Music therapists' experiences of developing clinical musicianship during training

by

Mari Stevens

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SUPERVISOR: Mrs Andeline Dos Santos

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Abstract

This qualitative research study explored six music therapists' experiences of developing clinical musicianship skills during the music therapy Masters training program at the University of Pretoria. The study was particularly concerned with the influence of previous music training and experiences on the development of clinical musicianship skills; how the development of clinical musicianship skills influenced participants' musical identities; and how the development of clinical musicianship skills influenced participants' experiences and use of music in non-clinical settings.

The sample was selected from registered music therapists who completed their training in 2011 and 2013 at the University of Pretoria. Semi-structured interviews were conducted. The interview transcriptions were then analysed by means of thematic analysis. Three themes were drawn from the data: pre-training, training, and post-training. Participants described their definition of clinical musicianship skills as well as what learning clinical musicianship skills entail. Their experiences of developing clinical musicianship included new experiences; valuable experiences; easier learning experiences; uncertainties and incompetence; growth and development; challenges with regard to instrumental skills, improvisation, and working with clients; and means of dealing with challenges. Data analysis revealed aspects of participants' musical training and experiences prior to the music therapy course that were both helpful and hindering to their development of clinical musicianship. Participants also commented on the contrasts between previous musical training and experiences and their experiences in music therapy training. With regard to the influence that the music therapy training had on participants' musical identities, changes included: development to identity as musician, music therapy adding to facets of musical identity, and other musical identities being informed by the training. Data analysis further revealed that the development of clinical musicianship skills informed participants' use and experiences of music in non-clinical settings in that it influenced their relationships in general, changed their perceptions and experiences of music, and influenced their approach towards musicing.

Keywords: Clinical musicianship skills; music therapy training, Pretoria University, self-concept/self-images, identity, qualitative research paradigm, semi-structure interviews

Chapter One: Introduction

1.1   Introduction

The practicum component in music therapy training has been noted as a crucial factor in how music therapy students experience their studies (Edward & Smyth, 2009:8; Wheeler, 2002:286). This study explored how registered music therapists reflect back upon their experience, specifically the experience of developing clinical musicianship skills during music therapy training. This chapter describes the background for the research. The research aim and questions which guide the study will also be provided. Lastly, a brief description of each chapter will be included.

1.2   Background and context

In order to register as a music therapist with the Health Professions Council of South Africa a candidate is required to complete a recognised Masters level training in music therapy. To enter this training programme the applicant is required to have already obtained qualifications in music and in psychology. The process of becoming a music therapist is a complex, multi-faceted, and intensive one.

One aspect of the Masters training programme focuses on developing clinical musical skills. In a paper concerned with the distinction between musical improvisation (or improvisation as art form) and clinical improvisation, Brown and Pavlicevic (1997:398) write that clinical musical techniques used by a trained music therapist enable the therapist and client to "form and work with a dynamic, interpersonal relationship through music". In music therapy, music is understood as a unique means of self-expression and communication (Wigram, 2002:36). Within the context of a music relationship, clinical improvisation techniques or clinical musicianship skills enable clients to "hear themselves in sound and the therapist to assess and work with the client" (Brown & Pavlicevic, 1997:399). Research has also shown that a therapist's musical input has a significant effect on the shared music experience between therapist and client (Procter, 1999:5).

Although developing clinical musical skills is a process that neither begins nor ends with a degree, but is an in-depth, lifelong process (Prefontain, 2006:1), much development takes place specifically during the Masters degree programme. Within our student group we had different strengths as musicians and during the training we also developed different

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strengths as clinical musicians. For example, some students displayed a greater ease regarding musically meeting and matching a variety of client groups; some developed the ability to create shifts within the music in order to facilitate a different musical experience for clients sooner than others; and some had a greater sense of musical flexibility when working with individual clients while others demonstrated this flexibility with groups. I was also personally aware of challenges and strengths within the development of my own clinical musicianship skills. A greater understanding of how past musical training and experiences influence the students' development of clinical musicianship would beneficially inform student selection, training and possibilities for support. It would also contribute to informing candidate preparation prior to applying for music therapy training.

My music making in a non-clinical setting, during and after the completion of my clinical internship, was also influenced by the acquisition of clinical musicianship skills. The influences I noticed included becoming more sensitive to the way fellow musicians played in solo playing, ensembles and other music groups, being able to create greater and more effective shifts in the music, being more aware of the subtleties within the music (such as dynamics, rhythms, and harmonies), and I became more sensitive to the communicative qualities of music. This stirred my interest in how music therapists experience the development of their clinical musicianship skills during the music therapy Masters training programme and whether their skills as music therapists influence their music making in a non-clinical setting. Greater knowledge in this area would facilitate increased understanding of the value of clinical musical training for practice in a variety of musical contexts.

The development of clinical musical skills also informed my experience of identity as a musician and as a music therapist, as well as the shifting relationships, overlaps and distinctions between the two. Exploring the experiences of music therapists in this regard, particularly in relation to clinical musicianship, would contribute to a better understanding of how music therapists navigate their musical identities in various musical contexts.

1.3   Research Aim

This study, therefore, aims to explore how registered music therapists experienced the acquisition of clinical musicianship skills during the music therapy Masters training programme. The study aims to investigate this particularly in relation to participants' previous musical experiences, musical identity, and also how gaining clinical musicianship skills may influence how they use and experience music in other non-clinical settings. The study aims to contribute knowledge that will better inform student selection, training and support. The

study also hopes to offer greater insight into the function of acquiring clinical musical skills in the navigation of the musical identity of music therapists, as well as knowledge regarding the role and value of clinical musical skills in a variety of musical contexts.

1.4   Research Question

The main research question guiding this study is:

How do registered music therapists reflect on their experiences of acquiring clinical musicianship skills during the music therapy Masters training programme at the University of Pretoria and the impact of this upon their use of music and their musical identity?

Sub-questions:

1. How did past musical training and practice influence their acquisition of clinical musical skills during the music therapy Masters training programme?

2. How did the acquisition of clinical musicianship inform their experience of their musical identity during and after training?

3. How do their clinical musical skills influence how they use and experience music in non-clinical settings?

1.5   Chapter Description

The second chapter presents and reviews literature that relates to music therapy training and the conceptualisation of clinical musicianship. Previous research that considers musical experiences prior to music therapy training and literature regarding the influence and development of musical identity during the training will also be reviewed.

Chapter three will examine the nature of qualitative research and the interpretive paradigm in which the study is situated. The sample selection, method of data collection, process of data preparation and analysis will be discussed. This is followed by a chapter detailing the process of data analysis and presenting the findings. A clear and systematic description of the processes from which the findings were derived will be presented.

In the fifth chapter the findings will be considered in more detail and the themes that have emerged from the data analysis will be discussed in light of the research questions. The

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findings will also be contextualised and compared with related literature. The last chapter contains the concluding remarks regarding the research. This includes a brief description of the findings, a consideration of the study's limitations as well as recommendations for future research.

Chapter Two: Literature Review

2.1   Introduction

This chapter will review literature regarding music therapy training and the conceptualisation of clinical musicianship. Literature relating to musical experiences prior to music therapy training and the notion of identity will also be reviewed.

2.2   Music Therapy Training

Only a few research studies have been conducted concerning music therapy Masters students' experiences of the practicum components of their training (Amir, 2013; Edward & Smyth, 2009; Kim, 2010; Wheeler, 2002). These studies will be presented here and the gaps in the research will be highlighted. Also, minimal research has been conducted on the development of music therapists during their training period. In categorising the available studies involving music therapy training, Schwartzberg and Silverman (2011:50) list the different topics that have received attention. Past research has focussed on content of music therapy training courses (Alley, 1978; Petrie, 1989), experiential learning in the context of music therapy training (Amir & Bodner, 2012; Lindvang, 2013; Murphy, 2007; Scheiby & Pedersen, 1999), technological aspects regarding training (Crow & Rio, 2004), how the culture of a music therapy training program influences student health (Wyper, 2010), and music therapy students' experiences of supervision (Brooks, 2002; Knight, 2008; Wheeler & Williams, 2012). Considering that the practicum component is a substantial part of the music therapy training program, these studies reveal a gap in research as students' experiences of the practicum component have not been explored. This study hopes to address the shortfall in the research. Exploring music therapy students' experiences of course requirements and their personal development is important as it can offer perspectives on how challenges can be dealt with and how learning needs can be met within training programs.

Edward and Smyth (2009) explored the experiences of three music therapy students who were near to completion of their two-year Master's programme[1]. Interviews were conducted at the 18 month stage of the music therapy training. The students described experiencing strong feelings and emotions as they encountered a number of different challenges during their training. The challenges experienced by the students were varied. These included the challenge of the audition, settling into the course, as well as the music skill requirements of

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[1] The university attended by the students were not specified in the article.

the programme. Other challenges included working to finish tasks within the required time, placements and the psychotherapy requirements. Interviews also revealed that students managed lifestyle changes and reported ways of coping with what was expected of them in the course. Together with strong feelings such as frustration, fear, self-consciousness, and a sense of feeling overwhelmed, students also reported expriencing joy as a result of coping with challenges as well as a sense of achievement. It was noted that students described practicum experiences with particularly striking detail during the interviews. Students also referred to their experiences of strong emotions, challenges, lifestyle changes and their development of coping skills in relation to their clinical placements (Edward & Smyth, 2009:8). The practicum component of the training program was experienced as an intense and memorable learning site for students.

Wheeler (2002) conducted a phenomenological investigation into the experiences and concerns that music therapy students have during and prior to their clinical internship. Eight students enrolled in undergraduate music therapy practicum participated in open-ended interviews over the period of a year. Wheeler (2002:277) conducted the study based on the perception that students have thoughts and feelings about the practicum component that faculty is not aware of, and that these thoughts and feelings influence both the students' experience of the practica and their clinical work. Challenges experienced by students in her study included concerns regarding their ability to address the needs of clients of various ages and different levels of cognitive functioning. Some students also had concerns regarding their musical skills, two of whom were voice majors and started their training with minimal additional instrumental skills. One student commented that she did not have the [musical] background other students did and to make music in such a manner that it really sounds the way she intended was the hardest part of the practicum (Wheeler, 2002:286-7). With regard to their means of dealing with challenges four students spoke of their musical progress (2002:288). These four students had voice as their primary instrument and did not play piano or guitar prior to learning these as part of their music therapy training. One student commented how, towards the end of her studies, she felt more in control and prepared musically, where another commented that she felt more comfortable with her music as she realised she could improvise, which she had not felt capable of doing previously.

This study considered music therapy students' concerns regarding their musical skills and faintly raised the issue of how musical experiences prior to music therapy training influenced their experiences of the practicum component during training. This was, however, only briefly mentioned as a reflection of participants' comments, but not explored in more detail. Although the study reports an improvement in musical skills and feelings of increased self-confidence and musical flexibility towards the end of the training, Wheeler does not,

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however, address what the initial musical challenges were specifically or how they were dealt with.

Kim (2010) conducted a qualitative investigation into the experience of eight Korean students in the Nordoff-Robbins Music Therapy training program at New York University. Five of the participants were classically trained pianists and one was a classically trained composer. Two participants did not major in music during their undergraduate education but were both competent pianists. Semi-structured interviews with open-ended questions were conducted with participants. Students reported experiencing difficulties during the training which included distress from a lack of musical competency, evaluation anxiety and 'shame' in music (Kim, 2010: 356). 'Shame in music' refers to shame that participants experienced towards their own music, especially when their music making was observed by a lecturer. All participants stated that they were confronted with limitations of their musical ability. The six participants who majored in classical music in their undergraduate education reported that their classical training restrained their creativity (Kim, 2010:356).

In relation to evaluation anxiety participants mentioned that they became particularly nervous when their sessions were observed by respected figures and worried that incompetence in their clinical musicianship would be exposed (Kim, 2010:357). Participants were distressed when experiencing incompetency and limitations in their clinical musicianship. The participants, however, became less anxious as they experienced acceptance by training staff and realized that their competency was being developed in the course of the training (2010:360). Participants reflected that they especially valued thorough instruction in music, effective clinical instruction, and trusting supervisory relationships characterised by warm acceptance, support and empathy. Expanded clinical musicianship was found to be a general outcome of the training among all participants (Kim, 2010:259). This study highlights the value and influence of the student-supervisor relationship in decreasing anxiety and in developing the competency and skills of students. The interview data also highlighted the importance and influence that supervision can have on the students' experience of their clinical work and the development of their clinical musicianship skills. This study does, however, not explore specifically how the student's clinical skills were developed. Although supervision had an influence on student's experience of developing clinical musicianship skills, it is also possible that the changes reported by students can be attributed to other factors as well.

Amir (2013) conducted a retrospective exploratory study in order to analyse students' reflections on their participation in music therapy group processes during the course of a year. The music therapy groups, in which 13 music therapy students participated, took place

in their second year of study. Amir (2013:262) mentions that, although the expectation may be that music therapy students should participate naturally through music, the study found that students are often embarrassed to play in front of each other and their lecturers for fear of their musical incapabilities being exposed or of their instrumental playing being judged. These studies (Amir, 2013; Kim, 2010; Wheeler, 2002) highlight the significance of the practicum component of music therapy training as a learning site as well as a site of challenges and concerns. During training music therapy students need to develop an understanding of music as a medium that functions within a therapeutic context and to develop the necessary skills to utilise music as a therapeutic medium.

Students learn not only to use their existing musical skills in a therapeutic context, but necessarily also need to acquire new skills. These skills include improvisation, song writing, composition, vocal work, movement, musical dictation, harmonising, listening, learning how to play a new instrument, familiarity with different styles/genres of playing and indexing (Wigram et al., 2002:275).

Similar to the current research, these studies (for example, those by Edward and Smyth (2009) and Kim (2010)) are concerned with how music therapy students experience the music therapy training programme and reveal specific concerns and challenges. Two studies, those by Kim (2010) and Wheeler (2002), made cursory connections between past musical training and challenges regarding musical skill and instrumental competency experienced during training. However, none of these aspects are explored in detail and the questions remain: What is the relationship between prior musical training and experiences that students bring to the degree and the challenges experienced and overcome during Music Therapy Masters training? How do students deal with those challenges?

2.3   Clinical Musicianship

There are different models of improvisational music therapy: Creative Music Therapy, Free Improvisation Therapy, and Analytic Music Therapy (Nordoff & Robbins, 2007:4). Different models can be incorporated into a treatment approach or adapted for different client groups (Bruscia, 1987:6). Although students are also taught to use other models, the music therapy training program at the University of Pretoria mainly follows the Creative Music Therapy Model. This improvisational approach to both individual and group music therapy was developed by Paul Nordoff and Clive Robbins (Nordoff & Robbins, 2007:1). This model of creative and improvisational music therapy requires the therapist to respond in an adaptive and flexible manner to the ways the client makes music (Wigram, 2004:81).

Music therapists work with clients who have a broad range of presenting issues. Because of this range of needs and abilities a therapist must know how to adapt a variety of musical experiences (Richardson, 2011:22). Clinical improvisation allows the client and therapist to relate to one another through music and this manner of relating requires, particularly, musical flexibility. A music therapist must be able to shape his/her music in order to work with the client's areas of strengths and limitations, avoidances and resistances (Brown & Pavlicevic, 1997:404). He/she is required to take into account a client's needs as well as cognitive, motor and social competence in order to engage a client at his/her own level of functioning and facilitate increased access to musical activity (Ruud, 1998:4). A music therapy student is, therefore, required to learn how to work flexibly with the elements of pitch/frequency, tempo/pulse, rhythm, intensity/volume, duration, melody and harmony in order to create the music best suited to the needs of each client (Wigram, 2004:35).

There are differences between musical improvisation and clinical improvisation. Music improvisation is a process whereby musicians create a musical product that is most often intended to have aesthetic value. The purpose is not intended to be therapeutic. In clinical music making it is the interpersonal dimension that is primary rather than the musical (Hiller, 2009:25). Clinical improvisation is distinctly different to improvisation as an art form as it has a communicative, rather than a musical agenda (Brown & Pavlicevic, 1997:398). Hiller (2009:25) describes clinical improvisation as the process whereby therapist and client improvise together for the purposes of therapeutic assessment, treatment, and/or evaluation. Wigram (2004:37) writes that clinical improvisation is the use of musical improvisation in an environment of trust and support established to meet the needs of a client. Sometimes the improvisation results in a musical product of perceived aesthetic value, however, this is neither a requirement nor is it necessarily an essential aim. The music created during a clinical improvisation reflects the nature of the interpersonal dimension, as well as the specific feeling states present.

The skill of making decisions about the clinical use of music forms part of a music therapist's "clinical reasoning skills" (Baker, 2007:28). Attributes of clinical reasoning include integrating theory and knowledge from previous clinical experiences, critical thinking, problem solving, and reflection. In order to make decisions as to which clinical interventions are most likely to achieve therapeutic change in the most effective way a therapist must asses a clinical situation, establish a client's clinical needs and set therapeutic goals (Baker, 2007:28). A resourceful clinical approach needs to be explorative, consistent and adaptable (Wigram, 2002:274).

Wigram (2004:33) writes that improvised music represents aspects of a person, past and present. Past influences include the musical culture from which a person comes, the musical skills they have acquired, musical taste and preferences, influences in the way they have been taught music, and associations to past life events. Present influences include current musical interests, life events with current influence, mood or emotional states, and personal state and character as it is currently developed (2004:33). These facets and influences combine to form a musical identity that emerges in improvised music making.

Both client and therapist have developed a musical identity. It is the skill of the therapist and flexibility within his/or own musical identity that will determine the level at which a therapist can interact with a client through music. As a client's involvement in music therapy is not dependant on whether they've had previous music training, the music therapist must be able to read and interpret whatever the client brings as musical and engage them in music making. In creative music therapy improvisation is a means to engage with others and to build a musical relationship. Wigram writes how "the musical identity of the therapist meets and engages the musical identity of the clients, and this calls for highly developed and advanced specialised skills in interacting with the clients through this medium" (2004:34). The identity of music therapists will be discussed further in section 2.5.

2.4   Experiences prior to music therapy training

In music therapy practice the definition of 'music' can be broader than socially formed definitions. The perception of what constitutes music is not limited to the use of a conventional musical instrument, organised rhythms or culturally defined aesthetically pleasing sounds. At times non-musical elements and the other arts are added in order to create an experience that goes beyond these conventional definitions of music (Bruscia, 1998:8). For musicians the understanding and perception of music is formed through the process of learning, creating, re-creating and listening to music (Bruscia, 1998:8). The concept of 'music experiences' in the current study refers to this process of creating, re-creating and listening to music, as per Bruscia's (1998:8) conceptualisation. Prior to entering the music therapy training course students have had a variety of musical experiences. These experiences may influence the way in which they relate to music and the perspectives held towards music. Bruscia (1998:8) writes that "a composer views music and the music experience differently than the performer and improviser, the performer and improviser differently than the listener, and the historian different than the critic or instructor". Perceptions of music fostered by musical experiences before entering the music therapy training course are not always useful within a therapeutic, clinical context. Bruscia (1998:8) explains that "while [these] various conceptualizations of music provide a beginning

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foundation for understanding what music and music experience are all about, it is important to realise that they are not always relevant to actual clinical practice".

Gonzalez (2011) conducted a qualitative, phenomenological inquiry in order to examine the impact of music therapists' music cultures on the development of their professional frameworks.[2] Gonzalez (2011:11) does not define 'professional frameworks' but seems to use it interchangeably with 'clinical frameworks' which she describes as the manner in which the participants worked as music therapists at the time the study was conducted. Gonzalez (2011:2) describes music cultures as the "acquisition of values, beliefs, and behaviours resulting from a person's musical relationships with a person, group, institution, and/or style of music". Three participants were selected on the basis of their years of practice, music cultural background, and whether they strongly identified with their music cultures evidenced by current participation in the performance or teaching of non-therapy music activities. Data was gathered through individual in-depth interviews and an online discussion board where all three participants and the researcher interacted. Participants were also requested to bring one artefact to the interview that represents an aspect of their music culture (Gonzalez, 2011:9).

The first participant was a Guided Imagery and Music (GIM) therapist (GIM is a specialised form of receptive music therapy) and actively played French horn in a community symphony. The second participant was a music therapist who used both improvisation and re-creative[3] methods in therapy and was also a member of a rock band. The third participant was a Nordoff-Robbins music therapist and jazz bass performer (Gonzalez, 2011:8). Due to the role that music played in the participants' lives during adolescence, music became part of their identities. According to Gonzalez (2011:15) the manner in which people engage with and relate to music, and associate meaning to music is what makes these musical experiences important to identity formation. As adolescents the participants used music as a means for self-nurture. This nurturing relationship with music took on a parental function. Three types of parental functions of music emerged from the data: surrogate, auxiliary and supplemental.

Data analysis revealed that participants relied on music as both an asset that helped them access inner capabilities as well as an external resource to connect them to outside support systems (Gonzalez, 2011:15). Music fulfilled a nurturing function in the lives of the participants and provided them with a means of emotional expression. According to

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[2] It is not specified where the study was conducted.
[3] "Therapy methods that involve therapists retaining an expansive repertoire of pre-composed music" (Gonzalez, 2011:23).

Gonzalez (2011:18) this gave the participants an experience of how music can promote health and laid the foundation for their clinical practice as music therapists. Parallels were found between the ways in which participants related to their music cultures, used music as a resource and the manner in which they work as therapists (Gonzalez, 2011:19).

The first participant's use of music to support her in mourning the loss of her uncle (Gonzalez, 2011:21), her classical training and experiences of listening to classical music with her parents (2011:20) as well as her use of recorded music as a tool to connect with different parts of herself as an adolescent paralleled her role as a GIM facilitator. As a creative music therapist, the second participant's fluency in a variety of musical genres as an adolescent now allow him to be flexible in improvisations with clients. His interest as an adolescent to learn about songs assists him to provide clients with music that is reflective of their music cultures. Lastly, his previous use of music as a tool to connect with the outside world relates to his work with psychiatric patients who live in isolation. These findings suggest that participants gravitated towards clinical approaches and interventions that mirror the musical relationships they experienced as adolescence (Gonzalez, 2011:29).

This study suggest that music therapist's relationship with music prior to music therapy training influence what clinical approaches and interventions they prefer and feel more comfortable with. Although Gonzalez chose participants in such a way as to allow for a variety of music experiences, the population size of three is still a relatively small sample. The inclusion of more participants might have resulted in different findings. It is also possible that the acquisition of clinical musicianship skills could shift music therapy student's relationship and perception of music and this was not explored in Gonzalez's study.

2.5   Identity Development

According to Wigram (2002:273), an important part of music therapy training is the development of musical identity and therapeutic identity. The musical identity of a music therapist is, firstly, historically developed (in relation to inborn musical aptitude, history of musical experiences, likes and dislikes in music, knowledge of different musical genres, musical education, as well as through skills and performance). Secondly, it is developed in music therapy education (as improvisational flexibility grows, as techniques are learned for responding to the client's music, and through integration of this with the therapist's own musical history, experiences and preferences) (Wigram, 2002:276). Training allows for the expanding and maturing of a student's existing musical identity in that he/she gains in musical confidence and competence (Wigram, 2002:276). Wigram (2002:275) writes that "developing a therapeutic approach is a process – which includes the process of developing

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your own musical identity, which connects with your therapeutic identity, the combination of which provides you with your professional identity".

Hansen (1997:56) explored the impact of managed care on the therapeutic identity of psychotherapists and describes therapeutic identity as the part of self which is gained through training that guides a therapist's functioning as a clinician. The current study considers in more detail how the acquisition of clinical musicianship skills informs participants' experience of their musical identity. Quinn (2003) conducted a research study of which the purpose was to find the balance in the music therapy relationship by acknowledging the influence of the music therapist's identity on clinical improvisation. She states that when music therapists reflect upon their music making and their identities, they will gain a greater self-awareness that could enhance their therapeutic relationships with clients. Furthermore, she states that without this self-reflective process a music therapist is not fully aware of the qualities he/she contributes to the musical dialogue with a client and how this influences the client's music (Quinn, 2003:1). She suggests an extensive process of self-reflection that includes music therapists exploring sense of self, musical identity, professional identity and identity as researcher (Quinn, 2003:2). All these identities work in balance with each other to construct a unique identity as a music therapist (Quinn, 2003:4).

'Self-concepts' are defined by Hargreaves et al. (2002:7) as the different ways in which we see ourselves, which can be context-specific, or domain-related. Self-concepts include aspects of personality styles, appearance and social roles (Hargreaves et al., 2002:8). Regarding domain-related self-image an individual might think of him/herself as a 'music teacher', 'classical musician', or 'pianist' (Hargreaves et al., 2002:8). Music therapy students face the challenge of combining the context-specific or domain-related self-concept they have as a musician, teacher, improviser and so on, with a developing self-concept as a therapist. Hargreaves et al. (2002:3) refer to the integration of various self-concepts as 'self-identity'.

McCarthy and Grand (1990) studied the emotional stages experienced by 59 music therapy students during their six-month clinical internship[4]. Data revealed that personal development and an identity struggle was part of students' adjustment and growth process during the training. In the measurement used the participants were requested to separate their personal and professional matters. McCarthy and Grant do not reflect on how personal and professional matters are distinct from one another. Besides for stating that interns were instructed to separate their personal and professional lives to the extent of their ability, the

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[4] 37 colleges were represented in the study.

authors do not elaborate on how students were to distinguish between the two. The instrument used consisted of 20 pairs of feelings states, including levels of frustration, contentment, anxiety, excitement, boredom, and confidence in music therapy skills and creative abilities. Ten pairs of descriptive terms were assigned to personal matters and ten to professional matters (McCarty & Grant, 1990:108). A Likert scale of 1-5 was used by the participants to describe their feelings at each evaluation period (McCarty & Grant, 1990:108). Analysis revealed a significant increase in participants' positive feeling states pertaining to their personal matters during month five and six. Growth regarding professional matters seemed steady throughout the six months (McCarty & Grant, 1990:108). Data also revealed personal struggles during the first four months of clinical internship and then a significant increase in the ratings of feeling states over the last two months. At the end of the first month self-doubt, frustration, inadequacy, or insecurity was reported by 80% of participants and during the second month a struggle with identity emerged. This identity struggle was deduced from frequently used descriptors such as conflict with staff, conflict with family back home, adjustment, lonesomeness, stress and challenges (McCarty & Grant, 1990:115).

This identity struggle is not explored in more detail by McCarthy and Grant. They do, however, state that initial adjustment to the training seemed problematic and significant positive feelings as well as a more positive professional identity only emerged after this problematic adjustment phase (McCarty & Grant, 1990:112). Feelings of frustration, inadequacy and insecurity described at the end of the first month could be related to this adjustment phase and identity struggle. It was found that, in general, participants were able to separate personal and professional concerns and did not allow their professional identity struggle to interfere with their self-esteem (McCarty & Grant, 1990:117). In the study conducted by Kim (2010) in which the experience of eight Korean students in the Nordoff-Robbins music therapy training programme were investigated, participants also reported experiencing personal growth due to the training, which is similar to the findings of McCarthy and Grant (1990). Aspects of this personal growth included (a) increased self-awareness; (b) positive views towards self and others; (c) empowered self; and (d) desire to find true self (Kim, 2010:359).

Bergner et al. (2000:37) considers self-concept from a status dynamic approach. He conceptualise self-concept not as an organised summary of perceived facts about oneself, for example one's traits, values, social roles, interests, physical characteristics, and personal history, but rather as an individual's "summary formulation of his/her status" (Bergner et al. 2000:37). Instead of referring to a list of personal characteristics status refers to one's place or position in relation to other people, in other words, "one's overall place in the scheme of

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things" (Berger et al., 2000:38). As a summary formulation of a person's status, self-concept is also a summary of a person's perceived behavioural possibilities and the limitations thereof (Bergner, 2000:37).

Considering self-concept from a status dynamic approach (Bergner et al., 2000), it could be argued that the self-concepts a music therapy student holds could influence their ability to develop clinical musicianship skills. In considering therapists' musical identity before training and their experience of developing clinical musicianship skills, this study illustrates how skill acquisition during training was influenced by self-concepts held by students before training. This study will explore the participant's musical identities from a status dynamic approach (Bergner, 2000:37) as well as considering self-concepts as context-specific or domain related as defined by Hargreaves et al. (2002:7).

2.6   Conclusion

A range of research has been published on music therapy training and student experiences (Amir & Bodner, 2012; Murphy, 2007; Knight, 2008; Lindvang, 2013; Scheiby & Pedersen, 1999, Wheeler & Williams, 2012; Wyper, 2010) with fewer studies focussing on music therapy students' experience of the practicum component of the training and the development of clinical musicianship skills. As opposed to existing studies which have focussed on the experience of music therapy students during training, the current study draws upon registered music therapists as participants and asked them to reflect on their experiences during training. This will allow a more comprehensive reflection on the process of developing clinical musicianship skills and overall development as a therapist.

Although the studies that were discussed reported improvement in musical skills, clinical musicianship skills, as well as personal development, factors that contributed to these changes reported by students were not considered in much detail. Literature also illustrates that students experience certain challenges during training, but these are also not explored in more detail. This study considers how previous music training and experiences impacted on participants' experiences of developing clinical musicianship skills. The relationship between past musical training and experiences and challenges experienced in the course, how those challenges were dealt with and the possible contribution of past musical experience in the training is also explored.

Although some studies considered identity development during training, they mainly explored the development of clinical and professional identities (or frameworks). This study is more specifically concerned with musical identity and how the acquisition of clinical

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musicianship skills can inform the experience of participant's perceived musical identities or whether student's self-concepts could influence their ability to develop clinical musicianship skills.

Furthermore, this study does not only focus on a clinical context, but also considers the influence of clinical musicianship skills on the use and experience of music in a non clinical setting. Considering participants' musical identity and how the training influenced their experience of music in a non-clinical setting also offers a more comprehensive reflection upon the training experience and participants' process of development as music therapists.

The following chapter will examine the nature of qualitative research and the interpretive paradigm in which the study is situated. The study sample as well as the process of data gathering, preparation, and analysis will be discussed. Considerations with regard to research quality and ethics are also included.

Chapter Three: Methodology

3.1   Introduction

This section will describe the research paradigm and research design. The sample, data collection, and preparation and approach to data analysis will be discussed. Considerations regarding research quality as well as the ethical implications for the study are also included.

3.2   Research paradigm

The nature of enquire within a specific research paradigm is defined along three interrelated dimensions: the ontology, epistemology and the methodology (Terre Blanche et al., 2011:6). The ontology specifies the nature of reality that is to be studied. Epistemology indicates the relationship between the research and what can be known, and methodology specifies how the researcher should practically go about finding and studying what they believe can be known (Terre Blanche et al., 2011:6). This study is located within the interpretive paradigm. According to Terre Blanche et al. (2011:7) the interpretive paradigm allows for the study of reality in terms of people's subjective experience. Within this paradigm the researcher adopts an inter-subjective or interactional epistemological stance towards that reality in order to gain a greater understanding of people's experiences. This study is interpersonal and interactional in nature in that it explores the subjective experiences and perceptions of participants. Interpretive researchers assume that reality is construed intra- and inter-subjectively "through the meanings and understandings garnered from our social world" (Angen, 2000: 385). Angen (2000:385) argues that understandings are reached through interpretation. As we cannot separate ourselves from what we know, our subjectivity is considered an integral part of our understandings of ourselves, others, and the world around us. In interpretive research understanding is considered in context.

As the interpretive paradigm adopts an inter-subjective or interactional epistemological stance, methodologies that rely on the subjective relationship between the researcher and participants, such as interviews or participant observation, are used. The researcher is frequently positioned as the primary instrument for both collecting and analysing the data (Terre Blanche et al., 2011:7). An emphasis is also placed on methods of observation and analysis that 'remain close' to the participants. Babbie and Mouton (2001:33) state that the

interpretive paradigm requires a research methodology which emphasises unstructured observation and interviewing; idiographic descriptions; qualitative data analysis (e.g. grounded theory), and objectivity understood as the inter-subjective attitude of the insider.

3.3   Qualitative research

Research methodologies used in the interpretive paradigm rely on the subjective relationship between researcher and subject. The research methodology of this study is, therefore, qualitative. According to Babbie and Mouton (2002:270), "qualitative researchers always attempt to study human action from the perspective of the social actors themselves". In contrast to a quantitative research design where the aim is generalisation, the aim of a qualitative study is to provide an in-depth understanding of the meaning which one or more people attribute to a certain event or experience (Babbie & Mouton, 2002:274). Typically, qualitative research designs share the following features:

- A detailed engagement/encounter with the object of study.
- Selecting a small number of cases to be studied.
- Openness to multiple sources of data (multi-method approach).
- Flexible design features that allow the researcher to adapt and make changes to the study where and when necessary (Babby & Mouton, 2001:279).

Findings in qualitative research are bound to the time and context of the enquiry with truth and reality existing in the form of mental constructions which are influenced by individual and social experiences (Bruscia, 1995:66). In this study participants' accounts of their experiences of the development of their clinical musicianship in the Music Therapy Masters training programme are explored in depth. The process of conducting a qualitative study is interpersonal. Subsequently the presence of the researcher in his/her observatory capacity inevitably has an impact on participants. Consequently the researcher is also required to appropriately understand and interpret his/her own presence in the research study (Terre Blanche et al., 2011:274). Qualitative studies also focus on phenomena as a whole as opposed to phenomena reduced to specific variables. Bruscia (1995:68) suggests four broad foci in qualitative research, of which three will be focussed on in this study: events, experiences, and persons.

3.4   Research design

Within this qualitative approach the study followed a case study research design. A case study can be defined as an intensive investigation of a single unit or multiple individual units (Babbie, 2002:281). It is descriptive in nature and the intensity of the investigation makes it possible to provide rich information about the units of study. Stake (2005:445) identifies three types of case studies, namely: an intrinsic case study, an instrumental case study, and a multiple- or collective case study. An intrinsic case study refers to when a case itself is of interest and research is undertaken to better understand that particular case. When a specific case is of secondary interest and is examined in order to provide insight into an issue or to allow the researcher to draw a generalisation this is referred to as an instrumental case study. A multiple or collective case study refers to the instance when a number of cases are studied jointly in order to investigate a phenomenon, population or condition (Stake, 2005:445). Drawing from Stake's (2005) categorization of case studies this research study used a multiple or collective case study design, as a number of cases (in this instance, a number of music therapists) were studied in order to better understand the process of developing clinical musicianship skills during training. Each participant's experience of developing clinical musicianship was examined and themes were drawn from the analysis of the collective findings.

3.5   Research question

As mentioned earlier, the main research question guiding this study is:

How do registered music therapists reflect on their experiences of acquiring clinical musicianship skills during the music therapy Masters training programme at the University of Pretoria and the impact of this upon their use of music and their musical identity?

Sub-questions:

1. How did past musical training and practice influence their acquisition of clinical musical skills during the music therapy Masters training programme?

2. How did the acquisition of clinical musicianship inform their experience of their musical identity during and after training?

3. How do their clinical musical skills influence how they use and experience music in non-clinical settings?

3.6   Sample

Six participants were selected by means of purposive and snowball sampling. In purposive sampling individuals who are typical of the population are selected (Durrheim & Painter, 2011:139). The sample is selected on the basis of the researcher's knowledge of the population, its elements, and the nature of the research aims (Babbie & Mouton, 2002:166). Snowball sampling refers the process of gradually accumulating a sufficient sample size through using contacts and references (Durrheim & Painter, 2011:139) The smaller sample size can firstly be justified according to the perspective held within qualitative research where rich, in-depth data is collected rather than shallower, broader data from larger, representative samples (Durrheim, 2011:49). However, even if considered in relation to the population, a smaller sample size is appropriate as the population of music therapy students in this country is small.

The music therapy training programme at the University of Pretoria is the only music therapy training course in Africa. Upon completion graduates may register with the HPCSA and practice as music therapists in South Africa. For this reason the research study is limited to this particular course at Pretoria University. Participants were selected from music therapists who have completed their clinical training in 2011 and 2013 from the Masters Music Therapy training programme offered at the University of Pretoria. Participants who completed their clinical training most recently might find it easier to reflect on the experience of learning and developing clinical musicianship skills as opposed to therapists who have been practicing for a longer period. Therefore, selecting participants from this research population may allow for richer data. Considering that the music therapy profession in South Africa is relatively small, music therapists have the contact details of many other music therapists. Some potential participants were purposively selected through contact details I already have. Following the principle of snowball sampling they were then asked to provide the contact details of other music therapists who completed their training in 2011 and 2013. An e-mail was sent to all the music therapists who fulfil the sampling criteria to enquire regarding their willingness to participate in the research study and they were provided with a description of the research (see Appendix A). They were also informed that, after receiving an indication of who would be willing to participate, the researcher will select six participants who have a variety of music experiences. In selecting the participants it was important to allow for as much variety as possible in order to ensure the inclusion of as many possible factors that could influence the experience of music therapy training. Those who indicated their willingness to participate were asked to complete a short questionnaire (see Appendix C) which included questions on their training, most prominent music experiences prior to completing the Music Therapy training, and their practice and experience of music in a non-clinical setting after Music

Therapy training. There were eight respondents in total. One responded was not currently practicing music therapy and was therefore not considered when selecting participants. The selection of the six participants was informed by variance in answers on this questionnaire.

The sample does, however, have limitations. The participants are all of the same race and gender as all the music therapists who completed their clinical training at the University of Pretoria in 2011 and 2013, with the exception of one male, are white females between the ages of 24 and 55. A variety in race and gender might render richer data, but the sample is reflective of the demographics of music therapists who have undertaken Music Therapy training at the University of Pretoria.

3.7   Data collection

Data were gathered by means of in-depth interviews. Interviewing is the most widely used method of data collection in qualitative research (Nunkoosing, 2005:698). Banister et al. (1994:50) suggest that one of the main reasons for conducting interviews is a concern with subjective meanings. Interviews are conducted because of an interest in what another person has to say about their experience regarding a specific event or idea. Enabling an individual or group to narrate that experience is one of the best ways to get 'into' the lived experience of a person (Nunkoosing, 2005:699, 701). Furthermore, interviews also allow for the exploration of issues that might be too complex to investigate through quantitative means.

In-depth interviews were conducted by means of a semi-structured interview schedule (see Appendix D). The interviews were audio recorded. An advantage of using a semi-structured interview schedule is that questions can be tailored to the position and comments of the interviewee. As a more open and flexible research tool, semi-structured interviews can allow for the documentation of perspectives that are not usually represented, as opposed to structured interviews (Banister et al., 1994:51). Open-ended questions were asked as this allows the participants to communicate their experiences or opinions in their own words and without restrictions (Kanjee, 2011:486). Where closed questions force the interviewee to choose between fixed alternatives, open-ended questions place no restrictions on the content of the answer other than the subject area (Robson, 1993:233).

Guided by the research questions I focussed on collecting data regarding the following: participants' experience of developing clinical musicianship skills in the Masters Music Therapy training programme; participants' past musical experiences and training;

participants' experience of their musical identity; and participants' experience of and use of music in non-clinical settings after completing clinical training.

3.8   Data preparation

The data captured from the interviews were prepared by means of verbatim transcription (Henning, 2004:76). The transcriptions include indications of who is speaking; possible emphasis in the speech; points of interruption and overlap; notes of sections that are unclear; non-linguistic expressions such as moments of hesitation, sighs and laughs; and any additional information that was necessary in order to make sense of the text. Listening to the interviews while transcribing is a valuable process during which a researcher might notice things that might have been missed during the interview itself (Parker, 2005:65).

3.9   Analysis

The prescribed data was analyzed with the use of thematic analysis, which is described by Braun and Clarke (2006:79) as a method for identifying, analysing and reporting patterns or themes within data. Joffe and Yardley (2004:56) describe a theme as a specific pattern found in the data in which one is interested. An inductive approach was used to identify themes within the data. This process of thematic analysis is data-driven as appose to trying to fit the data into a pre-existing coding frame (Braun & Clarke, 2006:83). The approach that was followed in conducting thematic analyses consists of six suggested phases (Braun & Clarke, 2006:87). These phases are as follows: familiarisation with the data; generating initial codes; searching for themes; reviewing the themes; defining and naming the themes; and producing the report. Taking into consideration that data analyses is a more recursive as opposed to linear process, these suggested phases act as a guideline.

Braun and Clark (2006:89) suggest coding for as many potential themes as possible. Furthermore, in order to avoid losing the context during coding, the coding of data extracts should also be done inclusively. For this reason complete sentences were coded. Gibbs (2007:38) describes coding as a process of defining what the data is about and as a way of categorising the text in order to establish a framework of thematic ideas. A differentiation is made between descriptive codes, categories, and analytic codes as different ways to code text (Gibbs, 2007:44). A researcher needs to move from descriptive coding, to categorisation, to more analytic and theoretical codes. For the purposes of this study all the information in the transcripts that were relevant to the research question was coded. What one chooses to code depends on the purpose of the study. Joffe and Yardley (2004:59)

suggest that codes should be related to the principles that underpin the research, as well as the specific research questions the study seeks to answer. Gibbs (2007:73) suggests that once the data have been coded, the codes should be grouped together in categories and then arranged into a coding hierarchy. Codes that share similar characteristics or concepts are grouped together in categories and sub-categories. Gibbs (2007:75) described that the function of a coding hierarchy is to, firstly, keep the data tidy. As one might generate a large amount of codes the hierarchy might also be helpful in identifying the relationship between various codes. Secondly, the process of creating hierarchies can also constitute an analysis of the data as the researcher can develop a greater understanding of participants' views in the process of categorising the responses. Thirdly, it can also prevent the duplication of codes. The last phase of analysis is drawing themes from the data. Saldana (2009:13) described the differences between codes and themes and says that a theme is "an outcome of coding, categorisation, and analytic reflection, not something that is, in itself, coded".

3.10   Research quality

The study was treated with rigour in that the sample was appropriate to the research questions at hand, all data from the interviews were transcribed in detail, and a suitable method of analyses was used to ensure thorough analysis of the data. All the stages of the research process are outlined in the write-up of the study. Detailed coding, a clear description of how themes were retrieved from the data and a description of steps taken during analyses add to the transparency of how data analysis was conducted (Smith, 2005:232). Information with regard to how participants were selected, how the interview schedule was constructed and the interviews conducted is included. This will makes it possible for the reader to evaluate the coherence of the argument and claims made in the study.

Due to the interpersonal and interactional nature of the study reflexivity on the part of the researcher was very important for maintaining research quality. Reflexivity is a defining feature of qualitative research and refers to the process whereby researchers engage in "explicit self-aware meta-analysis" in an attempt to be conscious of their role in the construction of knowledge (Finlay, 2002:209, 211). Qualitative research acknowledges the fact that the researcher influences and shapes the research process. Reflexivity encourages the acknowledgement of and reflection upon the ways in which the researcher is implicated in the research and its findings (Willig, 2001:42). Although the necessity of reflexivity is not in question, there is no set format for addressing reflexivity and there is a variety of typologies for reflexivity (Finlay, 2002; Willig, 2001). Pillow (2003:181) suggests four reflexive strategies: reflexivity as recognition of self; reflexivity as recognition of other; reflexivity as

truth; and reflexivity as transcendence. Finlay (2002:212) describes reflexivity as a process of negotiating a "swamp of interminable self analysis and self disclosure". She suggests five variants of reflexivity based on what seems to be occurring in contemporary practice, namely: introspection; inter-subjective reflection; mutual collaboration; social critique; and discursive deconstruction. Willig (2001:42) states, however, that what is of utmost importance is that reflections on the researcher's role are included in a way that is clear, honest and informative.

Within the different approaches that inform interviewing practice (ethnographic, 'new paradigm', feminist and postmodernist), reflexivity is ascribed a key role (Banister et al., 1994:52). Reflecting upon one's own experience and role within the conduct of the research extends from devising the research questions, identifying and setting up interviews with the participants, to the interview itself and the work done to transform an interactive encounter into written research (Banister et al., 1994:52). As the researcher is closely involved with the research through each of these phases he/she should reflect upon his/her own experiences and role continuously while conducting the research.

In the process of conducting this research study I was constantly reminded of my own experiences of studying music therapy. When conducting the interviews and analysing the data I had to make sure that I was not merely focussed on information that represented my experiences, but rather everything that was present in the data. Whilst conducting interviews I was very aware of how I phrase questions, realising that this will influence participants' responses. I was also wary of what statements and concepts I decided to explore during the interviews and remained cognisant of the main research questions.

3.11   Ethical considerations

Wassenaar (2011:67) suggest four philosophical principles guiding ethical research. These include autonomy and respect for the dignity of persons, non-maleficence, beneficence, and justice. Autonomy and respect for the dignity of participants are expressed through voluntary informed consent by all participants and the protection of individual confidentiality. This principle is extended by the philosophical principle of non-maleficence which requires the researcher to ensure that no wrong should be done or harm come to participants as a consequence of the research. According to the principle of beneficence the researcher must attempt to maximise the benefits the research holds for participants. The final philosophical principle of justice requires that the researcher treat all participants with fairness and equity during all stages of the research process (Wassenaar, 2011:67-68).

In order to adhere to these philosophical principles during the different phases of the research process, the following considerations were made and steps taken. Once potential participants had indicated their willingness to be involved in the research after reading the letter of request (Appendix A), and six had been selected on the basis of their completion of the short questionnaires (Appendix C), a letter of informed consent was completed by each participant (see Appendix B). The letter of informed consent included assurance of the voluntary nature of participation, guaranteed confidentiality and the protection of the privacy of all participants, sought permission to audiotape the interviews, and explained the freedom to withdraw from the research or interviews at any point. In order to maintain confidentiality the names of participants were changed in the writing up of the research. Finally, the interview transcripts and questionnaires will be stored at the University of Pretoria for 15 years following the completion of the research study.

3.12. Conclusion

This chapter discussed the research paradigm within which this study was designed and executed by presenting the associated ontology, epistemology and methodological framework that guided the development of the data collection instruments as well as the data collection and data analysis process. Subsequent to a discussion on the characteristics of qualitative data the chapter presents a description of a case study methodology as a qualitative data collection method.

The chapter continued by presenting the main research questions and sub-questions of this research study and then defined the research population, the sample size, limitations to the sample and the process of sample selection employed in this study. In describing the research methodology employed for this study, the chapter considers in-depth interviews as a qualitative method of data collection; preparing the data through transcriptions, and the process of data analysis by means of thematic analysis. Finally the chapter considered in what manner this study addressed the aspects of research quality and the upholding of research ethics.

The following chapter will discuss the process of data analysis in detail and present the research findings. This discussion will include a description of participant selection and the process of data preparation, coding, and categorising the data. Lastly, the chapter will present the themes that were derived from the data as well as a brief description of each.

Chapter 4: Data Analysis

4.1   Introduction

This chapter will discuss the process of data analysis and present the findings. The interview transcripts were analysed by means of thematic analysis (Braun & Clarke, 2006:79; Matthew & Ross, 2010:373). The phases of analysis included transcribing the interview data; familiarisation with the data; generating initial codes; reducing codes; categorising the codes in relation to the research questions; and finally drawing main themes from the categories. This was a recursive, rather than a linear process (Braun & Clarke, 2006:87).

4.2   Participants

Six music therapists who had graduated from the music therapy Masters programme at the University of Pretoria agreed to participate in the study. Table one provides a summary of each participant, including personal information, formal qualifications, musical involvement, and musical preferences before and after the music therapy training. This information was gathered through the questionnaire that was given to each participant before the interview was conducted.

4.3   Coding the interview transcripts

The data captured from the interviews were prepared by means of verbatim transcription (Henning, 2004:76). Parker (2005:65) states that the process of transcription entails translating one 'language' into another: "from something that was designed to be heard into something that is meant to be read". When transcribing the interview data the researcher is able to listen to the interview from a different position, where there is more distance between the researcher and the data. This distance might enable the researcher to notice things in the actual talk he/she might not have been able to discern whilst engaged in the immediate moment-by-moment interaction with an interviewee (Parker, 2005:65). Hammersley (2010:556) writes that a variety of decisions are involved in the process of transcribing data and, for this reason, an audio or video recording can be transcribed in a number of ways. The aim, however, is to "convey what was being said, how, and with what emphasis and import" (Hammersley, 2010:558). In order to convey this information transcriptions in this

study include indications of speaker emphasis, noticeably quieter speech, rising inflictions in speech, inaudible speech, nature of speech (for example shouting), and overlapping talk.

4.3.1 Generating initial codes

Braun and Clarke (2013:204) state that the process of qualitative data analysis begins with a process of immersion in the data. This entails reading and re-reading of the interview transcripts. The aim of this process is to become intimately familiar with the data and to notice things that are relevant to the research questions (Braun & Clarke, 2013:204) as well as possible patterns or differences in participants' responses.

In preparation for coding every sentence in the interview transcripts was numbered. An inductive approach (Braun & Clarke, 2006:83) was followed in generating codes. This data-driven approach involves drawing codes from the data based on what is actually present, rather than trying to fit codes into a pre-existing frame or the researcher's analytic preconceptions (Braun & Clark, 2006:83; Gibbs, 2007:45). The coding of data was done inclusively (Braun & Clark, 2006:89), therefore, complete sentences were coded in order to avoid losing the context of the data extracts. Gibbs (2007:44) differentiates between descriptive codes and analytic codes. The initial coding process in this study was a purely descriptive one and did not include interpretation.

Table two provides an example of the initial coding process. This example is from transcript A and D respectively.

