T4-69b	M vocalising (kissing)
403	T4-71	Playing with material
404	T8-1	R, T&M playing at the piano
405	T8-2	T on M's lap
406	T8-3	R's music and voice-offbeat playing
407	T8-4	Playing at piano-M&T&R

#	Ref	Code
408	T8-5	T finds M's hand
409	T8-6a	Alternating leadership of movements
410	T8-6b	Holding hands
411	T8-7a	M sings with R
412	T8-7b	Physical proximity
413	T8-9	T looks at M
414	T8-10	R&M play piano
415	T8-11a	M holding T's hand
416	T8-11b	M directing T
417	T8-12a	Eye contact-M&T
418	T8-12b	M holding T's hand
419	T8-13a	M directing T
420	T8-13b	Physical proximity
421	T8-15	M lets go of T's hand
422	T8-16	T holding M's hand
423	T8-17	M's music-single notes
424	T8-18	T watching M play
425	T8-20	T holds M's finger
426	T8-21	T interested, invested
427	T8-22a	T watches M and directs M
428	T8-22b	R's singing
429	T8-24	R holding and containing
430	T8-25	T holds M's hand
431	T8-26	M plays with T's hand

#	Ref	Code
432	T8-27a	Unity in play
433	T8-27b	Interaction
434	T8-28	T wants to vocalise
435	T8-29a	T attentive to R's playing
436	T8-29b	T movement
437	T8-31a	Smile-M
438	T8-31b	M moves in response to T
439	T8-32	T moves energetically
440	T8-34	M plays at piano
441	T8-35	T plays with M's hand
442	T8-36	T interested at M's actions
443	T8-37	T's attention span longer
444	T8-38	T takes M's hand
445	T8-39	T directs M's movements
446	T8-41a	T directs M's playing
447	T8-41b	Music creating suspense
448	T8-42	R sings T's name
449	T8-44a	M follows T
450	T8-44b	T leading M
451	T8-46	T directs M's playing
452	T8-47	T playing faster than R
453	T8-48a	Music (T)-faster, descending
454	T8-48b	R's singing
455	T8-49	M sings along with R

#	Ref	Code
456	T8-50	T physically unstable
457	T8-51	M allows space for T to play
458	T8-52	M allows T to play alone
459	T8-54	T interested in R's playing
460	T8-55	R's music-single notes, descending
461	T8-57a	T holding M's hand
462	T8-57b	T interested in R's playing
463	T8-59	M stops singing

Appendix XI: List of themes, categories and codes

Theme one: Music therapy's influence on the mother-toddler relationship

Elements of relationship
- The attachment bond
- Influence of disability
- Quality of relationship
- Physical relationship and interactions
- Response and influence of behaviour of M and T on one another

Characteristics of interaction
- Quality of interactions
- Eye contact
- Play

Features of Music Therapy sessions
- The role and music of the therapist/researcher
- Structure of music therapy sessions
- Vocal use
- Instrumental play
- Elements of music

Category	Sub-categories	Codes	
Elements of relation-ship	The attachment bond	• Very attached-M&T (I1-136; I1-140) • Emotional attachment (I1-135)	• Quality time influencing attachment (I1-144) • Changing attachment (I1-142)
	Influence of disability	• No actual disability (I1-29) • No specific diagnosis (I1-28) • Age of toddler (I1-9) • Not reaching developmental milestones (I1-36)	• Gradually reaching a milestone (I2-88) • Developmental delay (I1-31; I1-198)
	Quality of relationship	• Bond between daughters (I1-76) • Inseparable relationship- two daughters (I1-70) • Calm when together-effect on each other (I1-72) • Effect on each other-daughters (I1-71) • Positive effect on each other (I1-77) • Two daughters (I2-281) • Other sibling present (T4-6) • Other daughter (I1-49) • Children responsive (I1-58) • Encourage each other-daughters (I1-78) • Sisters close in age (I1-81) • Calm when together-effect on each other (I1-72) • Daughters dependent on M (I1-52)	• Relationship-M&T (I2-271; I1-216; I2-69) • Relationship between M and two daughters (I1-50) • Relationship influenced (I2-204) • Closeness of relationship (I2-210; I2-205) • Closeness attributed to quality time (I1-153) • Intimacy, informal (I2-138) • Intimacy between M&T (I1-127) • Security in relationship (I1-161) • Music imitating relationship (I2-75) • Security from M (I2-211) • M&T laughing (T4-53) • Laughing-T (T4-52; T4-59) • Smile-M (T4-34; T8-31a; T4-67a; T4-22) • Smile-T (T2-35b; T4-19) • Smile-M&T (T4-69)