				PARTICIPANT INFORMATION GATHERED THROUGH QUESTIONNAIRS						
		Personal information		Formal qualifications		Musical involvement		Musical preferences		
								Before MT training		After MT training	
		Gender	Age	Year of MT qualification	Other qualifications	Before MT training	At time of study	Music enjoyed listening to	Music enjoyed playing	Music enjoyed listening to	Music enjoyed playing
PARTICIPANTS	A	Female	50	2014	BMus Ed. degree	Fulltime music teacher	Lowveld Youth Choir, Accompanist at church, music therapy	Mostly Western Styles from Baroque to 20th Century as well as church music and choir music	Mostly Western Styles from Baroque to 20th Century as well as church music and choir music	Mostly Western Styles from Baroque to 20th Century as well as church music and choir music	Improvisation in all possible styles
	B	Female	37	2013	BMus degree; Licentiate in music; BA(Honours) in English Literature	Regular performance and music journalism.	Music teaching, writing, music therapy	Jazz, blues, SA music, French impressionist saxophone music and gypsy jazz.	Jazz, blues, SA music, French impressionist saxophone music and gypsy jazz.	Funk, folk and adult contemporary pop.	Blues, classical saxophone and clarinet music
	C	Female	29	2011	BMus degree	Taught piano in various education settings.	Piano teaching, a mix of remedial music teaching and music therapy	Classical, Christian worship music, alternative	Classical on piano, classical and contemporary on saxophone	Classical, Christian worship music, alternative	Classical and worship music
	D	Female	29	2011	BMus degree; Teaching licentiate	Mostly played piano, and studied music at the university.	Music education and performance	Pop, rock	Classical, film music	Rock, jazz, blues, classical, pop, film music	Rock, jazz, blues, classical, pop, film music

E	Female	25	2013	BMus Honours degree	Played many solo performances, string quartet, philharmonic orchestra and jazz band. Took part in music workshops, composed her own music and practiced her instruments daily. Taught music.	Teaching music, playing in quartet, solo performance, worship team at church	Jazz, pop, instrumental music	Classical, jazz, contemporary	Jazz, classical, instrumental, folk, Christian hip-hop	Classical, jazz
F	Female	27	2011	BMus Honours degree	Committed in playing in student orchestras, chamber groups and performance	Teaching violin and piano. Playing violin in a trio	Classical, pop, rock, jazz, alternative	Classical, jazz	Classical chamber music, contemporary, jazz	Classical, pop, rock, jazz, alternative, contemporary

Table 1: Participant information

(A.6.10)Ek het nooit <u>deel</u> van die, van die uhm, congregational worship gevoel nie. (A.6.11)Ek het nou maar net gespeel, hïer in my hoekie en as ek 'n lyntjie oorslaan of 'n nooit verkeerd druk het ek vir omtrent drie dae nog gebewe. (A.6.12)<u>Nou,</u> doen ek nog dieselfde ding. (A.6.13)Ek speel nog steeds in die kerk, maar ek is <u>deel</u> van die worship team; ek is deel van die congregation, ek is deel [] so my kop het heeltemal oopgegaan vir wat dit beteken om musiek saam met ander mense te maak. (A.6.15)There is no more judgement [laughter] want dit is die ander ding wat ek geleer het in die kursus, ... ons werk met 'n klient sonder enige judgement en hoekom moet ek dan myself judge?	(A.6.10) Before training: felt separate from congregation when playing for worship (A.6.11) Before training: felt self-conscious about mistakes when playing for others (A.6.13) After training: now feels part of congregational worship as organist (A.6.15) Clinical music: No judgement of client
D.2.2)It really made..it helped me to get to know myself better and realise, you know, certain issues and strengths that I had and also like especially with the group...uhm, group clinical sessions, uhm... (D.2.3)I felt that it really..uhm..showed how to, you know have and inward focus as well as an outward focus at the same time, so uhm... (D.2.4)Relationally I felt, you know, it was more than just learning certain skills, it was also about building relationship between us as a group..everyone studyïng together.	(D.2.2)Group clinical classes: learned about self (D.2.3)Practicum: Learned simultaneous internal and external awareness (D.2.4) Practicum: built relationships in the group

Table 2: Initial coding

Some codes included a 'classifier' as prefix in order to keep the contextual meaning of the coded excerpt or to indicate what the code was referring to. In Table two, examples include 'before training', 'after training', 'clinical music', 'clinical group classes', and 'practicum'.

Once all the codes from the various transcripts were placed together the prefixes also assisted in the process of grouping or categorising the codes.

After the initial coding process, the total number of codes was 554. The full list of codes is presented in Appendix F. Following a descriptive approach to coding resulted in a high number of codes being generated. Saldana (2009:19) differentiates between 'lumping' and 'splitting' when generating codes. Lumping is a coding method that results in fewer codes with the possibility of more detailed sub-coding following afterwards. Splitting results in more codes and generates a more nuanced analysis right from the start (Saldana, 2009:19). This study followed a splitting approach in order to retain as much meaning from the data as possible.

4.3.2 Code reduction

Once coding was completed, and a large number of codes had been generated, these were then reviewed in order to merge codes with similar meanings. The following table illustrates how similar codes were reduced into a single code.

Initial codes	Reduced code
(B.10.3) More practising time with other students can be valuable (C.9.6) Would have valued more time to make music with classmates (E.9.4) Would value more music making as a group (F.9.17) More group practising could be beneficial	(B.10.3); (C.9.6); (E.9.4); (F.9.17) More group practising could be beneficial
(D.4.2.7) Classical training: then had to learn rhythmical flexibility (F.4.1.1) Training adjustment from rigid classical training (F.4.1.3) Training adjustment from rigid classical training (C.5.2) Previous classical training; now expected to play freely (F.4.1.2) Less rigid music making; significant change to classical music making	(D.4.2.7); (F.4.1.1); (F.4.1.3); (C.5.2); (F.4.1.2) MT training/music making adjustment from rigid classical training

Table 3: Code reduction

4.4   Developing categories

Through reviewing all the reduced codes and considering them in light of the research questions, six main categories and 97 sub-categories were developed. The sub-categories were further organised into level one, level two, level three and level four sub-categories. Twenty-three level one, 50 level two, 24 level three and 4 level four sub-categories were developed. This process of developing categories and sub-categories occurred simultaneously as groupings of codes were considered. Gibbs (2007:77) refers to this process as the arrangement of codes into a coding hierarchy. Codes that are similar or refer to a similar concept are grouped together under the same branch of the hierarchy. Figure one demonstrates the structure of the coding hierarchy. Table four illustrates the grouping of codes and how a main category was developed into sub-categories.
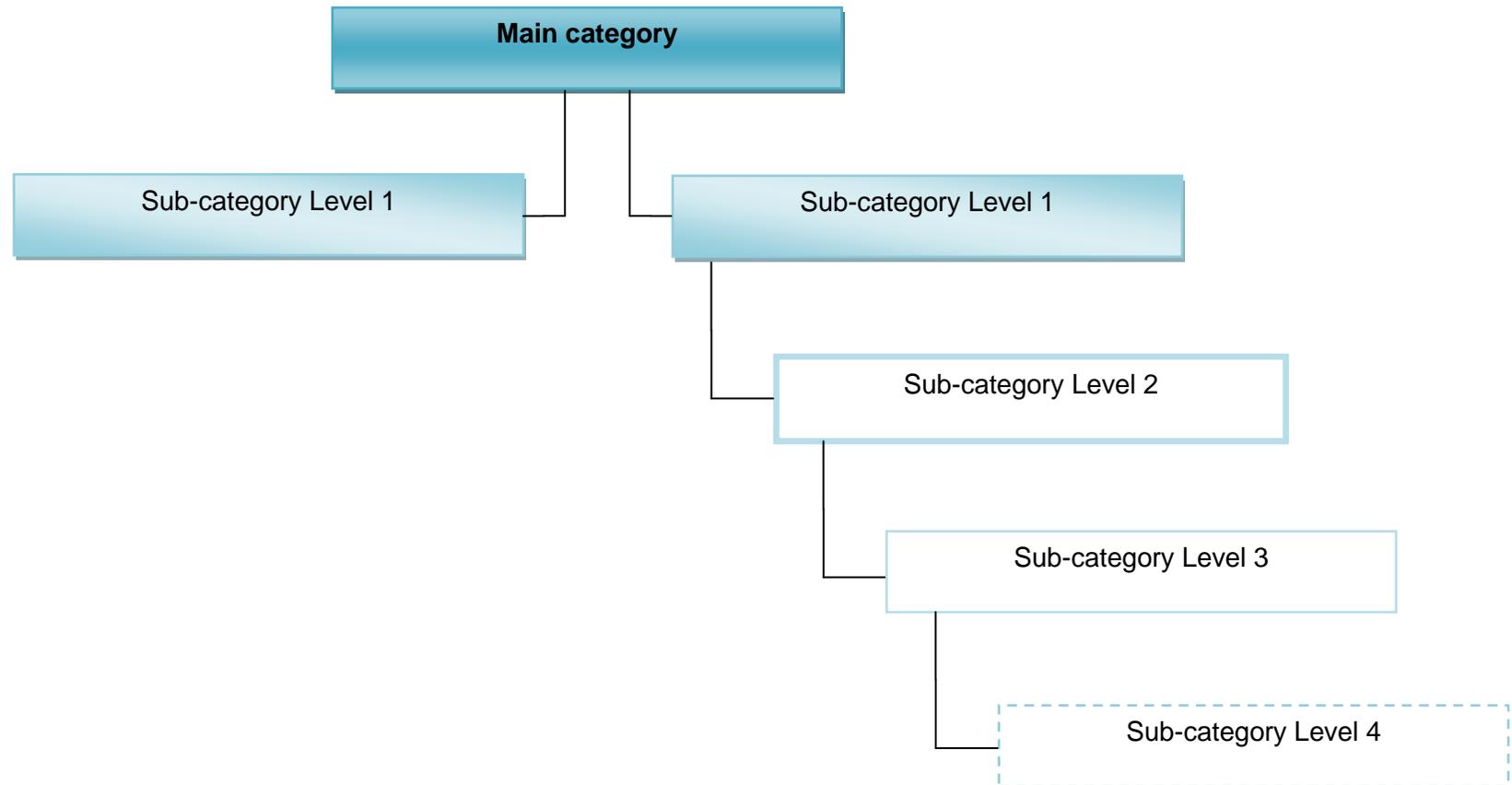
Figure 1: Coding hierarchy

	Sub-category Level 1	Grouped Codes	Sub-category Level 2	Sub-category Level 3
A.1 Experiences	A.1.1 Defining clinical musicianship			
	A.1.2 Components of learning clinical musicianship	(B.4.3.3); (A.4.2.14) Learned to play with clinical purpose i.s.o. product driven (B.2.8) MT: learn focus on process	Process rather than product	Music as a therapeutic medium
		(A.4.2.10) Learning to be a musical partner (D.4.2.16) Learning to facilitate synchrony (B.3.9) Clinical improvisation: required to learn unique relational improvisation skill (E.4.2.1) Had to expand use of genres as tool for relating	Therapeutic relationship	
		(E.8.2.2); (E.4.1.6) Learning communicative qualities of sound and music (E.4.1.7) Learning to understand what the client communicates (E.8.2.2) Learned to receive everything as communicatively meaningful	Music as communication	
	A.1.3 Experiences of learning clinical musicianship			

Table 4: Grouping of codes and development of a main category

The six main categories are: experiences; therapy program; past training; past practice; identity; and influence. Figure two shows how the first two categories, 'experiences' and 'therapy program' relate to the main research question. Figure three shows how the categories 'past training' and 'past practice' relate to the first sub-question. Figure four demonstrates how the category 'identity' relates to sub-question two; and figure five shows how the sub-category 'influence' relates to the third sub-question. Figure six shows the six main categories with their developed sub-categories.

Main research question:
How do registered music therapists reflect upon their experiences of developing clinical musicianship skills during the music therapy Masters training programme at the University of Pretoria?

A.1 EXPERIENCES

A.2 THERAPY PROGRAM
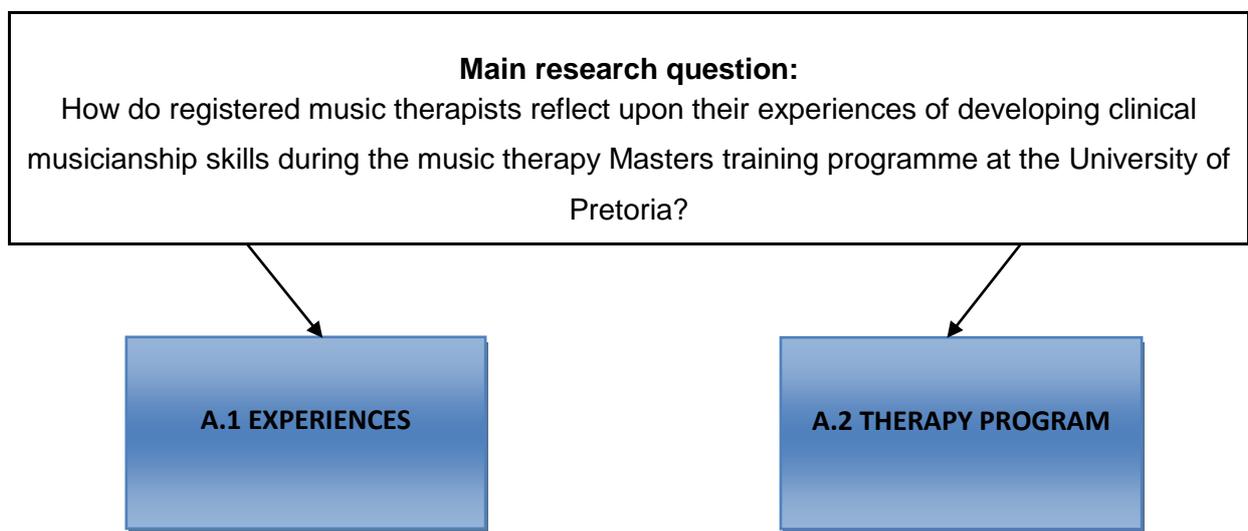
Figure 2.1: Developing categories A.1 and A.2

A.1.2
Components of learning clinical musicianship

A.1.1
Defining clinical musicianship

A.1 EXPERIENCES

A.1.3
Experiences of learning clinical musicianship
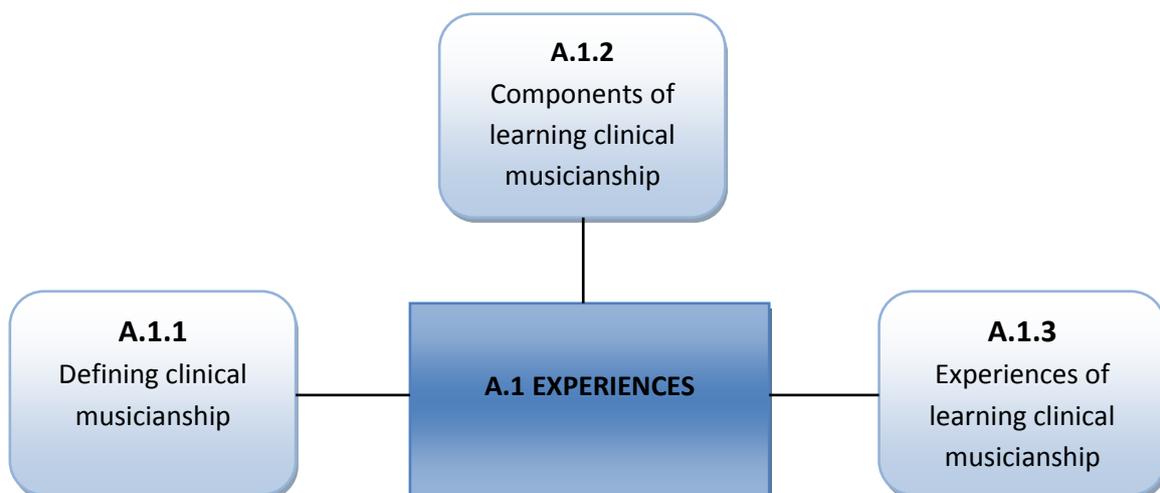
Figure 2.2: Category A.1 and Level 1 sub-categories

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The category 'experiences' relates to the participants' process of learning and developing clinical musicianship skills during the training program. This includes sub-categories describing their understanding of what clinical musicianship is; what different aspects are part of learning these skills; and how they experienced this process specifically. Table four (above) illustrates the grouping of codes in this category and how the main category was developed into sub-categories.

Figure 2.3: Category A.2 and Level 1 sub-categories

The category 'therapy program' provides additional background information regarding participants' experiences of the training as a whole. This includes expectations of the training course as well as suggestions and comments regarding the training course in general. The expectations that participants held before the training are also included as a sub-category.
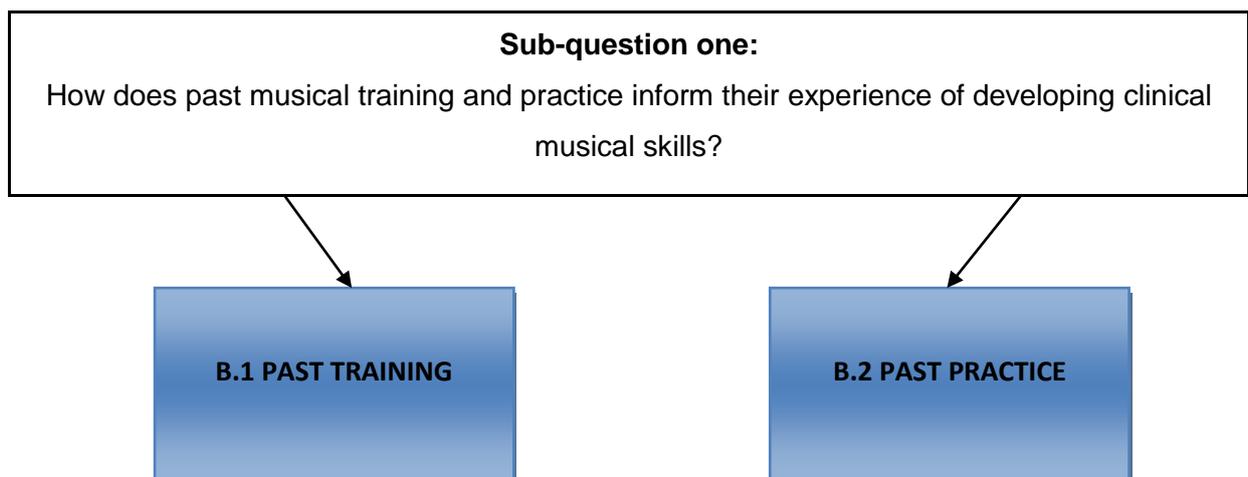
Figure 3.1: Developing categories B.1 and B.2

The categories 'past training' and 'past practice' include sub-categories describing how music training and experiences prior to the music therapy course were helpful to the

participants' training or hindered their development in some way. The sub-categories considering previous training include information regarding classical training, BMus training, instrumental skills and proficiency, improvisation and jazz, and non-musical studies. The sub-categories relating to previous musical experiences include the benefits of ensemble playing, participation in church bands, and participation in a variety of music experiences. The last mentioned sub-category includes music making in various genres, participation in different music groups and playing various instruments. The sub-categories also highlight the contrast between the participants' previous music training and experiences and the music therapy context. A sub-category named 'list' (B.2.4) includes a collection of the codes referring to the types of past musical practices that participants mentioned being involved in.
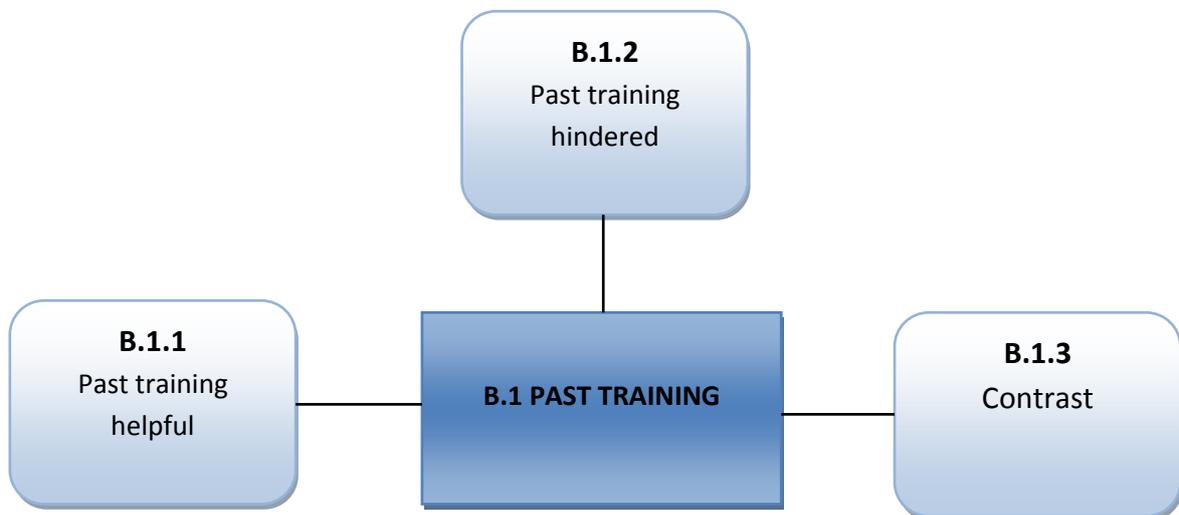
Figure: 3.2: Category B.1 and Level 1 sub-categories
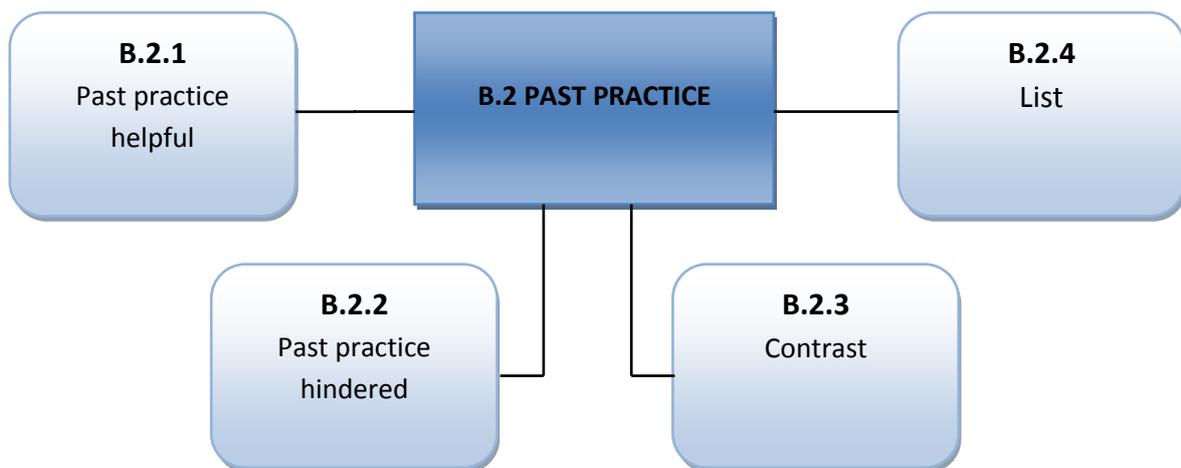
Figure 3.3: Category B.2 and Level 1 sub-categories

Sub-question two:

Does the development of clinical musicianship inform their experience of their musical identity and, if so, how?
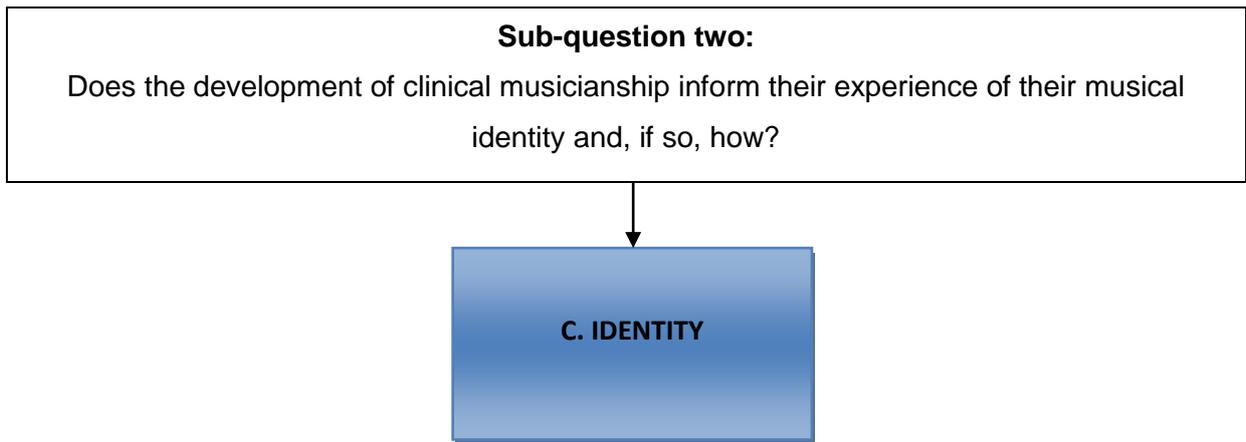
C. IDENTITY

Figure 4.1: Developing category C

The category 'identity' includes information regarding participants' musical identities before the training and how the development of clinical musicianship skills as well as their experience of the training influenced their musical identities during and after the training. These influences include the development of a primary identity as a music therapist; how music therapy added facets to their identity; how their identity as a musician changed; and how other musical identities have been informed by the training. A sub-category 'list', C.6, is also includes a collection of the types of musical identities held by participants before the training.

C.6 List

C.1 No change in identity

C.5 Other musical identities informed by training

C. IDENTITY

C.2 Music therapist primary identity

C.3 Music therapy added to facets of identity

C.4 Change to identity as musician
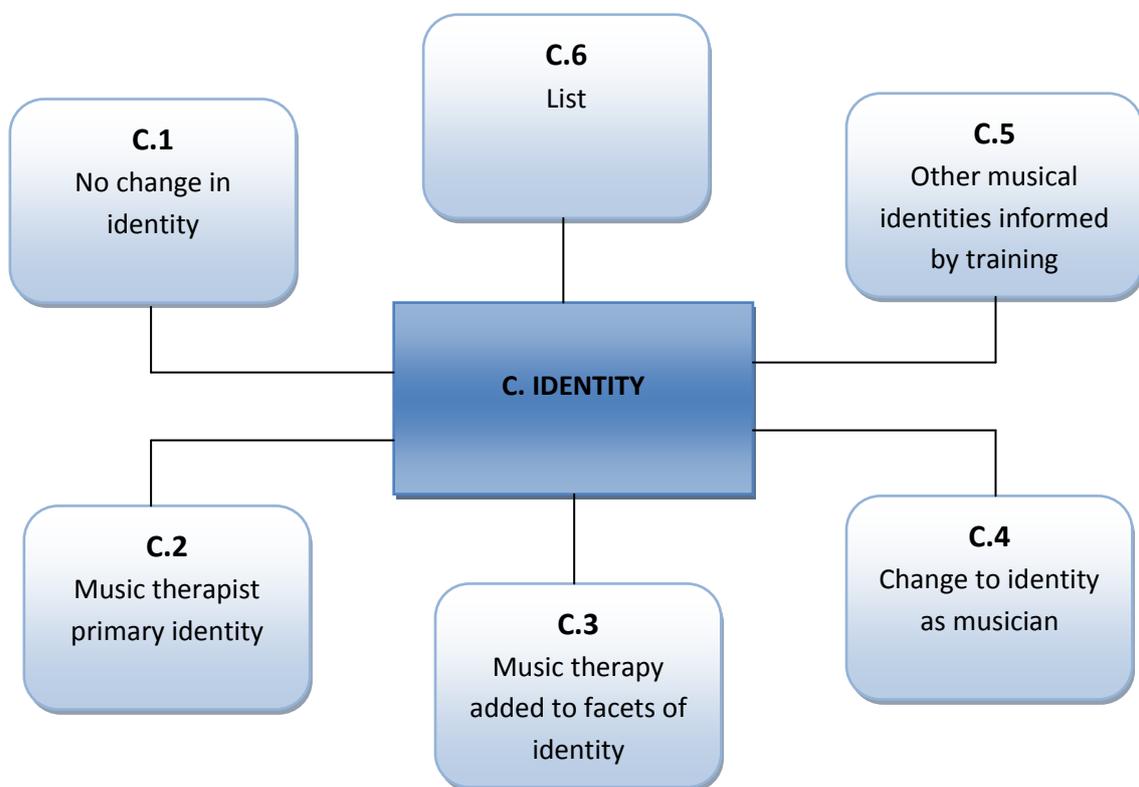
Figure 4.2: Category C with Level 1 sub-categories

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Sub-question three:
Do clinical musical skills impact on their experience of and use of music in non-clinical settings?
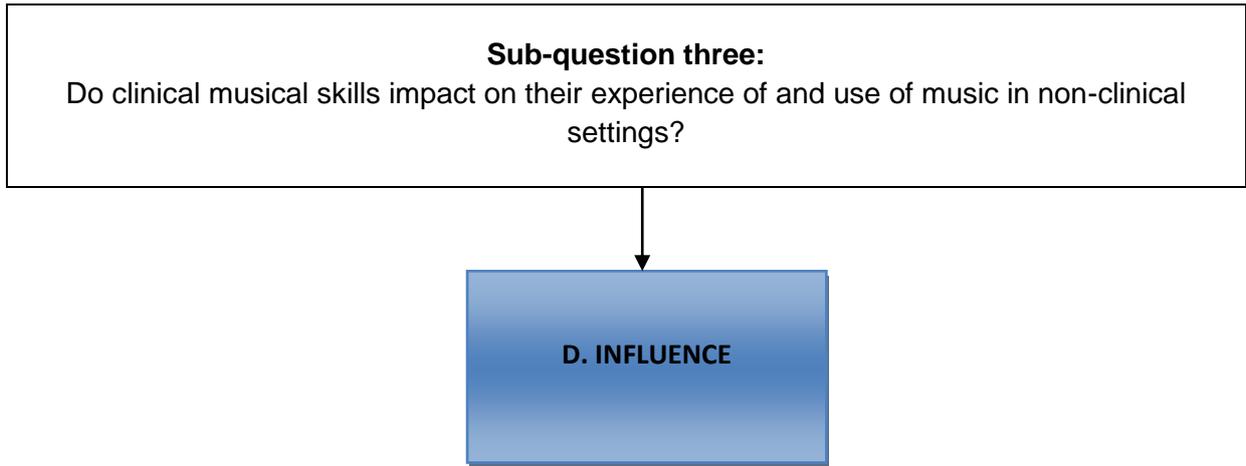
D. INFLUENCE

Figure 5.1: Developing category D

The category 'influence' includes information regarding how the participants' acquisition of clinical musicianship skills influenced their perception of music and their use of music in a non-clinical setting. It also includes information on the influence of clinical musicianship skills on the participants' lives outside of a music-related context. These sub-categories reflect how the training influenced participants' relationships in general as well as their perceptions of, experiences of, and approach towards musicing.

D.1
No influence

D.5
Approach towards musicing

D.2
Relationships in general

D. INFLUENCE

D.4
Experience of musicing

D.3
Perception of music
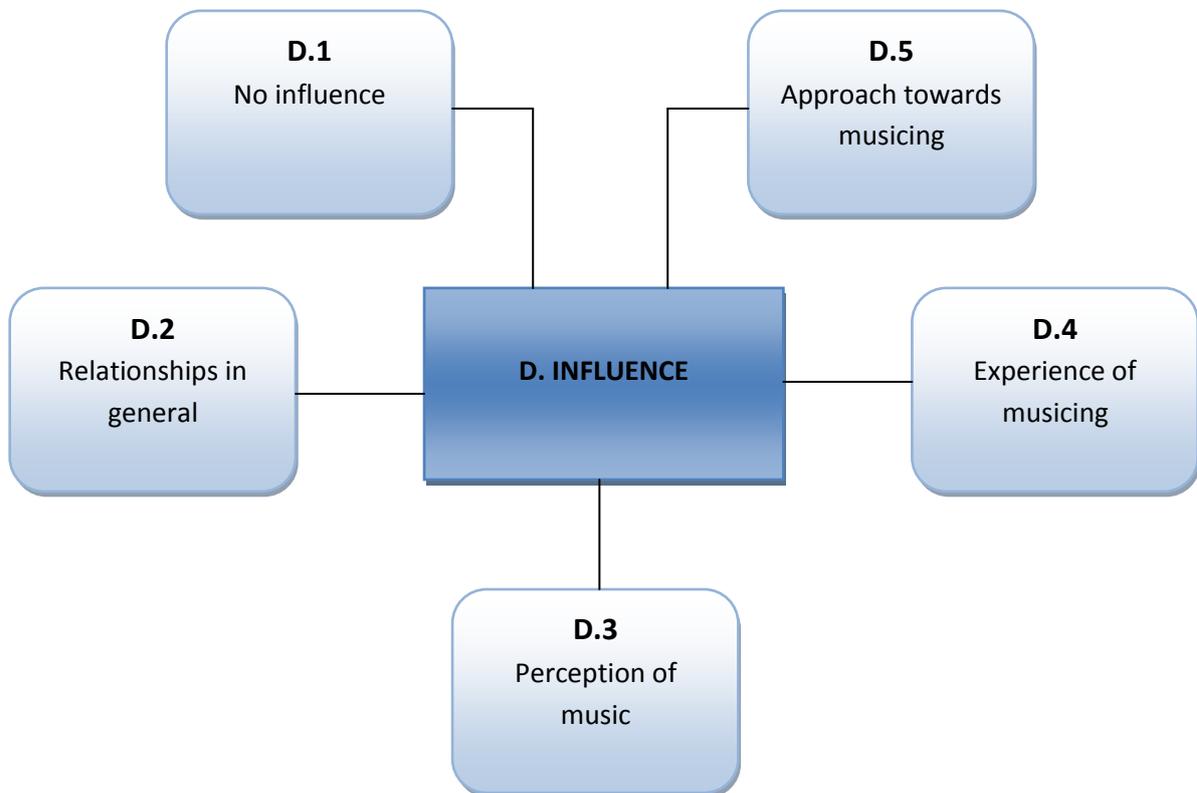
Figure 5.2: Category D with Level 1 sub-categories

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Figure 6.1 – 6.8 (page 40-47) on separate PDF document

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4.5.   Themes

Braun and Clark (2006:82) state that a theme represents a form of "patterned response" within a data set. A theme captures something important about the data in relation to the research question. The data reflects a broad variety in participants' experiences regarding the music therapy training course and their development of clinical musicianship skills. As the research questions address a range of discrete areas, the categories that were developed function as thematic patterns of responses in relation to these questions. By examining the categories overall in relation to all four research questions experiences can be considered in relation to the past, the present and the future. The main themes drawn from the data are then 'pre-training', 'training' and 'post training'. These themes will not only be discussed completely separately but their relationship to one another will also be considered.

4.5.1 Theme one: Pre-training

Before taking part in the music therapy training course participants had various music experiences as well as specific music training. Participants also held various music identities prior to studying music therapy. Theme one considers these experiences as well as the relationship between the pre-training and training.

4.5.2 Theme two: Training

This theme refers to the period of time when participants were music therapy students. Participants had specific experiences of acquiring and developing clinical musicianship skills as well as experiences with regard to the training course in general.

4.5.3 Theme three: Post-training

This theme refers to participants experiences related to music and relationships after the music therapy training course. The theme reflects whether and how their experiences in the training and the development of their clinical musicianship skills influenced their perception of music, their use of music and their relationship to music after the training.

4.6.   Conclusion

This chapter has described the process of data analysis and presented the findings. Participant information, which include: personal information, qualifications, as well as musical preferences and musical involvement prior to and after the music therapy training were presented. This was followed by a description of the coding process, which entailed

generating the initial codes and code reduction. The following section illustrated the process by which the six main categories were developed and a detailed description of each category and its sub-categories is included. The themes drawn from the data and a brief description of each was presented in the last section of this chapter.

The following chapter will discuss the three main themes in relation to the research questions. Participants' experiences with regards to their acquisition of clinical musicianship skills will be explored in details. The manner in which their previous musical training and experiences influenced their development of clinical musicianship will also be considered. Lastly, the influence of the training on their musical identities and the use and experiences of music in a non-clinical setting will be discussed.

Chapter 5: Discussion

5.1   Introduction

In this chapter the themes that have emerged from the data analysis will be discussed in light of the research questions. The findings will be contextualised and integrated with related literature.

The interview questions focussed on participants' experience of the training in general and, more specifically, on their experience of developing clinical musicianship skills. They were asked to reflect on whether their musical training and experiences before the music therapy course impacted on their experiences of the training and the process of developing the required clinical skills. Participants were also asked to reflect upon the influence of the music therapy training on their musical identities and whether their experiences and use of music in non-clinical settings has changed in any way since completing their music therapy training. When considering the interview questions, it is evident that there was a focus on the time-frame before the training, during the training and after the training. These three overarching themes - pre-training, training, and post-training - will be discussed individually as well as in relation to one another

5.2   Theme One: Pre-training

In the following section the musical backgrounds of the participants will briefly be described. The description includes reference to prior music involvement as well as participants' description of their musical identities before the music therapy training. All six participants have completed a formal BMus degree. The instruments they specialised in as well as their musical involvement before the training vary.

5.2.1 Participant A
Participant A was a full-time music and piano teacher before the training. She was also highly involved in youth choirs where she acted as choir director and accompanist. In church she managed the choir as well as play the organ for congregational worship. She mostly played and listened to classical music and had very limited experiences in playing other genres. When reflecting upon her musical identity before the training she described herself as a music teacher and keen choir director. She also wrote that "when voices (or

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instruments) come together in harmony I find myself to be in my element" (Questionnaire: Participant A).

5.2.2 Participant B

Although participant B completed a BMus qualification her main instrument was saxophone and she specialised in playing Jazz which she felt to be the "ultimate form of music" (Transcription B: 5). Prior to the training she taught saxophone, clarinet and orchestra at a community music school. She often performed and participated in various ensembles, including an *avant garde* ensemble. She was also involved in music journalism. She described her musical identity before the training as a teacher, music activist for South-African music, jazz band member and gypsy jazz performer.

5.2.3 Participant C

During her formal music training participant C specialised in piano and also played saxophone. Before the music therapy training she taught piano in various education settings and also played in the worship band at church. Besides for church, she mostly had experience with playing classical music and some experience with jazz as part of her saxophone training. When reflecting upon her musical identity before the training she said that:

> I tried to, where possible, 'do music' in more informal, community settings when the need arose, as part of various outreaches or children's holiday camps. A part of my identity was rooted in the fact that I could play classical music well – I saw myself as musical and talented in piano (Questionnaire: Participant C).

5.2.4 Participant D

As part of her music studies at the university participant D mostly played violin. She was also involved in music performances and music education. She described her music identity before the training as a music teacher and classical musician. She further said that:

> I saw myself as being good with children and able to teach children to love and enjoy music in a way relatable to them". A part of my identity was rooted in the fact that I could play classical music well – I saw myself as musical and talented in piano. (Questionnaire: Participant D)

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5.2.5 Participant E

Participant E studied piano, flute and violin as part of her BMus training. She played in a quartet, did solo performances, and was also part of the worship team at her church. As part of a church group they also made music in psychiatric homes, prisons, and hospitals. She participated in musicals during high school and while attending university. When reflecting upon her musical identity she said that:

> I made music my own through solo performances and chose music which I truly enjoyed playing and that I felt would reflect a bit of who I was and my personality. I strived to play better all the time. My expression through music was, to me, a way of expressing part of who I was to others (Questionnaire: Participant E).

5.2.6 Participant F

Participant F specialised in violin during her BMus training. She participated in various ensembles and orchestras and often performed. She commented that her musical identity is very rooted in her classical training and described herself as a violinist and classical musician.

The influence of participants' musical backgrounds on the development of their clinical musicianship will be discussed in section 5.4.

5.3   Theme Two: Training

Participants reflected upon how they experienced the training course in general and, more specifically, how they experienced the acquisition and development of their clinical musicianship skills. In order for them to speak about their experience of developing clinical musicianship skills, they had to reflect on what their process of learning clinical musicianship skills entailed. This, in turn, was informed by the manner in which they defined clinical musicianship skills. Some of the defining aspects of clinical musicianship skills mentioned by participants are similar to the components they spoke of when describing their process of learning these skills, for instance working with clients. The way participants spoke about these aspects, however, are different and for this reason are discussed in different sections of the chapter.

This section will first discuss participants' experiences of learning clinical musicianship skills, then their experience of the music therapy training course in general.

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5.3.1 Experiences of learning clinical musicianship skills

In this section participant's experiences of learning clinical musicianship skills will be discussed by considering, firstly, their definitions of clinical musicianship skills; secondly, their description of the various components of learning clinical musicianship skills; and thirdly, participants' experiences of learning these various components.

5.3.1.1 Defining clinical musicianship skills

When defining clinical musicianship skills, participants spoke of four components: a specific approach towards clients in music making; a specific approach towards music in music making; purpose of clinical music making; and holding a specific stance as a music therapist. The following section will describe each of these components.

5.3.1.1.1   *A specific approach towards clients in music making*

Participants commented that when a music therapist is engaged in music making with a client, a different kind of awareness is required from the therapist. This include a general awareness of and focus on the client during music making, but more specifically an awareness of the client's needs and abilities during music making. A willingness to learn the music that suits a client as well as a non-judgemental attitude were also considered important in the approach that a therapist takes towards a client in music making. This relates to the focus in music therapy literature on the importance of the music therapist's awareness of the client's needs (Brown & Pavlicevic: 1997; Ruud: 1998) as well as the therapist's ability to create music best suited to meet the needs of each client (Wigram, 2002:40).

5.3.1.1.2   *A specific approach towards music in music making*

Music therapists listen to music differently. They also have to think differently about what counts as music and have to consider the meaning behind music in a variety of ways. Their approach toward music is one that includes the unexpected. Participant B described how one can study and practise a specific piece of music in a non-clinical context and at a stage feel like you have gained complete mastery over it. This is, however, not the case in music therapy:

> If you want to be a music therapist and sustain that career you will have
> to have a different mind-set about music and learning music and

practising music. I mean we all know that music is a never-ending skill acquisition, but at some stage there is a performance, you feel right I have studied this piece of music, I played it, I can tick it off. I have broken the neck of Mozart or whatever. But, with music therapy, the music that comes to you, you know in the form of your client could be so unexpected and could be things that you've never heard or experienced before. (Transcript B: 2)

Ansdell (1995:24) states that no improvisation is totally unpredictable. Improvisation does, however, always allow space for the unexpected and it can be tailored to meet the needs of the minute.

When describing the approach a music therapist takes towards music, participant E said:

So not just thinking about music and the way we use music as... kind of, boxed in or even just really looking at what music is. So someone might listen to a session and say "Is that music? It is just noise". But to read the noise, or to read the sound actually as communication and to take what the client is giving you as valuable information. (Transcript E: 4)

Bruscia (1998:8) states that the perception of what constitutes music in music therapy is not limited to the use of organised rhythms or culturally defined aesthetically pleasing sounds. Rather the focus is on creating an experience that goes beyond conventional definitions of music. Communicative musicality is the term used to describe the co-operative and co-dependant communicative interactions between a mother and her baby (Malloch, 1999:31). This term indicates that the mother and infant are partners in a musical diolgue. Communicative musicality suggests that we are inniately musical. Pavlicevic (2003:185) describes this innate musicality as:

The capacity to be fluid, flexible in volume, tempo, rhythm, timbre, contour and intensity of facial expression, vocal sounds, acts and gestures, in order to reach optimal attunement between mother and baby

Because of communicative musicality a music therapist can work with any client on a communicative level through music (Wigram, 2002:184).

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5.3.1.1.3   *The purpose of clinical music making*

Instead of a focus on purely aesthetic values of music, participants explained that the therapeutic relationship is of more importance. This relates to a focus on process, rather than product. A therapist also uses their therapeutic knowledge and specific musical skills to address clinical goals and to create opportunities for emotional expression and social interaction. Participant D described the purpose of clinical music making as

> Using musical skills and using music for clinical purposes. Thus, you are not only focussing on aesthetics, you are focussing on the interpersonal and relational aspect in...within the music. So, uhm, the musical skills that you are using are uhm...focussed on...uhm...social interaction and also emotional expression, more than just an aesthetic...ja, an aesthetic focus. (Transcript D: 2)

5.3.1.1.4   *Holding a specific stance as a music therapist*

Participants mentioned that music therapists should accept their own musical expression and trust their musicianship when making music with clients. Participant E stated that the stance of a music therapist is one of clinician and musician. In other words, this entails not just being a musician, but fully being a musician and fully being a therapist simultaneously. And being able to respond in music from both of those ways of thinking.

5.3.1.2 Components of learning clinical musicianship skills

Participants described the various components they had to learn when developing their clinical musicianship skills during the music therapy training. This included developing developing awareness of self in music; developing as a musician in general; learning to work with clients; developing specific musical and instrumental skills; and learning to understand and use music as a therapeutic medium.

5.3.1.2.1   *Developing awareness of self in music*

According to participants, developing awareness of themselves in music required a certain level of introspection. It also required a re-evaluation of their use of and perspectives on music, as well as a re-evaluation of their previous musical skills and musicianship. This process of introspection and re-evaluation is not necessarily about learning new instrumental skills or understanding music as a therapeutic medium. Rather, this process is related to their understanding and awareness of themselves in the music.

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In this process of re-evaluation, participant F stated that she also had to learn to trust her musicianship. Participant D described that the practicum component of the training taught her how to have inward and outward focus at the same time.

Participant F described increased awareness as 'being in the moment': "Working with what the client is offering and just extending what they give you and...ja. I think it is really just about being in the moment. For me that was the main thing" (Transcript F: 3).

5.3.1.2.2   *Developing as a musician*

In describing their general development as musicians, participants mentioned that they had to expand their musical vocabulary which included developing their use of various music styles and genres. Developing musical freedom and flexibility was also an important component of their growth as music therapists. When describing her process of developing clinical musicianship skills, participant C said:

> Uhm...a bit more flexibility...and a willingness to venture out into many different music styles and genres of music, different instrumnents that I hadn't played before...uh, particularly on the guitar. Although I've always played a guitar I really had to learn to use it in a different way. Uhm...the same goes for the keyboard and the piano and the voice. Not just to use them for, you know, for, for fun, or for practising or performance value but really to delve into the many many, many possibilities there are with those instruments. (Transcript C: 5)

Wigram (2002: 273) writes that it is very important for music therapy students to develop flexibility in their musical expression as no two clients are alike and will vary in musical needs, experiences, as well as musical and expressive skills.

Participant F said:

> I think for me it was really just about working in the here and now and just allowing...or just being comfortable with, with...whatever is being made that that's OK. Or you know whatever music was, was being made, you just go with the here and now. (Transcript F:3)

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5.3.1.2.3   *Learning to work with clients*

With regards to developing her ability to work with clients, participant C mentioned that the students were tasked to work with unfamiliar client groups. Students were required to learn to value the potential of each client. Most participants spoke of their learning process regarding the clients' music. This included learning to respect a client's musical preferences; developing a non-judgemental attitude in music making; learning to place a client's musical needs first; learning to explore the value and meaning a client's music holds for them; and learning to work with the client's music. One participant spoke of how she had to learn to place the client's needs above her own needs as a musician and to make more space for the client's music in her music making.

> It's now hard to say, but I'm just going to say it. [I] Zoom[ed] out of the relationship that is forming between us...almost zooming out into my own, own needs of, of jamming, in a way. Uhm..and after a minute or two I would actually realise...I didn't hear the clients' music now, I was so...I was so taken by my own musical journey that I uhm,that I...ja, need to come back to what's happening in the here and now between the two of us. And that was a difficult realisation for me to make, uhm...and it was also pointed out to me – not as explicitly – but it was pointed out to me that sometimes my music is too big. Uhm...and there is not enough space for the client. (Transcription B:7)

5.3.1.2.4   *Developing specific musical and instrumental skills*

When describing the musical and instrumental skills they had to develop, participants mentioned that this entailed developing already existing skills as well as learning new skills. These instrumental skills included becoming familiar with playing percussion instruments, developing guitar and vocal skills, learning different chord progressions and learning the expressive capacity of certain instruments.

5.3.1.2.5   *Learning to understand and use music as a therapeutic medium*

Participants described how their process of learning to understand and utilise music as a therapeutic medium included developing a focus on process rather than product, learning the importance of the therapeutic relationship, and learning to understand music as communication. Learning how to play with a clinical purpose instead of being product driven in music making was part of developing a focus on process rather than product. Participant A commented that, instead of playing something 'right', she had to learn to play with a

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clinical intention. Ansdell (1995: 24) comments that a vital quality of clinical improvisation is that "the music cannot be 'right' or 'wrong', it is simply what happens".

In order to facilitate the development of a therapeutic relationship, participant A mentioned how she had to learn to become a musical partner whilst participant D experienced the skill of facilitating synchrony as an important component in her process. Developing unique relational improvisational skills and using different genres as a tool for relating was also mentioned as important components in learning how to develop a therapeutic relationship.

In creative music therapy improvisation is a means to engage with others and to build a musical relationship (Wigram, 2004:34). Ansdell (1995:25) states that "a point of contact can nearly always be found through improvisation, leading to an ongoing musical dialogue, which can be intimate, creative and developing".

5.3.1.3 Experiences of learning clinical musicianship skills

Participants described their experience of learning clinical musicianship skills as challenging, enriching, and as a personal journey. The training, and especially the block session structure, was described as very intensive. Participants said that they often felt like they were "thrown in the deep end" (Transcript A:12; B:2; E:2) with regard to the practicum component of the training, but two participants commented that this was, however, an effective way of learning:

> Because at fist, well at first you are really kind of thrown in the deep end,
> uhm, I can remember my first two placements. If I look back, I'm like
> wow...I don't know if I really knew what I was doing at first. (Transcript E:
> 2)

Participant A mentioned that she found the clinical work very meaningful and it took her on a personal journey. Other participants commented that the training was life changing. Participant B said that the training and the process of learning clinical musicianship skills challenged her belief system. Participants' processes of learning clinical musicianship skills also included new experiences; valuable experiences; specific challenges; easier learning experiences; feelings of uncertainty and incompetence; and development and growth.

5.3.1.3.1   *New experiences*

Participants commented that learning new musical and instrumental skills such as improvisation, vocal flexibility, group musicing, and matching and mirroring allowed for new musical possibilities that they have not experienced before. Experiencing the expressive capacity of the voice and drumming as well as an increased sensitivity to music was part of the new experiences that accompanied participants' development of clinical musicianship skills.

5.3.1.3.2   *Valuable experiences*

The process of witnessing and learning to appreciate and respect the client's music, and the uniqueness and value of the therapeutic relationship, were described by participants as valuable experiences. Participant B described how she valued the therapeutic relationship:

> ...and what I also found amazing was to see how the relationship between the therapist and the client or between the, you know, group and the therapist...how that is...it just becomes magical in a way once you really tap into the meaning that the client...that the client's music holds for the client. And respecting that…and seeing...seeing how one's own attitude and seeing how that pans out clinically, and how that opens up new worlds for the client as well. (Transcript B:5)

Participants also valued certain learning experiences and places of learning which included the variety of placement experiences offered during the training and the clinical musicianship classes. The clinical musicianship classes were described by participant C as the most valuable learning site of the training. The opportunity to learn from fellow students and lecturers through music making and especially role-playing was described as a significant way of learning. The guidance provided through supervision as well as being challenged to grow and develop proved a valuable learning sight for Participant A in her development of clinical musicianship skills.

5.3.1.3.3   *Challenges*
A. *Instrumental skills*

In the development of their clinical musicianship skills, participants experienced challenges with regard to developing instrumental skills, improvisation and working with clients. Developing guitar skills, vocal development, using different genres and working with unfamiliar instruments were experienced as challenging. Participants C mentioned that the

guitar was used very frequently and most students were not guitarists. Experiencing the development of their clinical musicianship skills as challenging relates to the study by Edward and Smyth (2009:5) where students found it challenging to acquire the specific musical skills required by the music therapy training program. In the study by Wheeler (2002:286) students also had concerns during the training regarding their musical skills, two of whom were voice majors and started their training with minimal additional instrumental skills.

B. *Improvisation*

Challenges experienced with regard to improvisation included initially learning to improvise, improvising with classmates and developing increased flexibility whilst improvising. Participant B commented how she found it challenging to unlearn her previous approach to improvisation:

> And now, a kind of sobering restraint is added to that while still improvising, so to improvise, with...with this almost...to me intellectual hat on...I found, I found quite difficult. [...] I mean I haven't...I haven't encountered that type of improvisation, that type of thinking about music, using music in this...this very fluid dance almost between you and your client ever before. Even...even if you play in an ensemble, like the traditional kind of like a sax quartet or classical ensemble or jazz band...the kind of improvisation is very...is very different to clinical improvisation. Uhm...and you feel OK you have it covered, you can do music therapy, but then the clinical skills are added..uhm...I just found my own musicianship was almost in a way questionned or turned upside down and I found it difficult to unlearn that. (Transcript B:3)

In the study by Kim (2010:356) participants described feeling distressed when realising the limitations of their musical ability. According to the participants they also lacked the musicality to improvise as creatively as they would have wanted.

C. *Working with clients*

Working with diverse and unfamiliar client groups was experienced as challenging. Specific challenges included matching diverse client groups and planning interventions for difficult client groups. One participant commented that one of her most difficult experiences was challenging clients in the music and learning to break synchrony for the sake of the client's growth. Students' challenges in working with diverse client groups are similar to the

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experience of the students in a study conducted by Wheeler (2002:286). Students in her study commented that they were concerned about working with certain client groups with whom they have not had previous experience. Another concern was how to deal with and address the needs of clients with varying levels of cognitive function.

D. *Dealing with challenges*

Participants dealt with challenges in various ways. One participant mentioned keeping a positive mental attitude when she had to improvise as she initially found it quite challenging. Practising individually and with the student group was another way of dealing with challenges as well as speaking with classmates and lecturers. Participant A commented that support from supervisors encouraged her to do things she found challenging and daunting.

E. *Easier learning experiences*

Although participants experienced a few challenges in developing clinical musicianship skills, there were also aspects of this process which they were comfortable with. Participant A mentioned that she was comfortable with the vocal work and found it easy to vocalse and to improvise lyrics. Participant C learned the improvisational skills quickly and in general resonated with the clinical use of music.

F. *Uncertainty and incompetence*

Participants experienced feelings of uncertainty and incompetence regarding their musical and instrumental skills, working with client groups, and during music making in class. These insecurities were often related to lack of certain instrumental skills, lack of stylistic diversity or lack of exposure to many client groups. Participant C also commented that the use of music in the therapeutic process was initially very unclear.

G. *Growth and development*

In terms of growth and development, participants commented that they developed personally as well as in terms of their musicianship and musical skills. Personal development included growing in self-confidence, learning to engage with conflict and engaging in self-discovery in the process of learning clinical musicianship skills. Participant D commented that her self-confidence grew as she saw results with the clients she worked with. Participant E perceived the development of self-confidence and musical confidence to be dependent on one another:

I think also just growing in confidence in myself. You know, personally,
then you are also able to step up also more musically. And I think

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sometimes it happens in music, and then...and then you are more
confident outside of the music. But there...I think it can work both ways.
(Transcript E:5-6)

Students' comments reflect the findings by Kim (2010) and McCarthy and Grand (1990) that
personal growth was part of students' adjustment and development during the training.

Similar to the participants' comments on the value of certain learning sites, development and
growth was mainly attributed to practising and improvising with classmates, support and
challenges offered through supervision, role modelling, and general music making in clinical
musicianship classes. Guitar and vocal activities and instruction were also experienced as
valuable in order to develop skill and confidence.

5.3.2 Experiences of the training course in general
When reflecting upon the music therapy Masters training course in general participants
commented on the time constraints of the training and a need for a greater variety of musical
instruction. They made suggestions for increased opportunities to practise and develop
skills. They also referred to positive experiences of the training program.

5.3.2.1   *General time constraints*
Participants commented that the course did not allow enough time to practise skills in the
class context. This included practising clinical musicianship in general, practising new skills,
practising instrumental skills as well as practising with classmates. Participants commented
that more clinical musicianship classes in general would have been valuable. Considering
the intensive experiences of learning clinical musicianship skills, some participants
mentioned that they would have valued more time to process and debrief feelings and
experiences. Time constraints related to the modular format of the training course were also
mentioned. They had limited time together as a group due to the geographical distance
between students. This made it difficult for them to support each other and also limited their
opportunities to practise together. In order to create increased opportunities to practise
participants suggested that students who live in the same city should arrange weekly
practising sessions. One participant also commented that mandatory lessons in a new
instrument might be valuable. Although the time constraints of the modular course make it
difficult for students to increase their private practising time, participants commented that
students should be encouraged to practise as much as possible.

5.3.2.2 *Positive experiences of the training course*

In general, participants mentioned that support was provided in the training course in terms of processing experiences and being guided from classical practice to more improvisational music making. Voice, dance and drama classes were described as valuable learning sites as well as valuable processing experiences. The training approach was described by participants as excellent and lecturers were perceived as very proficient.

5.4 The relationship between pre-training and training

Participants reflected on the influence of their previous musical training and experiences on the development of their clinical musicianship skills and described aspects that were both helpful and hindering to their music therapy training. Participants also commented on the contrasts between previous musical training and experiences and their experiences in music therapy training. The following section will discuss how previous music training and experiences were, firstly, helpful; secondly, hindering; and lastly contrasting to participants' experiences of the music therapy training.

5.4.1 Previous training and experiences helpful to training

The studies by Wheeler (2002:286) and Kim (2010:356), in which they explore music therapy students' experiences in and of the training course, include some consideration of the impact of previous musical experiences and training. The influences mentioned, however, mostly relate to challenges experienced in the training and does not include how music therapy student's musical backgrounds can be helpful in their training. In the current study, participants' reflections also include how past musical training and experiences were complementary to and helpful in the music therapy training. Aspects of participants' previous training that they experienced as being helpful in their process of developing clinical musicianship skills included classical training; the ability to play certain musical instruments; formal BMus training; improvisation and jazz training; and non-musical studies.

5.4.1.1 *Classical training*

Participant C stated that, because of her previous classical training, she felt confident in piano playing Participant E found the theoretical knowledge she gained through classical training to be helpful in her music therapy studies. Her classical training also provided her with an understanding of how music elicits emotions. Participant A mentioned that her classical training was helpful for learning improvisation as well as different musical genres:

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	Translation
As ek nie daai skills het nie dan gaan, ek dink, vir my persoonlik, sou improvisasie in verskillende genres en in verskillende style en goed baie moeiliker gewees het in die kliniese omgewing as ek nie, jy weet, geweet het wat is jazz, wat is improvisasie, wat is blues blues. (Transcription A: 14)	If I did not have those [classical] skills, improvising in a clinical environment in different genres and various musical styles would have been more difficult, you know, if I didn't know what jazz, improvisation or blues was.

5.4.1.2 *Ability to play certain instruments*

Participant B commented that her training as a saxophonist was good preparation for the music therapy training. Her teacher also had a fun-filled attitude to music making which prepared her in terms of a developing a more flexible approach to music.

> The lecturer was quite different to, to some other lecturers. He always focussed on you must have fun while you are playing, even if you are practising...you know a very serious music, there must always be an element of fun. And, and not taking it so seriously…That really stuck with me. I had the luxury of not having to take it so seriously. But, I mean a concert pianist would not have that luxury. (Transcript B: 12)

Participants D said that her piano proficiency assisted her in grasping new musical concepts during the clinical musicianship training.

5.4.1.3 *Formal BMus training*

Because of her BMus training Participant D had confidence in her musical capabilities which in turn gave her confidence to challenge herself musically during the training. She also felt confident to learn new musical techniques and chord structures. Participant D and A commented that the theoretical proficiency the developed through obtaining a BMus assisted in music therapy training. Participant D explained this in the following way:

> Also with drumming, after four years of studying music, I was confident about what I could do on a musical level and I had definitely had confidence in my ability, which helped me to challenge myself musically more. (Transcription D: 7)

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5.4.1.4 *Participation and training in improvisation and jazz*

In her training as a saxophonist Participant B learned to improvise and play jazz. She commented that an improvisatory approach towards music making was valuable preparation for music therapy training. Although participant E had formal classical training, she also had previous experience with playing jazz. She said that this helped her to move to a freer and improvisational based music making. It was also easier for her to be playful with her sounds, especially in vocal work.

> I did do a little bit of jazz as well. So that helped me with the improvisational side. So I think if I had only done classical training, I think I would have struggled. But because I've been involved with jazz through high school and, and a little bit in varsity. And, also I just enjoy that kind of music, then it helped me to switch over, to be able to be freer in creating music, and to improvise and, and to play around with sounds. (Transcript E: 6)

5.4.1.5 *Other non-musical studies*

Participant B's previous training included language and culture studies. She commented that this was valuable in her music therapy training as it assisted her in understanding the impact of culture. This helped her to develop greater flexibility in her music making as well as openness towards her client's music:

> And also the fact that I was interested in different types of cultures, that I studied English literature like African literature and South-African poetry, opened my eyes a little bit more about how culture impacts music and food and clothes and things. (Transcript B: 9)

5.4.1.6 *Participation in ensembles*

Previous participation in different ensembles was described as being helpful for developing clinical musicianship skills. Participant B mentioned that her participation in various ensembles "opened her ears" (Transcription B: 11) and helped her to become more comfortable with play different kinds of music. Participation in chamber groups and orchestra prepared participant F for learning to improvise and to engage in spontaneous music making.

5.4.1.7   *Music making in church*

Participant C described how her experience of playing in a worship band in church was helpful in that she got used to playing without sheet music (unlike her experience in classical training) and she was familiar with working in groups.

5.4.1.8   *Variety of previous music experiences*

Previous engagement in a variety of music experiences was also mentioned as being helpful preparation for music therapy training. Wigram (2002:270) writes that "music therapists are required to have a broad and undogmatic understanding of music, as well as a knowledge of, and skills within, many types of musical expression and experiences". The data from this study reveals that a variety of music experiences before the music therapy training is a valuable foundation in order to develop the musical flexibility referred to by Wigram.

Participant C said that the variety of her prior musical experiences gave her confidence in the training as it helped her to developed improvisational skills and to work with groups. Participant E's experience in playing a variety of musical instruments was also helpful preparation for the training. Her participation in musicals also developed her confidence and creativity and made her comfortable with certain modalities which she incorporated in her clinical music making, such as dance and drama. She commented that, because of the variety of musical experiences she had before the training, she was more open to incorporate the arts into her music therapy approach during the training:

> I definitely think it [previous experiences in musicals] helps. Because in musicals you have to be quite bold just in terms of performing so it gives you confidence. And it gives you creativity. Even, and if you think of a musical it is also very much telling a story. So even the dramatic side...I mean we don't only use music, we use drama and we use dance. So, what I found as a therapist, I really enjoy adding dance and drama so a lot of storytelling, lots of drama to music...in my sessions. And, and also art. So I think maybe some, some music therapists might purely use music or maybe less. But I really enjoy mixing my modalities. (Transcript E: 7)

5.4.2 Previous training and experiences hindered

Participants' previous musical experiences did not appear to have hindered their development of clinical musicianship skills. However, many participants commented on how their previous classical training was limiting in some way. This relates to the study by Kim (2010) where the six participants who majored in classical music in their undergraduate education also reported that their classical training restrained their creativity. In the study by Wheeler (2002), the students who had voice as their major instrument before the music therapy training commented that their lack of experience in other instruments, such as piano or guitar, influenced their musical progress during the training.

Participant D said that her background of classical training hindered her musical flexibility and that she initially found it difficult to move between different meters. She did, however, comment that she quite easily broke out of the initial restraints she experienced in terms of music making. Participant C commented that improvisation was initially challenging and that she found it difficult to play in different styles and use various modes. Participant F experienced great discomfort with improvisation during the training and commented that because of her classical training as a violinist, piano improvisation was very daunting. Although most participants' commented that their background of classical training hindered their development of clinical musicianship, it was only during the initial phases of the training.

5.4.3 Contrast between pre-training experiences and training

Participants commented on the significant contrast between previous musical training and experiences, and the music therapy training. This included rigidity versus flexibility; solo versus social; and the characteristics of classical training as well as the characteristics of music teaching.

5.4.3.1 *Rigidity versus flexibility*

Participants D, F and C commented on the adjustment from the rigidity of classical training to a more flexible approach to training in general and to music making in the therapy course:

> You know I was brought up in a classical training so I had to start thinking out of the box. So my two year process really involved challenging myself rhythmical wise and also you know, with kind of different beats. Not your normal four-four or two-four beats. Kind of thinking more out of the box for me that was a big part of my process

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learning to not stay within conventional rhythms, beats and, and also harmonies. (Transcript D: 4)

Coming from a background where I had studied music, or doing my BMus, it was obviously quite an adjustment just because having studied music it was very rigid in our training in terms of every day we have to do our six hours of practising a day and you start off with your scales and everything was quite structured. Whereas, you know when we were making music in the classes it was a lot freer and obviously more improvised based. So for me it was quite an adjustment to just allow myself to be in that space and, it's OK to make mistakes and it's OK to go with where, with you know where...the here and now and where the music was taking us. So for me that was a bit of an adjustment just in terms of how rigid and structured it was having studied BMus (Transcript F: 3).

My classical training during my BMus was valuable in that I was confident enough on the piano but restricting in that uhm...I was required to be a lot more free whereas in your classical training it was very strict, you have to read sheet music. It's the...the clinical musicianship was very different to my training. (Transcription C: 10)

Participant B described how clinical improvisation was significantly different to her previous experiences of jazz improvisation:

I just have to think a little bit about playing in a jazz band where you improvise, but it is very structured...so...There is this communication between you and the band members...So say if you play saxaphone you...you are in a kind of solo thing with the bass, but the rules are set. Even though it is very free, the rules are set. You know that the bass will play for 32 bars and the bass will play a sequence of chords, and over those set parameters you can be totally free. So, so the structure in a way is set or held by the other musicians. Uhm..in, in...if I use the word 'intellectual hat' I'm not sure if that is the completely right word. I would say more a kind of awareness of what is happening moment by moment...what you are doing...and how that impacts on the client and what the client is feeding back to you. Uhm, and I think you need to be

much more aware of how the other person that is in the synergy with you communicates with you which, which...which I missed if I had to compare it to a jazz ensemble. (Transcript B: 4)

Participants D commented that in comparison to previous classical training, clinical musicianship required more flexibility with regard to her use of harmonies and rhythms.

5.4.3.2   *Solo versus social*

Participant A described how she experienced her music making before the training as a pianist and organist as solo playing in comparison to the music therapy training where she was able to participate in musicing with others.

Omdat ek klavier en orrel gehad het is dit 'n individuele instrument wat jy alleen soortvan aanpak. Jy weet ek het nooit 'n orkes of 'n gevoel gehad van...group...van being part of 'n group in musiek nie. ... Dit was vir my nuut, dit was vir my wow. (Transcript A: 15)

Translation *Because I had organ and piano those were instruments you play on your own. You know I never had the experience before of being part of an orchestra or a group in music. That was a new experience for me.*

5.4.3.3   *Characteristics of classical training and music teaching*

Participants commented on how their experience of classical training and music teaching was contrasting to their experiences of the music therapy training program and clinical musicianship. Although these differences did not hinder their development of clinical musicianship skills, participants had to adjust to the different approach towards relationship and music making in the music therapy context. Classical training was described as limiting and structured, rule based, focussed on the music itself instead of a focus on relationship and the meaning behind the music. Participant A described that related to her teaching experience before the training a teacher is more in control where a music therapist works with the client. There is also a notable difference in the teacher-student relationship than the therapeutic relationship. She also commented that because she followed an exam curriculum with her music students, the type of music they could use was always limited to exam pieces and did not allow for more exploration with regard to various music styles and genres. Where as a teacher aims to educate a student and mostly offer instructions Ansdell (1995:35) states that a therapist "attempts to provide the right condition for the client to

experience themselves in a different way" (Ansdell, 1995:35). Instead of providing instruction, a therapist is someone who accompanies.

5.5   Theme three: Post-training

Participants spoke of their post-training experiences in relation to their musical identities and the influence of the music therapy training on their use of and relationship to music in a non-clinical setting. The following section will, firstly, discuss how the music therapy training influenced participants' musical identities and, secondly, how the acquisition of clinical musicianship skills influenced participants' experiences and use of music in a non-clinical setting.

5.5.1 Identity

Participants described their identities before the training as follows:

Identities before the music therapy training
Participant A
- Music teacher   - Keen choir director
Participant B
- A musician that plays complex music and appears laid back   - Music journalist   - Music teacher   - SA music activist   - Gypsy jazz performer   - Ensemble musician
Participant C
- Music teacher   - Performer   - Worship team member at my church.   - Ensembles musician
Participant D
- Music teacher   - Classical musician
Participant E
- Performer   - Composer   - Teacher

In considering the influence of the music therapy training on her musical identity participant F commented that her music identity has not changed significantly. She mentioned that she is very rooted in her classical background and that being a violinist is still her primary musical identity. Participant C said that being a music therapist has become her primary identity after the training. Other participants mentioned changes to their identities due to the training, which included: music therapy adding to facets of identity; change to identity as musician; and other musical identities being informed by the training.

5.5.1.1 *Music therapy training added to facets of identity*

Participants commented that their musical identities have "expanded" and "deepened" because of the music therapy training. Participant A said that although she fulfils the same roles after the training as she did before she studied music therapy (music teacher and organist at church) she experiences herself as more of a musician and, more specifically, an ensemble musician. Participant D commented that being a teacher and a classical musician is still part of her identity. Her musical identity has, however, expanded and now also includes "improviser". She is also more confident in her music making with others.

5.5.1.2 *Change to identity as musician*

Participant A's musical identity changed due to the training in that it broadened her perspectives of her musical abilities. She mentioned that her relationship with music also became more personal. Participant B commented that she identified differently to music after the training. She experienced that a part of her musical identity was buried during the training, her identity as musician. After the training she had to reconnect with her identity as musician and reconstruct that part of herself:

> There was still a part of me left...and the part that was left was the musician, not the therapist, but the musician. The person who just loves

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listening to music. And, that, that part of me in a way was, was...buried in the training. And I had to get that part of myself back.

So I think that is why...I'm almost starting from scratch now in a way. Finding my own music again. (Transcript B: 15-16)

5.5.1.3 *Other musical identities informed by the training*

Participant mentioned that her identity as a session musician was informed by the music therapy training. Participant C commented how she takes on different roles after the training, even in general musical settings:

I was at saxophone ensemble meeting, I was one of the people that was auditioning people and there were three people on the panel. And they're all very good saxophonists and very good musicians and they asked 'what piece are you playing?', 'how long have you played the saxophone?', and I found myself asking questions like 'what attracted you to the saxophone and how does playing it make you feel?' and ... like deeper questions like that. So even then I found myself in a different role, almost. (Transcript C: 16)

5.5.2 Influences of the training

Participants reflected on whether their acquisition of clinical musicianship skills influenced their use and experience of music in a non-clinical setting after the music therapy training. Although participant F commented that the training had no influence on her music listening, participants extensively described how the music therapy training influenced their relationships in general; their perception of music; their experiences of music; and their approach towards musicing.

Bruscia (1998:8) state that perceptions about music fostered by musical experiences before entering a music therapy training course are not always useful within a therapeutic and clinical context and will, therefore, need to change during the training. This process of change is reflected by participants' responses regarding the influence of the training on their perceptions, understanding and use of music.

5.5.2.1 *Influence on relationships in general*

Participant A described how her experience in the training of the equality of the therapeutic relationship influenced the mutuality of her life relationship in general. She is also more comfortable with authority figures after the training. Participant E and F described having

improved communication skills in general and a greater ability to read and work with musical communication:

> And I must say, even, ja, doing music therapy, it is not only in music. It's flowed over to when you're having a conversation and you are reading someone's body language or you know their tone of voice...it is amazing. (Transcript E: 12)

Participant C mentioned how the training impacted on her parenting in that she has greater awareness and use of the musical relationship:

> Most recently if I make music with my son, you know he's only one, so if we're just playing on the drum or if we're shaking the shaker and dancing to music I'm so aware of the way in which he looks to me whether I've mirrored something he has done or gets excited if I copy something or if I'm on the same intensity level as him. I'm so aware of our interactional synchrony compared to before where I would have probably done similar thing you know try to play the same tempo and same dynamic level but not being aware of the effect it is having on our relationship and our attachment. (Transcription C: 17)

5.5.2.1.2 *Influence on perception of music*

Participants' perception of music changed in that they had developed increased awareness and insight into music. They also mentioned that their perspectives with regard to music broadened.

5.5.2.1.3 *Increased awareness in communication*

Participants C and E said that they had greater awareness of group dynamics after the music therapy training which influenced their music making. Participant D also commented that after the training she knows of to listen to what is not being played in the music.

Participant E mentioned how she had more awareness of the subtleties in music communication. She was also more aware of the connection between audience members and performers:

> If I think now of trying to lead people in music, in singing outside the therapy space, I think I'm so much more aware. Like we have said

before, of what is going on and of the subtleties, to read the subtleties

and then to work with those things. (Transcription E: 12)

5.5.2.1.4 *Increased insight*

Participant C and E said that after the training they had more awareness and insight into the influence of music. Participant E commented that she was more aware of the effects of music listening on herself and also understood music at a deeper level in her church music making. Participant C commented that her understanding of musicing in general has changed, even though she engages in most of the same musicing activities as she did before the training. The music therapy training has assisted her in understanding multiple levels of musical experiences. Both participants C and D mentioned that they have a greater understanding of the psychological value of music.

5.5.2.1.5 *Broadening of perspectives toward music*

Participant B commented that after the training she began listening to a broader variety of music and she had a greater openness to cultural diversity. The training also changed her assessment of musical value:

First of all my way of identifying with jazz, with specifically South African

jazz changed a lot. I used to think that the only valuable music is music

that had a message about changing the world, very explicitly. But I

realised that the message in music does not necessarily need to change

the world. (Transcript B: 13)

After the music therapy training participant D was more aware of the variety of ways in which music can be used. She also used music more freely. Before the training she played mostly pre-composed music whereas after the training she engaged in improvisation as well as composed her own material. The training also gave her confidence to offer suggestions in her music making with the church band.

5.5.2.1.6 *Influence on experiences of music*

When describing how the music therapy training influenced their experience of music in non-clinical setting, participants mainly referred to music as a social experience and the notion of developing increased sensitivity to music. Participant A commented that musicing after the training became a social experience for her. Although she still participates in similar musical activities as she did before the music therapy training, like playing organ at church, she feels more part of the music making and congregational worship after the

training. Participant D described how she was nervous to play in front of other people prior to the music therapy training and how, after the training, she now enjoys making music with others. Participant B also commented that after the training she enjoys making casual music with friends.

Participant B described how she became increasingly sensitive in her experiences of music during and after the training:

> During the training, I could not even listen to, uhm, very simple piece of music or listen to an orchestra. Everything I felt deeply intensely, even overwhelmingly so. That I would listen to a piece of music in an interval and it would stick in my head and it would stay there for 12 hours. Or I would go to a symphony...you know orchestra concert, and cry the whole time. Because every single note or timbre touched me so deeply. And I felt a bit overwhelmed by experiencing music like that. (Transcription B: 13-14)

5.5.2.1.7 *Influence on approach towards musicing*

Participants described how the training and the acquisition of clinical musicianship skills influenced their approach towards teaching music and making music. Participant F's techniques and approach towards music teaching have become more flexible. She works more with what her students bring, musically and personally, and she is also able to extend their music. She commented that she is less strict regarding mistakes in students' playing and in general she is more focussed on the whole process than merely on an end product:

> I teach violin and piano at a primary school and I do find that now...I think I'm a lot freer just in terms of also working in the here and now with the boys that I teach. You know for me it is a lot about what the boys are offering me. I'm not sure whether I'm making any sense, but I feel like things might have been a lot different have I not studied music therapy just in terms of my techniques in teaching. I know it...it's you know if they make mistakes or that kind of thing it is really not such an issue it is just about the process and where they are at in the moment...in the lesson. So I think it might have been a bit different have I not studied the course. (Transcript F: 7)

The training impacted participant D's approach towards music teaching in that she is more aware of the influence of music on the children's concentration and on their group dynamics:

> If I'm teaching music, in inverted commas, to...at the remedial school I work at currently, I'm aware of the impact that music has on their concentration or on their group dynamic when they're making music together or, on their attention spans and that sort of stuff. I'm not...nothing is purely one thing anymore. I don't see things through the same lens anymore. (Transcript C: 15)

Participant C mentioned that as a choir director, it has become more important for her that the choir enjoys the music making instead of just working on a complicated repertoire merely for the sake of singing complex music. She also commented that, because of the music therapy training, she is less critical when listening to music performances.

Ek dink ek was hopeloos te krities, altyd, in terme van performance. So ek is baie less critical en more empathetic en more compassionate about other...ander mense se pogings..en musiek as geheel, en dis baie makliker om te...om myself te verloor in die musiek en dit net te enjoy, en op te hou worry oor die fluit wat laat ingekom het. (Transcript A: 17-18)	*Translation* I think I have always been way too critical of performances. So now I'm much less critical, more empathic and more compassionate regarding other people's effort as well as towards music in general. It is now easier for me to lose myself in the music and to just enjoy it...and to stop worrying about that one flute that came in late...

Participant E commented that after the music therapy training she thinks differently about the nature of performance:

> Even if I'm in a concert, I can see so much more of even what's happening between the performers and between the audience. If I had to...if I had to do a performance now, I would do it a lot differently. [...] I think basically just the way I think about it. What music is, what music

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means, what it's doing between me the connection between me and the audience and for them. Even the divide...it's probably more in the West, but there is a big divide between the audience and the performer. And what my friend and I are actually trying to do now is trying to make that divide smaller. And...just, even if it is just educating the audience and chatting to them and getting them involved and trying - and I know there is a space for the kind of, more structured concerts, but we're trying to bridge the gap, I think. (Transcript E: 10)

5.6   Summarising the findings in relation to the research questions

The main research question guiding this research question is:

How do registered music therapists reflect on their experiences of acquiring clinical musicianship skills during the music therapy Masters training programme at the University of Pretoria and the impact of this upon their use of music and their musical identity?

Sub-questions:

4. How did past musical training and practice influence their acquisition of clinical musical skills during the music therapy Masters training programme?

5. How did the acquisition of clinical musicianship inform their experience of their musical identity during and after training?

6. How do their clinical musical skills influence how they use and experience music in non-clinical settings?

5.6.1 Addressing Sub-question One

Previous studies have demonstrated prior musical training and experiences can cause students to feel restrained in terms of creativity, experience anxiety due to a lack of musical competency (Kim, 2010:356) and find it difficult to develop certain instrumental skills and musical flexibility (Wheeler, 2002:287). Analysis of data in the current study revealed that participants' past musical training and experiences influenced the development of their clinical musicianship skills during the training in two ways. It was either helpful or it initially hindered their development. Classical training was highlighted as hindering in certain

aspects in the music therapy context, especially with regards to developing musical flexibility. It does not appear, however, that participants' classical training limited the development of their clinical musicianship skills. In some cases it was only an initial hindrance. In other cases it made learning certain skills and the adjusting to the music therapy context more challenging.

In considering these limitations, participants described how classical training and music making differ from music therapy. In general, participants experienced classical training as more rule based, strict, and limited in terms of expressive variety and use of instruments and musical genres. This hindered their process of learning more flexibility in their music making in general and extending their use of different modes, meters, harmonies and musical styles. The contrasts between their classical experiences and the music therapy context also influenced their development of a more improvisational approach to music making. Participants' discomfort with clinical improvisation was due to the fact that they had either not had a lot of experience with improvisation before the training, or they were not as skilled on certain instruments. Participant F commented that she found piano improvisation particularly challenging and daunting as violin was her main instrument and she was not as proficient on the piano. Participant C and D found the adjustment to clinical improvisation difficult initially. Participant D, however, commented that she found it easy to break out of the initial restraints she experienced. Participant B, who studied saxophone before the training and consequently had previous experience with improvisation and was more familiar with flexible genres such as jazz, commented that her previous music training did not hinder her development of clinical musicianship skills in any way. She was already comfortable with a more flexible manner of music making:

> The fact that, that, that I could improvise, you know not only jazz, just improvise. You know always finding sight reading difficult, always finding it difficult to follow the notes, always making up my own notes often in pieces where I just felt that no these notes don't fit or are too difficult. You know some musicians would find that completely unacceptable. But to me, that, that felt so, I almost felt a, acceptance or a musical home in the music therapy training, where the way that I do music was accepted and celebrated in a way. (Transcript B: 9)

Participants' previous classical training was, however, also experienced as being helpful in certain regards. Music theory knowledge and an understanding of different music genres were helpful for learning improvisation. Classical training also brought confidence in certain

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instrumental skills, ability to learn new musical techniques and chord structures, and general confidence in musical capabilities which enabled participants to challenge themselves more. Previous experiences in music ensembles and church bands were mentioned as helpful in the music therapy training as participants were more open-minded towards different types of music. This also prepared them to make music with others and work with groups in music.

This current study found that participants' previous music training and practices did have an influence on their initial acquisition of clinical musicianship skills in that they felt more comfortable with playing certain instruments or experienced certain aspects of the practicum component as challenging. This included learning certain musical and instrumental skills as well as adjusting to the more flexible music therapy space. Participants, however, commented that they had to work harder at developing these particular skills or perceptions towards musicing, but that they were able to break out of the initial restraints they experienced.

5.6.2 Addressing Sub-question Two

As described by Hargreaves et al. (2002:3) music therapy students face the challenge of combining their domain-related self-concept they held before the training with a developing self-concept as a music therapist. When reflecting upon the influence which the training had on their identities most participants did not at first respond in relation to their musical identities but described how they experience, use or relate to music differently. This is interesting as participants mostly listed domain related self-concepts such as musician, teacher, classical musician, etc. in the section concerning their musical identities in the questionnaire. This might be due to how they understood the question during the interview or how the researcher phrased the question.

The following section will discuss how participants' musical identities were influenced by the music therapy training.

Participant A

Participant A described her music identity before the training as a teacher and choir director. She commented that although she fulfils the same musical roles after the training as teacher, choir director and accompanist, her musical identity has significantly deepened and she experience herself as more of a musician. She experienced her musicing before the training as predominantly a solo musician, whereas after the music therapy training her musical identity also includes being an ensemble musician. Her identity as a musician has

further changed in that she has a broadened perspective of her musical abilities and her relationship with music has also become more personal.

Participant B

Participant B described her musical identity before the music therapy training course as a music journalist, music teacher, South-African music activist, gypsy jazz performer and ensemble musician. She described her identity as a jazz musician as "a musician that plays complex music and appears lad back" (Transcription B: 13). She commented that after the training she identified very differently to music. During the training she experienced a struggle between her identity as a musician and her developing identity as a therapist. She commented that her identity as a musician was buried during. In order for her to re-discover that part of herself she preferred to mostly play simple music after the training. Her desire to play simple music after the training, compared to more complex music she engaged with previously, was also due to the continuing processing of complex experiences in musicing during the training.

Participant C

Prior to the music therapy training participant C's musical identity included being a music teacher, performer, worship team member at church and an ensemble musician. She commented that her music identity has definitely changed due to her music therapy training. Although the previous components of her musical identity have not fallen away, being a music therapist has become her primary identity. This change in identity has influenced her musicing in general. She comments that:

> I don't think any of that stuff has fallen away although I feel that I'm first and foremost a music therapist I'm not purely any of those other things anymore. So I don't just play in a sax ensemble, I play in a sax ensemble and I'm always aware of the group dynamics and I'm always aware of how the music is affecting everyone. (Transcription C: 15)

Participant D

Whereas her musical identity before the training was being a music teacher and classical musician, participant D commented that her musical identity expanded after the training to include being "an improviser" (Transcription D: 11). Her identity as a session musician was also informed by her music therapy training.

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Participant E

She described her musical identity prior to music therapy training as performer, composer, teacher, an enjoyer of music and someone who shares music with others. Participant E did not mention whether her domain related self-concepts have changed, but rather how the manner in which she identifies with music changes. She commented that during the training she also experiences a struggle between her needs as a musician and her developing identity as a music therapist:

> And I think that you would have to [develop] anyway as a therapist, but as a music therapist there is also the part of: well what about my music and the music that I make and, and I'm a musician as well. (Transcription E: 4)

Participant F

Participant F commented that although her acquisition of clinical musicianship skills has influenced the way in which she use and experiences music, she is still well rooted in her identity as a classical musician and being a violinist is her primary identity.

> I think my identity has stayed the same, even post studying the course. Uhm, I don't know if it is just in terms of violin it has always just been such a big part of my life and even though I have now qualified and uhm, working as a music therapist now I still identify myself as a violinist. And if someone asks me "what do you do?", I still say to them I'm a violinist and I also practice music therapy So, I do feel that that identity has stayed the same. (Transcription E: 6)

Data in the current study revealed that the musical identities of five participants were influenced due to the music therapy training: music therapy added to facets of their identity; changed their identity as a musician; and other musical identities were informed by the training.

The study by McCarthy and Grand (1990) revealed that personal development and an identity struggle was part of student's adjustment and growth process during the training. Considering participants' responses with regard to their experiences of the training in general as well as their experiences of developing clinical musicianship skills, data from this current study also reflected personal development as an outcome of the music therapy

training process. Personal growth reported by participants included increased self-confidence, increased musical confidence, increased awareness of self and others, and greater communication skills.

5.6.3 Addressing Sub-question Three

Participants' responses revealed various ways in which their acquisition of clinical musicianship skills influenced their experience of music in a non-clinical setting. Data also revealed how their clinical musical skills influenced experiences in a non-musical setting. The influences included their perception of music, their experiences of music, their approach towards music, as well as an influence on their relationships in general.

Participants reported increased awareness with regard to group dynamics, music communication, musical relationships, as well as the effect of music on people. They also had increased insight into people's relationships to music, the meaning behind music and the value of music in various contexts. Their development of clinical musicianship skills also broadened their musical perspectives in expanding their musical taste and the musical activities they engage in. Their perceptions of the various ways in which music can be used has also broadened. For many of the participants' music making has also become more of a social experience compared to before the music therapy training.

Due to their increased awareness of group dynamics, the various ways music can influence someone, as well as their ability to engage with musicing in a more flexible manner, participants also commented on how the acquisition of their clinical musicianship skills influenced their music teaching.

5.7   Conclusion

This chapter presented the findings of the study. The three main themes, pre-training, training, and post-training, were discussed in full detail. The first theme, *Pre-training*, included a description of participants' music training and most prominent music experiences prior to their music therapy training. The second theme, *Training*, presented participant's general experiences in the training course together with their experiences in the developing of clinical musicianship skills. Included in this theme are participant's definition of clinical musicianship skills, what learning clinical musicianship skills entailed, and how they experienced their processes of learning clinical musicianship skills. The relationship between participants' pre-training music experiences and their development of clinical

musicianship skills during the training was also considered. Finally the third theme, *Post training*, considered the various ways in which the music therapy training influenced participants' musical identity as well as their experiences and use of music in non-clinical settings. The chapter concludes with a discussion of the findings in light of the research questions.

The next and final chapter to this thesis will present some concluding remarks pertaining to the study and its findings. The chapter will also consider the limitations of the study and recommendations for future research.

Chapter 6: Conclusion

6.1   Introduction

This final chapter will present a summary of the research findings. The limitations of the study and recommendations for future research will also be discussed.

6.2   Summary of the findings

This study explored how registered music therapists experienced the acquisition of clinical musicianship skills during the music therapy Masters training programme. This was investigated particularly in relation to participants' previous musical experiences, musical identity, and also how gaining clinical musicianship skills may influence how they use and experience music in other non-clinical settings. Analysis of the data revealed that participants' previous musical training and practice was experienced as both hindering and helpful to their development of clinical musicianship skills. Although classical training was experienced by participants as hindering certain aspects of the practicum component, participants could also draw valuable skills from classical training that assisted them in the process of developing clinical musicianship skills. A broad variety of musical experiences before the training were found to be especially valuable as these prepared participants to engage in various musicing activities as well as assisted them in developing increased musical flexibility.

Participants reported that music therapy added to facets of their identity, changed their identity as a musician, and that other musical identities were informed by the training. As participants identify differently to music after the training, their relationship with music has changed even if the activities they are engaged in have not. The data showed how participants' acquisition of clinical musicianship skills has influenced their experience and use of music in various ways. This includes influence on their relationships in general, on their perceptions of music, on their experiences of musicing, and on their approach towards musicing.

Some findings of this study are similar to that of previous research. The study did, however, offer a more detailed presentation of participants' understanding of clinical musicianship, challenges they experienced in the training, and the influence of previous musical

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experiences on developing clinical musicianship skills and the. By exploring the influence of music therapy training on participants' experiences and understanding of music in a non-clinical setting, this study has added to literature that considers students' experiences of music therapy training, as this has not been previously explored in much detail.

As reflected in the study, participants with similar musical backgrounds and skills can have very different experiences of the training. Future music therapy students, however, might be able to relate to some of the experiences presented in this study. The findings of the study also add to knowledge regarding music therapy students' process of development and can assist in understanding certain challenges they experience.

6.3   Limitations of the study

Due to a lack of experience in conducting interviews, certain comments and concepts that surfaced in the interviews were not explored in enough detail. This left a gap in the study as it limited the richness of the data. The fact that all the participants received a BMus degree prior to their music therapy training also limited the variability of pre-training experiences. Including participants who had other qualifications, for example Occupational Therapy, might have produced richer or more diverse results.

6.4   Recommendations for future research

Future research studies might include the experiences of lecturers in teaching clinical musicianship skills and their perceptions and observations regarding students' process of development during the training. The way in which individuals relate to music, the perceptions they hold towards music, the manner in which they use music in their daily lives, and the perception they hold towards social roles also have certain cultural influences. This was demonstrated by the study conducted by Kim (2010) where she explored the experiences of Korean music therapy students. Most research considering student experiences in and of music therapy training is situated in Western perspectives. Considering that South-Africa has a rich cultural diversity and that music is part of its cultures in many ways, it might also be interesting to consider the context of South-Africa when exploring students' experiences of the music therapy Masters training course.

6.5   Conclusion

This study explored how six music therapists experienced the acquisition and development of clinical musicianship skills during their music therapy Masters training. This study considered how pre-training musical experiences might influence the development of these skills and also how the music therapy training influenced participants' musical identities and their perceptions towards and use of music in a non-clinical settings after the training. Participants' experiences influenced them in various ways during the training. The training experience was marked by a change in the manner which participants relate to music and their understanding of music. Becoming a music therapist is a continual journey and is not begun or completed with a degree (Prefontaine, 2006:1). The training process is, however, one of the greatest and most influential learning sites most music therapists will encounter. For this reason the exploration of this learning experience is important. It might also bring new insights into how exactly we are shaped, developed and 'musiced' into music therapists. A quote by Prefontaine (2006:1) offers an appropriate concluding reflection:

> Becoming a music therapist is a maturing process during which the person integrates constitutive elements of both music and therapy in deeper and more effective ways until they become so intimately interwoven that music *becomes* therapy a therapy *becomes* music. On the one hand, the music therapist becomes able to assuredly locate the levers of therapeutic process embedded in the music and to use them knowingly; on the other hand, he comes to conceive the whole therapeutic process as a musical work-in-process and to perceive the client through her musical being-in-the-world. Such an osmosis implies an awareness of the respective attributes of both music and therapy and of their amalgamation.

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APPENDIX A

Letter of request

APPENDIX B

Consent Forms

APPENDIX C

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APPENDIX D

Interview Schedule

APPENDIX E

Interview Transcriptions

APPENDIX F

List of codes

APPENDIX G

Table of Categories and Sub-categories

FACULTY OF HUMANITIES

MUSIC DEPARTMENT

TEL (012) 420-2316/3747

FAX (012) 420-2248

UNIVERSITY OF PRETORIA
UNIVERSITEIT VAN PRETORIA

PRETORIA 0002 SOUTH AFRICA

LETTER OF REQUEST

STUDY TITLE: Music therapist's experience of developing clinical musicianship during

training

Dear _____,

As part of my Masters degree in Music Therapy I will be conducting a research project in order to explore how registered music therapists experienced the development of their clinical musicianship skills during their training. I am particularly interested in how the development of clinical musical skills relates to previous musical experiences, musical identity, and also how gaining clinical musicianship skills may have informed your experiences of using music in other non-clinical settings.

I will be conducting semi-structured interviews with registered music therapists who completed their music therapy training at the University of Pretoria in 2011 and 2013. Those who indicate their willingness to participate in the study will be requested to complete a short questionnaire. The purpose of the questionnaire is to allow for the selection of participants with a variety of music experiences in order to ensure the inclusion of as many factors as possible that could influence the experience of music therapy training. Informed by variance

in answers on this questionnaire, six participants will be selected for interviews. These interviews will be audio-taped.

Participation in this study is voluntary and participants are free to withdraw from the research or interviews at any time. In the case of withdrawal, all collected data will be discarded. In order to maintain confidentiality, the names of participants will be changed in the writing up of the research.

After this study has been completed, the findings will be made available in a mini-dissertation and will also be written up in the form of an academic journal article. Data will be stored for archiving purposes at the University of Pretoria for 15 years.

I would greatly appreciate your participation in this study. If you are willing to participate, please complete the attached information form pertaining to your music background and experiences.

Please contact me if you have any questions or concerns.

Mari Stevens	Andeline Dos Santos
Researcher / Student	Supervisor
Email: mari.eigelaar@gmail.com	Email: andelineds@telkomsa.net
Number: 074 3033 690	

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UNIVERSITY OF PRETORIA
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PRETORIA 0002 SOUTH AFRICA

PARTICIPANT CONSENT FORM

STUDY TITLE: Music therapist's experience of developing clinical musicianship during training

I _Tanya Brown_, hereby give consent to participate in this research. I understand that I will take part in an interview and that the focus of the research will be to explore how I, as a registered music therapist, experienced the development of clinical musicianship skills during my music therapy Masters training.

I hereby give my consent for the interview to be audio recorded, and understand that the recordings will be transcribed for the purpose of analysis. I further agree that all provided information can be used for the purpose of this research study and all information gained will be kept confidential.

With full acknowledgment of the above, I agree to participate in this study on

this_ 5 _(day) of this_ February _(month) and this_ 2015 _(year).

PARTICIPANT DETAILS:

Participant name: _Tanya Brown_   Signature: _____

Participant Contact No: _082 5567692_   Date: _05 02 2015_

RESEARCHER & SUPERVISOR SIGNATURE:

Researcher Name: ~Mbri Stevens (Egebor)~

Researcher Signature: ~~~ Date: 25-03-2015.

Supervisor Name: A. dos Santos

Supervisor Signature: ~~~ Date: 25-03-2015

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UNIVERSITEIT VAN PRETORIA

PRETORIA 0002 SOUTH AFRICA

PARTICIPANT CONSENT FORM

STUDY TITLE: Music therapist's experience of developing clinical musicianship during training

I _____ Anine Erasmus _____, hereby give consent to participate in this research. I understand that I will take part in an interview and that the focus of the research will be to explore how I, as a registered music therapist, experienced the development of clinical musicianship skills during my music therapy Masters training.

I hereby give my consent for the interview to be audio recorded, and understand that the recordings will be transcribed for the purpose of analysis. I further agree that all provided information can be used for the purpose of this research study and all information gained will be kept confidential.

With full acknowledgment of the above, I agree to participate in this study on

this ___5th___ (day) of this ___February___ (month) and this ___2015___ (year).

PARTICIPANT DETAILS:

Participant name: _ANINE ERASMUS_   Signature: _____

Participant Contact No: __O82 375 46D__ Date: __17-02-15__

RESEARCHER & SUPERVISOR SIGNATURE:

Researcher Name: __Mari Stevens (Egeload)__

Researcher Signature: __MW__ , Date: __25-03-2015__ ,

Supervisor Name: __A. das Santos__

Supervisor Signature: __adasau__ Date: __25-03-2015__

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PRETORIA 0002 SOUTH AFRICA

PARTICIPANT CONSENT FORM

STUDY TITLE: Music therapist's experience of developing clinical musicianship during

training

I Petra Jerling, hereby give consent to participate in this research. I understand that I will take part in an interview and that the focus of the research will be to explore how I, as a registered music therapist, experienced the development of clinical musicianship skills during my music therapy Masters training.

I hereby give my consent for the interview to be audio recorded, and understand that the recordings will be transcribed for the purpose of analysis. I further agree that all provided information can be used for the purpose of this research study and all information gained will be kept confidential.

With full acknowledgment of the above, I agree to participate in this study on

this_30th__ (day) of this_12th (December)_____ (month) and this__2014___ (year).

PARTICIPANT DETAILS:

Participant name: Petra Jerling   Signature: _____

Participant Contact No: 0845484202   Date: 30/12/2014

Participant Contact No: 0845484202   Date: 30/12/2014

RESEARCHER & SUPERVISOR SIGNATURE:

Researcher Name: _Mari Stevens (Egploor)_

Researcher Signature: _MM._   Date: _25-03-2015._

Supervisor Name: _A. dos Santos_

Supervisor Signature: _adosSantes_   Date: _25-03- 2015_

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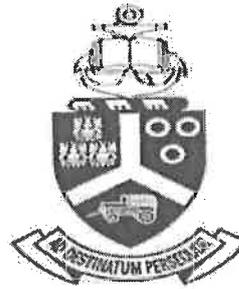
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UNIVERSITEIT VAN PRETORIA

PRETORIA 0002 SOUTH AFRICA

PARTICIPANT CONSENT FORM

STUDY TITLE: Music therapist's experience of developing clinical musicianship during training

I *Marie-Victoire Cumming*, hereby give consent to participate in this research. I understand that I will take part in an interview and that the focus of the research will be to explore how I, as a registered music therapist, experienced the development of clinical musicianship skills during my music therapy Masters training.

I hereby give my consent for the interview to be audio recorded, and understand that the recordings will be transcribed for the purpose of analysis. I further agree that all provided information can be used for the purpose of this research study and all information gained will be kept confidential.

With full acknowledgment of the above, I agree to participate in this study on

this __14th__ (day) of this __January__ (month) and this __2015__ (year).

PARTICIPANT DETAILS:

Participant name: __Marie-Victoire Cumming__   Signature: _____

Participant Contact No: 084 8317147   Date: 14/1/2015

RESEARCHER & SUPERVISOR SIGNATURE:

Researcher Name: Mari Stevens (Eigeboon)

Researcher Signature: _____   Date: 25-03-2015

Supervisor Name: A. dos Santos

Supervisor Signature: _____   Date: 25-03-2015

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UNIVERSITY OF PRETORIA
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PRETORIA 0002 SOUTH AFRICA

PARTICIPANT CONSENT FORM

STUDY TITLE: Music therapist's experience of developing clinical musicianship during

training

I ____Renee van den Berg_____, hereby give consent to participate in this research. I understand that I will take part in an interview and that the focus of the research will be to explore how I, as a registered music therapist, experienced the development of clinical musicianship skills during my music therapy Masters training.

I hereby give my consent for the interview to be audio recorded, and understand that the recordings will be transcribed for the purpose of analysis. I further agree that all provided information can be used for the purpose of this research study and all information gained will be kept confidential.

With full acknowledgment of the above, I agree to participate in this study on

this__23_____ (day) of this_December____ (month) and this 2014_ (year).

PARTICIPANT DETAILS:

Participant name: _Renee van den Berg Signature: __

Participant Contact No: _082 455 4421_ Date: _23 December 2014_____

RESEARCHER & SUPERVISOR SIGNATURE:

Researcher Name: Mari Stevens (Egelvor)

Researcher Signature: _MSW_____ Date: _25-03-2015___

Supervisor Name: A. dos Santos
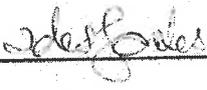
Supervisor Signature: _____ Date: _25-03-2015_

APPENDIX C

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PRETORIA 0002 SOUTH AFRICA

PARTICIPANT CONSENT FORM

STUDY TITLE: Music therapist's experience of developing clinical musicianship during

training

I Kristle Williams, hereby give consent to participate in this research. I understand that I will take part in an interview and that the focus of the research will be to explore how I, as a registered music therapist, experienced the development of clinical musicianship skills during my music therapy Masters training.

I hereby give my consent for the interview to be audio recorded, and understand that the recordings will be transcribed for the purpose of analysis. I further agree that all provided information can be used for the purpose of this research study and all information gained will be kept confidential.

With full acknowledgment of the above, I agree to participate in this study on

this___1____ (day) of this_____January_____ (month) and this_____2015___ (year).