Category	Sub-categories	Codes	
	Physical relationship and interactions	• Swaying together (T2-30; T2-13a; T2-15) • Physical interaction-M&T (T4-11b; I1-124; I2-125) • Physical intimacy (I1-130) • T to M for physical support (T2-23b) • Physical movements-M&T (T4-39b) • Physical involvement (I1-286) • T moves energetically (T8-32) • Holding hands-M&T (T2-20; T2-6b; T2-27a; T8-6) • M holding T's hand (T8-11a; T8-12b) • M uses hand to show T (I2-95) • M moving for T (T2-31) • M lets go of T's hand (T8-15) • M&T let go of hands (T2-19) • T holding M's hand (T8-16; T8-57a; I2-93; T8-25) • T holds M's finger (T8-20) • T's use of her hands (I2-20b) • No hands-on involvement from T (I1-287) • T plays with M's hand (T8-35) • T takes M's hand (T8-38) • T on M's lap (T8-2)	• Physical proximity (T8-7b; T4-4; T8-13b; T2-4a; T2-10) • Whole body reaction-T (T4-60; T4-69a) • Increased physical activity from T (I1-179; I1-182) • T moves whole body (T4-36b; T4-21a) • T physical movement-response (T4-51b) • T directs M's movements (T8-39) • T's position on floor (T4-3) • Touching (I1-131; T2-4b) • Actions in music (T2-5) • T interested in M's actions (T8-36) • Joint movement-M&T (T2-29) • Synchrony in movement (T4-49a) • Synchrony (T4-39a) • T movement (T8-29b) • Repositioning of T (T4-30; T4-23) • T finds M's hand (T8-5) • T is physically unstable (T8-50; T2-23a; T2-22) • T not physically able (I1-89)
	Response and influence of behaviour of M&T on one another	• Response from others (I2-108) • M directing T (T8-11b; T8-13a) • M cues R (T2-8) • M-response and reaction (T4-21b) • M's response to T (I2-71; I2-73) • Response from T (I2-199) • T expects response from M (I2-114) • T's physical response to M (T4-56) • M moves in response to T (T8-31b) • Using M to take part/express herself (I2-92)	• T directs M's playing (T8-41a; T8;46) • Influence of behaviour-M&T (I2-68; I2-63) • T relies on M's response (I2-110) • T watches M and directs M (T8-22a) • Dependence of T on M (I2-280; I2-186; I2-282) • Response to M's name (T4-44a) • M's response-exclamation (T4-33b) • T smiles in response to M (I2-117)

Category	Sub-categories	Codes	
Character-istics of interaction	Quality of interactions	• Interaction (T8-27b; I2-237) • Interaction improved-M&T (I2-240) • Interaction-M&T (I2-123) • Spontaneous interaction-M&T (I2-129) • Informal interaction-M&T (I2-124; I2-193; I2-136; I2-137; T8-27)	• Informal musical interactions (I2-142) • T interacting with M (T4-32) • Taking time together (I1-149) • Quality time between M&T (I1-132) • Amount of time spent together (I1-151) • Quality of interactions (I2-239)
	Eye contact	• Eye contact-M to T (T4-51a; T2-21) • Eye contact-T to M (T4-68; T4-41a) • Eye contact maintained (T4-38)	• Eye contact-T&M (T4-29; T2-9; T4-28; T4-46a; T2-35a; T8-12a) • T looks at M (T8-9) • No eye contact (T4-20) • Eye contact (T8-12)
	Play	• Play time (I1-148; I1-93) • Choice to play (I1-122) • Time to play (I1-62) • T encourages M to play (I2-109) • Play between M&T (I2-131) • Play in learning (I2-30) • Increased play and togetherness (I2-250) • Playing together (I2-125) • Opportunities for play (I1-336) • Unity in play (T8-27a)	• Peekaboo activity (T4-2; T4-10; T4-44b) • Peekaboo song (T4-63a) • Playing with material (T4-71; T4-33a; T4-66; T4-54a; T4-48; T4-63c; T4-17) • M plays with T's hand (T8-26) • M allows T to play alone (T8-52) • T watching M play (T8-18) • M allows space for T to play (T8-51)

Category	Sub-categories	Codes	
Features of MT sessions	The role and music of the therapist/researcher	• R's music slower and gentler (T4-64) • R observing (T4-5) • R holding and containing (T8-24) • R's music- no breaks, loud (T4-24) • R's music-change of key (T4-25; T4-11a)	• R's music-singing, guitar playing (T2-25) • R's music chordal (T4-10) • R's music slower (T2-11) • R's music-slower tempo&softer dynamic (T2-1) • R's music and voice-offbeat playing (T8-3) • R's music loud (T4-15b)