PARTICIPANT DETAILS:

Participant name: Kristle Williams   Signature: _____

Participant Contact No: 0835565918   Date: 1 Jan 2015

RESEARCHER & SUPERVISOR SIGNATURE:

Researcher Name: _Man Stevens (Eyejoor)_

Researcher Signature: _MSW_ Date: _25-03-2015_

Supervisor Name: _A. dos Santos_

Supervisor Signature: _A dos Santos_ Date: _25-03-2015_

UNIVERSITY OF PRETORIA
UNIVERSITEIT VAN PRETORIA

PRETORIA 0002 SOUTH AFRICA

PARTICIPANT QUESTIONNAIRE

STUDY TITLE: Music therapist's experience of developing clinical musicianship during training

Participant Name	Petra	
Participant Surname	Jerling	
Telephone number	0845484202	
Email address	petrajerling@gmail.com	
Gender	**Male**	**Female X**
Age	50	

1.	**In what year did you qualify as a music therapist?**
	February 2014

2.	Are you currently practicing as a music therapist?	Yes X	No

3.	What other music-related activities are you currently involved in?
	Lowveld Youth Choir & Accompanist at church

4.	How would you describe your involvement in music before studying music therapy?
	I was a fulltime music teacher, thus my involvement was mostly with prescribed music and working with teenagers

5.	What styles/genres of music did you enjoy playing before studying music therapy?
	Mostly Western Styles from Baroque to 20th Century as well as church music and choir music
6.	What styles/genres of music did you enjoy listening to before studying music therapy?
	As above
7.	What styles/genres of music do you currently enjoy playing?
	Improvisation in all possible styles
8.	What styles/genres of music do you currently enjoy listening to?
	The same as before I studied MT

9.	Did you have formal training in music prior to studying music therapy?	
	Yes X	No

10.	If so, please specify.
	I studied B.Mus Ed at UPE

11.	Besides Music Therapy, what other qualification(s) do you have?
	See above

12.	How would you have identified yourself in relation to music prior to studying music therapy (e.g. 'a classical musician', 'music teacher', 'professional musician', 'amateur musician', etc)? Please write a few sentences describing what that identity entails.
	A Music Teacher working with upcoming musicians as well as delving into harmony and history of music.
	I was also a keen choir director doing mostly my own arrangements.
	When voices (or instruments) come together in **harmony** I find myself to be in my element.

PRETORIA 0002 SOUTH AFRICA

PARTICIPANT QUESTIONNAIRE

STUDY TITLE: Music therapist's experience of developing clinical musicianship during training

Participant Name	Renee
Participant Surname	Van den Berg
Telephone number	082 455 4421
Email address	renee@musictherapy.co.za
Gender	**Male** / **Female X**
Age	37

1.	**In what year did you qualify as a music therapist?**	
	2013	

2.	Are you currently practicing as a music therapist?	Yes X	No

3.	What other music-related activities are you currently involved in?
	Teaching, writing

4.	How would you describe your involvement in music before studying music therapy?
	I performed much more regularly and did more media work (music journalism)

5.	What styles/genres of music did you enjoy playing before studying music therapy?
	Jazz, blues, SA music, French impressionist saxophone music, gypsy jazz
6.	What styles/genres of music did you enjoy listening to before studying music therapy?
	All of the above
7.	What styles/genres of music do you currently enjoy playing?
	Blues, classical saxophone and clarinet music
8.	What styles/genres of music do you currently enjoy listening to?
	Funk, folk (which I did not like at all before studying MT), adult contemporary pop (like Coldplay… which I did not like at all before studying MT)

9.	Did you have formal training in music prior to studying music therapy?	
	Yes X	No
10.	If so, please specify.	

	Yes, I studied music at university and obtained my BA(Mus) degree and Licentiate in music

11.	**Besides Music Therapy, what other qualification(s) do you have?**
	BA(Hons) in English Literature

12.	**How would you have identified yourself in relation to music prior to studying music therapy (e.g. 'a classical musician', 'music teacher', 'professional musician', 'amateur musician', etc)? Please write a few sentences describing what that identity entails.**
	Music journalist: Writing about jazz and SA music for Afrikaans newspapers
	Music teacher at a community music school: teaching saxophone, clarinet and wind band to less privileged students
	SA music activist ☺ : making sure that information about traditional/African/Afro-jazz/Cape Jazz/ SA music reaches the ears of diverse population groups of the country (Afrikaans conservative communities in the Northern Cape for example)… by means of Die Burger Afrikaans newspaper
	Gypsy jazz performer: rehearsing and performing gypsy jazz music, being a performer of gypsy music taps into my alter ego of being a gypsy
	Jazz band member: Standard jazz repertoire played at gigs… the typical identity of a female playing saxophone… playing into the identity of it being "unique"
	Ad hoc member of avant garde modern classical music ensemble: Rehearsing and performing avant garde music taps into my identity of breaking musical boundaries
	TO SUMMARISE: ALL THESE MUSICAL INVOLVEMENTS CARRY MY IDENTITY OF BEING A PERSON WHO WISHES TO BREAK MUSICAL BOUNDARIES AND MAKE ACCESSIBLE VARIOUS FORMS OF MUSIC TO GROUPS OF PEOPLE WHO WOULD NOT TRADITIONALLY HAVE AN INTEREST IN IT.

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PRETORIA 0002 SOUTH AFRICA

PARTICIPANT QUESTIONNAIRE

STUDY TITLE: Music therapist's experience of developing clinical musicianship during training

Participant Name	Tanya
Participant Surname	Brown
Telephone number	082 556 7692
Email address	1tanyabrown@gmail.com
Gender	**Male** **Female** ✔
Age	29

1.	In what year did you qualify as a music therapist?
	2011

2.	Are you currently practicing as a music therapist?	Yes ✔	No

3.	What other music-related activities are you currently involved in?

	Piano teaching, a mix of remedial music teaching- and music therapy

4.	**How would you describe your involvement in music before studying music therapy?**
	I completely a BMus degree with speciality in music education, music therapy and piano methodology, which I used mainly to teach piano or teach music in various educational settings.

5.	**What styles/genres of music did you enjoy playing before studying music therapy?**
	Classical on piano, classical and contemporary on saxophone
6.	**What styles/genres of music did you enjoy listening to before studying music therapy?**
	Classical, Christian worship music, alternative
7.	**What styles/genres of music do you currently enjoy playing?**
	Classical and worship music
8.	**What styles/genres of music do you currently enjoy listening to?**
	The same as before

9.	**Did you have formal training in music prior to studying music therapy?**	
	Yes ✔	No
10.	**If so, please specify.**	
	BMus from University of Pretoria	

11.	**Besides Music Therapy, what other qualification(s) do you have?**
	BMus

12.	**How would you have identified yourself in relation to music prior to studying music therapy (e.g. 'a classical musician', 'music teacher', 'professional musician', 'amateur musician', etc)? Please write a few sentences describing what that identity entails.**
	Music teacher. I taught in various educational settings, followed the CAPS curriculum in some of those settings, and taught private piano lessons from home. I also did a bit of performing on the saxophone as part of a quartet, and made music as part of the worship team at my Church. I tried to, where possible, as "do music" in more informal, community settings when the need arose, as part of various outreaches or children's holiday camps.

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PRETORIA 0002 SOUTH AFRICA

PARTICIPANT QUESTIONNAIRE

STUDY TITLE: Music therapist's experience of developing clinical musicianship during training

Participant Name	Anine
Participant Surname	Erasmus
Telephone number	0823754470
Email address	Anine.erasmus@gmail.com
Gender	**Male** **Female** x
Age	29

1.	**In what year did you qualify as a music therapist?**
	2011

2.	Are you currently practicing as a music therapist?	Yes x	No

© University of Pretoria

3.	What other music-related activities are you currently involved in?
	Music education and performance

4.	How would you describe your involvement in music before studying music therapy?
	I played mostly piano, and I studied music at the university.

5.	What styles/genres of music did you enjoy playing before studying music therapy?
	Classical, film music
6.	What styles/genres of music did you enjoy listening to before studying music therapy?
	Pop, rock,
7.	What styles/genres of music do you currently enjoy playing?
	Jazz, film music, classical, worship music
8.	What styles/genres of music do you currently enjoy listening to?
	Rock, jazz, blues, classical, pop, film music

9.	Did you have formal training in music prior to studying music therapy?

	Yes x	No
10.	**If so, please specify.**	
	I studied B.Mus at UP and did my teacher's licentiate at Unisa.	

11.	**Besides Music Therapy, what other qualification(s) do you have?**
	B.Mus; Piano Teacher's Licenciate;

12.	**How would you have identified yourself in relation to music prior to studying music therapy (e.g. 'a classical musician', 'music teacher', 'professional musician', 'amateur musician', etc)? Please write a few sentences describing what that identity entails.**
	Music teacher: I saw myself as being good with children and able to teach children to love and enjoy music in a way relatable to them. Classical musician: A part of my identity was rooted in the fact that I could play classical music well – I saw myself as musical and talented in piano.

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PRETORIA 0002 SOUTH AFRICA

PARTICIPANT QUESTIONNAIRE

STUDY TITLE: Music therapist's experience of developing clinical musicianship during training

Participant Name	Kristle	
Participant Surname	Williams	
Telephone number	0835565918	
Email address	kristlevanniekerk@yahoo.co.uk	
Gender	**Male**	**Female**
Age	25	

1.	**In what year did you qualify as a music therapist?**
	2013

2.	Are you currently practicing as a music therapist?	**Yes**	No

3.	**What other music-related activities are you currently involved in?**
	Teaching music, playing in quartet (gigging), solo performance, worship team at church

4.	**How would you describe your involvement in music before studying music therapy?**
	Very involved. I playd many solo performaces, in string quartet, philharmonic orchestra and jazz band. I took part in music workshops, composed my own music and practiced my instruments daily. I also taught music.

5.	**What styles/genres of music did you enjoy playing before studying music therapy?**
	Classical, jazz, contemporary
6.	**What styles/genres of music did you enjoy listening to before studying music therapy?**
	Jazz, pop, instrumental music
7.	**What styles/genres of music do you currently enjoy playing?**
	Classical, jazz
8.	**What styles/genres of music do you currently enjoy listening to?**
	Jazz, classical, instrumental, folk, Christian hip-hop

9.	Did you have formal training in music prior to studying music therapy?	
	<u>Yes</u>	No

10.	If so, please specify.
	BMus Honours, Flute LTCL, Violin ATCL, Piano Grade 8 ABRSM, Vocal Grade 8 Trinity College of London (all in classical training)

11.	Besides Music Therapy, what other qualification(s) do you have?
	BMus Honours

12.	How would you have identified yourself in relation to music prior to studying music therapy (e.g. 'a classical musician', 'music teacher', 'professional musician', 'amateur musician', etc)? Please write a few sentences describing what that identity entails.
	A classical musician, solo performer and music teacher. I made music my own through solo performances and chose music which I truly enjoyed playing and that I felt would reflect a bit of who I was and my personality. I strived to play better all the time. My expression through music was, to me, a way of expressing part of who I was to others.

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PRETORIA 0002 SOUTH AFRICA

PARTICIPANT QUESTIONNAIRE

STUDY TITLE: Music therapist's experience of developing clinical musicianship during training

Participant Name	Marie-Victoire	
Participant Surname	Cumming	
Telephone number	0848317147	
Email address	mariev20@gmail.com	
Gender	**Male**	**Female** ✓
Age	27	

1.	**In what year did you qualify as a music therapist?**	
	2011	

2.	Are you currently practicing as a music therapist?	Yes	✓	No	

3.	What other music-related activities are you currently involved in?
	Teach violin and piano; play violin in a trio at functions

4.	How would you describe your involvement in music before studying music therapy?
	Very committed to playing in student orchestras, chamber groups, performing etc. Very involved at the university.

5.	What styles/genres of music did you enjoy playing before studying music therapy? Classical and jazz.
6.	What styles/genres of music did you enjoy listening to before studying music therapy? Classical, pop, rock, alternative, jazz
7.	What styles/genres of music do you currently enjoy playing? Classical - chamber music, contemporary, jazz.
8.	What styles/genres of music do you currently enjoy listening to? All of the above!

9.	Did you have formal training in music prior to studying music therapy?

	Yes ✓	No
10.	**If so, please specify.** BMus (Hon) at University of Pretoria	

11.	**Besides Music Therapy, what other qualification(s) do you have?**
	BMus (Hon)

	How would you have identified yourself in relation to music prior to studying music therapy (e.g. 'a classical musician', 'music teacher', 'professional musician', 'amateur musician', etc)? Please write a few sentences describing what that identity entails.
12.	I would have identified myself as a 'violinist'. I was classically trained during my studies which I believe afforded me the opportunity to develop my skills on the violin, as well as encourage me to branch out and explore various other playing styles. I believe my classical training laid this foundation, which I am grateful for. I did additionally teach violin and play at functions during my studies, which I believe only further validates my identity as a violinist, prior to studying Music Therapy.

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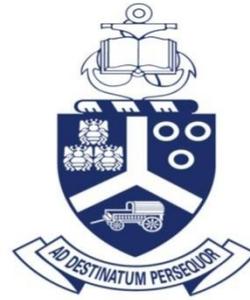
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INTERVIEW SCHEDULE

STUDY TITLE: Music therapist's experience of developing clinical musicianship during

training

Introduction:

Good day, thank you for agreeing to take part in this study. The objective of this interview is to reflect upon your experience of the developing of your clinical musicianship skills during your music therapy Masters training. Please answer all questions in as much detail as possible.

Questions:

1. When you look back on your music therapy training what word or phrase would you use to describe it?

2. Can you talk to me about the practicum section of the training? How did you experience it generally?

3. How would you define 'clinical musicianship'?

 4.1. What was the process of learning clinical musicianship skills like for you?

 4.2. What did it entail?

 4.3. Were there some aspects that were particularly challenging?

 4.4. How did you deal with those challenges?

5. Do you think that your past musical training before the course impacted on your experience of developing clinical musicianship skills? How?

6. Do you think that your past participation in music before the course impacted on your experience of developing clinical musicianship skills? How?

7. Did the way you identified with music prior to studying music therapy change in any way after learning clinical musical skills? How?

8.1. Would you say that the manner in which you experience music or practice music in a non-clinical setting has changed since you completed your Music Therapy training? How?

8.2. (If respondent indicated a change) What do you attribute this change to?

9. Do you have any comments regarding how clinical musicianship skills are taught during the Music Therapy Masters programme?

10. Do you have any comments regarding how students could be further supported in their development of clinical musicianship skills?

INTERVIEW TRANSCRIPTION_A

(ENGLISH & AFRIKAANS)

* INTERVIEWER: I

* PARTICIPANT: P

 [ ] Square brackets between adjacent lines of concurrent speech indicate the onset and end of a spate of overlapping talk.
<u>Under</u>   Underlined fragments indicate speaker emphasis.
° °   Degree signs are used to indicate that the talk they encompass is spoken noticeably quieter than the surrounding talk.
? A question mark indicates a rising inflection. It does not necessarily indicate a question.
(inaudible) Indicates speech that is difficult to make out. Details may also be given with regards to the nature of this speech (eg. shouting).

QUESTION 1	
I: Die eerste een is, as jy terug kyk op jou opleiding...uhm...is daar 'n woord of 'n frase wat jy kan gebruik om dit te beskryf? En as jy dit in Engels wil dink, of Afrikaans wil dink of deurmekaar wil praat dit maak nie saak nie. Jy kan maar... (° °) **P:** (A.1.1) 'n Woord of 'n frase...? Van die opleiding spesifiek? **I:** Ja. So, "when you look back on you music therapy training, what word of phrase would you use to describe it?" **P:** (A.1.2)Uhm... **I:** Or 'words' or 'phrases'. **P:** (A.1.3)Ja. I think 'opening up a new world', or 'widening an horison'... **I:** Mmm...(?) **P:** (A.1.4)Particularly a musical horinson. **I:** Ok (?) **P:** (A.1.5)Want jy weet ek kom uit die klassieke agtergrond met klassieke	 (A.1.3) Training widened musical perspectives (A.1.5) Classical background; more musical possibilities in training

skoolhou met Bach en Beethoven en Mozart en ewe skielik is daar baie meer 'gentres', baie meer moontlikhede. (A.1.6)OK, maar ek het klaar my frase gegee. (laughter) **I:** (laughter). Dis OK hoor. Jy kan soveel....Deel hiervan is dat jy soveel as moontlik detail gee, so. **P:** (A.1.7)OK. **I:** Liewerste te veel as te min. **P:** (A.1.8)Ja. OK, veral improvisation, ...was vir my 'n nuwe wereld wat oop gegaan het, regtig. (A.1.9)Jy weet dit was vir my 'n broadening of my personal horisons want ek het nooit gedink ek het die ability nie, en...ja. (A.1.10)Nou dat jy (inaudable_fast speech) <u>nuut</u>. En dis noggal (?) baie lekker. **I:** Uhm, OK. Ek gaan oorgaan na die tweede vraag toe want dit sluit daarby aan. **P:** (A.1.11)ja (?)	(A.1.8) Improvisation offered new musical possibilities (A.1.9) Training: broadened perspective of musical abilities
QUESTION 2	
I: Can you talk to me about the practicum experience, uhm...or the practicum section of the training...uhm...and how you experienced it in general. **P:** (A.2.1)Uhm...well...In terms of instrumentation, you know, I was used to my piano and feeling safe behind the piano. (A.2.2) <u>Literally</u>, behind it [laughter]. (A.2.3)Having to learn guitar skills ... [hallo kan jy my hoor?] **I:** Ek kan jou hoor ja. **P:** (A.2.4)Iets het nounet snaaks gebeur...OK. (A.2.5)New guitar skills, particularly, want ek het gedink ek kan kitaar speel, jy weet drie akkoorde...that was quite amazing.	(A.2.1) Before training, felt safe behind piano (A.2.2) Training: different use of piano (A.2.5) Learning new guitar skills (A.2.5) More demanded from her regarding guitar skills

(A.2.6)En ook om op die grond te gaan sit op 'n mat met <u>al</u> (?) hierdie klokkietjies en goedjetjies en tamboereintjies en stokketjies, en alles wat 'n klankie maak en op die ou end het jy 'n nuwe musiek wereld.	(A.2.6) Training: Becoming familiar with playing percussion
(A.2.7)Jy het eintlik 'n nuwe orkes.	(A.2.8) Musical instruments in MT: a 'new orchestra'
(A.2.8)So...die kliniese werk het dit vir my noggal baie beteken, in terme van wyer dink en ander goed probeer.	(A.2.8) Clinical work meaningful – required broader thinking (A.2.8) Clinical work meaningful – required new kinds of music making
(A.2.9)En ook, uhm, ...dit was ook vir my 'n persoonlike journey.	(A.2.9) Clinical work meaningful – personal journey
(A.2.10)Omdat mens uh [] I say personal, but personal, but personal within the circle of new friends.	
I: OK (?)	(A.2.11) Group music making preparation for therapy work
P: (A.2.11)Want om saam met ander mense musiek te gemaak het, het, dink ek, my gereed gemaak <u>vir</u> musiek maak saam met ander mense as 'n terapeut.	
(A.2.12)Want as jy nie...'n teacher is 'n totaly different ball game.	(A.2.12) Clinical music making different to teaching music (A.2.13) Teacher is in control vs MT working with others
(A.2.13)Jy is in beheer, jy vertel hoe dit gedoen moet word.	
(A.2.14)Nou moet jy dit <u>saam</u> met iemand doen en dis iets (inaudable_unclear speech)...daai praktiese werk.	
(A.2.15)It was invaluable... wat is die afrikaanse woord vir invaluable...<u>onvervangbaar.</u>	
(A.2.16)Jy weet, dit is net die beste, uh...voorbereiding wat daar kan gewees het vir my.	
(A.2.17)Maar (?)...daar is ook 'n ander kant ...en dit is 'n scary kant (laughter).	(A.2.18) Felt intimidated by some lecturers
I: OK (?). Vertel my meer.	
P: (A.2.18)Verval met spesifieke dosente, jy weet... wat noggal 'n bietjie nerve wrecking is.	(A.2.19) Hierarchical relationship with lecturers
(A.2.19)Want hulle...dit voel tog maar beitjie top down. ...	
(A.2.20)En jys die wurm (laughter) en hulle is die voel wat vir jou gaan puk.	(A.2.21) Fear of making mistakes in class
I: Hoe...Wat bedoel jy daarby, kan jy my ...kan jy bietjie uitbrei daaroor.	

P: (A.2.21)Uhm, well... jy weet as jy iets probeer en jy kry so 'n <u>look</u>, wat jou omtrent kan dood kyk.	
(A.2.22)Of, jy is nog nie seker wat jy moet doen nie maar jy word geprompt en gepressure in teenstelling met wat jy geleer word om te <u>wag</u> (laughter).	(A.2.24) Pressure in clinical classes preparation for clinical practice
(A.2.23)Wait on the client...het ek noggal partykeer onder druk gevoel.	
(A.2.24)Ja well...maar dit is...dit is...jy weet dit is ek dink dit is deel van 'n mens se persoonlike groei prosses en ook deel daarvan om jou gereed te maak vir die klienise werk daar buite.	
(A.2.25)Maar wat die praktyk betref, dit was vir my omtrent die ergste.	
(A.2.26)En dit het...uh...ek weet nou nie hoe waardevol dit vir jou studie is nie, maar dis defenitief 'n persoonlikheids ding.	
(A.2.27)Want party dosente het dit glad nie aan my gedoen nie, terwyl ander het my ...	(A.2.28) Variety of lecturer experiences (regarding pressure)
I: Bedoel jy die persoonlikheid...die persoonlikheid van die dosent...of..	
P: (A.2.28)Ja. Die reaksie van, jy weet, die verskeie...ons, ons het by voorbeel vir Kobie gehad, ons het daai kitaar ouens gehad, ons het vir Carol gehad, ons het bietjie vir Mercedes gehad, en ek het <u>nie</u> in al die situasies dieselfde gevoel nie.	
I: Verwys jy hoofsaaklik na ... die musiek wat ons saam gemaak het, of...en, en ...of sluit hierdie jou kliniese werk in?	
P: (A.2.29)Nee, ek praat spesifiek van die die musiek wat ons saam gemaak het.	
I: Oh, OK. En in terme van...interme van kliniese...alles. So die practicum, wat ek bedoel met die practicum is, dit is alles. Dit is al die musiek maak, al die praktiese goed. Van die leer...van die begin tot heel aan die einde van die proses.	(A.2.30) Learned to value the potential of clients
P: (A.2.30)OK. Daar waat ons die kliniese werk gaan doen het, jy weet, fisies met kliente gewerk het, was dit vir my noggals 'n amazing experience, om te sien dat elke ou het potensiaal.	

(A.2.31)Elke ou...wil probeer.	
(A.2.32)Elke ou is...uhm, ...positief om 'n instrument aan te pak.	
(A.2.33)Om hom in sy hand te vat ek hom te probeer.	
I: Praat jy van die kliente of die studente?	
P: (A.2.34)Nee, die kliente.	
(A.2.35)So nou moet jy weer vir my se...jy praat van practicum..se weer vir my.	
(A.2.36)Definieer weer vir my wat bedoel jy met practicum.	
I: So dis nie die teoretiese gedeelte alleenlik nie.	
P: (A.2.37)nee, nee.	
I: Wat ek bedoel met prakticum is die musiek gedeeltes is die fises maak van musiek, die terapie gedeelte.	
Uhm... So, wat ons geleer is, en ook die toepassing daarvan.	
So die kliniese werk ook.	
P: (A.2.38)OK. Nou wat ons geleer het, het ek alreeds vir jou gese dit was dit vir my noggals 'n mixed bag.	
(A.2.39)By party was ek 'n bietjie skrikkerig, maar by ander ... meeste gevalle was vir my absoluut 'n nuwe wereld, <u>veral</u> vocal.	(A.2.40) Discovered flexibility of the voice
I: OK (?)	
P: (A.2.40)Dit was vir my 'n eye opener, of 'n throat opener [laughter] dat 'n mens so baie met jou stem kan doen...uhm, as jy net wil.	
(A.2.41)<u>En</u>, hoe jy die terapeutiese waarde jy weet, daarvan kan ervaar, in jou lyf.	(A.2.42) Learned expressive capacity of the voice (A.2.42) Learned expressive capacity of the drum
(A.2.42)Dit was veral met die voice en drumming ... jy weet dat jy hierdie verskeie emosies kan uitleef en beleef en uit die instrument haal terwyl jy daarmee besig is.	(A.2.43) Experienced expressive capacities of voice when working with clients
(A.2.43)En daai selfde gevoel het ek gekry in my kliniese werk waar ek met kliente gewerk het.	(A.2.43) Experienced expressive capacities of drumming when working with clients

QUESTION 3	
I: Ok. Baie dankie. Ek gaan nou aangaan na die volgende vraag. (Uhm..How would you define "clinical musicianship"?	
P: (A.3.1)Uhm, in die eerste plek moet jy wel musikale skills he as 'n clinician, ne, maar jy moet weet ...uh, ek wil amper se, nie compasion nie dis die verkeerde woord.	(A.3.1) Clinical musicianship skills: sensitivity regarding leading and following
(A.3.2)Maar die aanvoeling he vir hoeveel jy moet, uh, hoeveel jy moet lei en hoeveel jy voor moet wag.	
(A.3.3)Verstaan jy wat ek se?	
I: So as jy vir iemand se wat is clinical musicianship...hoe is dit ander as []	
P: (A.3.4)oh OK []	
I: Hoe is dit anders as ander musiek...as []	
P: (A.3.5)Clinical musicianship het 'n sensitiwitiet nodig vir die klient, die klient se behoefde, die klient se vaardigheid, buiten jou eie..uhm..dit gaan nie net oor jou en jou vertolking en jou fantastiese skills nie, dit gaan ook oor jou aanvoeling vir die ander persoon in daai situasie.	(A.3.5) Clinical musicianship: Awareness of client needs
	(A.3.5) Clinical musicianship: Awareness of client's ability
	(A.3.5) Clinical musicianship: Balance between musical skill and awareness for client
I: OK.	
P: (A.3.6)So dit is 'n baie fyn en baie belangrike aanvoeling ...want as jy hier wegraak op die klavier met jou beatiful mozart sonata en die ou al lankal verloor het, dan is jy glad nie meer 'n clinical musician nie.	
(A.3.7)Jou musicianship skuif eintlik jou....jou...jou gewaarwording skuif na jou klient toe, dis nie meer jou eie nie.	(A.3.7) Clinical musicianship: focus on client rather than on own music
I: OK. So as ek jou reg verstaan, die verskil is die [] kliniese musicianship is wanneer die fokus en musiek maak is obsoluut op die klient.	
P: (A.3.8)Ja, en ook op die verhouding ook miskien, maar dis defenitief nie op jou nie..as musician nie.	(A.3.8) Clinical musicianship: therapeutic relationship
(A.3.9)Alhoewel jy musicianship moet he om dit wel te kan aanvoel en om die balans te kan kry.	

Question 4.1	
I: OK. Goed, uhm....ek gaan dit nou weer in Engels vir jou lees...die volgende vraag. What was die process of learning clinical musicianship skills like for you? **P:** (A.4.1.1)Uhm..What was the process like?... (A.4.1.2)It was quite daunting, difficult, unexpected, uhm, fresh, ...maar ook bevreidend.	(A.4.1.2) Learning clinical musicianship skills: daunting (A.4.1.2) Learning clinical musicianship skills: difficult (A.4.1.2) Learning clinical musicianship skills: unexpected (A.4.1.2) Learning clinical musicianship skills: freeing
I: (A.4.1.3)Kan jy bietjie uitbrei oor die 'daunting'? **P:** (A.4.1.4)Ja...jy dink, jy dink jy kan (laughter) en dan kom jy agter hier is ander goed in die vertrek wat ek in ag moet neem. (A.4.1.5)Nie ander goed nie, nader mense, en ja, gevoelens,en uh situasies, en dit is noggal, uh, ...ek dink met 'daunting' kan jy se die <u>responsibility</u>, van jou music is nou shared, dit is nie meer joune nie. **I:** OK (?) **P:** (A.4.1.6)Dis shared op 'n persoonlike vlak. (A.4.1.7)Dit is nie shared soos met 'n audience en hulle klap agterna hande maar hulle was nie betrokke nie. **I:** Mmm... **P:** (A.4.1.8)So jy weet dit was vir my noggal daunting. (A.4.1.9)Om te besef jou are never alone or lonely, you are never an only musician. **I:** OK. En die 'unexpected'? **P:** (A.4.1.10)Uh well dit was dood gewoon van...ek wil se onnooselheid (laughter)...van naiwitiet van wat 'n terapeut is. **I:** En wat was vir jou anders as wat jy gedink het? **P:** (A.4.1.11)Uhm. Dit was vir my <u>moeilik</u> om te...om daai gevoel te kan kry	(A.4.1.4) Clinical musicianship: re-evaluation of previous musical skills (A.4.1.4) Learning to be more aware of what is present in a session (A.4.1.5) Daunting: your music is shared with another, not performed FOR an audience (A.4.1.10) Prior to training: naïve about 'therapy'

van ek deel my musiek. (A.4.1.12)Dit is nou nie meer myne ...uh, wat ek vir jou gee nie, dit is nou ons s'n. **I:** OK. En die bevryding daarvan? **P:** (A.4.1.13)Die bevryding kom wanneer jy oor die bang en die moeilik is...oor die daunting. (A.4.1.14)Ook, jy weet...al daai goed wat ek nou-nou gese het. (A.4.1.15)Want dit is eintlik so wonderlik om tot by daai besef te kom dat even 'n ou kindjie met CP wat net kan 'huh-huh' of 'n ou tannie wat, jy weet, 'n klokkie kan ... dit is so 'n heerlike gevoel om saam met daai mense musiek te maak; en dit maak jou musiek soveel grooter. (A.4.1.16)En dit maak jou eintlik, <u>jouself</u> deel van die audience. (A.4.1.17)Jy weet jy is nie meer die perfomer nie, jy is ook die audience.	(A.4.1.11) Difficult to learn to shared ownership of music (A.4.1.15) Learned to value potential of clients (A.4.1.16) Valued realisation that all clients can participate in shared musicing (A.4.1.17) Valued witnessing the client's music
Question 4.2	
I: OK. Uhm, en as jy dink aan die leerproses, learning these clinical musicianship skills, what dit it entail? Wat was dit wat jy...wat was hierdie proses ...wat is dit wat jy geleer het? **P:** (A.4.2.1)OK. Dit het defenitief, uhm, introspeksie ge-entail. (A.4.2.2)Jy weet...what is my musicianship like? (A.4.2.3)Uhm, nommer een is dit goed genoeg? (A.4.2.4)Is dit, uhm, kan dit ander mense bereik? **I:** OK (?) **P:** (A.4.2.5)Uhm...nie [] .. Dit is nie 'n kwessie van is <u>ek</u> goed genoeg nie. (A.4.2.6)Jy weet, is jou musicianship wys genoeg en oop genoeg om 'n ander ou te kan insluit. **I:** OK(?) **P:** (A.4.2.7)Is jy oop genoeg of is...jy weet want ek persoonlik uit 'n onderwys	(A.4.2.1) Learning clinical musicianship skills required introspection (A.4.2.2) Learned to reflect on own musicianship (A.4.2.2) Clinical musicianship: questioned on musicianship (A.4.2.4) Clinical musicianship: questioned therapeutic effectiveness of musicianship (A.4.2.5) Clinical musicianship: did not question personal worth (A.4.2.6) Clinical musicianship: opening of musical skills to include others

oogpunt moet baie, ek wil amper se tunnel vision jy weet... berei hierdie UNISA of hierdie TRINITY stukkies voor en dit moet so klink.	
(A.4.2.8)En dit is waar jou skills ook ophou want dit is waar jy demonstreer en uit die oogpunt waaruit jy leer.	(A.4.2.7) Teacher before training: limited music making because of prescribed exam systems
(A.4.2.9)Nou is dit glad nie meer 'n <u>leer</u> ding nie, glad nie meer nie.	(A.4.2.9) MT: focus not on music learning
(A.4.2.10)So dit was vir my 'n <u>groot</u> introspeksiewe skuif om te maak...die prosses van , uhm , not being 'n teacher but being a friend in music.	(A.4.2.10) Notable difference in music relationship from teacher to MT
I: OK (?) En is daar nog iets wat jy dalk wil byvoeg []?	(A.4.2.10) MT: learning to be a musical partner
P: (A.4.2.11) [] and being a partner.	
(A.4.2.12)Ja wel ek dink op 'n praktiese vlak, met die fisiese practise, jy weet...want jy kan nie daai skill net...hy kom nie uit nerens uit nie. Jy moet dit oefen.	(A.4.2.12) Had to practise new skills
I: Uhm...wat jy bedoel jy daarmee?	
Waar oefen...waar oefen jy dit?	
P: (A.4.2.13)Jy moet fisies voor die klavier gaan sit of met die dromme of met die kitaar of met jou stem en gaan oefen hoe om hierdie musiek, uhm, dit is nou nie meer skills based nie, dit is inclusive of the other person.	
(A.4.2.14)So vir my was die proses deels om te oefen om nie meer iets <u>reg</u> te speel nie maar om iets met 'n doel te speel.	(A.4.2.14) Learned to play something with clinical purpose instead of just 'right'
I: OK.	
P: (A.4.2.15)Met 'n kliniese doel voor oe.	
(A.4.2.16)Nie met 'n perfeksionistiese doel voor oe nie, of 'n performance doel voor oe nie.	
(A.4.2.17)Dit is die verskil.	
QUESTION 4.3	
I: OK. Were there some aspects that were particularly challenging for jou?	
P: (A.4.3.1)Aspects in terme van?...	
I: In terme van clinical musicianship skills wat jy moes aanleer.	

P: (A.4.3.2)Ja jis, ek dink the first thing is..uhm, the challenge is that it never ends.	
(A.4.3.3)You will never be prefect, you will learn every day, in practice.	(A.4.3.3) Developing clinical musicianship skills is a continuous learning process
(A.4.3.4)Every situation will teach you another clinical musicianship skill because it is never going to be perfect.	
(A.4.3.5)It is a learning process.	
I: En as jy terug dink spesifiek aan die tyd toe jy besig was met die kursus, was daar iets wat daai tyd vir jou meer uitdagend was wat jy moes leer?	
P: (A.4.3.6)Ja, fisies, die kitaar, om 'n bietjie meer wyer te speel as A, D en E [laughter].	(A.4.3.6)Challenging: Developing guitar skills
(A.4.3.7)Ja, en ook nuwe tegnieke.	
(A.4.3.8)Maar dit was ook...dit was challenging, om daai nuwe tegnieke aan te leer...[]	
I: Wat se tegnieke is daai wat jy van praat?	
P: (A.4.3.9)Byvoorbeeld, uhm, daai bar chords, en om die kitaar se lyf te gebruik as 'n drom, en om te kan pick en te kan strum, ...daai klein...daai simple...om twelve bar bluess te kan jol, en om dit te kan transpose into a different key.	
(A.4.3.10)En daai toonlere wat daai ou vir ons aan die einde so geleer het...onthou jy daai ou wat ons ge...ja.	
(A.4.3.11)Dit was vir my baie challenging.	
(A.4.3.12)Maar terslefte tyd het dit vir my 'n wereld oop gemaak, want wow, kyk wat kan ek nog alles op hierdie ding doen.	
I: En behalwe vir kitaar, is daar nog iets wat jy wil byvoeg?	
P: (A.4.3.13)Ek dink die kitaar was vir my die ergste [laughter].	(A.4.3.13) Comfortable with vocal work
(A.4.3.14)Want ek is redelik jy weet, ek is soos ek se in die prakties was die vocal vir my...ek meen die grootste verassing maar dit was nie vir my fisies so moeilik nie waar die kitaar was vir my fisies dit was vir my 'n fisiese challenge.	

(A.4.3.15)En natuurlik was daar ander challenges ook gewees as ons saam byvoorbeeld moes improviseer om soorvan te voel jy pas in...jy weet...is ek nou nie te hard nie, of hou ek nou nie te lank aan nie...daai tipe van.. **I:** Kan jy bietjie...ekskuus, jou mike is baie dof op die oomblik. **P:** (A.4.3.16)Kom ons maak 'n plan...is dit beter..? **I:** Dis beter. Kan jy 'n bietjie meer vertel oor wat jy nounet gese het, as jy saam met die ander musiek maak. **P:** (A.4.3.17)Ja saam met jou mede studente het jy, het ek baie wel ek praat van myself obviously...sometimes I was wondering, am I too loud, do I take too long, am I too quite, do I fit in, what does this mean? (A.4.3.18)Dit was noggal challenging jy weet om in die groep te voel...maar dit het gegroei ook jy weet. (A.4.3.19)Dit het makliker geword later. (A.4.3.20)Maar aanvanklik was dit vir my 'n baie moeilike ding om [] in die groep te improvise. **I:** [] Hoekom dink jy het dit makliker geword? **P:** (A.4.3.21)Omdat mens, omdat daar juis 'n verhouding tusse mense onstaan omdat jy mekaar leerken en omdat jy, jy is nou besig om hierdie skill te oefen so dit...jou ore is fyner ingestel, jou hart sit op die regte plek, uhm, ja mense voel mekaar se buie aan so ja dit het defenitief met relationship met die ander mense in die groep ook te doen gehad. **I:** OK. En as jy nou dink, uhm, soos jy nou gese het die kitaar skills wat vir jou moeilik was dit was moeilik om die nuwe tegnieke te leer en om musiek te maak in die groep ...is daar iets wat jy wou byvoeg oor fisese kliniese werk...wat vir jou spesifiek uitdagend was? **P:** (A.4.3.22)Ja wel, daai selfde goed was vir my uitdagend ook in my kliniese werk omdat ek nog nie gevoel het ek het daai skills onder die knie nie. (A.4.3.23)Well, ek voel nou...dis soos ek nou-nou gese het, you will never be perfect, so dit is noggal 'n challenge wat jy dink ek moet besef.	(A.4.3.15) Learning to blend in class group improvisation challenging (A.4.3.15) Felt self-conscious in student group improvisation (A.4.3.21) Group improvisation improved as students relationships grew

(A.4.3.24)Jy kan altyd nog oefen, jy kan altyd nog 'n nuwe skill leer, jy kan altyd iets nuuts probeer met 'n nuwe instrument ...uhm, ja, in my kliniese werk was dit dieselfde.	(A.4.3.24) Clinical musicianship: attitude of continuous learning
(A.4.3.25)Dit was een van die goed waarop my supervision noggal baie op gehammer het.	
(A.4.3.26)Daai get out behind the piano, just take the guitar, jy weet, dit dit was vir my iets wat ek eers half weg gekruip het.	(A.4.3.26) Needed supervision encouragement to play less familiar instrument (guitar)
(A.4.3.27)Ek het maar liewers daai <u>moviese</u> keyboard in my kar gelaai met plugs and what have you, en leads, as die kitaar [laughter].	
I: En as jy dan in daai oomblik die kitaar moes gebruik het in plaas van die klavier, hoe het dit jou geaffekteer?	
P: (A.4.3.28)Ja, dit het defenitief, mens kry die gevoel van weereens, is ek nou goed genoeg, gaan ek hierdie ding kan af-pull?	(A.4.3.29) Thrown in deep end
(A.4.3.29)Maar jy is...dis amper soos in die diep water, en jy moet nou swem.	
(A.4.3.30)En ek kan daarvoor net waardering vir my supervisor uitspreek, want as ek nie gedwing was om dit te doen nie sou ek dit miskien nou nog nie kon doen nie.	(A.4.3.30) Valued being challenged through supervision
(A.4.3.31)Want dit is mos maklik om agter die om jou maklike instrument voor te hou.	
(A.4.3.32)So dit was vir my persoonlik 'n baie nice...'n baie nice ontwikkeling.	(A.4.3.32) Growth through supervision
(A.4.3.33)Jy weet, en, maar ek sou dit nie gedoen het as ek nie gedwing was nie, dink ek, so daarvoor is ek baie dankbaar so jy kan dit sekerlik as 'n challenge beskou [laughter].	
QUESTION 4.4	
I: OK. En soos jy genoem het, kitaar, as jy saam met mense musiek maak, om 'n instrument te gebruik wat bietjie uit jou comfort zone is... How did you deal with those challenges?	

P: (A.4.4.1)Wel, die maklike antwoord is seker practise practise practise.	(A.4.4.1) Practising assists with challenges
(A.4.4.2)Uhm...to be honest I don't know if I always dealt with it.	
(A.4.4.3)I just kept going [laughter].	(A.4.4.3) Perseverance: dealing with challenges when learning
(A.4.4.4)En, jy weet, en hoop volgende keer is dit beter, en ag dit was nou nie so erg nie.	
(A.4.4.5)Of, uhm, sometimes I even just left the instrument and used my voice, or drums or whatever else was close by.	(A.4.4.5) Musical difficulty in session: moved to another instrument
(A.4.4.6)So ja, daar is ander options.	
(A.4.4.7)So hoe het ek daarmee gedeal?	
(A.4.4.8)Partykeer goed, partykeer sleg, [laughter]	
I: Is daar iets spesifieks wat jy gedoen het, of wat jy nodig gehad het?	
P: (A.4.4.9)Uhm, ja, iets wat ek nodig gehad het is iemand wat vir my gese het 'jy moet' , jy weet (?) ...ek dink dit is wat supervision so geweldig impact [] dit maak 'n geweldige verskil aan 'n mens se kliniese ontwikkeling.	(A.4.4.9) Needed encouragement to do the things that were challenging
(A.4.4.10)Want as daar nie iemand is wat vir jou gaan se 'hoor hier skattie, jy moet nie', weet ek nie of ek sou nie, so ek moet noggal iemand gehad om my te push.	(A.4.4.10) Value of supervision guidance
(A.4.4.11) Ja iemand wat beter weet as ek.	
I: Uhm, OK. Is daar nog iets wat jy wou byvoeg, daar op daai spesifieke vraag?	
P: (A.4.4.12)nee, asseblief nie [laughter].	
I: [laughter]	
P: (A.4.4.13)Ek weet nie wat hiervan jy kan gebruik nie.	
I: Moet glad nie daaroor bekommer nie, wat okal opkom as ek die vrae vraag, dit is wat jy se.	
OK, so nou meer 'n fokus op, eintlik jou geskiedenis.	
Uhm, ek het gesien op die vraelys wat jy ingevul het dat jy het formele musiek opleiding gehad, uhm, en ook saam met dit nou die onderwys.	

QUESTION 5	
I: Do you think that your past musical training before the course impacted on your experience of developing clinical musicianship skills?	
P: (did not hear, I repeated the question)	
P: (A.5.2)Oh yes.	
I: Hoe?	
P: (A.5.3)Most defenitely.	
(A.5.4)Uhm, because it, dit het die uhm, dit het eintlik die klem amper geplaas op die verskil.	
(A.5.5)Jy weet ek kon die verskil dadelik aanvoel, hier is 'n verskil.	
(A.5.6)En ek moet daarby aanpas en ek moet dit <u>leer</u>.	
(A.5.7)Maar dit was ook 'n positief want as ek nie daai skills het nie dan gaan, ek dink, vir my persoonlik, sou improvisasie in verskillende genres en in verskillende style en goed baie moeiliker gewees het in die kliniese omgewing as ek nie, hy weet, geweet het wat is jazz, wat is improvisasie, wat is ... blues...wat is...verstaan jy?	(A.5.7) Classical training helpful for learning improvisation (A.5.7) Classical background helpful for learning different genres
(A.5.8)So daar was 'n positief...ek dit was net positief.	
I: En as jy praat van die 'verskil', wat is die verskil wat jy bewus was van?	
P: (A.5.9)Die verskil in terme van grooter dink, jy weet dit was vir my noggal, jy weet selfs met die oudisie al, een ou berei uhm, neem my op vlerke voor om te speel op die klavier en 'n ander ou berei Beethoven voor.	(A.5.9) Stylistic development
(A.5.10)Jy weet, so dit was vir my noggals lekker om te besef, jy weet daar is <u>baie</u> meer as net my klasieke training wat vir my van waarde kan wees as 'n terapeut.	
(A.5.11)So dit het vir my 'n wereld oopgemaak, maar die tegniese agtergrond wat ek gehad het en die teoretiese kennis wat ek gehad het, was vir my positief.	(A.5.11) Theoretical background in music helpful for understanding in training
I: OK. Is daar enige iets daarvan wat vir jou negatief was, of ...wat nie positief was nie?	

P: (A.5.12)Nee. Dit was...dit was 'n kop skuif, dit was 'n challenge want, ek dink, maar ek is nie een van hulle nie, maar daar is noggal klassieke snobs [laughter], wat ek dink dit noggals moeilik sou vind, maar vir my was dit noggal...ek kan weer die woord bevrydend gebruik. (A.5.13)Dit was vir my baie lekker om te besef, jo, ek kan baie doen met wat ek weet en ek kan meer doen met wat ek nog nooit eers probeer het nie.	(A.5.13) Enjoyed musical freedom in MT
QUESTION 6	
I: OK. Uh...Die volgende vraag wat...dit is amper dieselfde maar dit is nie 'n fokus op opleiding nie. Uh, jou vorige deelname in musiek, voor jy musiek terapie geswot het, dink jy <u>dit</u> het 'n impak gehad op jou ervaring van jou kliniese ontwikkeling? **P:** (A.6.1)Uhm, ek wil se nee, <u>want</u> ek het nog nooit op daai manier en op daai vlak aan musiek deel geneem nie. (A.6.2)Omdat ek klavier en orrel gehad het is dit 'n individuele instrument wat jy alleen soortvan aanpak. (A.6.3)Jy weet ek het nooit 'n orkes of 'n gevoel gehad van...group...van being part of 'n group in musiek nie. **I:** And dit <u>that</u> not impact your experience of training? **P:** (A.6.4)Ja dit het. **I:** wat was [] die.. **P:** [](A.6.5)dit was vir my nuut, dit was vir my wow, dit was...daar kan jy al die mooi woorde gebruik. (A.6.6)Uhm, [sigh] <u>great</u> jy weet. (A.6.7)Dit was, so 'n eye opener, a bigger picture. (A.6.8)En weet jy <u>wat</u>, dis die ding, my lewe voorheen, uhm...in terme van deelname was eensaam...en nou was dit nie meer nie, en nou is dit nie meer nie. **I:** OK (?) kan jy voorbeelde gee van wat jy noem [] van wat jy bedoel daarby?	(A.6.1) Making music with others was new (A.6.2) Previous piano and organ experience: solo musicing (A.6.8) Before training music making was lonely; Enjoyed experiencing musicing with others

P: (A.6.9)Uhm, ja ek het musiek gemaak..dit is noggal vreemd ja, want byvoorbeeld om in die kerk te speel, jy speel tog vir die gemeente en hulle sing saam met jou en daar is tog 'n reaksie en daar is tog 'n saam-wees maar ek het nog steeds alleen gevoel. (A.6.10)Ek het nooit <u>deel</u> van die, van die uhm, congregational worship gevoel nie. (A.6.11)Ek het nou maar net gespeel, hier in my hoekie en as ek 'n lyntjie oorslaan of 'n nooit verkeerd druk het ek vir omtrent drie dae nog gebewe. (A.6.12)<u>Nou,</u> doen ek nog dieselfde ding. (A.6.13)Ek speel nog steeds in die kerk, maar ek is <u>deel</u> van die worship team; ek is deel van die congregation, ek is deel [] so my kop het heeltemal oopgegaan vir wat dit beteken om musiek saam met ander mense te maak. **I:** OK. Ons gaan netnou weer terug kom hierna toe. En net so terloop, as jy nou 'n foutjie maak in die kerk? **P:** (A.6.14) [Laughter] Dan is dit fine. (A.6.15)There is no more judgement [laughter] want dit is die ander ding wat ek geleer het in die kursus ... ons werk met 'n klient sonder enige judgement en hoekom moet ek dan myself judge? **I:** Mmm **P:** (A.6.16)<u>En,</u> ek aanvaar ook daai judgement <u>was net</u>, ek self. (A.6.17)Ek is nooit gejudge deur die congregation of the predikant of die een wat voor sing of the ou wat kitaar speel nie, nooit nie, maar ek het soos 'n wurm ge<u>voel</u>,well but that is gone, or rather much better. **I:** OK. So as ek jou reg verstaan, uhm, jy is nie meer so krities op die...amper die perfeksie [] of die regte note en die...dit moet pressies wees wat op die bladsy staan nie **P:** (A.6.18) [] wat daar staan nie, nee. (A.6.19)Exactly dit.	(A.6.10) Before training: felt separate from congregation when playing for worship (A.6.11) Before training: felt self-conscious about mistakes when playing for others (A.6.13) After training: now feels part of congregational worship as organist (A.6.15) Clinical music: No judgement of client

QUESTION 8.1	
I:OK. Die volgende vraag sluit nou baie daarby aan, jy het dit klaar deels, uhm, geantwoord, maar dalk is daar iets wat jy wil byvoeg. Would you say that the manner in which you experienced music or practiced music in a <u>non</u>-clinical setting has changed since your music therapy training?	
P: (A.8.1.1)Ja ek dink ek het dit geatwoord, dit het defenitief baie verander (?) en net op 'n positiewe manier.	
I: Kan jy vir my nog voorbeelde gee, behalwe vir die...[]	
P: (A.8.1.2) [] vir die kerk? [laughter]	
I: [] [laughte]) is daar is daar nog iets wat jy wil byvoeg daarby?	
P: (A.8.1.3)Ja. Jy weet self in skool hou, jy weet uhm, ek het baie meer copa[ssion] <u>empatie</u>..compassion met my leerlinge [laughter].	(A.8.1.3) After training: more empathy for students
(A.8.1.4)Ek weet nie of dit goed gaan wees vir die uitslae nie, maar [laughter], eh...maar dit is defenitief daar, en ook my..my approach towards the choir for example is more let's enjoy the much' rather than choosing a <u>very</u> difficult four part hamony and struggling three months to get one piece below the belt , jy weet, en dan perform ons dit een keer en so what.	(A.8.1.4) After training: approach with choir focussed on enjoying the music rather than just singing complicated music
(A.8.1.5)Nou kan ons <u>tien</u> goed perform, en ons <u>love</u> dit, jy weet ja, so dit het...dit het defenitief in my skool verband, in skoolhou verband, in koorwerk en in die kerk het dit, dit 'n <u>groot</u> change gewees.	
I: En in plekke waar jy nie self <u>deel</u> is van die musiek maak nie, waar jy nie fisies of in die koor sing of []..	
P: (A.8.1.5) []ja (?)	
I: In so omgewing? Wat was die invloed in so omgewing?	(A.8.1.16) After training: less critical of musical performance
P: (A.8.1.16) <u>Ook</u> meer....uh, less critical.	
(A.8.1.17)EK dink ek was hopeloos te krities, <u>altyd</u>, in terme van performance.	
I: Uhm.	

P: (A.8.1.18)So ek is baie less critical en more empathetic en more compassionate about other...ander mense se pogings...en ...musiek as ge<u>heel</u>, en dis baie makliker om te...om myself te verloor in die musiek en dit net te enjoy, en...op te hou worry oor die fluit wat laat ingekom het ...ja...defenitief.	
QUESTION 8.2	
I: En wat kan jy hierdie verandering aan toeskryf? **P:** (A.8.2.1)Daai kliniese opleiding. (A.8.2.2)Daai, daai, besef van, weet jy wat, niemand hier gaan jou judge nie, jy...hier doen ons dinge saam, hier kyk ons eye-to-eye, niemand kyk top down vir jou nie. (A.8.2.3)Ja, al daai...ek wil amper se die teorie ook van terapeut wees het daar 'n invloed gehad. **I:** Wat sal (?)...as jy voorbeelde kan noem van dit ...iest, goed wat vir jou uitgestaan het het spesifiek van die terapeut wees, of die teorie agter terapeut wees, is daar goed wat jy kan noem? **P:** (A.8.2.4)Ja well, die een belangrike ding is, die, die verskil tussen die uhm...ek en jy is in 'n terapeutiese set-up <u>gelyk</u>. (A.8.2.5)Die klient en die terapeut, die terapeut is nie'n stappie hoër as die klient nie...dit was vir my amazing en dit het, ek dink dit het my hele <u>lewe</u> beinvloed. (A.8.2.6)Jy weet daar is nie meer vir my trappies nie. (A.8.2.7)En <u>altwee</u> kante toe, dis nie net, opkyk na mense nie, of net afkyk jy weet...soos na kliente of kindertjies en so nie, maar ook <u>opkyk</u> na mense. (A.8.2.8)Ek is baie meer gemaklike met mense, met mense in gesagsposisies. Ja...en dood gewoon omdat ek dink 'n mens ontdek ook jouself [] dit is ongelooflik bevrydend om in 'n non-jugdemental omgewing te wees. **I:** Mmm.	(A.8.2.2) Valued non-judgemental environment of training (A.8.2.3) Theoretical MT knowledge assisted in becoming less critical (A.8.2.5) Equality in therapeutical relationship: influenced mutuality of life relationships in general (A.8.2.8) After training: more comfortable with authority figures

P: (A.8.2.9) Ja.	
QUESTION 7	
I: As jy dink aan die manier hoe jy nog altyd geidentifiseer het met music, so your ...just the way you identified with music...uh...your..your identity as a musician...uhm...the way it was prior to music therapy (?), did it change after learning these skills?	
P: (A.7.1) Ja, ek dink die kort antwoord is, dit het baie verdiep.	(A.7.1) Musical identity deepened
(A.7.2)Baie meer persoonlik geword en baie, uh...ja verdiep, wyer geword.	(A.7.2) Relationship with music became more personal
I: As ek dink aan...as ek sien wat jy geskryf het op jou questionnaire, ..	
P: (A.7.3)Ja wat het ek geskryf?	
(A.7.4)Ek kan nie meer onthou nie [laughter].	
I: Jy het gesê, skuus dat ek net gou terug blaai, ek het nou die bladsye toegemaak... uhm, ... Jy het gesê spesifiek jy was 'n teacher, uhm, a choir director en ...ek kan sien jy het 'n spesifieke interest in stem....stem werk.	
P: (A.7.5)Ja (?)	
I: So, sal jy dan sê jy het jou voor die tyd geidentifiseer...jou music identity was 'n music teacher, 'n choir director...uhm, en het dit verander?	
P: (A.7.6)Ja miskien.	
(A.7.7)Weet jy, ek wil amper sê...[no sound]...geval 'n juffrou maar ek is nou meer 'n musician.	
I: Skuus , ek het 'n stukkie van jou sin gemis, kanbjy asseblief herhaal.	
P: (A.7.8) [laughter] Ja ek sal.	
(A.7.9)Ek is nog...ek het nog dieselfde dinge wat ek doen, soos byvoorbeeld nog teach, en uhm...'n koor en so aan, maar ek het meer 'n musician geword.	(A.7.9) Musical identity after training: same roles but more of a musician
(A.7.10)In plaas van ....Director is die regte woord.	(A.7.11) After training: perspective = taking part in music more than directing music
(A.7.11)Ek is nie meer 'n director nie.	
I: OK (?)	

P: (A.7.12)Jy weet ek is nou, part, of, the, music. **I:** En (?)...so as iemand vir jou vra in 'n paar woorde what is your musical identity? **P:** (A.7.13)Uhm (?)...ek sal waarskynlik sê 'n ensemble musician. **I:** En hierdie is oor die algemeen, dit is nie net in...[] **P:** (A.7.14) [] ja, ja, ja...dit is nie...dit is vir my nou lekker om, om saam met mense musiek te maak, saam met mense musiek te luister, saam met mense musiek te <u>waardeer</u> (?)...uhm...ja, daars, dit is in general.	(A.7.13) After training; feels more like an ensemble musician (A.7.14) After training: experiences music with people
QUESTION 9	
I: OK. Die laaste twee vrae(?). Do you have any comments regarding <u>how</u> clinical musicianship skills are taught during the music therapy training? **P:** (A.9.1)Mmm... **I:** Hallo(?)?... **P** (A.9.2) [laughte] ek lusiter... **I:** OK. Ek wil net seker maak jy sê nie stringe woorde en ek hoor jou nie. **P:** (A.9.3)Nee, ek het niks gesê nie, ek dink [laughter]. **I:** Dis reg, jy kan so lank neem as wat jy nodig het. **P:** (A.9.4)Uhm...ek weet nie. (A.9.5)Ek dink (?)...My persoonlike ervaring sou ek miskien kon sê, <u>meer</u> tyd kon daaraan spandeer word. (A.9.6)Meer...jy weet meer <u>tyd</u>. **I:** Meer tyd aan spesifiek wat? **P:** (A.9.7)Aan daai musicianship. (A.9.8)Aan daai skills van clinical musicianship wees. (A.9.9)En, ek weet daar is baie tyd daaraan spandeer, maar tog, as jy in die praktyk kon, dan sjoe (?) ...dan het jy nog so baie om te leer. (A.9.10)Jy het al hierdie teoretiese kennis, dit voel tog of jy <u>nog</u> 'n beter	(A.9.5) Would have valued more time in course for clinical musicianship

ensemble speler sou kon wees of 'n beter guitarist of 'n beter improvisor, uh...en ek bedoel nou nie <u>trianing</u> soos in...ek, ek bedoel net...nee ek...meer ...miskien meer vrye tyd, om hierdie goed te ontdek. (A.9.11)Jy weet... **I:** Vrye tyd in die tyd wat ons geswot het? **P:** (A.9.12)Ja...dit het partykeer gebeur, een of twee keer wat hulle gesê het gaan oefen nou hierdie, en hierdie en hierdie drie, sê nou maar daai moduse; of hierdie drie tegnieke op jou kitaar en kom terug oor 'n halfuur, en dan doen ons dit weer. (A.9.13)Dit het vir my...daar kan meer tyd aan gespandeer word. (A.9.14)Weet jy nou wat ek van praat? **I:** Uh...so tye wat...jy kan dalk net gou vir my fyner verduidelik. **P:** (A.9.16)Onthou jy ons het so by Mercedes, sy het vir ons gesê gaan doen nou hierdie ding in verskillende moduse, dit was <u>een</u> keer. (A.9.17)En ons het eenkeer, een keer moes ons 'n kitaar...'n spesifiek akoord progressie gaan oefen op die kitaar. (A.9.18)Dit was <u>een </u>keer. (A.9.19)En aan die <u>einde</u>, het ons daai songs gehad wat ons almal moes uitdink. (A.9.20)Ek dink jy...jy het nog die tieners gekry en Helene het die ou mense gekry, ek het 'n hallo song gekry. (A.9.21)Ons het elkeen <u>een</u> song gekry. (A.9.22)Jy weet,... daar ... uhm...en ons het dit met mekaar gedeel en dit was <u>fantasties</u>. (A.9.23)Maar daar kan meer van dit...<u>meer</u> ...ek wil amper sê tools in your bag. (A.9.24)Jy weet...en ek weet daar <u>is</u> seker nie baie tyd nie, maar ons kan miskien minder tyd aan die djembes en goed wat nie regtig <u>skills</u> verg nie, wat 'n ou naturally op tel.	(A.9.12) Limited opportunities in class to practise each skill (A.9.24) Clinical musicianship classes: could have spent less time on drums

(A.9.25)Maar die goed waarmee ons,... maar dit is natuurlik moeilik want ons is in 'n groep en almal is nie op dieselfde...plek nie.	
(A.9.26)Maar ek meen...[] mens behoort dit eintlik min of meer [] almal behoort tog [] die[selfde] min of meer dieselfde tipe skills daar uit te stap.	
I: Wat se skills voel jy, jy het natuurlik opgetel, wat vir jou regtig maklik was?	
P: (A.9.27)Uhm...vocal skills.	(A.9.27) Found it easy to vocalise
(A.9.28)Om te vocalise en nie net te sing nie.	
(A.9.29)En om woorde uit te dink op 'n eenvoudinge...akoord progressie, wat pas by hierdie klient of daai klient of hiedie omstandigheid of daai een.	(A.9.29)Found it easy to improvise lyrics
(A.9.30)Dit...dit...het vir my baie natuurlik gekom	
I: OK. En die heel laaste vraag...of is daar nog iets wat jy wil byvoeg? Jy het gesê spesifiek, uhm, meer tyd om net vaardighede te ontwikkel.	
P: (A.9.31)Ja, te oefen, en amper, uh amper, jy weet 'n punt daarvoor te kry.	(A.9.31) Would have valued being graded for clinical classes; see progress
(A.9.32)Jy weet dat jy kan voel ek het nou gevorder van 6 uit 10 na sewe uit tien van die een blok tot by die volgende een.	
(A.9.33)Ek weet nie, dalk sê niemand anders dit nie...[laughter].	
I: Dit maak regtig nie saak wat enig iemand anders sê nie, ... En jy dink nie dit is angespreek, of die kliniese tyd of die kliniese werk wat ons gedoen het, is genoeg tyd om daai vaardighede om daai skills te oefen nie?	
P: (A.9.34)Ek dink daar is genoeg tyd, ek dink daar was klem op goed wat, uhm, wat kon beter benut gewees het.	
I: Soos?	
P: (A.9.35)Uhm..jong (?)...ek wil nou nie persoonlik raak nie want jy [] skryf hierdie goed neer	
I: jy moet [] persoonlik raak maar hulle weet nie wie dit sê nie.	
P: (A.9.36)Ons moes baie keer voorbeelde van goed wat in die dosente se sessies gebeur het aanhoor.	
I: Uh...kan jy bietjie uitbrei?	

P: (A.9.37)Jy weet om 'n voorbeeld te gee van 'n hallo song is fine, maar dan, ok gaan julle en julle skep gou julle eie hallo song, of wat ookal.	
(A.9.38)In plaas daarvan om na 10 voorbeelde van hallo songs te luister.	
I: OK (?)	(A.9.39) Would have valued less time hearing examples; and more time for practising skills
P: (A.9.39)Ek...daar was tye wat ek gevoel het die kliniese werk..ons het...uh... ja, jy moes na voorbeelde van spesifieke goed luister en selfs kyk, van 'n spesifieke klient en so, en uhm, een keer is fine, maar twee keer en drie keer en vier keer...jy kom dit agter as jy in die praktyk is.	
(A.9.40)Weet jy ek [] ons het daai ding sewe keer gekyk, maar ek het nie...daar was nie nog iets nie...	
(A.9.41)Jy weet...uhm...ja, OK.	
(A.9.42)Ek het probeer om nou nie te persoonlik te raak nie [laughter].	
I: Maar jy kan persoonlik raak want soos ek sê jy is anoniem, so niemand gaan weet...hulle gaan nie weet wie sê wat nie.	
So dit is belangrike terugvoer.	
P: (A.9.43)Dis maar 'n algemen dinge.	
(A.9.44)Ek voel, uhm, daar was partykeer 'n dosent wat nie regtig voorbereid na 'n klas toe gekom het met <u>werk</u> vir ons nie.	
(A.9.45)Maar wat gedink het as sy sewe voorbeelde speel dan het ons mos nou die les op gemaak.	
(A.9.46)Ek het dit regtig ervaar as... 'rêrig?'.	
(A.9.47)Jy weet, kon ons nie die tyd beter gebruik het nie.	
I: So jy dink die tyd sou beter aangewend gewees het as ons fisies iets kon oefen...ons oefen sonder om iets te luister.	
P: (A.9.48)Ja, ja ja..	

QUESTION 10	
I: OK. En, do you have any comments regarding how students could be further supported in their development of clinical musicianship skills?	
P: (A.10.1)Ek dink dit gaan saam.	
(A.10.2)As daar meer tyd vir oefen geskep word, dan gaan jy as student mos...meer terugvoer kry.	(A.10.2) Would have valued more time to practise skills with feedback in class
(A.10.3)As jy iets moes gaan oefen en jy moet terug kom en jy moet dit terug speel dan is daar terugvoer.	
(A.10.4)As jy dit drie keer doen gaan jy drie keer terugvoer kry.	
(A.10.5)As jy dit dertig keer kry het jy tien keer soveel terugvoer gekry.	
(A.10.6)Dit, dit is vir my....so dit hang vir my saam.	
(A.10.7)Jy weet...uhm...<u>terugvoer</u>, kritiek, uhm...why don't you try this; have you thought about that; no, change your instrument, what about a different tembre, what about a different metre?	
(A.10.8)Uhm, jy weet want daai goeters, dis ook nog goed wat ek <u>nou</u> agter kom.	
I: So musical suggestions?	
P: (A.10.9)Ja, ja.	
(A.10.10)En jy kan dit net kry as jy dit probeer het.	
(A.10.11)Jy weet....so as...as jy tyd gehad het om te oefen en jy moet terug kom moet dit vir jou [] <u>en vir jou peers</u> (?).	
(A.10.12)Dit gaan nie net ...jy weet, dit is guidance vir almal wat in dieselfde boodjie is <u>en</u> die supervisors.	
(A.10.13) Jy weet (?).	
(A.10.14)OK, nou probeer nou dit, prober nou dat, want mens bounce verskriklike wonderlike idees van mekaar af.	(A.10.14) Students learn from each other
(A.10.15)Dit het ons in ander tye tog wel ervaar.	
(A.10.16)Of ek het..jy weet.. ja.	
I: OK. So meer terug voer, tye wat jy kritiek kan kry, uhm, idees van wat jy in	

die musiek kan gebruik.	
P: (A.10.17)Ja. Spesifiek in terme van <u>praktiese</u> , kliniense musicianship.	
I: So, sê gou pressies wat jy daarmee bedoel.	
P: (A.10.18)Uhm, wel ons kry baie terugvoer.	
(A.10.19)Jy kry terugvoer oor jou sessies hier by jou plasings en so aan.	
(A.10.20)Maar ek bedoel nou daar in die klas kry jy ook (?), maar meer.	
(A.10.21)Jy weet, uhm...ek dink nou aan daai ... ons moes een keer iets gaan doen het op 'n *reggae* beat, ek weet nie of jy dit onthou nie..	
I: Hmm...	
P: (A.10.22)Ek probeer nou fisiese goed dink wat dit is wat ek deesdae in my werk toepas, OK.	
I: Ja.	
P: (A.10.23)OK. Dit is hoe *reggae* klink,kan jy dit nou in 'n wals sit?	
(A.10.24)Oh goed, probeer 'n bietjie daai ritme op die drom sit.	
(A.10.25)OK, sit nou daai ritme op die kitaar en OK speel dit nou in 'n modus.	
(A.10.26)Jy weet van dit is die fisiese, clinical musicianship skills wat jy gaan moet hê in die praktyk.	
I: OK.	
P: (A.10.27)En dit was daar, maar dit was nie...almost not always followed through.	(A.10.27) New skills were not always thoroughly practised in class
(A.10.28)Not always thorough...OK.	
(A.10.29) So dit is wat ek, uhm...hammer jou terwyl jy daar is want jy is 'n student en jy moet leer ne jy kan dit vat.	
I: Uhm.	
P: (A.10.30)As wat jy agter na <u>wens</u> hulle het vir jou meer gekap en gesê doen dit en probeer dat.	
I: OK. Is daar enigiets wat jy nog wil byvoeg, iets wat jou bygeval het, iets wat jy nog aan dink, iets at jy wil bysit oor wat ons oor gepraat het?	
P: (A.10.31)Nee, maar ek kan vir jou sê, dit het nou niks met jou studie te	

doen nie, maar dit was nou vir my 'n lekker retrospek om bietjie terug te dink aan daai tyd hoor (?).	
(A.10.32)En wat se verskille dit in my lewe gemaak het en wat ek nou voel en wat ek nou nodig het en wat ek nou oor wonder.	
I: Dit is goed om te hoor.	
Hoekom...Hoekom dink jy spesifiek is dit?	
P: (A.10.33)Want, jy weet [] ek dink [] ek het nog nie tyd gehad om...hierdie laaste paar vrae is wat ek nou uit die praktyk uit vir jou sê <u>dit</u> is nou wat ek voel ek sou daarby kon gebaat het.	
(A.10.34)Maar daai eerste klompie goed van hoe ek verander het as 'n musician en my identiteit en goed, dit is goed waaroor ek nog nie (?) gedink het vandat ek klaar gemaak het nie (?).	(A.10.34) Did not consider impact of course on identity before interview
(A.10.35)Dit is vir my baie nice om myself nou hier op hierdie bed waar ek voor my rekenaar sit te herontdek [laughter].	(A.10.34) Did not consider impact of course on musicianship before interview
I: [laughter] So dit is nie iets wat vir jou...'n obvious verskil wat jy dadelik agter gekom het toe jy...toe jy [] uit die kursus uitgestap het nie[]?	
P: (A.10.36)nee,[] nee nee.	
(A.10.37)Hierdie vrae het dit nou... nie eers toe ek die vraelys ingevul het, het ek so daaroor gedink nie.	
I:OK. En as []	
P: (A.10.38) [] dit was vir my nou baie nice.	
I: So dit is iets, maar dis iets wat jy nou ... amper bietjie meer kan pinpoint en kan sien, die verskille kan sien...	
P: (A.10.39)Ja, ja [] ja... Verseker, verseker.	
I: Net om seker te maak ek het die just van wat jy bedoel het oor die verskille en die...sDit is baie spesifiek gefokus op...uhm...dat goed...jys meer aanvaardend van ander mense se musiek, so nie so krities nie.	
Uhm, en ook nie so krities op jouself nie.	
P: (A.10.40)Ja.	

I: Uhm... En meer...oor die algemeen 'n musikant. Nie net iemand wat vir ander mense sê <u>hoe</u> om te speel en wat om te doen en ...maar...'n musikant in die sin dat jy is <u>deel</u> van die musiek ervaring. P: (A.10.41)Ja, ja. Jy het dit. I: OK. Wil jy nog 'n laaste woord of 'n sin byvoeg? P: (A.10.42)Uhm, nee.	

INTERVIEW TRANSCRIPTION _B

* INTERVIEWER: I

* PARTICIPANT: P

 [ ] Square brackets between adjacent lines of concurrent speech indicate the onset and end of a spate of overlapping talk.

<u>Under</u>   Underlined fragments indicate speaker emphasis.

° °   Degree signs are used to indicate that the talk they encompass is spoken noticeably quieter than the surrounding talk.

? A question mark indicates a rising inflection. It does not necessarily indicate a question.

(inaudible) Indicates speech that is difficult to make out. Details may also be given with regards to the nature of this speech (eg. shouting).

QUESTION 1	
I: So, die eerste vraag. When you look back on your music therapy training what word or phrase would you use to describe it?	
P: (B.1.1)OK the training as a whole?	
I: Yes.	
P: (B.1.2)Uhm. I'm going to use three words.	
(B.1.3)Challenging beyond expectation. ...	(B.1.3) Training: challenging beyond expectation
(B.1.4) Can I give you a few more words?	
I: Yes you can.	(B.1.3) Training: life changing
P: (B.1.5)As I'm thinking now...life changing.	
(B.1.6)Uhm...unexpected.	(B.1.3) Training: unexpected
(B.1.7)Uhm...insightful...Uhm...shocking...(laughter) ...mmm...	(B.1.3) Training: insightful
(B.1.8)Turning all my beliefs and things that I took for granted upside down.	(B.1.8) Training: challenged belief system
(B.1.9)Uhm...Ja.	
(B.1.10)I think those are the main words I can think of right now.	
QUESTION 2	
I: (OK. Great. Uhm...Can you talk to me about the practicum component of the training? How did you experience it generally?	

P: (B.2.1)OK. Uhm...it was...it []it was quite scary at times, because one is thrown into the deep end <u>so</u> one has to fall back on pre-existing skills, to some extent.	(B.2.1) Training: scary at times (B.2.1) Thrown in deep end (B.2.1) Draw on previous skills to cope with challenges of course
(B.2.2)But as...as one, as one goes along you are continuously in a process of learning, learning, learning.	(B.2.2) Training: Continuous process of learning
(B.2.3)So, it is a very different kind of learning.	
(B.2.4)Uhm, it is a kind of learning that takes into consideration, you know, what has happened before (?) and almost putting a magnifying glass on, on what you...you know on how you made music before and what kind of music you think is valuable.	(B.2.4) Training: critical perspectives on music (B.2.4) Training: required to re-evaluate perspectives on music (B.2.4) Training: required to re-evaluate use of music
(B.2.5)And it is almost as if you are...ja you are scrutinised in a way...not by your...your lecturers, but by yourself.	(B.2.5) Training: required self-scrutiny
(B.2.6)It was what you thought you knew about music and how music functions is now also turning upside down.	(B.2.6) Training: questions previous understandings of music
(B.2.7)Uhm...and with that also comes the...the knowledge that...if you want to be a music therapist and sustain that career you will have to have a different mind-set about music and <u>learning</u> music and <u>practising music</u>.	(B.2.7) MT: different approach to music – includes the unexpected
(B.2.8)Uhm...it's..I mean we all know that music is a never ending skill acquisition but at some stage there is a performance, you feel right I have studied this piece of music, I played it, I can tick it off.	(B.2.8) MT: learn focus on process
(B.2.9)I have broken the neck of Mozart or whatever.	
(B.2.10)But, with music therapy, the music that comes to you, you know in the form of your client could be so unexpected and could be things that you've never heard or experienced before.	
(B.2.11)Uhm...It it...it's a kind of new responsibility of listening and learning in a very new way. Uhm....	(B.2.11) MT: responsibility to listen differently
I: OK...Sorry, I'm just making a few notes. In the following questions I will come back to a few things that you said. Uhm...	

QUESTION 3	
I: If you think of clinical musicianship skills how would you define it? How would you define clinical musicianship skills?	
P: (B.3.1)Uhm. Well it's a...it's a very different way of acquiring skills and of making music.	(B.3.1)Training: novel ways of learning
(B.3.2)And I think to me was one of the biggest...one of the biggest challenges of the training.	(B.3.2) Challenge: balancing free improvisation + reflexive restraint
(B.3.3)Uhm...I think it, it...I found it so challenging because it's so...uhm what's the word...duplicitous.	
(B.3.4)Uhm, because on the one hand I tend to go off in free improvisation, uhm, in my normal music making life, or I use to.	
(B.3.5)And now, a kind of sobering restraint is added to that while still improvising, so to improvise, with...with this almost...to me intellectual hat on...I found, I found quite difficult.	
(B.3.6)So to fuse those things I found quite difficult for me...	(B.3.6) Clinical improvisation = new skill
(B.3.7)And, uhm, it's a completely, completely new skill.	
(B.3.8)I mean I haven't...I haven't encountered that <u>type</u> of improvisation, that <u>type</u> of thinking about music, <u>using</u> music in this...this very fluid dance almost between you and your client ever before.	(B.3.8) Clinical improvisation: dance between client and therapist
(B.3.9)Even...even if you play in an <u>ensemble</u>, like the traditional kind of [] like a sax quartet or classical ensemble or jazz band...the kind of improvisation is very...is very different to clinical improvisation.	(B.3.9) Clinical improvisation: required to learn unique relational improvisation skills
(B.3.10)Uhm...and you feel OK you have it covered, you can do music therapy, but then the clinical skills are added...uhm...	(B.3.10) Clinical improvisation: different to other kinds of improvisation
(B.3.11)I...I just found my own musicianship was almost in a way <u>questioned</u> or turned upside down and I found it difficult to <u>unlearn</u> that.	(B.3.10) Previous competence in musical improvisation: not adequate preparation for clinical improvisation
I: You used the phrase 'intellectual hat', that you had to put an intellectual hat on when you make clinical musicianship skills...	(B.3 11) Previous musical skills questioned
P: (B.3.12) [laughter] ja...	(B.3.11) Challenging to unlearn previous improvisation approach

I: Can you elaborate a little bit on that, or give me examples of what you mean by that?	
P: (B.3.13)Ja, ja.	
(B.3.14)If I, if I just think about...I just have to think a little bit about playing in a jazz band where you improvise but it is very structured ...so ...	
(B.3.15)There is this communication between you and the band members...	
(B.3.16)So say if you play saxophone you...you are in a kind of solo thing with the base, but the rules are set.	(B.3.16) Jazz improvisation structured vs clinical improvisation flexible moment-by-moment
(B.3.17)Even though it is very free, the rules are set.	(B.3.16)Jazz improvisation structured vs clinical improvisation responsive to client offerings
(B.3.18)You know that the base will play for 32 bars and the base will play a sequence of chords, and over those set parameters you can be totally free.	(B.3.16)Jazz improvisation structured vs clinical improvisation greater awareness of communicative synergy
(B.3.19)So, so the structure in a way is set or held by the other musicians.	
(B.3.20)Uhm...in, in...if I use the word 'intellectual hat' I'm not sure if that is the completely right word.	
(B.3.21)I would say more a kind of <u>awareness</u> of what is happening moment by moment ...what you are doing...and how that impacts on the client and what the <u>client</u> is feeding back to you.	
(B.3.22)Uhm, and I think you need to be much more aware of how the other person that is in the synergy with you communicates with you which, which...which I missed if I had to compare it to a jazz ensemble..	
(B.3.23)So if I could..if I could use the word <u>awareness</u> that is a better...a better...a better a word, I think than intellectual.	
(B.3.24)Because intellectual feels to me separate to uhm...a very warm free flowing kind of making music.	
(B.3.25)Which, which I don't really want to promote...if that makes sense. (laughter	
I: It does. OK.	

4

QUESTION 4.1	
I: What was the process of learning clinical musicianship skills like for you?	
P: (B.4.1.1)Sjo...that was one of the things that I, that I enjoyed the most.	(B.4.1.1) Enjoyed learning clinical musicianship skills
(B.4.1.2)Just because it opened up many different <u>kinds</u> of musics to me.	(B.4.1.2) Clinical musicianship: expanded musical preferences
(B.4.1.3)Before I did the training I felt jazz was the ultimate form of music, the rest you know, were...ethno music, oh lovely, ...	(B.4.1.3) Clinical musicianship: expanded musical vocabulary
(B.4.1.4)It had to mean something very deep or it had to be very complicated.	
(B.4.1.5)But...uhm, throughouts the music therapy...the <u>clinical</u> training , uhm, I just, just basically learned to open my ears to many different other types of music which I would never dream to embrace, and which I never knew could actually form a <u>part</u> of my musical vocabulary.	
(B.4.1.6)Uhm...so...to just basically open up, to open up my ears to different <u>types</u> of music was the most enjoyable thing for me.	
(B.4.1.7)Uhm...jaaa...and what I also found amazing was to see how the <u>relationship</u> between the therapist and the client or between the, you know, group and the therapist ...how that is...it just becomes magical in a way once you <u>really</u> tap into the meaning that the client...that the clients' music hold for the client.	(B.4.1.7)Clinical training: appreciated how therapeutic relationship opened meaning spaces for client and therapist
(B.4.1.8)And respecting that...and seeing...seeing how one's own attitude and seeing how that pans out clinically, and how that opens up new worlds for the client as well.	(B.4.1.8)Clinical training: appreciated learning to read clients' musical meaning
	(B.4.1.8)Clinical training: appreciated learning to respect clients' musical communication
(B.4.1.9)So, you know, that...they, they open up worlds for me and I open up worlds for them.	
(B.4.1.10)It is not a hierarchical thing where...where it's...where it is my music.	(B.4.1.10) Valued non-hierarchical therapeutic relationship
(B.4.1.11)It really becomes our music.	(B.4.1.11) Clinical training: valued shared music with client
I: You spoke of...you spoke now of different types of musics that you were opening up to...uhm and becoming more <u>aware</u>, uhm, are there anything	

else...uhm...if I ask you what clinical musicianship skills []...what did it entail..is there anything else that you would add to that? **P:** (B.4.1.12)What clinical musicianship skills...what ...what I think is important about clinical musicianship skills, or?...how I experienced it in the training?	
QUESTION 4.2	
I: Just ...uhm, no. What did it...that is why I say you already answered some of it...If I were to ask you what did it entail, learning clinical musicianship skills..for <u>you.</u> [] What did you have to learn, specifically. You already mentioned some of it. You said, learning different musics, uhm, and becoming more aware of clients, are there anything else you would like to add? **P:** (B.4.2.1)Ooh..[] Uhm...ja. (B.4.2.2)I think for me becoming less selfish about ...uhm, about what I need musically. (B.4.2.3)Uh..uh...I mean I'm going to be very honest...uhm... (B.4.2.4)In the past I use to be incredibly selfish about what music I attract and what music I need and what music I want to hear and what music I want to play. (B.4.2.5)Uhm..And that was. was really challenging realising, although I can say it, but <u>practically</u>, truly respecting, truly tapping into, truly learning more about the clients' music uhm...and not just glossing over it. (B.4.2.6)So..if, if a client were to sing three Michael Jackson songs, I would just focus on one, Billy Jean, the one that I knew. (B.4.2.7)But while I was in the training and afterwards to actually write down the music the, the whole world that...that... that piece of music could <u>signify</u>. (B.4.2.8)So, Billy Jean by Michael Jackson does not only signify Billy Jean, it	(B.4.2.2) Clinical musicianship: learning to place client's musical needs first (B.4.2.5) Clinical musicianship: learning to place client's musical preferences first (B.4.2.5) Clinical musicianship: learning to respect the client's music (B.4.2.6) Clinical musicianship: learning to explore/value meaning of the client' music for him/her

could signify ... uhm signify <u>Thriller</u>, one of his hit albums. (B.4.2.9)Or it could signify the type of clothes that he wears. (B.4.2.10)Uhm..or, or it could signify you know, his whole process of skin lightening. (B.4.2.11)Or uhm...and really thinking and feeling <u>broader</u> about, about that one, that one song. **I:** OK. **P:** (B.4.2.12)Ja I think that...that stood out for me.	

QUESTION 4.3	
I: OK. And were there some aspects of learning clinical musicianship skills that were particularly challenging for you? **P:** (B.4.3.1)Ja...I'm...(laughter)..it sounds like a very arrogant mege.nomaliac, but I remember in...while, while I was training I use to, use to enjoy the music so much that, that sometimes I zoomed out of the re<u>lationship</u>..whooo.. (B.4.3.2)It's now hard to say but I'm just going to say it. (B.4.3.3)Zoom out of the relationship that is forming between us, ... almost zooming out into my own, own needs of, of <u>jamming</u>, in a way. (B.4.3.4)Uhm..and after a minute or two I would actually realise..I didn't hear the clients' music now, I was so...I was so taken by my own musical journey that I uhm,that I...ja, need to come back to what's happening in the here and now between the two of <u>us</u>. **I:** Hmm.. **P:** (B.4.3.5)And that was a difficult realisation for me to make, uhm...and it was also pointed out to me – not as explicitly – but it was pointed out to me that sometimes my music is too <u>big</u>. (B.4.3.6)Uhm..and there is not enough space for the client. **I:** OK.	(B.4.3.3) Clinical musicianship: learning clinical focus rather than musical focus (B.4.3.4) Clinical musicianship: placing client's needs first (B.4.3.5) Clinical musicianship: learning to make more space for client's music

P: (B.4.3.7)Uhm...and to taper that...to, to <u>taper</u> the kind of joy that I felt for myself into 'hey, wait a minute, this isn't a kind of jamming session'..this is actually a music therapy session. **I:** Uhm.. **P:** (B.4.3.8)That, that I found the most challenging.	(B.4.3.7) In MT sessions: musician secondary to being a therapist
QUESTION 4.4	
I: And how did you (?)..how did you deal with those chall[enges...with that specific challenge? **P:** (B.4.4.1)Yoh..[laughter]. (B.4.4.2)Well, I basically just made sure that I, I stay aware of what, what it is that we are doing here. (B.4.4.3)Because, I use to be involved in so many, so many different musical things, like writing about music, playing jazz, uhm...in an *avant garde* ensemble, ...so every, every situation had its own..its own norms in a way. (B.4.4.4)And I found the norms of, of music therapy sessions to be so different than what I was use to. (B.4.4.5)But I actually physically, cognitively had to say to myself right, you are doing <u>this</u> now, and the norms are different although they overlap tremendously, you have to remain aware of what it is that you are doing here...uhm... **I:** (B.4.4.6)OK. Thanks.	(B.4.4.3) musical interaction in therapy has unique norms

QUESTION 5.	
I: Do you think, and...it already came out a little bit, but we are going to explore it further. Do you think that your past musical training before the course impacted on your experience of developing clinical musicianship skills? And how? **P:** (B.5.1)Ja, tremendously, tremendously. Uhm.. (B.5.2)The fact that, that, that I could improvise, you know not only jazz, just improvise.	(B.5.2) Previous improvisation skills: good preparation
(B.5.3)You know always finding sight reading difficult, always finding it difficult to follow the notes, always making up my own notes (laughter) often in pieces where I just felt that no these notes don't fit or are too difficult.	(B.5.3) Improvisatory approach to music making good preparation for training
(B.5.4)Uhm...you know some musicians would find that completely uhm...unacceptable. (B.5.5)But to me, that, that felt so, I almost felt a, acceptance or a musical home in the music therapy training, where the way that I do music was accepted and celebrated in a way.	
(B.5.6)And also the fact that I was interested in different types of cultures, uhm...that I studied English literature like African literature, and South-African poetry opened, opened my eyes a little bit more about how culture impacts music and food and clothes and things. (B.5.7)So I think those are the two things...the jazz...and the Englishd literature training. (B.5.8)I t just fit, just fit the music therapy training like a glove.	(B.5.6)Previous interest in cultural studies: good preparation for training (B.5.6) Previous literature studies: good preparation for understanding impact of culture (B.5.6) Training: greater openness to cultural diversity
(B.5.9)Uhm...so (?)...that really helped me throughout the training, uhm...ja..the, the only things was just to be open to, you know cultures that I use to ridicule in a way... (B.5.10)Even, even though I love it, like afrikaans music like for instance Kurt Darren, or Bobby van Jaarsveld or uhm...(chuckle)...uhm...like these really	(B.5.9) Training: learned respect for clients' musical preferences

corny Afrikaans singers – well according to me, corny.

(B.5.11)Uhm, and going into places where <u>these</u> artists are seen as being the absolutes heroes, and the clients knew every single word and they really, they really..these artists like Kurt Darren was like a <u>role </u>model to them, and I had to realise you can't walk in with a smirk and uhm...now you are going to have a jol with Afrikaans music and dance...you can do that at a party or a braai.

(B.5.12)You have to... you have to realise, how they think about the music and these artists.

(B.5.13)So that was also a big part of the training for me.

I: Uhm. OK..

P: (B.5.14)Uhm...ja...ja..

QUESTION 6.	
I: The following question asks about...and I think you did answer it, but I'm still going to read it in case you want to add anything. So the question I just asked you focussed on...your musical <u>training</u>. Uhm...and now, do you think that your past <u>participation</u>, apart from your training, uhm...before the music course impacted on your experience of developing clinical musicianship skills? **P:** (B.6.1)Ja..ja. ja. (B.6.2)Very much so. (B.6.3)The participation I would say being part of many different kinds of ensembles, and many different types of musical styles. (B.6.4)That, that..that was absolutely essential. (B.6.5)So even...even though you would play like windband, or you would play...uh...film music...or, or...uhm..in the mood, things like that, uhm...it, it just opened up my ears... and made me accept playing different types of music. (B.6.6)And, and...and that was one thing that I <u>missed</u> amongst my Bmus collegues ..uhm, who weren't open for anything else accept like classical music and very high brow classical music. (B.6.7) So..so that was, was essential. (B.6.8)But <u>making</u> music in many different ensembles before the music therapy training helped tremendously and I'm assuming that, that for some ... if they did not have that before, that would be quite challenging in the training. **I:** Uhm...So, if I understand you correctly, it sounds to me like your...uhm...the variety of music you made, the people you play...uhm made music with, the cultural diversity..that you were exposed to and tinking about before the training it's uhm...[]..uhm...it's like you found a <u>home</u> in music therapy training, and it assisted your, your clinical musicianship	(B.6.3) Previous participation in different ensembles valuable for clinical musicianship skills development (B.6.5) Previous participation in different ensemble: acceptance of different type of music (B.6.6) Broad previous experiences: more open than only doing BMus

development [].. **P:** (B.6.9) [] ja, ja.. **I:** ...and training as a music therapist. Uhm, was there anything about your previous training and music experiences that hampered...uhm...or posed challenges for you in your training (?)? **P:** (B.6.10)Uhm...I must be quite honest, I have to say no. **I:** OK. (chuckle). **P:** (B.6.11)No. It was...I mean the type of training that I received, uhm, at Stellenbosch was quite different because I was a sax student. (B.6.12)If I was a concert pianist and practising 8 hours a day and it being about perfecting this singular piece of music on my own, that would be a different story. (B.6.13)But with the instrument that I played, the saxophone, the kind of repertoire was very different. (B.6.14)The kind of people you would be in an ensemble with were quite different than the traditional classical musicians. (B.6.15)Uhm... and also, the lecturer was quite different to, to some other lecturers . (B.6.16)He <u>always</u> focussed on you must have fun while you are playing, even if you are practising...you know a very serious music, there must always be an element of fun. (B.6.17)And, and...and not taking it so seriously. (B.6.18)That that...and that really stuck with me. (B.6.19)Uhm...I had the luxury of not having to take it so seriously. (B.6.20)But, I mean a concert pianist would not have that luxury. (B.6.21)So, I can't speak of BMus training as a whole, but I can just speak about my own unique experience. (B.6.22)Uhm...which I think was definitely impacted on by the lecturer and the choice of instrument.	(B.6.10) Nothing of previous music training and experience hampered MT training (B.6.12) training as a saxophonist: good preparation (B.6.16) Previous saxophone training: fun-filled approach to making music-good preparation

I: OK.	
QUESTION 7	
I: Did the way you identified with music prior to studying music therapy <u>change</u> in any way, after learning clinical musical skills? **P:** (B.7.1)Jissou...can you just repeat that question quickly? **I:** OK. The way you identified with music, b<u>efore</u> studying music therapy, did it change in any way after learning all these clinical musicianship skills? **P:** (B.7.2)OK. Jissou, ja. (B.7.3)Uhm..ja, first of all my way of identifying with jazz, with specifically South African Jazz changed a lot. (B.7.4)I use to think that the only valuable music is music that had a message about changing the world, very explicitly. (B.7.5)But I realised that the message in music does not necessarily need to change the world. (B.7.6)Uhm...that was the first thing. (B.7.7)And also having a kind of snobbery about ...uhm, complex music but that is presented as laid back. (B.7.8)Uh, it's so complex, but we're so cool because we improvise, and we are more chilled than other musicians. (B.7.9)So, that whole vibe, that was my vibe before the training. (B.7.10)And uhm..while I was suddenly [] and especially now afterwards, I identified very differently to music. (B.7.11)During the training, I could not even listen to, uhm, very simple piece of music or listen to an orchestra. (B.7.12) Everything I felt <u>deeply</u> intensely, even overwhelmingly so. (B.7.13)Uhm...that I would listen to a piece of music in an interval and it would stick in my head and it would stay there for 12 hours. (B.7.14)Or I would go to a symphony, uh..you know orchestra concert, and	(B.7.3) Training changed assessment of musical value: now broader (B.7.4) Training changed assessment of musical value: not only complex music (B.7.9) Before training; ID as musician that plays complex music and appears laid back (B.7.10) Identify differently to music after training (B.7.12) Became more emotionally sensitive to music during training

cry the whole time.	
(B.7.15)Because every single note or timbre touched me so deeply.	(B.7.16) Training: Felt overwhelmed by being more sensitive to music
(B.7.16)And I felt...I felt a bit overwhelmed by, by experiencing music like that.	
(B.7.17)Uhm, after the training I went for uh, uh a few GIM sessions, not to process the training (laughter) but to process other personal things.	
(B.7.18)And, that also shifted my way of experiencing music – it became very physical for me.	
(B.7.19)So when I would listened to music I would have many different physical sensations that [] one not think or analise.	
(B.7.20)And I wanted to dance much more.	
(B.7.21)So, so that was the phase after the training.	
(B.7.22)And I think, ag perhaps it was just a reaction..or what's it...'n gevolg...a result of really just thinking so deeply about music and just perhaps feeling it more in my body and, and...uhm...ja.	
(B.7.23)So that's the one, the one aspect.	(B.7.24) After training: listening to broader variety of music
(B.7.24)The other aspect I think, now all of a sudden start listening to classical music which I never did.	
(B.7.25)Start listening to folk music like folk guitar music, like Leonard Choen and things like that.	
(B.7.26)And then after that, listening to like...*grundje* music, like nervana or cold play that I never, never use to listen to.	
(B.7.27)Not once, and now I love it.	
(B.7.28)So there was a kind of opening up of my soul for more rebellious kinds of music.	
QUESTION 8.1	
I: You speak a lot about the way you experience music, uhm, now after the training.	

But would you say the manner in which you <u>practice</u> music in a non-clinical setting has changed since you completed the training? **P:** (B. 8.1.1)Yes, very much. (B. 8.1.2)I now just want to play <u>simple</u> music, just like a melody with accompaniment. (B. 8.1.3)It mustn't be too complex. (B. 8.1.4)So, I will just jam along with a friend. (B. 8.1.5)We use to play...<u>very</u>...uh...intense French and Russian music...and now we're happy...very very happy to just sing together. (B. 8.1.6)Like old Afrikaans FAK songs. (B. 8.1.7)Or...or simply just sight read some grade 4 prescribed music together. (B. 8.1.8)That's where I am now.	(B.8.1.2) After training: desire to play simple music (B.8.1.4) After training: want to make casual music with friends
QUESTION 8.2	
I: And what would you specifically ascribe this change to? **P:** (B.8.2.1)Aaah...(laughter)...ok (?). (B.8.2.2)I would say the volume and intensity of, of music making in the training. (B.8.2.3)It was almost like there was not enough time to process it. (B.8.2.4)And I understand it...a, a Masters degree takes 2 years or 3 years. (B.8.2.5)But I...I always had to process it in my own time, and that really lingered for about two years, where I was still processing what I learned, and surely will still process...but uhm... (B.8.2.6)There was still a part of me left...and the part that was left was the <u>musician</u>, not the therapist, but the musician. (B.8.2.7)The person who just <u>loves</u> listening to music. (B.8.2.8)And, that, that part of me in a way was, was...<u>buried</u> in the training. (B.8.2.9)And I had to get that part of myself back.	(B.8.2.2) After training: preference for simple music due to continuing processing of complex experience (B.8.2.3) Not enough time to process intensity of training (B.8.2.6) Part of musical ID buried in training: musician (B.8.2.9) Reconnected with musician ID after training

(B.8.2.10)So I think that is why...that is way I...I..I'm almost starting from scratch now in a way.	
(B.8.2.11)Finding my own music again.	(B.8.2.11) After training: reconstructing musician ID
QUESTION 9	
I: OK. Do you have any comments regarding <u>how</u> clinical musicianship skills are taught during the music therapy masters programme?	
P: (B.9.1)I, I think the approach is absolutely excellent although it is..it can be very challenging for student.	(B.9.1) Training approach excellent (B.9.1) Training challenging
(B.9.2)However, if you want to be a music therapist you have to be thrown into the deep end.	(B.9.2) Thrown in deep end during training appropriate to music therapy
(B.9.3)Uhm, and even if your 8 colleagues are looking at you and you are making a total mess of understanding the music and improvising, the <u>way</u> we were thrown into the deep end and saying 'right, here we go, off we go!'	(B.9.3) Thrown in deep end affective way of learning
(B.9.4)Uhm..that, that was the best way of leering...and the fastest way of learning.	
(B.9.5)Uhm...Ja, that I really found valuable.	
(B.9.6)I also found very valuable the tips...the very concrete examples of for instance Spanish music, uhm...or...or moving to music.	(B.9.6) Found concrete musical examples valuable
(B.9.7)Uhm.his combination of absolute scary free improvisation, meeting solid skills in terms of these chord and these strums that can be used. Uhm...	
(B.9.8)But I..I..I think that is the way to go.	
I: And uhm..you mentioned...I'm just going to pick a little bit more on that. You said that it is an excellent approach but it can be challenging. Can you think of specific examples that...that is challenging or even things that <u>you</u> experienced or that you saw amongst your fellow students?	
P: (B.9.9)Ja....Uhm...	
(B.9.10)I think challenging in the sense of, we...we have to learn something.	(B.9.10) Challenging to learn new skills fast
(B.9.11)A new skill and fast.	

(B.9.12)And with that it is almost as if you are not given enough time to really explore...to explore that in class.	(B.9.12) Not enough time to explore new skills in class
(B.9.13)And I..and I undstand that because I mean it is block sessions.	
(B.9.14)But, for instance if, if one of the lecturors would say, 'right, I am a child, I'm very disordered, I run around the room switching on and off the lights, uhm...and braking instruments', for example.	
(B.9.15)And you are thrown into the deep end and, and you have to respond and manage this and make music...uhm.	
(B.9.16)Then I would say I would need longer than 5 or 10 minutes.	(B.9.16) Need longer time to respond in role play classes
(B.9.17)Because things happen in <u>me</u>, things started happening in me as well.	
(B.9.18)Things that overwhelmed me that I had to process, and get, you know receive therapy.	(B.9.18) Need more time to process personal experiences generated in group classes
(B.9.19)And if..if there were more ...uhm..clinical musicianship exercise periods, or weekends or something...ag, I mean, is that even possible?	(B.9.19) More time to practise clinical musicianship skills may be valuable
(B.9.20)But, but where your own...feelings...are a little but more processed.	
(B.9.21)I think that, that is what made me feel ...<u>suffocated</u> sometimes.	
(B.9.22)It's that there was not enough space for me to process how disordered and confused <u>I</u> felt while I had to manage this client.	
(B.9.23)Uhm...ja, I think that...	
QUESTION 10	
I: OK. We have reached our very last qu []question. Uhm... Do you have any comments regarding how students could be further supported in developing clinical musicianship skills?	
P: (B.10.1)Uhm..I, I ...I think, first of all...one...one , one should actually take responsibility for that yourself, because the course is full enough.	(B.10.1) students should take responsibility for finding support
(B.10.2)<u>Or</u>, something should be left out of the course.	
(B.10.3)What that is, <u>what</u> aspect I can't say but I think more...practical, practising time with your colleagues or your supervisors.	(B.10.3) More practising time with other students can be valuable

(B.10.4)I know that is not always possible; but <u>practising</u> it, without feeling that you have to shake/shape [unclear] now, without feeling that "hell...I have to learn something now", it doesn't matter what happens in my sub- or unconscious or in my soul..or.. whatever..	(B.10.4) ?
(B.10.5)Uhm..but, but..but having more space to practise and then having a debrief of your own feelings and processes.	(B.10.5) Would have valued more time to debrief own feelings and processes
(B.10.6)Not necessarily writing it down, debriefing it with a colleague or a supervisor.	
(B.10.7)That needs to be brought in.	
(B.10.8)Because, in my experience that stayed with me after the training and that stayed with many of my colleagues...after the training.	(B.10.8) Difficult emotions and experiences of training stayed (B.10.8) Difficult emotions and challenges stayed in subconscious after training
(B.10.9)Some experienced it very acutely, others were absolutely fine...but, but I think they processed it through running, or swimming...or whatever.	
(B.10.10)But for some, it could..c.ould actually mean ... and it also did, ending their studies midway.	
(B.10.11)There was not enough time and space to process things.	
(B.10.12)Even though we had wonderful, uhm...voice things with Karen de Kock where we processed a lot, and also with the drama therapist Tammy...uhm...for me personality I, I actually needed more.	(B.10.12) Voice and drama valuable for processing experiences
I: OK...thank you very much[]	
P: (B.10.13)I just..[]	
I: Sorry..	
P: (B.10.14)I just want to add there, I needed more, but I, I'm not saying that it is the responsibility of out lecturers or trainers.	
(B.10.15)It could also only be our own personal responsibility.	
(B.10.16)But you ask is, is there you know, anything that, that...that one could improve the training so...if it could be built in that would be great.	
I: OK. Is there in general, with regards to everything we discussed, is there anything that you would like to add or that popped up that you want to	

mention? **P:** (B.10.17)Uhm...I would not leave out the...the...Uhm dance therapy, the voice therapy, the drama therapy components of the training. (B.10.18)I'm not sure..I'm speaking under correction but I heard a rumour that some of those classes were cut after our training...a little but or something. (B.10.19)Uhm...or you received less of that... (B.10.20)Uhm...one, one...one must not cut that because the students felt that the drama therapy, the movement therapy and <u>especially</u> the voice, the sound, voice therapy uhm, classes that we had were not only valuable in terms of our own clinical skills, but also in terms of processing our own...our own experiences. (B.10.21)So, that must just <u>stay</u>, or be enhanced in a way. **I:** OK. Great! And that's it. Thank you	(B.10.17) Dance therapy valuable in learning skills and processing experiences (B.10.17) drama therapy valuable in learning skills and processing experiences (B.10.17) voice therapy valuable in learning skills and processing experiences

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INTERVIEW TRANSCRIPTION _C

* INTERVIEWER: I

* PARTICIPANT: P

[ ] Square brackets between adjacent lines of concurrent speech indicate the onset and end of a spate of overlapping talk.
<u>Under</u>   Underlined fragments indicate speaker emphasis.
° °   Degree signs are used to indicate that the talk they encompass is spoken noticeably quieter than the surrounding talk.
? A question mark indicates a rising inflection. It does not necessarily indicate a question.
(inaudible) Indicates speech that is difficult to make out. Details may also be given with regards to the nature of this speech (eg. shouting).