Category	Sub-categories	Codes	
	Structure of MT sessions	• Playing at the piano (T8-4) • R, T&M playing at the piano (T8-1) • Length of MT sessions (I1-342) • Structure of MT sessions (I1-321; I1-313)	• Control of music and session (I2-60) • Moments in MT sessions (I2-77) • MT process (I2-4) • M plays at the piano (T8-34)
	Vocal use	• R's singing (T8-48b; T4-63b; T8-22; T4-41b; T2-17; T2-7; T4-46b; T8-22b) • R singing (only one) (T2-3b) • No vocal use from M (T2-26) • T plays with her voice (I2-104) • M sings with R (T8-7a; T8-49) • Voice as instrument (I2-143) • T wants to vocalise (T8-28) • T vocalises (T4-61; T4-47b) • Using the voice (I2-100) • R sings T's name (T8-42)	• Voice-M (I1-268) • M's voice (I2-147; I2-140) • M sings along with R (T8-49) • R's accented vocal response (T4-35) • M stops singing (T8-59) • Vocal exchange-M to T (T2-34; T4-15a) • Increased vocal activity from T (I1-184; I2-103) • Vocal use and exclamation-M&R (T4-18)
	Instrumental play	• Musical response (T4-49b) • T interested in R's playing (T8-54; T8-57b) • T playing faster than R (T8-47) • T attentive to R's playing (T8-29a) • T interest in guitar (T2-27b; T2-16)	• Slower tempo (T2-3a) • Same tempo as before-M&T (T2-13b) • R&M play piano (T8-10) • Drumming in sessions (I2-80) • Instrumental play (I1-323) • Music playing (I1-251) • M's music-single notes (T8-17)
	Elements of music	• Sensitivity to sound-T (I1-253; I1-255a; I2-168) • Music (T)-faster, descending (T8-48a)	• R's music-single notes, descending (T8-55) • Music creating suspense (T4-26; T4-47a; T8-41b)

Theme two: The shifting role and perceptions of the mother

Perceptions of the mother
- Music and music therapy
- Other therapies

Involvement of the mother
- Music therapy
- Other therapies

Category	Sub-categories	Codes	
Perceptions of the mother	Music and music therapy	• Change in perception-M (I1-204; I2-38; I1-203) • Changing perception of T-M (I2-288) • Change in perception of MT-M (I2-38) • Change in T since MT process (I2-21) • Enjoyment of M in MT (I2-153) • MT used for increased understanding (I1-301) • Impressions of MT-M (I2-41) • Change in T&M from MT (I2-298) • Gradual introduction to new things in MT (I2-172; I2-1921) • No boundaries in MT (I1-222) • Flexibility of MT process (I1-334; I1-332) • Boundaries in MT sessions (I1-314) • Impressions of MT process (I2-22; I2-9) • Seeing potential in MT (I1-208)	• Changing impressions of MT-M (I2-23) • No MT understanding (I1-229) • Skeptical about MT (I2-26) • Expectations of MT from M (I1-297) • MT made a difference (I2-296) • Importance of music-M (I2-27) • No background in music (I1-262) • Therapy through music (I1-231) • Music as motivation (I1-306; I1-305) • Music as universal medium (I1-339; I1-263) • Music creating peace and calm (I1-233; I1-247) • Benefits of music (I1-252) • Music as reward (I1-307; I2-34; I2-32) • T enjoyed MT sessions (I2-44) • Anonymity of participant (I1-3; I1-6; I2-2)
	Other therapies	• Therapy aided in finding potential (I1-211) • Impact of other therapies (I1-174) • Therapy process's aided maturation of T (I1-194)	• Other therapies invasive (I2-178) • Therapy to boost toddler up (I1-42) • Right tools in therapy (I1-212) • Positive reaction to other therapies (I2-225)

Category	Sub-categories	Codes	
Involve-ment of the mother	Music therapy	• Commitment to participate in MT (I1-223) • Active involvement from M in MT (I2-158; I2-230)	• Involvement of Mt in MT sessions (I2-217) • No MT prior to this (I1-195)
	Other therapies	• Other therapies-different to MT (I2-154) • Other therapies: physiotherapy, OT, speech therapy (I1-166) • Other therapies (I2-219; I2-213; I2-297; I1-201; I2-28) • BTC (I1-169) • Reason for attending BTC (I1-35) • Evaluation at BTC (I1-39) • Involvement in therapy (I1-239) • Occupational therapy (I1-176) • Physiotherapy (I1-178)	• Observation in other sessions-M (I1-288) • Passive involvement from M (I2-227) • Lack of initial involvement in other therapies (I1-219) • Increased involvement from M in other therapy sessions (I1-273; I1-221) • Increased involvement from M (I1-220) • M wants to be more involved (I1-288) • M not involved earlier (I1-157)

Theme three: Music therapy as an agent of change

Before Music Therapy:
Roles, routine and attributes of relationship

- Communication
- Routine of a normal day
- The M's role before MT
- Characteristics of T and M outside of or before MT