QUESTION 1	
I:Ok! So, if you look back on your music therapy training what word, or if there is more than one word, or phrase would you use to describe it? **P:** (C.1.1)Extremely challenging, uhm, perception changing, perhaps...Uhm... (C.1.2)The most enriching thing that I have done professionally.	(C.1.1) Training challenging (C.1.2) Training enriching
QUESTION 2	
I: Can you talk to me about the practicum section of the training, how did you experience it in general? **P:** (C.2.1)Uhm, quite tough. (C.2.2)Because I studied classical music, so the improvisational aspect of the course were quite tricky in the beginning. (C.2.3)And to move from being...[no audio] my instrument to move to playing more freely in an improvisational style.	(C.2.1) Practicum tough (C.2.2) Classical training; improvisation difficult initially (C.2.2) Improvisation tricky: initially

(C.2.4)Uhm, that was challenging in the beginning, however, I think the course is designed to <u>help</u> you to get to that place of being more free within your music making.	(C.2.4) Training helps to play freely
(C.2.5)Uhm...so although I found it kind of difficult to let go of my inhibitions and stuff in the beginning, I..I quite quickly slipped into uh...like anything goes.	(C.2.5) Initially inhibited (C.2.5) Learned to let go of inhibitions
(C.2.6)Being OK however I sounded or my music sounded was OK.	(C.2.6) Acceptance of own musical expression
I: So what I'm hearing is in the beginning it was quite tough, but later on it got...[]	
P: [](C.2.7)I must say it didn't take very long.	(C.2.7) Learned improvisation skills quickly
(C.2.8)I think the way the course is designed, uhm, made you ease into that sort of process of moving towards improvisation quite...uh quite seamless.	
I: Uhm...you speak mostly of the improvisation, uhm...is there...another aspect of the course or of the clinical side of it, music making side, uhm...that you can reflect on? If you think about the practicum side.	
P: (C.2.9)Uhm...possibly the, like vocal component (?).	
(C.2.10)That was very interesting.	
(C.2.11)Uhm, we had voice as a subject, so that was something <u>new</u> to me because although the practical..[] I did play on a few new instruments that I hadn't played on, improvising, and doing song writing and	(C.2.11) Use of voice as new experience

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whatever...[inaudible] within a music therapy framework , the voice aspect I have never done before, so it was very interesting and it took me quite a long time to, uh...be more free with my voice I think.	(C.2.11) Took time to become vocally free
(C.2.12)Uhm...because it is such a personal instrument, and so reflective of your inner state, I think that was possibly the hardest place for me to, uh, really let go (?).	(C.2.12) Vocal development difficult as deeply personal
(C.2.13)Uhm...but it was very interesting (?).	
(C.2.14)I think they guided us well through, through that vocal component.	(C.2.14) Good guidance for vocal development
(C.2.15)Ja there were good activities and stuff to help us figure out...you know what we were doing with our voice, if that makes sense.	(C.2.15) Good activities for vocal development
QUESTION 3	
I: Uhm, how would you define clinical musicianship?	
P: (C.3.1)It's a tough one (laughter)	(C.3.1) Hard to define clinical musicianship
I: It is.	
P: (C.3.2)Uhm...perhaps, just the way in which you frame your music making in a clinical setting.	
(C.3.3)So, instead of music making for pure aesthetic value, or ... music making for another means like performance, although that can be an aspect of clinical musicianship, I think, uhm...it is just a bit deeper than that.	(C.3.3) Clinical musicianship not for aesthetic value (C.3.3) Clinical musicianship not focussed on performance
(C.3.4)It is the meaning behind the music, and not just the music itself.	(C.3.4) Clinical musicianship: meaning behind the music
QUESTION 4.1	

I: And, what was the process of learning clinical musicianship skills like for you? **P** (C.4.1.1)During the masters course? **I:** Yes. **P:** (C.4.1.2)Uhm...it was very enlightening. (C.4.1.3)I've never...I suppose I had thought about music making as a clinical tool briefly before ... not in so many words...but I, I have always used music with children and in community settings and at church and all that sort of stuff. (C.4.1.4)So it's not like I wasn't familiar with music making as a sort of community event or even to help people and uplift people and that but there were many aspects of the clinical side of musicing with other people I haven't thought of before. (C.4.1.5)Uhm....so I found it very...interesting I suppose...to use music in a different way than I had before. (C.4.1.6)You know whether that was in an educational setting or...uhm, as part of my BMus training or in church...or on a music camp or something like that.	 (C.4.1.3) Previously used music with children (C.4.1.3) Previously used music in community settings (C.4.1.3) Previously used music in church (C.4.1.4) Previously familiar with music to uplift people (C.4.1.4) Training taught new ways to use music for upliftment of people
QUESTION 4.2	

I: And if you think very specifically to your process....uhm...of learning clinical musicianship skills, what did it entail?	
P: (C.4.2.1)Uhm...a bit more flexibility.	(C.4.2.1) Learned more musical flexibility
(C.4.2.2)And uhm...and a willingness to venture out into many different music styles and genres of music, different instruments that I hadn't played before...uh, particularly on the guitar.	(C.4.2.2) Developed willingness to learn more musical styles (C.4.2.2) Developed guitar skills
(C.4.2.3)Although I've always played a guitar I really had to learn to use it in a different way.	
(C.4.2.4)Uhm...the same goes for the keyboard (?) and the piano and the voice not just to use them for, you know, for, for fun, or for practising or performance value but really to delve into the many many, many possibilities there are with those instruments.	(C.4.2.4) Learned to use instruments in more diverse ways
(C.4.2.5) For me (?)...I really found it very valuable in that I always thought this was, how I would end up using music, not...I never wanted to go into performance...	(C.4.2.5) Always wanted to use music in this way
(C.4.2.6)Uh, I didn't really <u>fit</u> in the education sector...	
(C.4.2.7)So it was almost like...mmm...I felt this is where I should be although it was really challenging and at times I had no idea what I was doing...	(C.4.2.7) Uncertain during training (C.4.2.7) Training challenging (C.4.2.8) Resonated with clinical use of music
(C.4.2.8)I did found it like, almost coming home, you know.	

QUESTION 4.3	
I: And were there some aspects that were particularly challenging for you, uhm, in this process of developing your clinical skills?	
P: (C.4.3.1)I think uhm...it was challenging in specific instances, probably where I was trying to plan a musical intervention for a population of people I wasn't very comfortable with, perhaps like the once I had to do song writing [inaudible] with adolescence.	(C.4.3.1) Challenging to plan interventions for difficult client groups
(C.4.3.2)Although I really enjoyed it in the end that was very challenging.	
(C.4.3.3)I've never really worked with uhm...music and adolescence together.	(C.4.3.3) Tasked with working with unfamiliar client groups
(C.4.3.4)And another population example might be with geriatrics...I'm not very afare with working with older people, uhm...so that I also found challenging to try and plan...uhm possible interventions for those people groups.	
(C.4.3.5)But when I was working with populations of paediatrics, or disability, or who ever that was, I found that uhm, that wasn't too tough.	(C.4.3.5) Easier to work with familiar client groups
(C.4.3.6)I suppose [] and now I'm just thinking of population.	
(C.4.3.7) And then I suppose also uhm....the different instruments (?) and sort of areas of music making that I wasn't always comfortable with.	(C.4.3.7)Challenging to work with unfamiliar instruments
(C.4.3.8)You know like going with the really loud, hectic stuff, that I had to match and mirror or the, uhm...even the opposite of that, the really quiet, timid potential client, uhm...ja.	(C.4.3.8) Difficult to match very loud clients (C.4.3.8) Difficult to match very timid clients

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(C.4.3.9)I suppose I find it challenging to try and find a musical intervention or try and match my music to every different kind of person in every scenario uh...that could potentially come up in my clinical work in the future.	(C.4.3.9) Matching diverse clients difficult
I: I see that you are specifically trained in piano and see you also play saxophone	
P: (C.4.3.10)Yes.	
I: Can you elaborate a little bit more on the instrumentation side?...Uhm	
P: (C.4.3.11)Yes?	
I: Uhm, were there specifically side that was, uhm [] so you said you enjoyed voie and, uhm...how comfortable were you ... or what were the challenges for you specifically instrumentation wise?	
P: (C.4.3.12)Well, uhm, on the guitar it was my initial lack of skill.	(C.4.3.12) Challenge to develop guitar skills
(C.4.3.13)I didn't really feel that in terms of being able to improvise and make music in any <u>style</u> with any kind of client, that was quite tough on guitar, although I find it quite an easy instrument to use because, uhm, it is not an intimidating instrument to use or for people to listen to or to make music along with.	(C.4.3.13) Lack of wide stylistic guitar skills (C.4.3.13) Guitar skills developed as suitable MT instrument
(C.4.3.14)The piano was tricky in a different way in that I was highly skilled classically but, uhm, was nervous to use different forms of instrumentation like different modes, or different styles of music on the piano.	(C.4.3.14) Classically trained; modes and different styles difficult

(C.4.3.15)I found it quite limiting that I only studied in a sort of classical genre. (C.4.3.16)Uhm...in terms of the saxophone, I've never used the saxophone in my clinical practice probably once, with a client that was...who really liked the saxophone so I brought it with and did a little performance with him and he did like requests and it it was part of one of my sessions but apart from that, during my clinical training I only twice took out my saxophone at the course, and that was when we had improvisation workshops with everyone brought their instruments and we just musiced together. (C.4.3.17)But it wasn't physically in terms of clinical work.	(C.4.3.15) Classical training limiting (C.4.3.16) Saxophone limiting in MT
QUESTION 4.4	
I: OK. You mentioned that you found the planning of the interventions with the client groups...that you found that quite challenging. How did you deal with those challenges, as well as the instrumentation side? How did you deal with those challenges? **P:** (C.4.4.1)Uhm... the challenge was the abstractness of it... (C.4.4.2)How we had to plan interventions for client groups that we possibly had never even met or you know when you plan your interventions for your lecturers who are acting as different client groups or populations, or, or groups of people. (C.4.4.3)Or when your class mates are acting as...you know in the beginning when you are not actually doing clinical work with actual clients.	 (C.4.4.2) Difficult to work with unfamiliar client groups

(C.4.4.4)That was quite challenging, because we have not been exposed to...a lot of those client groups.	(C.4.4.4) Lack of previous exposure to many client groups
(C.4.4.5)So I suppose I didn't really know <u>how</u> to use my instruments with those groups, in the beginning especially.	(C.4.4.5) Uncertain how to use instruments with unfamiliar client groups
(C.4.4.6)Uhm...just repeat your question again, I think I've got a bit off tangent.	
I: How did you deal with those challenges?	
P: (C.4.4.7)I think it was just the constant music making that we [] I mean we had to constantly engage in musicing with each other or with clients at my different clinical placements I think it was just practise makes permanent...like that kind of a situation.	(C.4.4.7) Practising clinical musicianship increased competence
QUESTION 5	

I: Alright...you've already talked a little bit about [] you actually made a comment about your classical training.	
But uhm... do you think that you past musical training before the course impacted on your experience of developing clinical musicianship skills?	
P: (C.5.1)Yes, in two ways.	
(C.5.2)My classical training during my BMus was valuable in that I was confident enough on the piano but restricting in that uhm...I was required to be a lot more free where as in your classical training it was very strict, you have to read sheet music.	(C.5.2) Previous classical training brought piano confidence (C.5.2) Previous classical training; now expected to play freely (C.5.2) Free clinical musical training very different to strict classical training
(C.5.3)Its...the, the clinical musicianship was very different to my training during BMus.	
(C.5.4)And in a completely different sense I've always played keyboard in church and in different setting like that which...which is <u>not</u> with sheet music it is with chords and in a band and in a group and ...	(C.5.4) Previously used music in church (C.5.4) Previous church playing without sheet music helpful
(C.5.5)So in that sense <u>that</u> was very helpful 'cause I was use to [] it wasn't pure improvisation but I was use to kind of working in groups of people and uhm...trying to...trying to get the best sound and outcomes with the group I was working with.	(C.5.5) Previous church playing working in groups helpful
(C.5.6)Uhm, so in that sense that previous music training I found very helpful.	
(C.5.7)Although, also limiting in the sense that it was a specific style of music where as during my clinical training as part of BMus I was really required to	

venture out into different styles of music different modes, different genres that I wasn't particularly confident in though I suppose the more I ventured out the more I learnt the more I learnt to kind of let go... **I:** Uhm...My next question I think you actually just answered, but I'm still going to read it just in case you've got something to add.	(C.5.7) Clinical musicianship requires stylistic diversity (C.5.7) Initially lacked confidence in stylistic diversity (C.5.7) Learned musical freedom
QUESTION 6.	

I: Aah...So, do you think your past participation in music, so not necessarily your formal training but just the <u>way</u> you participated in music, before you trained uhm...in music therapy impacted on your developing of clinical musicianship skills? **P:** (C.6.1)Definitely. (C.6.2)And I actually wish that I had possibly done even more things like during the course I joined a saxophone group and that sort of stuff... (C.6.3)Uh more free musicing with other people. (C.6.4)You know just getting together, on a more casual basis, and just making music with others and in another sense I've always made music in terms of...of community musicing if there was like an outreach thing I would go along with like my keyboard or after my after I finished school I went to America and I was in a band there that kind of ... (C.6.5)All of those different musical aspects of my musical life definitely impacted on my ... on my...on my clinical training. **I:** So in the sense that, uhm...it prepared you for playing, uhm... well playing with others but also using your instrument in a more flexible way or in what way did it...contribute? **P:** (C.6.6)Yes, definitely the flexibility that it offered me, perhaps also an element of like confidence, that I wasn't just use to sitting behind sheet music the whole time that I was confident improvising with just chords and stuff like that.	(C.6.2) Felt more free musicing with others would have been beneficial during training (C.6.5) Bringing a variety of musical experiences to training beneficial (C.6.6) Variety of prior musical experiences gave confidence (C.6.6) Variety of prior musical experiences helped developing improvisation (C.6.6) Variety of prior musical experiences helped prepare for group work (C.6.6) Some prior preparation for improvisation

(C.6.7)In that sense, I wasn't completely in the dark. (C.6.8)Uhm...and, and like you said the dynamics of working in a group and that I also think did help, that I didn't have purely...like BMus training before that I also had played elsewhere.	
QUESTION 7	

I: OK. Did the way you identified with music, so your musical identity that you carried with you before training as a music therapist, uhm...did it change in any way after learning clinical musical skills?	
P: (C.7.1)Definitely.	
(C.7.2)I saw music in a different light.	
(C.7.3)So instead of being something that I could perform or apply or play to someone....it became more of...	
(C.7.4)I suppose it gained just more of a deeper meaning that when I was making music I wasn't just aware of the service value of the music I was making but also all the layers within the music that it wasn't just...	(C.7.4)MT training: now understands greater levels of music's influence
(C.7.5)Uhm, uh..ag I can give you lots of examples but If I was played...ah...sitting down and playing piano at home and there was a child in the house and they heard me I might be more aware of the way in which they interpret the music or if I sat down in church and played I might be aware of the way in which ... like the group musicing that the band was making or even the whole church was making was really uhm...affecting their sort of place in the world.	
(C.7.6)Or even if I found myself uhm, teaching piano or something like that now, I'm aware of the psychological value it has so I think my whole view, outlook on music has changed.	(C.7.6) MT training: now greater understanding of music's psychological value
I: And would you still...you mentioned in your questionnaire when I asked what is your musical identity before studying, you mentioned that you are a	(C.7.7) Difficulty reflecting on 'musical identity'

music teacher, you play in quartets and you do musical outreach. If someone would ask you the same question now?	
How would you explain your musical identity?	
So before training you said you are a music teacher, you played in church..[]	
P: (C.7.7)Ja...	
I: [] and you do outreaches...yes.	
Has that changed after the course?	
P: (C.7.8)Definitely.	
(C.7.9)I don't think any of that stuff has fallen away although I feel that I'm first and foremost a music therapist I'm not purely any of those other things anymore.	(C.7.9) Primary musical identity now 'music therapist'
(C.7.10)So I don't just play in a sax ensemble, I play in a sax ensemble and I'm always aware of the group dynamics and I'm always aware of how the music is affecting everyone.	(C.7.10)MT training impacts ensemble playing: greater awareness of group dynamics
	(C.7.10) MT training impacts ensemble playing: greater awareness of music's effects on people
(C.7.11)Or if I'm teaching music, in inverted commas, to...at the remedial school I work at currently, I'm aware of the impact that music has on their concentration or on their group dynamic when they're making music together or, uhm...on their attention spans and that sort of stuff.	(C.7.11) MT training impacts music teaching: awareness of music on children's concentration
(C.7.12)I'm not...nothing is purely one thing anymore.	(C.7.11) MT training impacts music teaching: group dynamics
(C.7.12)I don't do ... I don't see things through the same lens anymore so I don't just do community music it would be...uhm so much more valuable to	(C.7.11) MT training: assists understanding the multiple levels of musical experiences

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me not because my musicing particularly has changed but the way in which I view what I'm doing has changed.	(C.7.12) MT training: understanding of musicing changes in general, even where musicing activities don't
QUESTION 8.1	
I: And that is...you basically just answered the next question as well. Which is, would you say that the manner in which you experience music or practice music in a non-clinical setting has changed since your training? [] **P:** (C.8.1.1) []definitely **I:** So [] **P:** (C.8.1.2)Ja even tonight I was at a...a...a saxophone ensemble meeting, I was one of the people that was auditioning people and there were three people on the panel. (C.8.1.3)And they're all very good saxophonists and very good musicians and they asked 'what piece are you playing', 'how long have you played the saxophone', and I found myself asking questions like 'what <u>attracted</u> you to the saxophone and how does playing it make you feel' and ... like deeper questions like that. (C.8.1.4)So even then I found myself in a different role, almost. **I:** And can you maybe give me other examples of where you experience music..uhm... do you experience it in a different way? **P:** (C.8.1.5)Ja, I think when I listen to music I experience it differently	(C.8.1.3) MT training: deeper understanding and application of people's relationship to music (C.8.1.4) Now take on different roles even in general musical settings (C.8.1.5) After training: listen to music differently

whether I'm in the car or in the bath or where ever.	
(C.8.1.6)And...and ..most recently if I make music with my son, you know he's only one, so if we're just playing on the drum or if we're shaking the shaker and dancing to music I'm so aware of the way in which he looks to me whether I've mirrored something he has done or gets excited if I copy something or if I'm on the same intensity level as him.	(C.8.1.6) MT training impacts parenting: greater awareness and use of musical relationship
(C.8.1.7)I'm so aware of our interactional synchrony compared to before where I would have probably done similar thing you know try to play the same tempo and same dynamic level but not being aware of the effect it is having on our relationship and our attachment.	
(C.8.1.8)So it has come quite close to home recently.	
(C.8.1.9)Uhm...those are really the only areas besides for my own practice as a music therapist where I'm making music currently.	
QUESTION 8.2	
I: Would you attribute all these changes to your music therapy training? **P:** (C.8.2.1)Ja, definitely.	
QUESTION 9	

I: Do you have any comments regarding how clinical musicianship skills are taught during the uhm...therapy programme?	
P: (C.9.1)Uhm...I think they could be more frequent.	(C.9.1) Would have valued more hours of clinical musicianship training
(C.9.2)I think that is the only thing I would change if could change anything or suggest anything.	
(C.9.3)I really valued our times of musicing together and those clinical musicianship classes, uhm, I found them the most valuable in my training actually.	(C.9.3) Most valuable in training: musicianship classes
(C.9.4)I know that the theory, ethics, the history of music therapy all that stuff was very important all our EQ' and such and such, but every time we sat down, even if it was just to improvise together as a group, or if they were focussing on a specific clinical musical skills, I found that to be <u>tough</u>, and challenging even more challenging than the theoretical classes.	(C.9.4) Helpful to make music with classmates (C.9.4) Developed largely in clinical musicianship classes (C.9.4) Clinical musicianship classes challenging - growth
(C.9.5)But the most valuable for my training and my practise now as a music therapist so, anyway.	
(C.9.6)I think if I could suggest anything it is that we should probably be making more music together.	(C.9.6) Would have valued more time to make music with classmates
I: And is there any specific aspect in the music making, so I've had suggestions of song writing, or practising if it was chord progressions or playing in different modes, or whatever.	
(Are there any specific examples that you can give or suggestions that you can make?	

P: (C.9.7)Uhm...I feel like we were exposed to many different styles of music and genres of music...and for a while during our course we did have some guitar instruction classes.	(C.9.7) MT training: exposure to many different musical styles
(C.9.8)That was <u>very</u> helpful, if that could happen more often that would be great.	(C.9.8) Guitar classes helpful (C.9.8) Would have valued more guitar classes
(C.9.9)It might be a bit boring for someone who's first instrument is guitar but for most people who studied music therapy it is not their first instrument so I found that very valuable.	(C.9.9) Guitar used frequently; most students not guitarists
(C.9.10)Even when we were required to compare things on the guitar and work towards...I don't know we had to make a blues song and then we had to do a song writing for adolescence and that sort of stuff was very useful, especially on instruments that I was not as comfortable on in the beginning and uhm...	(C.9.10) Guitar tasks set were useful for growth
(C.9.11)But I think it was just the frequency, that it should happen more often.	
QUESTION 10	

I: OK. And our very last question.	
Do you have any comments regarding how students could be further	
supported in their development of clinical musicianship skills?	
P: (C.10.1)Supported....uhm....	
(C.10.2)Let me just think about that for a while.	
I: OK.	
P: (C.10.3) Possibly just that we got maybe exposed to more different styles	(C.10.3) Would have valued even more exposure to different musical styles
of music making.	
(C.10.4) Uhm, we obviously were lectured by the same people most of the	
time and we got most of our clinical musicianship classes from Carol Lotter,	
uhm...	
(C.10.5)Perhaps if they had brought in more often a jazz musician from here	(C.10.5) Would have valued greater variety of clinical musicianship lecturers
and an African drummer from this place or whatever, I think the ...	(C.10.5) Would have valued more instruction from a jazz musician
	(C.10.5) Would have valued more instruction from an African drummer
(C.10.6)And then for us to really integrate that into our training...uh, that	(C.10.6)Would have been helpful to integrate more diverse musical
kind of support.	instruction into their training experiences
(C.10.7)We even had one-one-one guitar instruction from time to time	
during our block sessions.	
(C.10.8)Uhm, perhaps there could have been some more examples of how	(C.10.8) Would have valued more clinical musical examples initially
music is used within therapy especially in the beginning.	
(C.10.9)For a long time it was bit of a grey area for me how music is linked to	(C.10.9) Use of music in the therapeutic process initially unclear
the actual therapeutic process but it became clear to me once I started	

working with people.	
(C.10.10)But during the first half of the first year, uhm maybe perhaps we could have seen more video of just clinical work or just something like that.	
(C.10.11)But in general I think Carol Lotter is very proficient with the clinical musical side of things so, I think, actually... I felt pretty well supported in that area.	(C.10.11) Clinical musicianship lecturer proficient (C.10.11) Well supported in clinical musicianship development during training
(C.10.12)There are other areas of the course that I didn't feel as supported...uh, whatever different theoretical things, but actual clinical musicianship, ...	
(C.10.13)I think it was run quite well.	(C.10.13) Clinical musicianship classes run well
I: And, not just acquiring the skill but also think of the process of change you had to go through as a musician?	
Do you think any more support needs to be given in that area?	
P: (C.10.14)Uhm...I'm not sure about this one, because we got what we got and I never really questioned it until now.	
(C.10.15)Uhm...perhaps yes, we could have help one or two discussions about our transition from very rigid classical playing to more free improvised playing but I feel that we were guided through that process quite well.	(C.10.15) Would have valued discussions regarding classical to improvisational transitions (C.10.15) Guided from classical to improvisational well
(C.10.16)Sometimes we were dropped in the deep end, that didn't feel very safe or comfortable, but I don't think that music therapy itself is particularly very safe or comfortable at times, so it was really a good reflection of how things are when you practice as a music therapist.	(C.10.16) Dropped in the deep end: appropriate to nature of MT

(C.10.17)Uhm...I possibly do think that there could have been more support but I can't really articulate <u>how</u> or <u>why</u>, but I think it is the most important aspect of the course, that's why I'm saying that. (C.10.18)Uhm, I don't think there is any more important subject. (C.10.19)So, perhaps...I'm coming back to it the whole time, but perhaps it was the frequency of when we made music together and how those clinical classes are structured, perhaps there could have been more. **I:** Ok. Is there anything that you would like to add regarding any of the questions we discussed? **P:** (C.10.20)No, I don't think so.	(C.10.17) Clinical musicianship: central component of training (C.10.19) Would have valued more clinical musicianship classes

INTERVIEW TRANSCRIPTION _D

* INTERVIEWER: I

* PARTICIPANT: P

 [ ] Square brackets between adjacent lines of concurrent speech indicate the onset and end of a spate of overlapping talk.
<u>Under</u>   Underlined fragments indicate speaker emphasis.
° °   Degree signs are used to indicate that the talk they encompass is spoken noticeably quieter than the surrounding talk.
? A question mark indicates a rising inflection. It does not necessarily indicate a question.
(inaudible) Indicates speech that is difficult to make out. Details may also be given with regards to the nature of this speech (eg. shouting).

QUESTION 1	
I: When you look back on your music therapy training what word or phrase would you use to describe it?	
P: (D.1.1)Uhm...I think self challenging, ja uhm, personally enhancing. Yes	(D.1.1) Training challenging (D.1.1) Training personally enhancing
QUESTION 2	
I: Uhm...Can you talk to me about the practicum part of the training. How did you experience it generally? **P:** (D.2.1)Uhm, generally I loved the practical side, uhm all the practical sessions was for me more than just training for me it was often really...it opened up uhm, things about myself. (D.2.2)It really made...it helped me to get to know myself better and realise, you know, certain issues and strengths that I had and also like especially with the group...uhm, group clinical sessions, uhm... (D.2.3)I felt that it really...uhm...showed how to, you know have and inward focus as well as an outward focus at the same time, so uhm... (D.2.4)Relationally I felt, you know, it was more than just learning certain skills, it was also about building relationship between us as a group...everyone studying together.	(D.2.1)Loved practical side of training (D.2.1) Learned more about self through practical part of training (D.2.2)Group clinical classes: learned about self (D.2.3)Practicum: Learned simultaneous internal and external awareness (D.2.4) Practicum: built relationships in the group

(D.2.5)Uhm, so ja, it, it was very...it was a very enriching experience the practical side...ja.	(D.2.5) Practical training enriching
QUESTION 3	
I: How would you define clinical musicianship? **P:** (D.3.1)Clinical musicianship...uhm...I would define it as using musical skills and using music for clinical purposes. (D.3.2)Thus, you are not only focussing on aesthetics, you are focussing on the interpersonal and relational aspect in...within the music. (D.3.3)So, uhm, the musical skills that you are using are uhm...focussed on...uhm... social interaction and also emotional expression, more than just an aesthetic ...ja an aesthetic focus.	(D.3.1) Clinical musicianship: musical skills for clinical purpose (D.3.2) Clinical musicianship: relational focus rather than merely aesthetic (D.3.3) Clinical musicianship: music skills for social interaction (D.3.3) Clinical musicianship: music skills for emotional expression
QUESTION 4.1	
I: OK. What was the process of learning clinical musicianship skills like for you? **P:** (D.4. 1.2)Uh...from the start? **I:** Yes. **P:** (D.4. 1.3)Sjo...I can't really remember (laughter). (D.4.1.4)But I think the very first thing that we learnt was just the basics of matching and mirroring. (D.4. 1.5)So the process started with us basically practising on each other ah...ja..I think more practically it was about us role-modelling different client groups and then having to match and mirror and ja...those...just practising those skills on one another (?) **I:** OK. **P:** (D.4.1.6)And then..always with the lecturers, supervisor, watching, guiding us, you know afterwards with discussions about what happened in that role play, what could have been done better, and then they always modelled, after we have done it, they also modelled what just happened	(D.4.1.5) Clinical musicianship: learned matching and mirroring (D.4.1.5) Clinical musicianship: learned through role-modelling

and what could be better methods or <u>different</u> methods, not necessarily better, but...	
I: Sorry, could I interrupt you quickly?	
P: (D.4.1.7)Ja..	
I: Maybe I can rephrase my question. If you think about your <u>own</u> process, and not necessarily the steps of the training, but how you experienced your process of learning these clinical musicianship skills, uhm, throughout the two-year process...	
P: (D.4.1.8)Sjo, I think, uhm, it started out with a lot of insecurities (laughter) for me.	(D.4.1.8) Experienced many insecurities at start of training
(D.4.1.9)Ja, I think my process started with just, uhm, wanting to try your best but, but constantly feeling that you are not really getting it right.	(D.4.1.9) Initially feelings of incompetence
(D.4.1.10)Uhm...and then gradually, you know as you...as you, uhm...got more confidence, and also as we started working practically within you know, ah...the different placements, seeing how, uhm...what you do made a difference or you know here and there your client really responded to whatever you did uhm, that...that really grew my confidence and as my confidence grew I, uhm...I think for me that, that just ... try more and different things and uhm ja...	(D.4.1.10) Confidence increases as see results with clients (D.4.1.10) Confidence grew - willing to try more things
(D.4.1.11)So, I mean I think towards the end still if I have to be honest I never ever felt like I've reached a place where I now know what I'm doing (laughter).	(D.4.1.11) Always felt some incompetence
(D.4.1.12)I think, uhm...still working, I sometimes feel like I'm not sure exactly what, what to do in certain situations and it's always a little bit of a shot in the dark sometimes.	(D.4.1.12) Practicing after training: still unsure in some situations
(D.4.1.13)So, I think a clinical musicianship is for me something that you always have to work on.	(D.4.1.13) Clinical musicianship: Always have to work on it
(D.4.1.14)I think you have to balance it with uhm...music skill also.	(D.4.1.14) Clinical musicianship: requires developing musical skills
(D.4.1.15)So always listening to, and practising different genres.	(D.5.1.15) Clinical musicianship: requires skills in different genres

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(D.4.1.16)I think, uhm, well my process is still continuing in terms of that, and you...within practice you, you realise constantly you are a little bit out of your depth, so uhm....ja, so you always have to, when you start working with clients you realise oh, this client he really relates to Jewish music so suddenly you have to learn that so I think for me my whole process was kind of learning that you always have to learn. (D.4.1.17)Ja. You have to continue learning.	(D.4.1.16) Practice after training: often out of your depth (D.4.1.16) Have to learn music that suits your client (D.4.1.17) Always need to continue learning
QUESTION 4.2	
I: Uhm. Yes. And, again focussing on the two year, the two year process, what did <u>your</u> process of learning clinical musicianship skills entail? **P:** (D.4.2.1)Uhm....Well I don't know...well for me... (D.4.2.2)I'm not sure exactly what you want me to say there... **I:** So, if you think of where you started, what were the skills that...so thinking about the process, what were the skills and the things <u>you</u> had to learn. So not necessarily what was taught to you but what you realised these are the things that I had to ...ja **P:** (D.4.2.3) Oh OK. (D.4.2.4)I think for me I really had to develop my guitar skills, that was one of the main things. (D.4.2.5)I wasn't really a guitar player before. (D.4.2.6)So, learning to play guitar was one [] a big step in my process. (D.4.2.7)Also becoming uhm ... rhythmically more flexible, uhm... (D.4.2.8)You know I was brought up in a classical training so I had to start thinking out of the box. (D.4.2.9)So my two year process really involved challenging myself rhythmical wise and also you know, with uhm...kind of different beats. (D.4.2.10)Not your normal four-four or two-four beats. (D.4.2.11)Kind of thinking more out of the box for me that was a big part of	 (D.4.2.4)Had to develop guitar skills (D.4.2.7)Classical training: then had to learn rhythmical flexibility (D.4.2.11) Classical training then had to learn other harmonies

my process learning to not stay within conventional rhythms, beats and, and also harmonies.	
(D.4.2.12)I think for me, ja, that was massive.	
(D.4.2.13)Like thinking on your feet in terms of new and different and...exotic harmonies.	
(D.4.2.14)Ja. I think those three are the biggest.	
I: And if you move away from musical skill and you think more about therapeutic ...uh therapeutic skills?	
P: Oh. (D.4.2.15)As I said I think it started with specific matching and mirroring, then definitely working towards you know a place of synchrony with a client.	
(D.4.2.16)You know I think that was a massive part of [] learning how to develop synchrony and interactional synchrony with clients.	(D.4.2.16) Clinical musicianship: learning to facilitate synchrony
(D.4.2.17)And then, a very big thing for me was, uhm, starting to challenge clients and not only staying in a comfort zone, so that was a big, big part of the learning curve for me was, uhm, starting to challenge clients and not just stay when you reach the comfortable synchrony uh...uh within your musical relationship.	(D.4.2.17) challenge: Learning to challenge clients for the sake of growth (D.4.2.17) Challenge: not to remain in a comfort zone with clients
(D.4.2.18)Just not, not staying in that but challenging the client and being willing to break that synchrony for the sake of growth and flexibility, ja.	
QUESTION 4.3	
I: Some of your answers in the next question might overlap, uhm...with what you just said. Uhm, but were there some aspects that were particularly challenging for you?	
P: (D.4.3.1)Uhm, yes.	
(D.4.3.2)I think for me specifically the most challenging was uhm, to be willing to break uhm...break the synchrony for the sake of growth.	(D.4.3.2) Most challenging to break synchrony with client
(D.4.3.3)Specifically because I realised during the course that one of my	(D.4.3.3) Personal learning in training: ability to engage with conflict in music

biggest uhm...biggest challenges uhm...on an interpersonal level was, uhm, conflict.	
(D.4.3.4)You know being willing to engage with conflict so, uhm, I had to deal with, uhm the psychological part of conflict within music uhm...being willing...to, to be conflicting within the music and challenging the client uhm, with, with the fear that that might break the relationship or the clinical relationship that you've built.	
(D.4.3.5)So uhm, I think that for me was definitely the most challenging. Uhm...ja.	
(D.4.3.6)I think that's it.	
QUESTION 4.4	
I: OK. This might be difficult to answer but were there specific ways in which you dealt with that challenge?	
P: (D.4.4.1)Uhm...I...sjo...I think, well yes, but it was more in a practical manner.	(D.4.4.1) Dealing with challenges through practise in group
(D.4.4.2)So, we were a very close group, so we really dealt with it even outside clinical sessions.	
(D.4.4.3)We would challenge each other on that so I think working with my, with my group uhm, like my...the other students that studied with me I think that was one way that we you know, we, we practised that...in a practical manner.	
(D.4.4.4)And, uhm, I think speaking about it, with my lecturers and also with my...with the other students .	(D.4.4.4) Dealing with challenges through speaking with lecturers (D.4.4.4) Dealing with challenges through speaking with other students
(D.4.4.5)Uhm, ja, being open about it and also you know, kind of dealing with the <u>reasons</u> behind my fear for conflict.	(D.4.4.5) Required to engage in personal introspection (D.4.4.5) Dealing with personal issues vital part of training
(D.4.4.6)That, that was a big thing, ja.	
QUESTION 5	

I: OK. So, moving on to a little bit of a different focus. I see from the questionnaire that you completed that you studied BMus and you also did licentiate in teaching.	
P: (D.5.1)Yes.	
I: Do you think that your past musical training, so your musical training before, before you studied music therapy, impacted on your experience of developing these clinical musicianship skills? And if so, how?	
P: (D.5.2)Oh yes definitely.	
(D.5.3)I think, uhm because I studied music it gave me a lot of confidence with regards to my musical ability, and also I could see you know, with regards to you know, seeing how some of the other student that didn't study music, just with learning different chord structures, learning different uhm...uh...learning different musical techniques.	(D.5.3) BMus: felt confident to learn new musical techniques and chord structures
(D.5.4)I mean we, we did training with, uh learning how to play rumba's and samba's and different chord progressions that you could use, uhm...slapping techniques...uhm...and especially like I think with piano improvisations.	(D.5.4) Learned different styles of playing
	(D.5.4) Learned different chord progressions
	(D.5.4) Learned new guitar techniques
(D.5.5)The fact that I was very fluent with piano and also fluent theoretically that helped me grasp certain musical concepts much quicker.	(D.5.5) Piano proficiency: assisted in grasping new musical concepts
(D.5.6)Uhm, so uhm...	(D.5.5) Theoretical proficiency: assisted in grasping new musical concepts
(D.5.7)Also with drumming, after four years of studying music I was, I was confident about what I could do on a musical level and I had definitely had confidence in my ja...in my ability which, which helped me to challenge myself musically more.	(D.5.7) BMus: had confidence in musical capabilities
	(D.5.7) BMus: confidence to challenge self musically
I: And, you mentioned earlier that one of the skills that you had to work on a lot was developing that rhythmical flexibility.	
Uhm, and in terms of the harmonies and being able to move and change.	
Uhm, do you think that your classical training uhm, had an influence on that?	
Did it make easier or more difficult?	

P: (D.5.8)Uhm, ja. (D.5.9)Actually now that you mention it I maybe the classical training did initially <u>hinder</u> the, you know, the flexibility. (D.5.10)But, but in all honesty I don't think it hindered it too much. (D.5.11)I think it was just for that first month or two. (D.5.12)But uhm, it was quite easy for me to break out of it. (D.5.13)I know, classically you are..rhythmically wise and because you for so long were trained in specific structure, you know, within music uhm. (D.5.14)That made the rhythmical thing a little bit difficult. (D.5.15)Uhm, the, you know, moving between three-four and four-four and bringing in strange beats and things like that I think that for me was quite difficult because my mind was already so use to certain...uhm, certain beats, certain structures. (D.5.16)<u>But</u>, uhm, it wasn't a big thing for me to overcome. (D.5.17)I think it was literally just a few months.	(D.5.9) Classical training: initially hindered flexibility (D.5.12) Classical training: could easily break out of initial restraints (D.5.15) Classical training: initially difficult to move between different meters
QUESTION 6	
I: Do you think your past participation in music, so besides for your training before music therapy, but the way and where you participated in music. Do you think <u>that</u> impacted on your experience of developing these clinical musicianship skills? **P:** (D.6.1)Uhm...I'm not sure. (D.6.2)I think, ... I was always quite shy about playing before...in front of people. (D.6.3)And I think the music therapy course help me overcome that. (D.6.4)I'm not sure if it really impacted...I uhm...more that you know...perhaps, because of the, you know, competitions and presures related to early musical training. (D.6.5)I think <u>that</u> caused me to initially be, be quite uhmm..ja, shy, shy	(D.6.2) MT training helped overcome shyness to play in front of others

about playing in front of people and nervous about, you know, about, uh...you know, performing. (D.6.6)And uhm, doing the music therapy training, I think that helped me to overcome that. **I:** And, if you think about it, did it have an impact on the relational side, of music therapy? So, now not just a focus on performing or making music, because obviously in the course you made music not only with your clients but also in a group while you were studying with other students and in front of the lecturers. But, what about your relational side of the music therapy, was it strange for you, or...ja, to be in a musical relationship with your clients? **P:** (D.6.7)Not at all. (D.6.8)Uhm, for me, I thought that it was very very natural. (D.6.9)Uhm, I think...because I was, I knew before hand what it would entail and it was kind of the reason why I studied music therapy because I'd always felt that there was such a relational aspect of music. (D.6.10)So, for me participating in a musical relationship was, wasn't strange at all. (D.6.11)I felt that, that from the start I knew that that was going to happen. (D.6.12)Also I should mention that I did in my fourth year, I did a basic music therapy subject at the university. (D.6.13)So I kind of knew what was coming and I think that's why when I started working with clients I didn't feel strange at all.	(D.6.8) Therapeutic relationship felt natural: matched expectations (D.6.9) Relational aspect of music was motivation for studying MT (D.6.11) MT 4th year subject: knew what to expect

QUESTION 7	
I: OK. And, again looking at your questionnaire, uhm, you said that you, when I asked what was your music identity before studying music therapy, and you said music teacher and a classical music. Did the way that you identified with music prior to studying music therapy change in any way after learning these clinical musicianship skills and developing into a therapist? **P:** (D.7.1)Uh yes. (D.7.2)Yes, it definitely did. (D.7.3)It make me more aware of the psychological value of music. (D.7.4)Uhm, I mean I was always aware of it, but it made me more, uhm, consciously aware of the impact of music and also, uhm, I think also in terms of relationship, you know, uhm, definitely the, you know, let's say the wide variety of ways in which music could be used and also, just simply all the different genres and different ways in which music can be used. (D.7.5)So, not being stuck within a classical frame work, uhm, but being able to use music flexibly and also I think improvisation for me was uh...a massive thing. (D.7.6)So, uhm...I think...that change, changed my...almost my relationship with music. (D.7.7)So, whereas before I studied music therapy the music I personally played was usually know songs. (D.7.8) I didn't really play, uhm, my own music at all. (D.7.9)It was all either classical or for a church band or whatever but it was all known songs and easy to follow. (D.7.10)While, uhm, as I started to study music therapy I definitely exploring writing my own things or improvising on the spot and then also, uhm, started doing more improvisation groups with friends. (D.7.11)You know, just musically just engaging...normal people, not in a	(D.7.3) After training: more aware of psychological value of music (D.7.3) After training: more aware of variety of ways music can be used. (D.7.5) After training: uses music more flexibly (D.7.6) Training changed relationship with music (D.7.7) Before training: played pre-composed music; after training: improvises/composes own material (D.7.10)During training: more free improvisation with friends

therapeutic manner but just in a relational manner.	
(D.7.12)So, using improvisation as a way to just be together with friends.	
(D.7.15)Uhm, ja definitely just opened up my eyes to the possibilities of that.	
I:And the way you yourself identify, so your musical identity, would you still say that you are a teacher and a classical musician?	(D.7.13) Classical musician still part of ID
P: (D.7.13)Ja...Uhm...It is still part of it.	(D.7.13) Teacher still part of ID
(D.7.14)I think it is less of a part of my identity, I mean I still keep up I try to keep practising some of my classical pieces.	(D.7.14) After training; still practise classical piano pieces to keep skill
(D.7.15)I mean purely from a skills, a skills development point of view I don't want to lose those skills.	
(D.7.16)And uhm...I am still a teacher I do still teach music in the mornings so...so those are still part of my identity.	
(D.7.17)I think my identity, my musical identity has just <u>grown</u> so.	(D.7.17) After training: musical identity expanded
(D.7.18)Those...that, that's still part of it but now therapist is also part of it and improvisa[]...what would you say...'improvisator' (laughter), also, and just...ja.	(D.7.18) Training added 'improviser' to ID
(D.7.19)Session musician...you know those things all came along after therapy and I think because of the therapy training.	(D.7.19) ID as session musician informed by training

QUESTION 8.1	
I: Uhm...I think in part you already answered my following question, but maybe there is something you would like to add. Would you say the manner in which you experience music and practice music in a non-clinical setting has changed since you completed your music therapy training? And if you can name examples **P:** (D.8.1.1) Ja, definitely. (D.8.1.2)Like I said earlier, uhm...I use to never want to play before...uh in front of other people. (D.8.1.3)Uhm, and if I did it was classical and I was very nervous and stressed about it. (D.8.1.4)Now, one of my favourite things is to invite friends over and make music with them in just an improvisatory role. (D.8.1.5)I also uhm, you know, definitely have more confidence with regard to playing you know, in a church band. (D.8.1.6)I play in a church band now, so...I've got more confidence to changing something you know, maybe by saying listen, maybe we can do this, uhm...this will sound better or bringing in my own little things on the piano uhm. (D.8.1.7)Definitely that would never have happened if it hadn't been for the training. (D.8.1.8)Uh, training me you know, <u>what</u> isn't played. (D.8.1.9)Uhm, ja, so...I think that is it. **I:** Sorry (laughter)I'm going to ask one more question on that theme... You spoke now of how you made music and what about how you experience music or listen to music? **P:** (D.8.1.10)Uhm, at the moment, I actually am a little bit off listening to music because it is so part of what I do constantly.	(D.8.1.2) Before training: nervous to play in front of people; after: enjoys making music with others (D.8.1.5) After training: more confident to offer suggestions in church band (D.8.1.8) After training: know how to listen to what is not being played (S.8.1.10) Listen to music less due to saturation

(D.8.1.11)I often find myself changing stations to something that is rather like a talk, talk station just because, you know...music ...listening to music is sometimes just a bit over ...too much. (D.8.1.12)So in terms of that definitely, but I think that might be more working as a music therapist rather than having been trained as one. **I:**... or having the skills. **P:** (D.8.1.13)Ja..It, it is not really related to that, so uhm..It did broaden my horizon in terms of <u>what</u> I listen to. (D.8.1.14)So before it was really as I said in the questionnaire also, it was more basic rock, pop, you know ...uhm, just popular music. (D.8.1.15)Whilst now I really also enjoy jazz, blues and listening to more classical music than I use to ever do. (D.8.1.16)But...ja, so it has broaden my horizon with regard to listening to music but, but also hand in hand with that is the fact that I listen to music less simply because it is so much a part of what I do	(D.8.1.13) Training: broadened musical taste
QUESTION 8.2	
I: Are there specific things in your training or within yourself that caused these changes? **P:** (D.8.2.1)Sorry, just repeat the question? **I:** Still reflecting on how you experience and make music differently now, are there specific things in the training that you can attribute this change to? **P:** (D.8.2.2)Uhm...I think, mostly it would specifically be the <u>group</u> clinical sessions that we had ... [lost connection] **I:** Hi, we lost connection there. Can you please repeat that? All I got was 'group clinical sessions'. **P:** (D.8.2.3)Ja, it was definitely the group clinical musical sessions where we had improvisations, you know sometimes focussed on a specific things or even when it was about uhm...about you know role modelling (laughter) a	(D.8.2.3) Clinical musicianship classes: value of role play (D.8.2.3)Clinical musicianship classes: explorative (D.8.2.3) Clinical musicianship classes: taking risks

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client group where that challenged you[] or not challenge but gave you the permission to be crazy or just, you know be someone that you are not. (D.8.2.4)Uhm, that kind of gives you the freedom to explore with things that you wouldn't necessarily explore with if you're suppose to be this good musician. (D.8.2.5)So, those group sessions really helped me to step out of my comfort zone musically wise so that was definitely the biggest thing that helped me to become more of a free musician I'd say.	(D.8.2.5) Clinical musicianship classes: facilitated developing musical freedom
QUESTION 9	
I: Uhm. OK, great. Last two questions. Do you have any comments regarding how clinical musicianship skills are taught during the Masters therapy programme? **P:** (D.9.1)Uhm, I thought the way it was taught was really brilliant. (D.9.2)I think, with regard to out specific lecturers, they're extremely talented and they know what they are doing. (D.9.3)And the guidance was really great while we were studying. (D.9.4)I wish there was more. (D.9.5)So with regards to the training programme as it is where you only come in for practical sessions you know once every three months or..I can't remember specifically, but it's, it's maybe two weeks at a time where it is very intensive but there are such big gaps where you are suppose to work musically, clinically on your own or with a friend maybe if you're lucky enough to have someone close by. (D.9.6)But, uhm, I means that truly just isn't as intensive and you know as big a learning experience as when you are actually at a class with your lecturers, with your fellow students. (D.9.7)Those sessions, when we were physically there, practising and training, that was brilliant.	(D.9.1) Excellent clinical musicianship instruction

(D.9.3) Would have valued more clinical musicianship classes

(D.9.5) Block sessions intensive

(D.9.6) Self practice required between blocks – harder to become confident |

(D.9.8)You know we, we learnt the skills that we needed to.	(D.9.9) Would have valued more supervision between blocks for practical skills
(D.9.9)But in terms of developing those skills even more, I felt that there was not really enough opportunity to really, really become confident, because if you had to go and develop those skills as best you could without really having the supervision I sometimes felt was needed.	
I: Uhm. So would you say that... so more time needed with the group practising those skills?	
P: (D.9.10)Yes, definitely.	
QUESTION 10	
I: OK. Do you have any comments regarding how students can be further supported in their development of clinical musicianship skills?	
P: (D.10.1)Uhm, while they are studying?	
I: Ja	
P: (D.10.2)Uhm. I think, you know maybe, uhm...mmm...	
(D.10.3)It's a difficult one because the students are so separated from one another.	(D.10.3) Students being far apart makes support difficult
(D.10.4)I would want to say, you know, maybe starting a once a week clinical musician group with fellow students.	(D.10.4) Suggests weekly student clinical musician groups
(D.10.5)That would be ideal, where students could come together at least once a week to practise a specific skill, let's say matching or mirroring or challenging... uhm, or reflecting.	
(D.10.6)Or you know coming together weekly for something like that.	
(D.10.7)But because the students are so spread out I don't think that is necessarily possible.	(D.10.7) Students being far apart makes it difficult for them to practise together
(D.10.8)I think, uhm, maybe they must make it mandatory for students to have, uhm, music lessons.	(D.10.8) Mandatory lessons in new instrument might be valuable
(D.10.9)Maybe unconventional music lessons with someone, you know, if it is that you are a pianist and you are not good at guitar, those guitar lessons	

| should be mandatory.
(D.10.10)I know with, with us they just said it is advised, but it wasn't mandatory so very few of us actually did it.
I: Uhm. OK.
P: (D.10.11)Ja..
I: Uhm. Is there anything else that you want to add or something that you thought of afterwards with regards to any of the questions?
P: (D.10.12)Uhm, no, no I think I said everything (laughter)
I: (laughter). OK. Well thank you very much | |

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INTERVIEW TRANSCRIPTION_E

* INTERVIEWER: I

* PARTICIPANT: P

[ ] Square brackets between adjacent lines of concurrent speech indicate the onset and end of a spate of overlapping talk.