During Music Therapy:
Towards independence

- T: From dependence to
- T and M's involvement in and experience of MT

After Music Therapy:
Transference and acquisition of skills

- Transference of skills to other environments
- Increased range of capabilities as a result of MT

Category	Sub-categories	Codes	
Before MT: Roles, routine and attributes of relation-ship	Communication	• Other forms of communication (I1-118) • Alternate forms of communication (I1-117) • Lack of means to communicate (I2-53) • Medium of communication (I1-113)	• Communication within relationship (I1-106) • Communicative sounds (I1-190; I1-186) • Break in communication (I1-338)
	Routine of a normal day pre-MT	• Sleeping (I1-92) • Feeding (I1-90) • Routine of an average day (I1-83; I1-96)	• Visiting people (I1-104) • Going out-break the routine (I1-103)
	Characteristics of T and M outside or/before MT	• Perseverance-M&T (I1-351) • Perseverance in tasks-T (I1-187) • Joint development-M&T (I1-202) • M&T very busy (I1-85) • Cautious, weary of new situations-T (I1-16; I1-23) • Caution- T (I1-259) • T friendly, smiling (I1-14) • Sensitivity to sound (I1-255) • T reserved (I1-109) • Maturation of T (I1-346) • Encouragement (I1-207)	• T doesn't show emotion (I1-110) • Motivation of T (I1-302) • T matured (I1-193) • Bribes from M (I1-120) • Development of T (I1-353) • Emotional state/s of T (I1-232) • T's understanding improving (I1-177) • Enjoyment of music (I1-249) • T enjoys music (I1-255b) • Encouragement of T from M (I1-303; I1-281; I1-205; I1-284; I1-280)

Category	Sub-categories	Codes	
	The M's role before MT	• Working M (I1-154) • Doubt from M (I2-222; I1-224) • Prior frustration-M (I2-242) • M frustrated (I1-200) • Mother not working (I1-65) • Emotional state/s of M (I1-237) • Mothers voice at home (I1-328)	• Music from birth-M singing to T (I1-264) • Absent mother (from home) (I1-137) • M taking care of two daughters (I1-98) • M responds to children too (I1-59)

Category	Sub-categories	Codes	
During MT: Towards indepen-dence	T: From dependence to autonomy	• Independence-T (I2-270; I2-82; I2-276b; I2-278; I2-86; I2-90; I2-185; I2-132; I2-91) • T taking initiative (I2-265; T4-57) • Alternating leadership of movements (T8-6a) • T leading M (T8-44b) • Leadership of T-control (I2-181; I2-268) • Leadership from T (I2-47; I2-84; I2-81)	• Value of leading from T (I2-50) • Making choices-T (I2-275) • Provision of choice (I1-116) • T being in control (I2-184) • Control-T (I2-269) • Taking charge-T (I2-276a) • Dependence on M (I1-55) • M follows T (T8-44a) • M sings with R (T8-7) • T's pace (I2-57) • Change in T (I2-291)
	T&M's involvement in and experience of Music Therapy	• Peace and calm-T (I2-148; I2-16; I2-247) • Barriers, isolation-T (I2-200) • Barriers-T (I2-169) • Emotional state/s of M&T (I2-246) • Understanding of music-T (I2-166) • T not interested (T2-32) • T drifts off (I2-14a) • Expression from T (I2-180) • Frustration lessened-M (I2-245)	• Challenging T (I2-134; I2-135) • T interested, invested (T8-21) • T's love for music (I2-18) • Comfortability-T (I2-259) • M speaking to T (T4-67b) • M speaks to T (T4-14) • Joint expression-M&T (T4-54b) • M vocalising (kissing) (T4-69b) • T laughs and vocalises (T4-36a) • T facing M (T4-31) • Lack of verbalising-T (I2-273) • Focus-T (I2-243)

Category	Sub-categories	Codes	
After MT: Transfer-ence and acquisition of skills	Transference of skills to other environments	• Skills to home (I2-208; I2-145; I2-15; I2-94; I2-202; I2-258b; I2-11; I2-97) • Using tools and skills at home (I1-214)	• Practicing skills learnt in therapy (I1-293) • Repetition at home (I2-258a) • M singing at home (I2-12) • Talking from M (I1-114)
	Increased range of capabilities as a result of MT	• Increased memory-T (I2-85; I2-46) • Memory (I2-89; I2-161) • Memory of sessions (I2-155) • Lack of means for expression (I2-52) • Increased enthusiasm for trying new things (I2-286) • T's attention span longer (T8-37)	• Music keeps T's attention (I2-14b) • T is a person too (I2-61) • Motivation (I2-31) • Enjoyment of music-M&T (I2-302; I2-165;I2-176) • Music helpful (I2-20a) • Use of voice in learning (I2-29) • Learning in music (I2-107)