<u>Under</u>   Underlined fragments indicate speaker emphasis.

° °   Degree signs are used to indicate that the talk they encompass is spoken noticeably quieter than the surrounding talk.

? A question mark indicates a rising inflection. It does not necessarily indicate a question.

(inaudible) Indicates speech that is difficult to make out. Details may also be given with regards to the nature of this speech (eg. shouting).

QUESTION 1	
I: So the first question, when you look back on your music therapy training, what word or phrase could you use to describe it? **P:** (E.1.1) Ah, very practical. (E.1.2)Uh, intense, challenging...and rewarding.	(E.1.1) MT training very practical (E.1.2) Training intense (E.1.2) Training challenging (E.1.2) Training rewarding
QUESTION 2	
I: OK. Can you speak to me about the practicum section of the training. How did you experience it generally? **P:** (E.2.1)Uhm, if we talk about, talk about the ... ah what do you call it ... the practical sessions that we had...clinical resources..those I really found enjoyable. (E.2.2)I think that was the part that I actually enjoyed the most about the course, was clinical resources. (E.2.3)Uhm, I learnt a lot that I didn't know. (E.2.4)Especially with...obviously, obviously the skills were new, but even	(E.2.1) Clinical resources enjoyable (E.2.2) Enjoyed clinical resources the most (E.2.4) Clinical resources: Learned new skills

musically I learnt a <u>lot</u>...just as a musician.	(E.2.3) Clinical resources: learned a lot as musician
(E.2.5)Uhm, so I really enjoyed that part.	
(E.2.6)I think the, ... if we talk about supervission, ... that was challenging I think on a personal level...but, I really felt that I grew.	(E.2.6) Supervision personally challenging
	(E.2.6) Growth through supervision
I: And the clinical work as such?	
P: (E.2.7)Do you mean how I experienced it or generally?	
I: Ja, just how you experienced it generally?	
P: (E.2.8)Uhm...I really enjoyed, I really enjoyed the work in the different placements, especially that there was a lot of variety.	(E.2.8) Enjoyed variety of placements
(E.2.9)We were introduced to a lot of variety and that was great.	
(E.2.10)Uh, I did not necessarily <u>enjoy</u> or feel that I would work in all those places later on, but I think it was valuable that I got the experience in all of those different client groups in those different contexts.	(E.2.10) Variety of placement experiences valuable
(E.2.11)Uhm...ja I think it...I would like to say got easier.	(E.2.11) Clinical work got easier
(E.2.12)Because at fist, well at first, you are really kind of thrown in the deep end, uhm, I can remember my first two placements (laughter).	(E.2.12) Dropped in deep end
(E.2.13)If I look back, I'm like wow.. (laughter) I don't know if I really knew what I was doing, at first.	(E.2.13) Grew during training
(E.2.14)But ja, defenitely grew.	(E.2.15) Supervision critical for growth
(E.2.15)And the supervission was critical.	(E.2.15) Clinical resources citical for growth
(E.2.16)And clinical resources...could not have done it without that.	
QUESTION 3	
I: OK. How would you define clinical musicianship?	
P: (E.3.1)Clinical musicianship....Ah...what would be required?	
I: Just, how would you define it. How would you describe it to someone, or how do you make sense of clinical musicianship?What do you understand as clinical musicianship?	
P: (E.3.2)OK. Understand it as your musical skill...the level of your musical	(E.3.2) Clinical musicianship: Level of musical skill used with therapeutic

skill, uhm, that is used... like, that is used <u>with</u> your therapeutic knowledge, or your way of working as a clinician. (E.3.3)So, not just being a musician, but fully being a musician and fully being a therapist. (E.3.4)And being able to respond in music from both of those ways of thinking. (E.3.5)From both of those...ja.. **I:** OK.... **P:** (E.3.6)So being able to <u>use</u> music and work through music with a therapeutic....with a goal in mind...a therapeutic goal in mind.	knowledge (E.3.2) Clinical musicianship: being a clinician not just musician (E.3.2) Clinical musicianship: fully musician + fully therapist (E.3.4) Clinical musicianship: use of music with therapeutic goal
QUESTION 4.2	
I: OK. And if you look back on your process of learning clinical musicianship skills. What did your process entail? **P:** (E.4.2.1)I think, I needed to expand in my use of genres, and that is still something I need to work on. (E.4.2.2)To use different styles and genres so that I can meet the needs of a client, meet the clients with what they can relate to. (E.4.2.3)Uhm, I also needed to up my guitar skills, uhm, needed to, learn to use my voice better, more confidently. (E.4.2.4)Uhm, reapeat the question please... **I:** I actually asked you the wrong question first, so maybe we can go back a step. **P:** (E.4.2.5)OK.	(E.4.2.1) Had to expand use of genres as tool for relating (E.4.2.3) Had to improve guitar skills (E.4.2.3) Had to improve voice skills
QUESTION 4.1	
I: What was the process of learning clinical musicianship skills like for you? **P:** (E.4.1.1)Mmm...I would defenitely describe it as a broadening. (E.4.1.2) I would use the word..broadening.	(E.4.1.1) Learning clinical musicianship skills: broadening

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(E.4.1.3)Uhm..and challeging.	(E.4.1.3) Learning clinical musicianship skills: challenging
(E.4.1.4)So not just thinking about music and the way we use music as... kind of, boxed in or even just really looking at what music is.	(E.4.1.4) Thinking differently about what is music
(E.4.1.5)So someone might listen to a session and say "is that music? It is just noise".	
(E.4.1.6)But to read the noise, or to read the sound actually as communication and to take what the client is giving you as valuable information.	(E.4.1.6) Learning to read sound as communication
(E.4.1.7)So to be able to read your client, to.. for you to communicate and also to, to receive and to kind of decode , uhm... their music.	(E.4.1.7) Learning to understand what the client communicates
QUESTION 4.2	
I: OK. Now back to the previous question I asked.Uhm, what did your process of learning these clinical skills entail? So you mentioned a wider use of genres, or exapanding your use of musical genres, developing guitar skills, using your voice more confidently. Is there anything you want to add?	
P: (E.4.2.1)Ah... I think even personally, just growing in confidence in myself.	(E.4.2.1) Self confidence grew
(E.4.2.2) And I think that you would have to do anyway as a therapist, but as a music therapist there is also the part of well what about my music and the music that I make and, and I'm a musician as well.	(E.4.2.2) Valuing still being a musician
(E.4.2.3)And as a therapist, or a music therapist we bring a different personality and we bring a different ja...we have our own set of skills as individuals as well and our own flavour that we can bring to our sessions as an, you know as an individual.	(E.4.2.3) MT allows for individuality of therapist
(E.4.2.4) And I think even, even more so as a music therapist.	
(E.4.2.5)So, there was almost in a sense that I was able to discover more about myself	(E.4.2.5) Developing clinical skills: Discovered more about self

QUESTION 4.3	
I: OK.Were there some aspects that were particularly challenging for you?	
P: (E.4.3.1)Just in learning...just in clinical musicianship?	
I: Ja	
P: (E.4.3.2)Uhm...Practically, I had to grow vocally.	(E.4.3.2) Had to grow vocally
(E.4.3.3)Ah, so at first it was difficult, but then at the end my lecturor said that actually I was very strong in that area, so, that worked out well.	(E.4.3.3) Developed vocally from weak to strong
(E.4.3.4)Uhm...I think to, also to think quickly in the moment.	
(E.4.3.5)To bring changes and to not just do the same thing and repeat the same thing over and over.	(E.4.3.4) Challenging to make changes in the moment
(E.4.3.6)That was something I found I would kind of just do the same thing again and again, whether that is in one session or from one session to the other.	
(E.4.3.7)But to use all of the, the skills that [] and the different genres.	(E.4.3.7) Challenging to use different genres
(E.4.3.8)It is something I'm still working on, but to bring change. Uhm....	
I: OK. Is that all?	
P: (E.4.3.9)Mmm, I think so.	

QUESTION 4.4	
I: OK. How did you deal with those specific challenges? You allready mentioned that supervision helped a lot. Were there other ways?	
P: (E.4.4.1)Well, practice.	(E.4.4.1) Developed through practising individually
(E.4.4.2)I had to practice by myself.	
(E.4.4.3)Sometimes with other students (laughter) but we weren't with each other much.	(E.4.4.3) Developed through practising with other students (infrequently)
(E.4.4.4)So it was pretty much me on my own.	(E.4.4.4)Growth in self confidence leads to growth in musical confidence
(E.4.4.5)Uhm ... and I think also just growing in confidence in myself.	
(E.4.4.6)You know, personally, then you are also able to step up also more	

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musically. (E.4.4.7)And I think sometimes it happens in music, and then...and then you are more confident outside of the music. (E.4.4.8)But there...I think it can work both ways.	(E.4.4.7) Musical confidence leads to self confidence
QUESTION 5	
I: OK. So shifting to a bit...a little bit of a different focus. Do you think that your past musical training before the course impacted on your experiences of developing these skills? **P:** (E.5.1)Yes, I would say so. (E.5.2)Uhm, I think because as music therapists we...we're trained to look at music so differently, so <u>studying</u> music <u>before</u>...I think I had a very different idea of...just a different perception of music. (E.5.3)You know and how we make music and what it was for. **I:** Can you elaborate a little bit? **P:** (E.5.4) Ja, just let me think a little bit (chuckkles). (E.5.5)Uhm.... Ja, I think...my training...because I was trained mostly classically so it was quite structured...although I did do, I did do a little bit of jazz as well. (E.5.6)So <u>that</u> helped me with the improvisational side. (E.5.7)So I think if I had only done classical training, I think I would have struggled. (E.5.8)But because I've been involved with jazz through high school and, and a little bit in varsity. (E.5.9)And, also I just enjoy that kind of music, then it helped me to switch over, to be able to be freer in creating music, and to improvise and, and to play around with sounds. **I:** OK. And [] **P:**[] and..	(E.5.2) MT training changed perception of music (E.5.5) Classical training structured (E.5.5) Previous Jazz experience helped with improv (E.5.9) Previous jazz experience helped to move to freer and improvisational music making (E.5.9) Previous jazz experinece: easier to be playful with sounds

I: [] carry on, sorry . **P:** (E.5.10)And I, also because, because I play a variety of instruments and I played in a lot of bands, and orchestras I have just been exposed to more..musically. (E.5.11)So I think that did help. **I:** OK. And...in terms of your experience in ... musicals? **P:** (E.5.12)Uhm...I defenitely think it helps. Because in musicals you have to be quite bold ah...just in terms of performing...uhm..so it...it gives you confidence. (E.5.13)And it gives you creativity. (E.5.14)Even, and if you think of a musical it is also very...<u>very</u> much it's telling a story. (E.5.15)So even the dramatic side...I mean we don't only use music, we use drama and we use dance. (E.5.16)So, what I found as a therapist, I realy enjoy adding dance and drama so a lot of story telling, lots of drama to music...in my sessions. (E.5.17)And, and also art. (E.5.18)So I think maybe some, <u>some</u> music therapists might purely use music or maybe less. (E.5.19)But I really <u>enjoy</u> mixing my modalities.	(E.5.10) Variety of previous musical experiences good preparation (E.5.10) Variety of instrument skills good preparation (E.5.12) Previous participation in musicals developed confidence (E.5.13) Previous participation in musicals developed creativity (E.5.14) Previous particpation in musicals preparation for musical narratives (E.5.15) Previous participation in musicals gave dance skills – use in sessions (E.5.15) Previous particpation in musicals gave drama skills – use in sessions (E.6.16) Broad previous musical experiences: openness to using the arts
QUESTION 6	
I: OK.I think in part you already answered the question, but maybe there is something that you can add. So, I just asked you specifically about the impact of your <u>musical</u> training before studying music therapy. Uhm, but do you think just your past participation in music before studying music therapy, had an influence on how you experienced, again, the development of you clinical musicianship skills? **P:** (E.6.1)Sorry...I zoned out...can you please repeat it?	

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I: Long question. Uhm. So...do you think that your past participation in music, so not necessarily your training but where and how and with who you participated in music before the course impacted on your experience of developing clinical musicianship?	
P: (E.6.2)Ah, I would say yes.	
(E.6.3)Also because...I mean I've worked with professional musicians, I've worked with teachers...all kinds of people involved with music.	(E.6.3) Previous musical involvement with a variety of people
(E.6.4)But I've also been able to use, and I didn't really mention this earlier, but I've been able to <u>use</u> music for different things.	(E.6.4) Previously used music for different things
(E.6.5)So, in our church, since I was about 5 or 6, we use to go and sing in the hospitals to the sick patients, or we use to go and play at the psychiatric home, play in a band or...do a dance or whatever.	(E.6.5) Previously made music in hospitals with church (E.6.5) Previously made music in psychiatric homes with church
(E.6.6)So, I think I've been able to see, uhm...not just like, the aesthetic..how music is aesthetically pleasing and it's great in a concert, but also how it can be taken to different contexts.	(E.6.6) Previous musical involvement: value of music not only aesthetically but also in different contexts (E.6.6) Previously using music in different context: saw value of music
(E.6.7)Even the prison.	(E.6.7) Previously made music in prison with church
I: And how did this prepare you for the training?	
P: (E.6.8)Well I think it made me see the value of music, firstly.	(E.6.9) Previously using music in different context: learned how music can be used with variety of needs
(E.6.9)And how it can be used so <u>well</u> with people with a variety of needs.	(E.6.10) Steered to music therapy - need to do more than perform
(E.6.10)So, what helped..steered me to music therapy in the first place is that I don't only want to perform but I also want to work with people who had various needs.	(E.6.10) Steered to music therapy – desire to work with people with various needs
(E.6.11)Uhm...repeat...what is the question again?	
I: I think you have answered it.	
P: (E.6.12)Was it fine?	
I: Ja, thats fine.	
I was asking how your experience influenced....before..	
P: (E.6.13)ooooh.	

I: Ja, your participation in music, before training, influenced your experience of the training. Ja, but you have answered it.	
QUESTIONNAIRE	* I did not have her questionnaire at the time, this is why I included this
I: How did you...how would you have..wait, let me completely rephrase the question. This comes from the questionnaire. So before the music therapy training, how would you have identitfied with music, or rather, how did you identify with music? Or, I can ask it in a different way, how would you explain your musical identity before the masters training?	specific question in the interview
P: (E.Q.1)Uhm..I would say, as a performer.	(E.Q.1) Identity before training: performer
(E.Q.2)Uhm, I also composed.	(E.Q.2) Identity before training: composer
(E.Q.3)Uhm...I think I also just enjoyed..I was able to just enjoy music even if I wasn't making it, I'm not sure if that was really identity though.	(E.Q.3) Identity before training: enjoyer of music
I: So you would describe yourself as a performer and composer....creating []? Or?	
P: (E.Q.4) []Ja, teacher.	
(E.Q.5)Uhm, so I did always like to share, I always shared my music whether it was through performing, or through teaching or visiting a hospital or a children's home and doing kind of little concerts or sing alongs with them.	(E.Q.4) Identity before training: teacher (E.Q.5) Identity before training: one who shares music with others
QUESTION 7	
I: OK. And would you say the way in which you identified with music prior to studying music therapy change in any way after learning these clinical musicianhsip skills? **P:** (E.7.1)The way that I identitied with music? **I:** Hmm! (yes) **P:** (E.7.2)Yes. **I:** How? **P:** (E.7.3)Uhm. ... I think I have so much more insight into the power of music	(E.7.3) After training: more insight into the power of music

(?) into what it can do.	
(E.7.4)Even if I am not in a music therapy session even if I'm in a <u>concert</u>, I can see so so much more of even what's happening between the performers, and between the audience.	(E.7.4) After training: more aware of the connection between audience and performers
(E.7.5)Uhm, if I had to...if I had to do a performance now, I would do it <u>a lot</u> differently.	
I: How? Can you give examples?	
P: (E.7.6)Uhm...I think basically just the way I think about it.	(E.7.6) After training: think differently about performing
(E.7.7)What music is, what music means, what it's doing uhm...bet<u>ween</u> me the connection between me and the audience and for them.	(E.7.7) After training: more aware of the meaning of music (E.7.7) After training: more aware of the effects of music
(E.7.8)Uhm even, even the divide, uhm, it's probably more in the west but there is a big divide between the audience and the performer.	
(E.7.9)And what my friend and I are actually trying to do now is trying to make that divide smaller.	
(E.7.10)And ... just, even if it is just educating uhm, the audience and chatting to them and getting them involved and trying [] and I know there is a space for the kind of, more structured concerts.	(E.7.10) After training: think differently about nature of performance
(E.7.11) But we're trying to bridge the gap, I think.	
I: OK.	
P: (E.7.12)So that is one aspect.	
(E.7.13)Uhm...Now, even when I [connection went off]	
(E.7.14)So I was saying even now for myself when I <u>listen</u> to music I'm more aware...if I think of how we've done GIM, a little bit of GIM training.	(E.7.14) After training: more aware of the effect of music listening on self
(E.7.15)Uhm...I know what I'm feeling (light laughter) and if that music is really going to help me or not.	
(E.7.16)And I'm just able to, ja, use music better for myself.	(E.7.16) After training: more skilled to use music for self management
I: Uhm...so again in part you have allready answered the question I'm going to ask now, but maybe you can add something.	

QUESTION 8.1	
I: So would you say that the manner in which you experience music or practice music in a non-clinical setting, especially, has changed since completing your degree?	
P: (E.8.1.1) Yes, defenitely.	
I: Is there anything you want to add from what you just mentioned?	
P: (E.8.1.2)Ja.	
(E.8.1.3)I think, when I studied just straight music, BMUs, music was very, sort of black and white and playing the notes.	(E.8.1.3) Classical training: focus on the music 'itself'
(E.8.1.4)There was, I mean there was always the emotion uh..that you are trying to portray, and your own...your own interpretation of the piece and you were always giving something to the audience but now, uh, it just feels like so much more.	(E.8.1.4) Classical training: limited inclusion of extramusical features (E.8.14) MT training: more than the music 'itself'
I: Uhm, and you also mention that when you listen to music, so when you look at a perfomance, that you can see the interaction between...you can almost read the interaction between the musicians and the audience and the musicians differently.	
P: (E.8.1.5)Yes.	
I: So, generally more insight into what []	
P: (E.8.1.6)[] ja	
I: []is happening in the context through the music.	
P: (E.8.1.7)I think if I can just add, even in church, in worship, being in a worship team, and leading a congregation, so leading a group of people in music, I have just seen a total different level to things.	(E.8.1.7) After training: understand music at a deeper level in church music context (E.8.1.7) After training: greater understanidng of group music dynamics
(E.8.1.8)I think it has just gone so much deeper.	
(E.8.1.9)Uhm, and even just seeing, noticing how when people are playing together, how there is such a connection and there is such a flow, you know, between <u>people</u>, through the music.	

(E.8.1.10)It's just amazing. (E.8.1.11)And even, I mean if I think now of trying to lead people in music, in singing <u>out</u>side the therapy space, I think I'm so much more <u>aware</u>. (E.8.1.12)Like we have said before, of what is going on and of the <u>subtleties</u>, to read the subtleties and then to work with those things. Ja. **I:** Uhm... **P:** (E.8.1.13)And I must say, even, ja, doing music therapy, it is not only in music. (E.8.1.14)It's flowed over to when you're having a conversation and you are reading someone's body language or you know their tone of voice..it's amazing.	(E.8.1.11) After training: more aware of subtleties in music communication (E.8.1.12) After training: greater ability to read music communication (E.8.1.12) After training: greater ability to work with musical communication (E.8.1.14) After training: greater communication skills in general
QUESTION 8.2	
I:(Soft chuckle). It might be difficult to pinpoint, but is there something specific that you might attribute these changes to? **P:** (E.8.2.1)Uhm...Ja, I think, ... I'm just going to take a moment to collect my thoughts. **I:** It's fine. **P:** (E.8.2.2)I think just noticing, or being taught how music <u>is</u> communication. And how everything can be taken as something valuable. (E.8.2.3)Everything is communicating something. (E.8.2.4)So <u>seeing</u> music as communication. (E.8.2.5)And that ja...that music gives you <u>such</u> a sense, you are able to <u>read</u> so much. **I:** Uhm.	(E.8.2.2) Training: learned how music is communication (E.8.2.2) Training: learned to receive everything as communicatively meaningful
QUESTION 9	
I: OK. Looking at the training in general, do you have any comments regarding how clinical musicianship skills are taught during the masters	

therapy programme?	
P: (E.9.1)Sorry, can you say that again?	
I: Do you have any comments regarding how clinical musicianship skills are taught during the music therapy programme?	
P: (E.9.2)Ok. Uhm.... I think, we could never get enough of it.	(E.9.2) Music making in clinical resources very valuable
(E.9.3)I would really have appreciated even more time because I really valued the times that we had clinical resources.	
(E.9.4)And I think, I think all of us would have appreciated <u>more</u>.	(E.9.4) Would value more music making as a group
(E.9.5)Because you can <u>never</u> stop getting better and you can never stop learning more.	
(E.9.6)So there, obviously we need to do it ourselves, but I think it is just so great that we were able to do it to<u>gether</u> as a group and to learn from fellow students and then obviously from the lecturors as well.	(E.9.6) Valuable to learn from fellow students (E.9.6) Valued learning from lecturers
I: So more time together, especially, specifically clinical resources and making music and basically practising skills with fellow students.	
P: (E.9.7)Ja.	
I: OK.	
P: (E.9.9)I think also, I defenitely think I could have spent more time practising on my own, my own skills.	(E.9.9) Should have practised more; time restraints
I: During the course?	
P: (E.9.10)Ja ... But it just gets so busy	
QUESTION 10	
I: OK. last question. Do you have any comments regarding <u>how</u> students could be further supported in developing their clinical musicianship skills?	
P: (E.10.1)I think just to be encouraged, encouraged to <u>really</u>, like I've just said, to practise their skills on their own as much as possible.	(E.10.1) Students should be encouraged to practise more (E.10.2) Students were encouraged to practice
(E.10.2)I mean we were encouraged to, and we were given resources.	(E.10.2) Students provided resources to practice
(E.10.3)And if I, if I if there was one resource that was <u>great</u>, and if I had	

practised that more, like on the keyboard skills, playing different styles and genres on the keyboard.	(E.10.3) Should have practised keyboard more
(E.10.4)I think it would have taken my therapy to a different level, even in masters.	(E.10.4) Good keyboard skills valuable in therapy
(E.10.5) So, just to see the value, the value of it and it's the most precious think you have as a MT.	
I: Anything else?	
P: (E.10.6)Uhm. Maybe to, if you, to encourage, if you had someone else in your city, to meet up together. Uhm.	
(E.10.7)They could possibly encourage a weekly thing.	(E.10.6) Would be valuable if students in same city can arange weekly practising sessions
(E.10.8)So, if there are two people that are close, that they could meet up once a week and just do, practise, skills together.	
10 b_General	
I: Is there anything else you want to add regarding any of the question we've discussed?	
P: (E.10b.1)Ah, yes.	
(E.10b.2)I was just thinking back to my training in Bmus.	
(E.10b.3) I think for me...In Bmus obviously you do, you do theory of music, and even in composition, how music is composed.	(E.10b.3) Classical training: theory helped understanding of musical structure
(E.10b.4)And that is kind of a little introduced in GIM, if you look at how pieces are composed, the different sections, and the...I mean the how, how it is musically, how it is actually <u>structured</u>.	
(E.10b.5)And how that structure is able to, uhm, to bring a long other emotions. Or to...uhm, what's the word...uhmm	(E.10b.5) Classical training: provided undertanding into how music elicits emotions
I: ...Elicit?	
P: (E.10b.7)Yes. To elicit certain reponses and certain emotions.	
(E.10b.8)So <u>now</u>, I think my theoretical background in music was very helpful.	

(E.10b.9)So even for me as a composer, I feel like I have more insight ..from [] obviously theoretically from my Bmus, but now, even looking at the GIM, when we looked at how things are composed, and what that elicits and how it all works just....ja, just broadened ... (E.10b.10)Even if you think of the way just uhm...how we can use music in a session. (E.10b.11)Uh, I think when we do things like modes, some of those things can be quite difficult and I think having a Bmus, actually studied music, that helped a lot . **I:** OK. **P:** (E.10b.12)Ja. **I:** Anything else you want to add? **P:** (E.10b.13)Uhm...no. **I:** OK, that you very much.	(E.10b.8) Classical training: theoretical knowledge helpful in MT training

INTERVIEW TRANSCRIPTION _F

* INTERVIEWER: I

* PARTICIPANT: P

 [ ] Square brackets between adjacent lines of concurrent speech indicate the onset and end of a spate of overlapping talk.

<u>Under</u>   Underlined fragments indicate speaker emphasis.

° °   Degree signs are used to indicate that the talk they encompass is spoken noticeably quieter than the surrounding talk.

? A question mark indicates a rising inflection. It does not necessarily indicate a question.

(inaudible) Indicates speech that is difficult to make out. Details may also be given with regards to the nature of this speech (eg. shouting).

QUESTION 1	CODES
I: When you look back on your music therapy training what word or phrase would you use to describe it? **P:** (F.1.1)Sorry, can just repeat the question...when I? **I:** When you look back on your music therapy training what word or phrase could you use to describe it? **P:** (F.1.2)I would use intense, life changing, ja....	 (F.1.2) Training intense (F.1.2) Training life changing
QUESTION 2	**CODES**
I: Can you talk to me about the practicum section of the training, how did you experience it generally? **P:** (F.2.1)Uhm. OK, so having the modular format for the course, I found, just didn't give us as much time to spend on our practical training. (F.2.2)So I use to feel quite, quite stressed (chuckle) in those practical classes. (F.2.3)Just because, also I studied ... uh violin was my main subject when I studied music, so for	 (F.2.2) Modular format less time for practical (F.2.2) More time to practice skills evident in sessions; felt stressed in practical class (limited practising time) (F.2.3) Classical violin training; felt stressed to improvise

me to just go behind the piano and have to improvise (laughter), uhm... made me feel a bit stressed, and all of that.	on piano
(F.2.4)I found that we didn't, maybe have as much time to, to practise our clinical music training.	(F.2.4) Needed more time to practice clinical music
(F.2.5)And it was often in my sessions that I would realise actually I need to be practising more, or I need to try and develop as much as possible.	
(F.2.6)Uhm...so ja.	
(F.2.7)That is kind of...kind of how I felt about in terms of our practical training.	
I: OK. And when I refer in general to practicum section, that includes supervision, your clinical internship, group supervision.	
Basically the whole practical side of the training, so it is not just limited to the clinical []	
P: (F.2.8) [] clinical classes. Yes	
I: []classes. Alright.. Do you have something you want to add?	
P: (F.2.9)Uhm..ja.	
(F.2.10) I'm just thinking back to even our group supervision classes, the fact that we were a small group just allowed for us to zoom in, in quite you know, quite depth and detail in terms of our practical sessions and that kind of thing.	(F.2.10) Small group supervision classes allowed in-depth work
(F.2.11)So in terms of, in terms of that, that was quite beneficial.	
(F.2.12)Again, with onsite supervision, ... because we weren't seeing each other as much it also was a bit tricky for me.	(F.2.12) Limited onsite supervision challenging
(F.2.13)Uhm, ja, so that also posed some problems I found.	
QUESTION 3	
I: How would you define clinical musicianship?	
P: (F.3.1)I would say, clinical musicianship is...the development of techniques as a music therapist in order to address certain goals with, with a client...ja.	(F.3.1) Clinical musicianship = developing techniques to address goals with clients

QUESTION 4.1	
I: OK... And what was the process of learning clinical musicianship skills like for you? **P:** (F.4.1.1) I think, coming from a background where I had studied music, or doing my Bmus, it was obviously quite an adjustment just because having studied music it was very... very rigid in our training in terms of every day we have to do our six hours of practising a day and you start off with your scales and everything was quite structured. (F.4.1.2)Whereas, uhm...you know when we were making music in the classes it was a lot freer and obviously more improvised based so for me it was quite an adjustment to just allow myself to be in that space and, it's OK to make mistakes and it's OK to go with where, with you know where...the here and now and where the music was taking us. (F.4.1.3)So for me that was a bit of an adjustment just in terms of how rigid and structured it was having studied Bmus. (F.4.1.4)Uhm, so that took some time to get use to, I found.	(F.4.1.1) Training adjustment from rigid classical training (F.4.1.2) Freer and improvised music making an adjustment (F.4.1.2) Less rigid music making; significant change to classical music making (F.4.1.2) Music therapy space; significant change to classical training (F.4.1.3) Training adjustment from rigid classical training
QUESTION 4.2	
I: OK. What did your, your specific process of learning clinical skills entail? What are the things that you found, you specifically learnt or had to zoom in more? **P:** (F.4.2.1)I think for me it was really just about working in the here and now and just allowing ... or just being comfortable with, with ... whatever is being made that that's OK. (F.4.2.2)Or you know whatever music was, was being made, you just go with the here and now and it's OK to make mistakes and there is no right or wrong. (F.4.2.3)Uh...ja...just kind of you know working with what the client is offering and just extending what they give you and...ja. (F.4.2.4)I think it is really just about being in the moment. (F.4.2.5)For me that was the main thing.	(F.4.2.1) Learning flexibility (F.4.2.2) Developing non-judgemental music-making (F.4.2.3) Learning to work with client's music (F.4.2.3) Learning to extend client's music. (F.4.2.4) Learning to be present in the moment

(F.4.2.6)And just also being comfortable with silence as well. (F.4.2.7)And if nothing is happening it is also OK. (F.4.2.8)You know we don't just have to be always making music and feeling like something is happening all the time.	(F.4.2.6) Learning to be comfortable with silence
QUESTION 4.3	
I: Were there some aspects that were particularly challenging for you? **P:** (F.4.3.1)Uhm specifically I think for me it was just being behind the piano [laughter]. (F.4.3.2)Piano improvisations really were for me quite daunting just because I mean violin was my main instrument. (F.4.3.3)So for me in sessions I use to just ... I tended to stick to the guitar and voice and that kind of thing and just avoid the piano but for me that, that was my biggest concern.	(F.4.3.2) Violin main instrument; piano improvisation daunting (F.4.3.3) Preferred using familiar instruments in sessions
QUESTION 4.4	
I:And how did you deal with this challenge? **P:** ....(laughter) **I:** Not necessarily by avoiding it (laughter), but was there a way or tool or... **P:** (F.4.4.1)Ja...I mean I just think at the end of the day one just have to deal with it and put yourself in that situation and just, again, just be comfortable with [] trust your musicianship as well. (F.4.4.2)Uhm, just know that you are able to do it and you know, you were selected in the course for a reason and that you can just trust your musicianship to take over and allow yourself to just freely improvise. (F.4.4.3)It wasn't always easy (laughter), but..but...I tried to have or keep that mentality.	(F.4.4.1) Learning to trust musicianship (F.4.4.2) Trust musicianship when improvising (F.4.4.3) Keep positive mentality when needing to improvise
QUESTION 5	
I: OK. You have already mentioned a little bit about this, but do you think that your past	

musical training before the course, influenced your experience of developing clinical musicianship skills? And if so, how? **P:** (F.5.1)I think so. (F.5.2)In a way it potentially hindered it in terms of, you know we are not trained to improvise, or I wasn't trained to improvise uhm...during my training so for <u>me</u>, I felt, uhm, I'm not allowed to, you know I can't play those chord progressions. (F.5.3)Or, you know...it was very, rigid when we were studying. (F.5.4)So I think uhm... ja. (F.5.5)It definitely, in a way, might have hindered it. (F.5.6)And I wonder if I hadn't studied, studied music in a...you know had the classical training if things might have been a bit different, just in terms of me just feeling more comfortable with what, go with the flow and that kind of thing. **I:** Uhm. I see that you wrote in the questionnaire that you studied BMus at Pretoria. **P:** (F.5.7)Yes, that's right. **I:** Did you do the ... music therapy...did you take a music therapy class as well? I know they do have in the honours [] **P:** (F.5.8)Yes I did. (F.5.9)Ja as a subject. (F.5.10)I did take it in fourth year as a subject. **I:** Alright **P:** (F.5.11)Those, those classes were not so much practical based it was more reading articles and discussions so we...in fourth year...ja, there wasn't much practical training...that was..	(F.5.2) Classical training hindered clinical musicianship (F.5.2) Classical training: rule based (F.5.3) Classical training: lack of preparation for playing chords (F.5.6) Classical training: greater discomfort with improvisation (F.5.9) Fourth year MT course: not much practical preparation
QUESTION 6	
I: Ok. Now besides for your classical training, I saw you also participated in orchestra, in string ensemble. Do you [] so besides even for that, just your broader participation in music before the course. Do you think that impacted on your experience of developing clinical musicianship	

skills? And how? **P:** (F.6.1)I think in terms of the chamber groups that I've played in, or was playing in before might have introduced me in a way to just being free with what, you know with where the music can take you. (F.6.2)Because sometimes we found ourselves in situations where we just had to...you know, on the spot just be able to play sometimes without necessarily having prepared or practised. (F.6.3)So I think in terms of that, that's definitely in a way introduced me to be comfortable with, with improvising and trying to just to go with where the music takes you. (F.6.4)Uhm, not so much the...you know the BMus structured course itself. (F.6.5)But I think in terms of the chamber groups I played in, and even the orchestra sometimes, just being you know comfortable with, with uhm...going where the music takes you. **I:** Uhm. OK.	(F.6.1) Playing in chamber groups: preparation for playing spontaneously (F.6.3) Playing in chamber groups: preparation for improvisation (F.6.4) Structured BMus course: did not offer preparation for improvisation (F.6.5) Playing in orchestra: preparation for spontaneous playing
QUESTION 7	
I: You said that you mainly identified yourself as a violinist before you studied music therapy. **P:** (F.7.1) Yes. **I:** Now did the way you identified with music prior to your music therapy training change in any way after learning these clinical musicianship skills? **P:** (F.7.2)As in has my identity changed? **I:** Ja, your musical identity. Ja, so the way you identify with music. **P:** (F.7.3)Uhm....Interesting. I actually still...I think my identity has stayed the same, even post studying the course. (F.7.4)Uhm, I don't know if it is just in terms of violin it has always just been such a big part of my life and even though I have now qualified and uhm, working as a music therapist now I still identify myself as a violinist. (F.7.5)And if someone asks me what do you do, I still say to them I'm a violinist and I also practice music therapy	(F.7.1) ID violinist before training (F.7.3) ID same after training (F.7.4) Violinist still primary musical identity (F.7.5) ID: Violinist who also practices MT

I: Oh ok. **P:** (F.7.6)So, I do feel that <u>that</u> identity has stayed the same.	
QUESTION 8.1	
I: And would you say that the manner in which you experience music or practice music in a non-clinical setting has changed since you completed the training? **P:** (F.8.1.1)I think so. (F.8.1.2)Uhm, I mean I teach violin and piano at a primary school and I do find that now...I think I'm a lot freer just in terms of also working in the here and now with the boys that I teach. (F.8.1.3)Uhm, and ... you know for me it is a lot about what the boys are offering me. (F.8.1.4)So if, uhm...ja, so I'm not sure whether I'm making any sense, but I feel like things might have been a lot different have I not studied music therapy just in terms of my techniques in teaching. (F.8.1.5)Uhm, I know it...it's you know if they make mistakes or that kind of thing it is really not such an issue it is just about the process and where they are at in the moment...in the lesson. (F.8.1.6)So I think it might have been a bit different have I not studied the course. **I:** And uhm, what about the way [], when you are not teaching or if you are not playing. If you listen to a performance or if you listen to a recording, has that changed? **P:** (F.8.1.7)I don't think so. (F.8.1.8)No, I wouldn't say that that has necessarily changed for me. (F.8.1.9)Ja...I'm still quite grounded in my BMus training. (F.8.1.10)If I, I mean if I was let say go and listen to an orchestra play or something. (F.9.1.11) For me it is still, it is still the same.	(F.8.1.2) After training: teaching more flexibly (F.8.1.3) After training: working more with what students offer (F.8.1.4) Training influenced teaching techniques (F.8.1.5) After training: teaching more focussed on process (F.8.1.15) After training: teaching less strict regarding mistakes (F.8.1.5) Training didn't influence music listening
QUESTION 8.2	
I: Uhm. Ok. And the changes that you, you say you work differently when you teach, your technique as a teacher is a little bit different. What do you specifically attribute these changes to?	

P: (F.8.2.1)I think it's the...I mean through our training, our, our practical training as a therapist. (F.8.2.2)You know just allowing for flexibility and more freedom, and that it's OK to make mistakes and that kind of thing. (F.8.2.3)Uhm, I think that's mainly where...I see, you know, how it's attributed.	
QUESTION 9	
I:OK. Do you have comments regarding how clinical musicianship skills are taught during the Masters programme. **P:** (F.9.1)Uhm...Are you asking me how I might change it, or?... **I:** If there is something that you would change. Yes, uhm...I'm gonna ask you, the last question is how you think they can be further supported but, but if you have any comments in general about how it is taught... **P:** (F.9.2) I just think again the modular structure is quite tricky, just because we don't have much time together as a group. (F.9.3)Uhm, and there are so many different populations to, you know explore as a group and role play and that kind of thing. (F.9.4)Uhm....but, so I mean I ... (F.9.5)I'm not so sure how, how they could go about changing it because just in terms of limited time together as a group...uhm...ja...so I don't know..ja, sorry (laughter). (F.9.6)I'm not so sure how, how things could change in that regard. **I:** So, but generally more of the group supervision type classes. **P:** (F.9.7)Ja, OK. (F.9.8)Sorry are you asking me if maybe more group supervision classes ... **I:** Yes I'm asking you whether that is what you would like more of, would have liked more of. **P:** (F.9.9)Yes, yes, definitely. (F.9.10)That's it. **I**: And again, are there specific, if you can think of specific things that you needed more of in those classes?	(F.9.2) Modular structure limited time as group. (F.9.5) Challenging to develop clinical musicianship for number of client groups (F.9.5) Limited possibilities for course change re limited time (F.9.7) Would value more group supervision classes

Well you mentioned role playing, working through different client groups...	
P: (F.9.11)Ja...different client groups...	(F.9.11) Would value more class time role playing different client groups
(F.9.12)Uhm, I mean it would be ideal to have more individual time as therapists with the class role playing and that was not always possible.	
(F.9.13)Sometimes, we found ourselves to just be the clients and not as much time to be the actual therapist.	(F.9.12) Would value more time as 'therapist' in role play
(F.9.14)Uhm, so ideally if every person could, could get that chance that would have been a bit more beneficial then again realistically that was not always possible.	
I: And in terms of instrumentational skills? ...	
Do you think you could have had more classes in that specifically?	
P: (F.9.15)I think so, yes.	
(F.9.16)More guitar and piano, piano involvement, I think.	(F.9.16) Would value more guitar and piano improvisation in group
I: And again, sessions where you receive input or times when you practise on your own or practise in a group?	
P: (F.9.17)I think both.	(F.9.17) Would have valued more time to practise instruments
(F.9.18)I mean as much as we knew it was our responsibility to practise on our own, you know, group....practising as a group..I mean we did do some, some group practising but I think even more, could have been...could have been better.	
I: OK []	(F.9.18) More group practising could be beneficial.
P: (F.9.19) [] So group guitar classes or that kind of thing..	(F.9.19) More group instrumental classes
QUESTION 10	
I: Ja...now do you have any comments regarding how students could be further supported in their development of clinical musicianship skills?	
Just in terms of, you mentioned now a lot about the group supervision and learning the skills, but do you think there is another way in which support could have been given to the students, uhm...maybe just in the general process?	
P: (F.10.1)I mean even just ...getting in touch with past students who have qualified and,	(F.10.1)Practical workshops with previous students could

maybe even just practising with them or maybe inviting them over and just give some extra advise or workshops...I don't know.	be valuable
(F.10.2)Maybe just involving more, or other music therapists to the groups just to provide some sort of different experience, maybe....	(F.10.2) Would value input from a variety of MTs
(F.10.3)I don't know if realistically that could be possible (chuckle) but...	(F.10.3) Doubts possibility of wider variety of MT input
I: Ja...Alright.	
So that was my last question.	
Do you have anything that popped up regarding any of the questions we discussed or anything you still want to mention?	
P: (F.10.4)No.. I think.. Ja...	
(F.10.5)I think that is about it.	
(F.10.6)I just...I mean it is for me an interesting stance in terms of...because the fact that I'm teaching <u>and</u> I'm doing music therapy so I would often think to myself when I'm teaching, am I doing therapy or am I...do you know what I mean?	
(F.10.7)So just in terms of my approach so when I'm teaching, am I taking more of a music therapy stance, uhm... which for me is interesting.	(F.10.7) Training influenced teaching
(F.10.8)I do often ask myself that.	
(F.10.9)And I think naturally we do... uhm, through our training we kind of ...it becomes a part of who we are and how we teach and so on.	(F.10.9) Training becomes part of who we are
	(F.10.9)Training influences conversational skills
(F.10.10)It is interesting for me.	
I: Ja, I must say, something that I also think is that those skills that we learn is something that becomes very integrated into who we are, and something I realise now a lot, uhm, it is not just like you have the skills, and the other part of you is trained as a therapist.	
It happens very much at the same time.	
And it is integrated in such a way that when you walk out of there and you do something else, whether you are in a conversation, or teaching, or listening to music, those things are still there.	
P: (F.10.11)Ja, ja. Exactly.	
I: It is interesting, and it is interesting to hear how...	

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P: (F.10.12) []... And I think it is also our ability to extend as well. (F.10.13)I don't know...uhm, just taking what they offer and just turning it into something else. (F.10.14)You know I will sometimes when I'm teaching, where as in the past I might have just worked on a certain piece and then that was that, but the boy might offer me something else and then that turns, you know the direction steers somewhere else. (F.10.15)And I just think that that is fine, and I think that it just offers a different experience...ja, so it is, it is interesting for me. (F.10.16)I do often wonder about that. **I:** Ja. Thank you very much for you time, I really appreciate it.	(F.10.12) Training influences teaching: ability to extend students' music (F.10.14) After training: allows direction of teaching to be steered by what children offer

ALL CODES

(A.1.3) Training widened musical perspectives

(A.1.5) Classical background; more musical possibilities in training

(A.1.8) Improvisation offered new musical possibilities

(A.1.9) Training: broadened perspective of musical abilities

(A.2.1) Before training, felt safe behind piano

(A.2.2) Training: different use of piano

(A.2.5) Learning new guitar skills

(A.2.5) More demanded from her regarding guitar skills

(A.2.6) Training: Becoming familiar with playing percussion

(A.2.8) Musical instruments in MT: a 'new orchestra'

(A.2.8) Clinical work meaningful – required broader thinking

(A.2.8) Clinical work meaningful – required new kinds of music making

(A.2.9) Clinical work meaningful – personal journey

(A.2.11) Group music making preparation for therapy work

(A.2.12) Clinical music making different to teaching music

(A.2.13) Teacher is in control vs MT working with others

(A.2.18) Felt intimidated by some lecturers

(A.2.19) Hierarchical relationship with lecturers

(A.2.21) Fear of making mistakes in class

(A.2.24) Pressure in clinical classes preparation for clinical practice

(A.2.28) Variety of lecturer experiences (regarding pressure)

(A.2.30) Learned to value the potential of clients

(A.2.40) Discovered flexibility of the voice

(A.2.42) Learned expressive capacity of the voice

(A.2.42) Learned expressive capacity of the drum

(A.2.43) Experienced expressive capacities of voice when working with clients

(A.2.43) Experienced expressive capacities of drumming when working with clients

(A.3.1) Clinical musicianship skills: sensitivity regarding leading and following

(A.3.5) Clinical musicianship: Awareness of client needs

(A.3.5) Clinical musicianship: Awareness of client's ability

(A.3.5) Clinical musicianship: Balance between musical skill and awareness for client

(A.3.7) Clinical musicianship: focus on client rather than on own music

(A.3.8) Clinical musicianship: therapeutic relationship

(A.4.1.2) Learning clinical musicianship skills: daunting

(A.4.1.2) Learning clinical musicianship skills: difficult

(A.4.1.2) Learning clinical musicianship skills: unexpected

(A.4.1.2) Learning clinical musicianship skills: freeing

(A.4.1.4) Clinical musicianship: re-evaluation of previous musical skills

(A.4.1.4) Learning to be more aware of what is present in a session

(A.4.1.5) Daunting: your music is shared with another, not performed FOR an audience

(A.4.1.10) Prior to training: naïve about 'therapy'

(A.4.1.11) Difficult to learn to shared ownership of music

(A.4.1.15) Learned to value potential of clients

(A.4.1.16) Valued realisation that all clients can participate in shared musicing

(A.4.1.17) Valued witnessing the client's music

(A.4.2.1) Learning clinical musicianship skills required introspection

(A.4.2.2) Learned to reflect on own musicianship

(A.4.2.2) Clinical musicianship: questioned on musicianship

(A.4.2.4) Clinical musicianship: questioned therapeutic effectiveness of musicianship

(A.4.2.5) Clinical musicianship: did not question personal worth

(A.4.2.6) Clinical musicianship: opening of musical skills to include others

(A.4.2.7) Teacher before training: limited music making because of prescribed exam systems

(A.4.2.9) MT: focus not on music learning

(A.4.2.10) Notable difference in music relationship from teacher to MT

(A.4.2.10) MT: learning to be a musical partner

(A.4.2.12) Had to practise new skills

(A.4.2.14) Learned to play something with clinical purpose instead of just 'right'

(A.4.3.3) Developing clinical musicianship skills is a continuous learning process

(A.4.3.6)Challenging: Developing guitar skills

(A.4.3.13) Comfortable with vocal work

(A.4.3.15) Learning to blend in class group improvisation challenging

(A.4.3.15) Felt self-conscious in student group improvisation

(A.4.3.21) Group improvisation improved as students relationships grew

(A.4.3.24) Clinical musicianship: attitude of continuous learning

(A.4.3.26) Needed supervision encouragement to play less familiar instrument (guitar)

(A.4.3.29) Thrown in deep end

(A.4.3.30) Valued being challenged through supervision

(A.4.3.32) Growth through supervision

(A.4.4.1) Practising assists with challenges

(A.4.4.3) Perseverance: dealing with challenges when learning

(A.4.4.5) Musical difficulty in session: moved to another instrument

(A.4.4.9) Needed encouragement to do the things that were challenging

(A.4.4.10) Value of supervision guidance

(A.5.7) Classical training helpful for learning improvisation

(A.5.7) Classical background helpful for learning different genres

(A.5.9) Stylistic development

(A.5.11) Theoretical background in music helpful for understanding in training

(A.5.13) Enjoyed musical freedom in MT

(A.6.1) Making music with others was new

(A.6.2) Previous piano and organ experience: solo musicing

(A.6.8) Before training music making was lonely; Enjoyed experiencing musicing with others

(A.6.12) Before training: felt separate from congregation when playing for worship

(A.6.12) Before training: felt self-conscious about mistakes when playing for others

(A.6.13) After training: now feels part of congregational worship as organist

(A.6.15) Clinical music: No judgement of client

(A.8.1.3) After training: more empathy for students

(A.8.1.4) After training: approach with choir focussed on enjoying the music rather than just singing complicated music

(A.8.1.16) After training: less critical of musical performance

(A.8.2.2) Valued non-judgemental environment of training

(A.8.2.3) Theoretical MT knowledge assisted in becoming less critical

(A.8.2.5) Equality in therapeutic relationship: influenced mutuality of life relationships in general

(A.8.2.8) After training: more comfortable with authority figures

(A.7.1) Musical identity deepened

(A.7.2) Relationship with music became more personal

(A.7.9) Musical identity after training: same roles but more of a musician

(A.7.11) After training: perspective = taking part in music more than directing music

(A.7.13) After training; feels more like an ensemble musician

(A.7.14) After training: experiences music with people

(A.9.5) Would have valued more time in course for clinical musicianship

(A.9.12) Limited opportunities in class to practise each skill

(A.9.24) Clinical musicianship classes: could have spent less time on drums

(A.9.27) Found it easy to vocalise

(A.9.29)Found it easy to improvise lyrics

(A.9.31) Would have valued being graded for clinical classes; see progress

(A.9.39) Would have valued less time hearing examples; and more time for practising skills

(A.10.2) Would have valued more time to practise skills with feedback in class

(A.10.14) Students learn from each other

(A.10.27) New skills were not always thoroughly practised in class

(A.10.34) Did not consider impact of course on identity before interview

(A.10.34) Did not consider impact of course on musicianship before interview

(B.1.3) Training: challenging beyond expectation

(B.1.3) Training: life changing

(B.1.3) Training: unexpected

(B.1.3) Training: insightful

(B.1.8) Training: challenged belief system

(B.2.1) Training: scary at times

(B.2.1) Thrown in deep end

(B.2.1) Draw on previous skills to cope with challenges of course

(B.2.2) Training: Continuous process of learning

(B.2.4) Training: critical perspectives on music

(B.2.4) Training: required to re-evaluate perspectives on music

(B.2.4)Training: required to re-evaluate use of music

(B.2.5) Training: required self-scrutiny

(B.2.6) Training: questions previous understandings of music

(B.2.7) MT: different approach to music – includes the unexpected

(B.2.8) MT: learn focus on process

(B.2.11) MT: responsibility to listen differently

(B.3.1)Training: novel ways of learning

(B.3.2) Challenge: balancing free improvisation + reflexive restraint

(B.3.6) Clinical improvisation = new skill

(B.3.8) Clinical improvisation: dance between client and therapist

(B.3.9) Clinical improvisation: required to learn unique relational improvisation skill

(B.3.10) Clinical improvisation: different to other kinds of improvisation

(B.3.10) Previous competence in musical improvisation: not adequate preparation for clinical improvisation

(B.3 11) Previous musical skills questioned

(B.3.11) Challenging to unlearn previous improvisation approach

(B.3.16) Jazz improvisation structured vs clinical improvisation flexible moment-by-moment

(B.3.16)Jazz improvisation structured vs clinical improvisation responsive to client offerings

(B.3.16)Jazz improvisation structured vs clinical improvisation greater awareness of communicative synergy

(B.4.1.1) Enjoyed learning clinical musicianship skills

(B.4.1.2) Clinical musicianship: expanded musical preferences

(B.4.1.3) Clinical musicianship: expanded musical vocabulary

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(B.4.1.7) Clinical training: appreciated how therapeutic relationship opened meaning spaces for client and therapist

(B.4.1.8)Clinical training: appreciated learning to read clients' musical meaning

(B.4.1.8)Clinical training: appreciated learning to respect clients' musical communication

(B.4.1.10) Valued non-hierarchical therapeutic relationship

(B.4.1.11) Clinical training: valued shared music with client

(B.4.2.2) Clinical musicianship: learning to place client's musical needs first

(B.4.2.5) Clinical musicianship: learning to place client's musical preferences first

(B.4.2.5) Clinical musicianship: learning to respect the client's music

(B.4.2.6) Clinical musicianship: learning to explore/value meaning of the client' music for him/her

(B.4.3.3) Clinical musicianship: learning clinical focus rather than musical focus

(B.4.3.4) Clinical musicianship: placing client's needs first

(B.4.3.5) Clinical musicianship: learning to make more space for client's music

(B.4.3.7) In MT sessions: musician secondary to being a therapist

(B.4.4.3) Musical interaction in therapy has unique norms

(B.5.2) Previous improvisation skills: good preparation

(B.5.3) Improvisatory approach to music making good preparation for training

(B.5.6)Previous interest in cultural studies: good preparation for training

(B.5.6) Previous literature studies: good preparation for understanding impact of culture

(B.5.6) Training: greater openness to cultural diversity

(B.5.9) Training: learned respect for clients' musical preferences

(B.6.3) Previous participation in different ensembles valuable for clinical musicianship skills development

(B.6.5) Previous participation in different ensemble: acceptance of different type of music

(B.6.6) Broad previous experiences: more open than only doing BMus

(B.6.10) Nothing of previous music training hampered MT training

(B.6.10) Nothing of previous music experience hampered MT training

(B.6.12) Training as a saxophonist: good preparation

(B.6.16) Previous saxophone training: fun-filled approach to making music- good preparation

(B.7.3) Training changed assessment of musical value: now broader

(B.7.4) Training changed assessment of musical value: not only complex music

 B.7.9) Before training; ID as musician that plays complex music and appears laid back

(B.7.10) Identify differently to music after training

(B.7.12) Became more emotionally sensitive to music during training

(B.7.16) Training: Felt overwhelmed by being more sensitive to music

(B.7.24) After training: listening to broader variety of music

(B.8.1.2) After training: desire to play simple music

(B.8.1.4) After training: want to make casual music with friends

(B.8.2.2) After training: preference for simple music due to continuing processing of complex experience

(B.8.2.3) Not enough time to process intensity of training

(B.8.2.6) Part of musical ID buried in training: musician

(B.8.2.9) Reconnected with musician ID after training

(B.8.2.11) After training: reconstructing musician ID

(B.9.1) Training approach excellent

(B.9.1) Training challenging

(B.9.2) Thrown in deep end during training appropriate to music therapy

(B.9.3) Thrown in deep end affective way of learning

(B.9.6) Found concrete musical examples valuable

(B.9.10) Challenging to learn new skills fast

(B.9.12) Not enough time to explore new skills in class

(B.9.16) Need longer time to respond in role play classes

(B.9.18) Need more time to process personal experiences generated in group classes

(B.9.19) More time to practise clinical musicianship skills may be valuable

(B.10.1) Students should take responsibility for finding support

(B.10.3) More practising time with other students can be valuable

(B.10.5) Would have valued more time to debrief own feelings and processes

(B.10.8) Difficult emotions and experiences of training stayed

(B.10.8) Difficult emotions and challenges stayed in subconscious after training

(B.10.12) Voice and drama valuable for processing experiences

(B.10.17) Dance therapy valuable in learning skills and processing experiences

(B.10.17) Drama therapy valuable in learning skills and processing experiences

(B.10.17) Voice therapy valuable in learning skills and processing experiences

(C.1.1) Training challenging

(C.1.2) Training enriching

(C.2.1) Practicum tough

(C.2.2) Classical training; improvisation difficult initially

(C.2.2) Improvisation tricky: initially

(C.2.4) Training helps to play freely

(C.2.5) Initially inhibited

(C.2.5) Learned to let go of inhibitions

(C.2.6) Acceptance of own musical expression

(C.2.7) Learned improvisation skills quickly

(C.2.11) Use of voice as new experience

(C.2.11) Took time to become vocally free

(C.2.12) Vocal development difficult as deeply personal

(C.2.14) Good guidance for vocal development

(C.2.15) Good activities for vocal development

(C.3.1) Hard to define clinical musicianship

(C.3.3) Clinical musicianship not for aesthetic value

(C.3.3) Clinical musicianship not focussed on performance

(C.3.4) Clinical musicianship: meaning behind the music

(C.4.1.3) Previously used music with children

(C.4.1.3) Previously used music in community settings

(C.4.1.3) Previously used music in church

(C.4.1.4) Previously familiar with music to uplift people

(C.4.1.4) Training taught new ways to use music for upliftment of people

(C.4.2.1) Learned more musical flexibility

(C.4.2.2) Developed willingness to learn more musical styles

(C.4.2.2) Developed guitar skills

(C.4.2.4) Learned to use instruments in more diverse ways

(C.4.2.5) Always wanted to use music in this way

(C.4.2.7) Uncertain during training

(C.4.2.7) Training challenging

(C.4.2.8) Resonated with clinical use of music

(C.4.3.1) Challenging to plan interventions for difficult client groups

(C.4.3.3) Tasked with working with unfamiliar client groups

(C.4.3.5) Easier to work with familiar client groups

(C.4.3.7)Challenging to work with unfamiliar instruments

(C.4.3.8) Difficult to match very loud clients

(C.4.3.8) Difficult to match very timid clients

(C.4.3.9) Matching diverse clients difficult

(C.4.3.12) Challenge to develop guitar skills

(C.4.3.13) Lack of wide stylistic guitar skills

(C.4.3.13) Guitar skills developed as suitable MT instrument

(C.4.3.14) Classically trained; modes and different styles difficult

(C.4.3.15) Classical training limiting

(C.4.3.16) Saxophone limiting in MT

(C.4.4.2) Difficult to work with unfamiliar client groups

(C.4.4.4) Lack of previous exposure to many client groups

(C.4.4.5) Uncertain how to use instruments with unfamiliar client groups

(C.4.4.7) Practising clinical musicianship increased competence

(C.5.2) Previous classical training brought piano confidence

(C.5.2) Previous classical training; now expected to play freely

(C.5.2) Free clinical musical training very different to strict classical training

(C.5.4) Previously used music in church

(C.5.4) Previous church playing without sheet music helpful

(C.5.5) Previous church playing working in groups helpful

(C.5.7) Clinical musicianship requires stylistic diversity

(C.5.7) Initially lacked confidence in stylistic diversity

(C.5.7) Learned musical freedom

(C.6.2) Felt more free musicing with others would have been beneficial during training

(C.6.5) Bringing a variety of musical experiences to training beneficial

(C.6.6) Variety of prior musical experiences gave confidence

(C.6.6) Variety of prior musical experiences helped developing improvisation

(C.6.6) Variety of prior musical experiences helped prepare for group work

(C.6.6) Some prior preparation for improvisation

(C.7.4)MT training: now understands greater levels of music's influence

(C.7.6) MT training: now greater understanding of music's psychological value

(C.7.7) Difficulty reflecting on 'musical identity'

(C.7.9) Primary musical identity now 'music therapist'

(C.7.10)MT training impacts ensemble playing: greater awareness of group dynamics

(C.7.10) MT training impacts ensemble playing: greater awareness of music's effects on people

(C.7.11) MT training impacts music teaching: awareness of music on children's concentration

(C.7.11) MT training impacts music teaching: group dynamics

(C.7.11) MT training: assists understanding the multiple levels of musical experiences

(C.7.12) MT training: understanding of musicing changes in general, even where musicing activities don't

(C.8.1.3) MT training: deeper understanding and application of people's relationship to music

(C.8.1.4) Now take on different roles even in general musical settings

(C.8.1.5) After training: listen to music differently

(C.8.1.6) MT training impacts parenting: greater awareness and use of musical relationship

(C.9.1) Would have valued more hours of clinical musicianship training

(C.9.4) Helpful to make music with classmates
(C.9.3) Most valuable in training: musicianship classes
(C.9.4) Developed largely in clinical musicianship classes
(C.9.4) Clinical musicianship classes challenging - growth
(C.9.6) Would have valued more time to make music with classmates
(C.9.7) MT training: exposure to many different musical styles
(C.9.8) Guitar classes helpful
(C.9.8) Would have valued more guitar classes
(C.9.9) Guitar used frequently; most students not guitarists
(C.9.10) Guitar tasks set were useful for growth
(C.10.3) Would have valued even more exposure to different musical styles
(C.10.5) Would have valued greater variety of clinical musicianship lecturers
(C.10.5) Would have valued more instruction from a jazz musician
(C.10.5) Would have valued more instruction from an African drummer
(C.10.6)Would have been helpful to integrate more diverse musical instruction into their training experiences
(C.10.8) Would have valued more clinical musical examples initially
(C.10.9) Use of music in the therapeutic process initially unclear
(C.10.11) Clinical musicianship lecturer proficient
(C.10.11) Well supported in clinical musicianship development during training
(C.10.13) Clinical musicianship classes run well
(C.10.15) Would have valued discussions regarding classical to improvisational transitions
(C.10.15) Guided from classical to improvisational well
(C.10.16) Dropped in the deep end: appropriate to nature of MT
(C.10.17) Clinical musicianship: central component of training

(C.10.19) Would have valued more clinical musicianship classes

(D.1.1) Training challenging
(D.1.1) Training personally enhancing
(D.2.1)Loved practical side of training
(D.2.1) Learned more about self through practical part of training
(D.2.2)Group clinical classes: learned about self
(D.2.3)Practicum: Learned simultaneous internal and external awareness
(D.2.4) Practicum: built relationships in the group
(D.2.5) Practical training enriching
(D.3.1) Clinical musicianship: musical skills for clinical purpose
(D.3.2) Clinical musicianship: relational focus rather than merely aesthetic
(D.3.3) Clinical musicianship: music skills for social interaction
(D.3.3) Clinical musicianship: music skills for emotional expression
(D.4.1.5) Clinical musicianship: learned matching and mirroring
(D.4.1.5) Clinical musicianship: learned through role-modelling
(D.4.1.8) Experienced many insecurities at start of training
(D.4.1.9) Initially feelings of incompetence
(D.4.1.10) Confidence increases as see results with clients
(D.4.1.10) Confidence grew - willing to try more things
(D.4.1.11) Always felt some incompetence
(D.4.1.12) Practicing after training: still unsure in some situations
(D.4.1.13) Clinical musicianship: Always have to work on it
(D.4.1.14) Clinical musicianship: requires developing musical skills
(D.4.1.15) Clinical musicianship: requires skills in different genres
(D.4.1.16) Practice after training: often out of your depth
(D.4.1.16) Have to learn music that suits your client
(D.4.1.17) Always need to continue learning
(D.4.2.4)Had to develop guitar skills

(D.4.2.7) Classical training: then had to learn rhythmical flexibility

(D.4.2.11) Classical training then had to learn other harmonies

(D.4.2.16) Clinical musicianship: learning to facilitate synchrony

(D.4.2.17) challenge: Learning to challenge clients for the sake of growth

(D.4.2.17) Challenge: not to remain in a comfort zone with clients

(D.4.3.2) Most challenging to break synchrony with client

(D.4.3.3) Personal learning in training: ability to engage with conflict in music

(D.4.4.1) Dealing with challenges through practice in group

(D.4.4.4) Dealing with challenges through speaking with lecturers

(D.4.4.4) Dealing with challenges through speaking with other students

(D.4.4.5) Required to engage in personal introspection

(D.4.4.5) Dealing with personal issues vital part of training

(D.5.3) BMus: felt confident to learn new musical techniques and chord structures

(D.5.4) Learned different styles of playing

(D.5.4) Learned different chord progressions

(D.5.4) Learned new guitar techniques

(D.5.5) Piano proficiency: assisted in grasping new musical concepts

(D.5.5) Theoretical proficiency: assisted in grasping new musical concepts

(D.5.7) BMus: had confidence in musical capabilities

(D.5.7) BMus: confidence to challenge self musically

(D.5.9) Classical training: initially hindered flexibility

(D.5.12) Classical training: could easily break out of initial restraints

(D.5.15) Classical training: initially difficult to move between different meters

(D.6.2) MT training helped overcome shyness to play in front of others

(D.6.8) Therapeutic relationship felt natural: matched expectations

(D.6.9) Relational aspect of music was motivation for studying MT

(D.6.11) MT 4th year subject: knew what to expect

(D.7.3) After training: more aware of psychological value of music

(D.7.3) After training: more aware of variety of ways music can be used.

(D.7.5) After training: uses music more flexibly

(D.7.6) Training changed relationship with music

(D.7.7) Before training: played pre-composed music; after training: improvises/composes own material

(D.7.10)During training: more free improvisation with friends

(D.7.13) Classical musician still part of ID

(D.7.13) Teacher still part of ID

(D.7.14) After training; still practise classical piano pieces to keep skill

(D.7.17) After training: musical identity expanded

(A.7.18) Training added 'improviser' to ID

(A.7.19) ID as session musician informed by training

(D.8.1.2) Before training: nervous to play in front of people; after: enjoys making music with others

(D.8.1.5) After training: more confident to offer suggestions in church band

(D.8.1.8) After training: know how to listen to what is not being played

(S.8.1.10) Listen to music less due to saturation

(D.8.1.13) Training: broadened musical taste

(D.8.2.3) Clinical musicianship classes: value of role play

(D.8.2.3)Clinical musicianship classes: explorative

(D.8.2.3) Clinical musicianship classes: taking risks

(D.8.2.5) Clinical musicianship classes: facilitated developing musical freedom

(D.9.1) Excellent clinical musicianship instruction

(D.9.3) Would have valued more clinical musicianship classes

(D.9.5) Block sessions intensive

(D.9.6) Self practice required between blocks – harder to become confident

(D.9.9) Would have valued more supervision between blocks for practical skills

(D.10.3) Students being far apart makes support difficult

(D.10.4) Suggests weekly student clinical musician groups

(D.10.7) Students being far apart makes it difficult for them to practise together

(D.10.8) Mandatory lessons in new instrument might be valuable

(E.1.1) MT training very practical

(E.1.2) Training intense

(E.1.2) Training challenging

(E.1.2) Training rewarding

(E.2.1) Clinical resources enjoyable

(E.2.2) Enjoyed clinical resources the most

(E.2.4) Clinical resources: Learned new skills

(E.2.3) Clinical resources: learned a lot as musician

(E.2.6) Supervision personally challenging

(E.2.6) Growth through supervision

(E.2.8) Enjoyed variety of placements

(E.2.10) Variety of placement experiences valuable

(E.2.11) Clinical work got easier

(E.2.12) Dropped in deep end

(E.2.13) Grew during training

(E.2.15) Supervision critical for growth

(E.2.15) Clinical resources critical for growth

(E.3.2) Clinical musicianship: Level of musical skill used with therapeutic knowledge

(E.3.2) Clinical musicianship: being a clinician not just musician

(E.3.2) Clinical musicianship: fully musician + fully therapist

(E.3.4) Clinical musicianship: use of music with therapeutic goal

(E.4.2.1) Had to expand use of genres as tool for relating

(E.4.2.3) Had to improve guitar skills

(E.4.2.3) Had to improve voice skills

(E.4.1.1) Learning clinical musicianship skills: broadening

(E.4.1.3) Learning clinical musicianship skills: challenging

(E.4.1.4) Thinking differently about what is music

(E.4.1.6) Learning to read sound as communication

(E.4.1.7) Learning to understand what the client communicates

(E.4.2.1) Self confidence grew

(E.4.2.2) Valuing still being a musician

(E.4.2.3) MT allows for individuality of therapist

(E.4.2.5) Developing clinical skills: Discovered more about self

(E.4.3.2) Had to grow vocally

(E.4.3.3) Developed vocally from weak to strong

(E.4.3.4) Challenging to make changes in the moment

(E.4.3.7) Challenging to use different genres

(E.4.4.1) Developed through practising individually

(E.4.4.3) Developed through practising with other students (infrequently)

(E.4.4.4)Growth in self confidence leads to growth in musical confidence

(E.4.4.7) Musical confidence leads to self confidence

(E.5.2) MT training changed perception of music

(E.5.5) Classical training structured

(E.5.5) Previous Jazz experience helped with improvisation

(E.5.9) Previous jazz experience helped to move to freer and improvisational music making

(E.5.9) Previous jazz experience: easier to be playful with sounds

9

(E.5.10) Variety of previous musical experiences good preparation

(E.5.10) Variety of instrument skills good preparation

(E.5.12) Previous participation in musicals developed confidence

(E.5.13) Previous participation in musicals developed creativity

(E.5.14) Previous participation in musicals preparation for musical narratives

(E.5.15) Previous participation in musicals gave dance skills – use in sessions

(E.5.15) Previous participation in musicals gave drama skills – use in sessions

(E.6.16) Broad previous musical experiences: openness to using the arts

(E.6.3) Previous musical involvement with a variety of people

(E.6.4) Previously used music for different things

(E.6.5) Previously made music in hospitals with church

(E.6.5) Previously made music in psychiatric homes with church

(E.6.6) Previous musical involvement: value of music not only aesthetically but also in different contexts

(E.6.7) Previously made music in prison with church

(E.6.6) Previously using music in different context: saw value of music

(E.6.6) Previously using music in different context: learned how music can be used with variety of needs

(E.6.10) Steered to music therapy - need to do more than perform

(E.6.10) Steered to music therapy – desire to work with people with various needs

(E.Q.1) Identity before training: performer

(E.Q.2) Identity before training: composer

(E.Q.3) Identity before training: enjoyer of music

 (E.Q.4) Identity before training: teacher

(E.Q.5) Identity before training: one who shares music with others

(E.7.3) After training: more insight into the power of music

(E.7.4) After training: more aware of the connection between audience and performers

(E.7.6) After training: think differently about performing

(E.7.7) After training: more aware of the meaning of music

(E.7.7) After training: more aware of the effects of music

(E.7.10) After training: think differently about nature of performance

(E.7.14) After training: more aware of the effect of music listening on self

(E.7.16) After training: more skilled to use music for self management

(E.8.1.3) Classical training: focus on the music 'itself'

(E.8.1.4) Classical training: limited inclusion of extra-musical features

(E.8.14) MT training: more than the music 'itself'

(E.8.1.7) After training: understand music at a deeper level in church music context

(E.8.1.7) After training: greater understanding of group music dynamics

(E.8.1.11) After training: more aware of subtleties in music communication

(E.8.1.12) After training: greater ability to read music communication

(E.8.1.12) After training: greater ability to work with musical communication

(E.8.1.14) After training: greater communication skills in general

(E.8.2.2) Training: learned how music is communication

(E.8.2.2) Training: learned to receive everything as communicatively meaningful

(E.9.2) Music making in clinical resources very valuable

(E.9.4) Would value more music making as a group

(E.9.6) Valuable to learn from fellow students

(E.9.6) Valued learning from lecturers

(E.9.9) Should have practised more; time restraints

(E.10.1) Students should be encouraged to practise more

(E.10.2) Students were encouraged to practice

(E.10.2) Students provided resources to practice

(E.10.3) Should have practised keyboard more

(E.10.4) Good keyboard skills valuable in therapy

(E.10.6) Would be valuable if students in same city can arrange weekly practising sessions

(E.10b.3) Classical training: theory helped understanding of musical structure

(E.10b.5) Classical training: provided understanding into how music elicits emotions

(E.10b.8) Classical training: theoretical knowledge helpful in MT training

(F.1.2) Training intense

(F.1.2) Training life changing

(F.2.2) Modular format less time for practical

(F.2.2) More time needed to practice skills evident in sessions;

(F.2.2) Felt stressed in practical class (limited practising time)

(F.2.3) Classical violin training; felt stressed to improvise on piano

(F.2.4) Needed more time to practice clinical music

(F.2.10) Small group supervision classes allowed in-depth work

(F.2.12) Limited onsite supervision challenging

(F.3.2) Clinical musicianship = developing techniques to address goals with clients

(F.4.1.1) Training adjustment from rigid classical training

(F.4.1.2) Freer and improvised music making an adjustment

(F.4.1.2) Less rigid music making; significant change to classical music making

(F.4.1.2) Music therapy space; significant change to classical training

(F.4.1.3) Training adjustment from rigid classical training

(F.4.2.1) Learning flexibility

(F.4.2.2) Developing non-judgemental music-making

(F.4.2.3) Learning to work with client's music

(F.4.2.3) Learning to extend client's music

(F.4.2.4) Learning to be present in the moment

(F.4.2.6) Learning to be comfortable with silence

(F.4.3.2) Violin main instrument; piano improvisation daunting

(F.4.3.3) Preferred using familiar instruments in sessions

(F.4.4.1) Learning to trust musicianship

(F.4.4.2) Trust musicianship when improvising

(F.4.4.3) Keep positive mentality when needing to improvise

(F.5.2) Classical training hindered clinical musicianship

(F.5.2) Classical training: rule based

(F.5.3) Classical training: lack of preparation for playing chords

(F.5.6) Classical training: greater discomfort with improvisation

(F.5.9) Fourth year MT course: not much practical preparation

(F.6.1) Playing in chamber groups: preparation for playing spontaneously

(F.6.3) Playing in chamber groups: preparation for improvisation

(F.6.4) Structured BMus course: did not offer preparation for improvisation

(F.6.5) Playing in orchestra: preparation for spontaneous playing

(F.7.1) ID violinist before training

(F.7.3) ID same after training

(F.7.4) Violinist still primary musical identity

(F.7.5) ID: Violinist who also practices MT

(F.8.1.2) After training: teaching more flexibly

(F.8.1.3) After training: working more with what students offer

(F.8.1.4) Training influenced teaching techniques

(F.8.1.5) After training: teaching more focussed on process

(F.8.1.5) After training: teaching less strict regarding mistakes

(F.8.1.5) Training didn't influence music listening

(F.9.2) Modular structure limited time as group.

(F.9.5) Challenging to develop clinical musicianship for number of client groups

(F.9.5) Limited possibilities for course change re limited time

(F.9.7) Would value more group supervision classes

(F.9.11) Would value more class time role playing different client groups

(F.9.12) Would value more time as 'therapist' in role play

(F.9.16) Would value more guitar and piano improvisation in group

(F.9.17) Would have valued more time to practise instruments

(F.9.17) More group practising could be beneficial

(F.9.18) More group instrumental classes

(F.10.1)Practical workshops with previous students could be valuable

(F.10.2) Would value input from a variety of MTs

(F.10.3) Doubts possibility of wider variety of MT input

(F.10.7) Training influenced teaching

(F.10.9) Training becomes part of who we are

(F.10.9)Training influences conversational skills

(F.10.12) Training influences teaching: ability to extend students' music

(F.10.14) After training: allows direction of teaching to be steered by what children offer

ANSWERING THE MAIN QUESTION			
A. How do registered music therapists reflect on their experience of acquiring clinical musicianship skills during the music therapy Masters training programme at UP and the impact of this upon their use of music and their musical identity?			

A.1 EXPERIENCES	A. 1.1 Defining Clinical Musicianship	(C.3.1) Hard to define clinical musicianship	
		(A.3.5); (A.3.5); (B.4.3.4) Awareness of client needs and ability during music making	
		(A.3.5); (A.3.7) Awareness of and focus on client during music making	
		(D.4.1.16) Have to learn music that suits your client	Approach towards client in music making
		(A.6.15) No judgement of client	
		(B.2.11) MT: responsibility to listen differently	
		(E.4.1.4) Thinking differently about what is music	
		(C.3.4); (E.8.14) Meaning behind the music	Approach towards music in music making
		(B.2.7) MT: different approach to music – includes the unexpected	
		(D.3.2); (A.3.8); (C.3.3) Focus on therapeutic relationship, not merely aesthetic value	
		(C.3.3); (A.4.2.9) Focus on process rather than product	
		(B.4.4.3) Musical interaction in therapy has unique norms	
		(A.3.1); (B.3.8) Sensitivity regarding leading and following	Purpose of music making
		(E.3.4); (F.3.2); (E.3.2); (D.3.1) Therapeutic knowledge with musical skills and techniques to address clinical goals	
		(D.3.3); (D.3.3) Use of music skills to elicit social interaction and emotional expression	
		(A.4.2.6) Openning of musical skills to include others	
		(C.2.6) Acceptance of own musical expression	
		(F.4.4.2) Trust musicianship when improvising	
		(B.4.3.7); (E.3.2); (E.3.2) Combination of clinician/therapist and musician	Stance as music therapist
		(D.4.1.15); (C.5.7) Requires stylistic diversity	

A.1 EXPERIENCES	A.1.2 Components of learning clinical musicianship	(A.4.3.3); (A.4.3.24); (D.4.1.17); (D.4.1.13); (B.2.2) Developing CM skills is a continuous learning process	
		(A.4.2.1); (D.4.4.5); (B.2.5); (B.2.6) Required introspection	
		(B.2.4); (B.2.4); (B.2.6) Required to re-evaluate use of and perspectives on music	
		(A.4.1.4) Re-evaluation of previous musical skills	
		(A.4.2.2) Learned to reflect on own musicianship	
		(F.4.4.1) Learning to trust musicianship	Development as a therapist
		(F.4.2.4); (A.4.1.4) Learned to be more aware – session and present moment	
		(D.2.3) Practicum: Learned simultaneous internal and external awareness	
		(C.2.5) Learned to let go of inhibitions	
		(F.4.2.6) Learning to be comfortable with silence	

A.1 EXPERIENCES		

A.1 EXPERIENCES

(E.2.3) Learned a lot as musician
(B.4.1.2) Expanded musical preferences
(B.4.1.3) Expanded musical vocabulary
(A.5.9); (D.5.4) Stylistic development
(C.4.2.1); (C.4.2.4); (C.5.7; (F.4.2.1); (C.2.4) Learned musical flexibility
(D.8.2.5) Clinical musicianship classes: facilitated developing musical freedom
(A.2.8) Clinical work meaningful – required broader thinking
(A.2.8) Clinical work meaningful – required new kinds of music making

→ General development as musician

(C.4.3.3) Tasked with working with unfamiliar client groups
(A.2.30); (A.4.1.15) Learned to value the potential of clients
(B.5.9); (B.4.2.5) Learned to respect client's musical preferences
(F.4.2.2) Developing non-judgemental music-making
(B.4.2.2) Learning to place client's musical needs first
(F.4.2.3) Learning to work with client's music
(B.4.3.5) Learning to make more space for client's music
(B.4.2.6) Learning to explore/value meaning of the client' music for him/her

→ Learning to work with clients

(E.2.4) Learned new skills
(A.4.2.12) Had to practise new skills
(D.4.1.14) Requires developing musical skills
(A.2.6) Becoming familiar with playing percussion
(A.2.42); (A.2.42) Learned expressive capacity of certain instruments
(C.4.2.2); (E.4.2.3); (D.4.2.4); (D.5.4); (A.2.5) Developing guitar skills
(C.4.3.13) Guitar skills developed as suitable MT instrument
(E.4.2.3); (E.4.3.2) Had to develop vocal skills
(D.5.4) Learned different chord progressions
(C.9.7) MT training: exposure to many different musical styles

→ Developing musical/ instrumental skills

(B.4.3.3); (A.4.2.14) Learned to play with clinical purpose iso product driven
(B.2.8) MT: learn focus on process

→ Process rather than product

(A.4.2.10) Learning to be a musical partner
(D.4.2.16) Learning to facilitate synchrony
(B.3.9) Clinical improv: required to learn unique relational improv skill
(E.4.2.1) Had to expand use of genres as tool for relating

→ Therapeutic relationship

(E.8.2.2); (E.4.1.6) Learning communicative qualities of sound and music
(E.4.1.7) Learning to understand what the client communicates
(E.8.2.2) Learned to receive everything as communicatively meaningful

→ Music as communication

→ Music as a therapeutic medium

2

| A.1 EXPERIENCES | **A.1.3** Experiences of learning clinical musicianship | (A.4.1.2); (B.2.1) Daunting
(E.4.1.3); (C.4.2.7); (C.1.1); (D.1.1); (B.9.1); (A.4.1.2); (C.2.1); (E.1.2); (B.1.3) Challenging
(F.1.2); (E.1.2) Training intense
(D.9.5) Block sessions intensive
(E.2.12); (B.2.1); (A.4.3.29) Thrown in deep end
(C.10.16); (C.10.16) Dropped in deep end: appropriate to MT
(B.9.3) Thrown in deep end effective way of learning

(E.4.1.1) Broadening
(D.1.1) Training personally enhancing
(C.1.2); (B.1.3); (D.2.5) Enriching
(E.1.2) Training rewarding
(A.4.1.2) Freeing
(A.4.1.2); (B.1.3) Unexpected

(B.1.8) Challenged belief system
(A.2.9) Clinical work meaningful – personal journey
(F.1.2); (B.1.3) Training life changing

(D.2.1) Loved practical side of training
(E.2.8) Enjoyed variety of placements
(E.2.1); (E.2.2) Enjoyed clinical resources most

(A.1.8) Improvisation offered new musical possibilties
(B.3.6) Clinical improvisation = new skill
(B.3.10) Different to other kinds of improve
(C.2.11) Use of voice as new experience
(A.6.1) Making music with others was new
(D.4.1.5) Learned matching and mirroring
(A.2.8) Musical instruments in MT: a 'new orchestra'
(A.2.2) Training: different use of piano
(A.2.40) Discovered flexibility of the voice
(B.7.16) Training: Felt overwhelmed by being more sensitive to music
(A.2.43) Experienced expressive capacities of voice when working with clients
(A.2.43) Experienced expressive capacities of drumming when working with clients

(A.4.1.16) Valued realisation that all clients can participate in shared musicing
(A.4.1.17) Valued witnessing the client's music
(B.4.1.11) Valued shared music with client
(B.4.1.8) Appreciated learning to read clients' musical meaning
(B.4.1.8) Appreciated learning to respect clients' musical communication

(B.4.1.7) Appreciated how therapeutic relationship opened meaning spaces for client and therapist
(B.4.1.10) Valued non-hierarchical therapeutic relationship | Challenging

Enriching

Personal journey

The client's music

Therapeutic | List

Enjoyable experiences

New skills and experiences

Valuable experiences |

A.1 EXPERIENCES

(E.2.10) Variety of placement experiences valuable
(E.9.2) Music making in clinical resources very valuable
(E.9.6) Valuable to learn from fellow students
(E.9.6) Valued learning from lecturers
(C.9.3) Most valuable in training: musicianship classes
(D.8.2.3) Clinical musicianship classes: value of role play
(A.8.2.2) Valued non-judgemental environment of training
(A.4.3.30) Valued being challenged through supervision
(A.4.4.10) Value of supervision guidance

(A.4.3.6); (C.4.3.12) Challenging to develop guitar skills
(C.2.12) Vocal development difficult as deeply personal
(E.4.3.7) Challenging to use different genres
(C.4.3.7) Challenging to work with unfamiliar instruments
(B.9.10) Challenging to learn new skills fast
(C.9.9) Guitar used frequently; most students not guitarists

(A.4.3.15) Learning to blend in class group improvisation challenging
(B.3.11) Challenging to unlearn previous improv approach
(E.4.3.4) Challenging to make changes in the moment
(A.4.1.11); (A.4.1.5) Difficult to share ownership of music
(B.3.2) Challenge: balancing free improvisation + reflexive restraint
(C.2.2) Improvisation tricky: initially

(F.9.5) Challenging to develop clinical musicianship for number of client groups
(C.4.3.1) Challenging to plan interventions for difficult client groups
(D.4.2.17) Challenge: Learning to challenge clients for the sake of growth
(C.4.3.8); (C.4.3.8); (C.4.3.9) Difficult to match diverse client groups
(D.4.2.17) Challenge: not to remain in a comfort zone with clients
(D.4.3.2) Most challenging to break synchrony with client
(C.4.3.5); (C.4.4.2) Difficult to work with unfamiliar client groups

(F.4.4.3) Keep positive mentality when needing to improvise
(D.4.4.1) Dealing with challenges through practice in group
(B.2.1) Draw on previous skills to cope with challenges of course
(A.4.3.26) Needed supervision encouragement to play less familiar instrument (guitar)
(D.4.4.4) Dealing with challenges through speaking with lecturers
(D.4.4.4) Dealing with challenges through speaking with other students
(A.4.4.1) Practising assists with challenges
(A.4.4.3) Perseverance:dealing with challenges when learning
(A.4.4.9) Needed encouragement to do the things that were challenging

(A.4.3.13) Comfortable with vocal work
(A.9.27) Found it easy to vocalise
(A.9.29) Found it easy to improvise lyrics
(C.2.7) Learned improvisation skills quickly
(C.4.2.8) Resonated with clinical use of music

Places / experiences of learning

Instrumental skills

Improvisation

Clients

Dealing with challenges

Valuable experiences

Challenges

Easier experiences

4

A.1 EXPERIENCES

(C.4.3.13) Lack of wide stylistic guitar skills
(C.5.7) Initially lacked confidence in stylistic diversity
(A.4.4.5) Musical difficulty in session: moved to another instrument
(B.3 11) Previous musical skills questioned
(F.4.3.3) Preferred using familiar instruments in sessions

(C.4.4.4) Lack of previous exposure to many client groups
(C.4.4.5) Uncertain how to use instruments with unfamiliar client groups

(C.4.2.7) Uncertain during training
(D.4.1.8) Experienced many insecurities at start of training
(D.4.1.11); (D.4.1.9) Feelings of incompetence
(C.10.9) Use of music in the therapeutic process initially unclear

(F.2.2) Felt stressed in practical class (limited practising time)
(A.2.21) Fear of making mistakes in class
(A.4.3.15) Felt self-conscious in student group improvisation
(C.2.5) Initially inhibited

(D.4.3.3) Personal learning in training: ability to engage with conflict in music
(D.4.4.5) Dealing with personal issues vital part of training
(E.2.13) Grew during training
(E.4.2.1) Self confidence grew
(D.4.1.10) Confidence increases as see results with clients
(E.4.4.4) Growth in self confidence leads to growth in musical confidence
(E.4.4.7) Musical confidence leads to self confidence
(D.2.1); (E.4.2.5) Developing clinical skills: self discovery

(E.2.11) Clinical work got easier
(C.2.11) Took time to become vocally free
(C.4.2.2) Developed willingness to learn more musical styles
(E.4.3.3) Developed vocally from weak to strong
(E.10.4) Good keyboard skills valuable in therapy

(E.4.4.1); (E.4.4.3) Developed through practising individually and with groups (infrequently)
(A.4.3.21) Group improvisation improved as students relationships grew
(C.9.4) Developed largely in clinical musicianship classes
(C.9.4) Clinical musicianship classes challenging – growth
(E.2.15); (A.4.3.32) Supervision critical for growth
(D.2.2) Group clinical classes: learned about self
(E.2.6) Growth through supervision
(E.2.15) Clinical resources critical for growth

Music and instrumental skills

Client groups

General uncertainties

In class

Feelings of uncertainty and incompetence

Personal development

Musicianship / musical skill development

Experiences that braught about development

Development/ Growth

A.2 THERAPY PROGRAM	A.2. Background information	A.2.1 Suggestions and comments					
			(E.2.6) Supervision personally challenging (D.4.1.5) Learned through role modelling (C.9.10) Guitar tasks set were useful for growth (C.2.15) Good activities for vocal development (C.9.8) Guitar classes helpful (D.8.2.3) Clinical musicianship classes: explorative (D.8.2.3) Clinical musicianship classes: taking risks (C.9.4) Helpful to make music with classmates (B.9.6) Found concrete musical examples valuable	Experiences that braught about development		Development/ Growth

(A.9.12) Limited opportunities in class to practise each skill (A.10.27) New skills were not always thoroughly practised in class (B.9.12) Not enough time to explore new skills in class (A.9.39) Would have valued less time hearing examples; more time for practising skills (A.9.24) Clinical musicianship classes: could have spent less time on drums	Specific skills	
(B.9.19); (F.2.4) Needed more time to practise clinical musicianship skills (F.2.2) More time needed to practice skills evident in sessions	Clinical musicianship	
(F.9.17) Would have valued more time to practise instruments (A.9.24) Clinical musicianship classes: could have spent less time on drums (C.9.8) Would have valued more guitar classes	Instruments	Not enough time to practise skills in class
(A.10.2) Would have valued more time to practise skills with feedback in class (A.9.31) Would have valued being graded for clinical classes; see progress	Practise with feedback	
(B.10.3); (C.9.6); (E.9.4); (F.9.17) More group practising could be beneficial (F.9.18) More group instrumental classes (F.9.16) Would value more guitar and piano improv in group (F.9.11) Would value more class time role playing different client groups (F.9.12) Would value more time as 'therapist' in role play	More time practising with class mates	
(C.9.1) Would have valued more hours of clinical musicianship training (A.9.5) Would have valued more time in course for clinical musicianship (C.10.19); (D.9.3) Would have valued more clinical musicianship classes (F.9.7) Would value more group supervision classes (C.10.8) Would have valued more clinical musical examples initially		More time in course for clinical musicianship
(B.10.5) Would have valued more time to debrief own feelings and processes (B.8.2.3) Not enough time to process intensity of training (B.9.18) Need more time to process personal experiences generated in group classes (C.10.15) Would have valued discussions regarding classical to improvisational transitions (B.9.16) Need longer time to respond in role play classes		More time to process and debrief feelings and

Time constraints of training program

A.2 THERAPY PROGRAM		Suggestions and comments		Codes	Themes	Categories
				(F.2.12) Limited onsite supervision challening (D.9.9) Would have valued more supervision between blocks for practical skills	Limited onsite supervission	Time constraints of training program
				(D.10.3) Students being far apart makes support difficult (D.10.7) Students being far apart makes it difficult for them to practise together (F.2.2) Modular format less time for practical (F.9.2) Modular structure limited time as group. (D.9.6) Self practice required between blocks – harder to become confident (F.10.3) Doubts possibility of wider variety of MT input (F.9.5) Limited possibilities for course change re limited time	Challenges of modular format	
				(C.10.3) Would have valued even more exposure to different musical styles (C.10.5) Would have valued greater variety of clinical musicianship lecturers (C.10.5) Would have valued more instruction from a jazz musician (C.10.5) Would have valued more instruction from an African drummer (C.10.6) Would have been helpful to integrate more diverse musical instruction into their training experiences (F.10.2) Would value input from a variety of MTs (F.10.1) Practical workshops with previous students could be valuable		Greater variety of musical instruction
				(E.10.6) Would be valuable if students in same city can arange weekly practising sessions (D.10.4) Suggests weekly student clinical musician groups (E.10.3) Should have practised keyboard more (E.9.9) Should have practised more; time restraints (E.10.1) Students should be encouraged to practise more (C.6.2) Felt more free musicing with others would have been beneficial during training (D.10.8) Mandatory lessons in new instrument might be valuable		Increased opportunities to practice and develop skills
				(E.10.2) Students were encouraged to practice (E.10.2) Students provided resources to practice (C.10.11) Well supported in clinical musicianship development during training (C.10.15) Guided from classical to improvisational well (B.10.12) Voice and drama valuable for processing experiences (B.10.17) Dance therapy valuable in learning skills and processing experiences (B.10.17) Voice therapy valuable in learning skills and processing experiences (B.10.1) Students should take responsibility for finding support	Support provided	Positive experiences of training course in
				(C.10.13) Clinical musicianship classes run well (D.9.1) Excellent clinical musicianship instruction (C.10.11) Clinical musicianship lecturer proficient (B.9.1) Training approach excellent	Proficiency of training	

		A.2.2 Expectations	(A.4.1.10) Prior to training: naïve about 'therapy'
			(C.4.2.5) Always wanted to use music in this way
			(D.6.8) Therapeutic relationship felt natural: matched expectations
			(D.6.9) Relational aspect of music was motivation for studying MT
			(D.6.11) MT 4th year subject: knew what to expect
			(E.6.10) Steered to music therapy - need to do more than perform
			(E.6.10) Steered to music therapy – desire to work with people with various needs

ANSWERING SUB-QUESTION 1			
B. How do past musical training and practice influence their acquisition of clinical musical skills during the music therapy training program?			
B.1 PAST TRAINING	**B.1.1** Past training helpful	B.1.1.1 Classical	(C.5.2) Previous classical training brought piano confidence (E.10b.8); (E.10b.3) Classical training: theoretical knowledge helpful (E.10b.5) Provided understanding into how music elicits emotions (A.5.7) Classical training helpful for learning improvisation (A.5.7) Classical background helpful for learning different genres
		B.1.1.2 Instruments	(B.6.12) Training as a saxophonist: good preparation (B.6.16) Previous saxophone training: fun-filled approach to making music- good preparation (D.5.5) Piano proficiency: assisted in grasping new musical concepts
		B.1.1.3 Bmus	(B.6.10) Nothing of previous music training hampered MT training (D.5.3) Bmus: felt confident to learn new musical techniques and chord structures (D.5.5); (A.5.11) Theoretical proficiency helpful in MT training (D.5.7); (D.5.7) Bmus: Confidence in musical capabilities - confidence to challenge self musically
		B.1.1.4 Improvisation/ Jazz	(B.5.2) Previous improvisation skills: good preparation (B.5.3) Improvisatory approach to music making good preparation for training
		B.1.1.5 Non-musical studies	(B.5.6)Previous interest in cultural studies: good preparation for training (B.5.6) Previous literature studies: good preparation for understanding impact of culture

B.1 PAST TRAINING	**B.1.2** Past training hindered	B.1.2.1 Classical	(D.5.9) Classical training: initially hindered flexibility (C.4.3.14) Classically trained; modes and different styles difficult (D.5.15) Classical training: initially difficult to move between different meters (F.5.2) Classical training hindered clinical musicianship (C.2.2) Classical training; improvisation difficult initially (F.5.6) Classical training: greater discomfort with improvisation (F.2.3); (F.4.3.2) Classical violin training; piano improv daunting (D.5.12) Classical training: could easily break out of initial restraints
	B.1.3 Contrast	B.1.3.1 Rigidity - Flexibility	(D.4.2.7) Classical training: then had to learn rhythmical flexibility (D.4.2.11) Classical training then had to learn other harmonies (A.1.5) Classical background; more musical possibilities in training (D.4.2.7); (F.4.1.1); (F.4.1.3); (C.5.2) MT training/music making adjustment from rigid classical training (B.3.16) Jazz improv structured vs clinical improvisation flexible moment-by-moment (B.3.16) Jazz improv structured vs clinical improvisation responsive to client offerings (B.3.16) Jazz improv structured vs clinical improvisation greater awareness of communicative synergy (F.4.1.2) Freer and improvised music making an adjustment
		B.1.3.2 Characteristics of classical training	(F.4.1.2) Music therapy space; significant change to classical training (F.5.2) Classical training: rule based (E.8.1.3) Classical training: focus on the music 'itself' (C.4.3.15) Classical training limiting (E.8.1.4) Classical training: limited inclusion of extramusical features (E.5.5) Classical training structured
B.2 PAST PRACTICE	**B.2.1** Past practice helpful	B.2.1.1 Ensembles	(B.6.3) Previous participation in different ensembles valuable for clinical musicianship skills development (B.6.5) Previous participation in different ensemble: acceptance of different type of music (F.6.1) Playing in chamber groups: preparation for playing spontaneously (F.6.3) Playing in chamber groups: preparation for improvisation (F.6.5) Playing in orchestra: preparation for spontaneous playing
		B.2.1.2 Church	(C.5.4) Previous church playing without sheet music helpful (C.5.5) Previous church playing working in groups helpful
		B.2.1.3 Variety	(B.6.10) Nothing of previous music experience hampered MT training (C.6.5) Bringing a variety of musical experiences to training beneficial (C.6.6) Variety of prior musical experiences gave confidence (C.6.6) Variety of prior musical experiences helped developing improvisation (C.6.6) Variety of prior musical experiences helped prepare for group work (E.5.10) Variety of previous musical experiences good preparation (E.5.10) Variety of instrument skills good preparation (E.6.16) Broad previous musical experiences: openness to using the arts
		B.2.1.4 Improvisation/ Jazz	(E.5.5) Previous Jazz experience helped with improv (E.5.9) Previous jazz experience helped to move to freer and improvisational music making (E.5.9) Previous jazz experience: easier to be playful with sounds

B.2 PAST PRACTICE		B.2.1.5 Other	(E.5.12) Previous participation in musicals developed confidence (E.5.13) Previous participation in musicals developed creativity (E.5.14) Previous particpation in musicals preparation for musical narratives (E.5.15) Previous participation in musicals gave dance skills – use in sessions (E.5.15) Previous particpation in musicals gave drama skills – use in sessions
	B.2.2 Past practise hindered	B.2.2.1 Classical	(C.4.3.16) Saxophone limiting in MT
	B.2.3 Contrast	B.2.3.1 Solo - Social	(A.6.8) Before training music making was lonely; Enjoyed experiencing musicing with others (A.6.2) Previous piano and organ experience: solo musicing (A.6.12) Before training: felt separate from congregation when playing for worship (A.2.1) Before training, felt safe behind piano
		B.2.3.2 Judgement	(A.6.11) Before training: felt self-conscious about mistakes when playing for others
		B.2.3.3 Characteristics of teaching	(A.2.13) Teacher is in control vs MT working with others (A.4.2.10) Notable difference in music relationship from teacher to MT (A.4.2.7) Teacher before training: limited music making because of prescribed exam systems
	B.2.4 List		(B.6.6) Broad previous experiences: more open than only doing BMus (C.4.1.3) Previously used music with children (C.4.1.3) Previously used music in community settings (C.4.1.3); (C.5.4) Previously used music in church (C.4.1.4) Previously familiar with music to uplift people (C.6.6) Some prior preparation for improvisation (E.6.3) Previous musical involvement with a variety of people (E.6.4) Previously used music for different things (E.6.5) Previously made music in hospitals with church (E.6.5) Previously made music in psychiatric homes with church (E.6.6) Previous musical involvement: value of music not only aesthetically but also in different contexts (E.6.7) Previously made music in prison with church (E.6.6) Previously using music in different context: saw value of music (E.6.6) Previously using music in different context: learned how music can be used with variety of needs

ANSWERING SUB-QUESTION 2
C. How did the acquisition of clinical musicianship inform their experience of their musical identity during and after the training?

C. IDENTITY	**C.1** No change to ID	(F.7.3) ID same after training (F.7.4) Violinist still primary musical identity
	C.2 MT primary identity	(C.7.9) Primary musical identity now 'music therapist'
	C.3 MT added to facets of identity	(D.7.17) After training: musical identity expanded (D.7.18) Training added 'improviser' to ID (A.7.1) Musical identity deepened (A.7.9) Musical identity after training: same roles but more of a musician (F.7.5) ID: Violinist who also practices MT (A.7.13) After training; feels more like an ensemble musician (C.4.1.4) Training taught new ways to use music for upliftment of people (D.7.13) Classical musician still part of ID (D.7.13) Teacher still part of ID (F.10.9) Training becomes part of who we are (D.8.1.5) After training: more confident to offer suggestions in church band (D.7.14) After training; still practise classical piano pieces to keep skill
	C.4 Change to ID as musician	(A.1.9) Training: broadened perspective of musical abilities (B.7.10) Identify differently to music after training (B.8.2.6) Part of musical ID buried in training: musician (A.7.2) Relationship with music became more personal (B.8.2.9) Reconnected with musician ID after training (B.8.2.11) After training: reconstructing musician ID
	C.5 Other musical ID informed by training	(D.7.19) ID as session musician informed by training (C.8.1.4) Now take on different roles even in general musical settings
	C.6 List	(B.7.9) Before training; ID as musician that plays complex music and appears laid back (E.Q.1) Identity before training: performer (E.Q.2) Identity before training: composer (E.Q.3) Identity before training: enjoyer of music (E.Q.4) Identity before training: teacher (E.Q.5) Identity before training: one who shares music with others (F.7.1) ID violinist before training

ANSWERING SUB-QUESTION 3		
D. How do their clinical musical skills influence how they use and experience music in non-clinical settings?		

	D.1 No influence	(F.8.1.5) Training didn't influence music listening (D.7.14) After training; still practise classical piano pieces to keep skill	
D. INDFLUENCE	**D.2** Relationships in general	(A.8.2.8) After training: more comfortable with authority figures (A.8.2.5) Equality in therapeutical relationship: influenced mutuality of life relationships in general (E.8.1.14) After training: greater communication skills in general (F.10.9) Training influences conversational skills (E.8.1.12); (E.8.1.12) After training: greater ability to read and work with musical communication (C.8.1.6) MT training impacts parenting: greater awareness and use of musical relationship (D.7.6) Training changed relationship with music	
	D.3 Perception of musicing	D.3.1 Altered awareness	(D.8.1.8) After training: know how to listen to what is not being played (E.7.4) After training: more aware of the connection between audience and performers (C.7.10); (E.8.1.7) Greater awareness of group dynamics – influence music making (E.8.1.11) After training: more aware of subtleties in music communication (C.7.10) MT training impacts ensemble playing: greater awareness of music's effects on people (C.8.1.5) After training: listen to music differently
		D.3.2 Increased insight into music	(C.8.1.3) MT training: deeper understanding and application of people's relationship to music (C.7.4); (E.7.3); (E.7.7) After training: More aware of and insight into effect/influence of music (C.7.6); (D.7.3) After training: greater understanding of psychological value of music (E.7.14) After training: more aware of the effect of music listening on self (E.7.7) After training: more aware of the meaning of music (C.7.12) MT training: understanding of musicing changes in general, even where musicing activities don't (C.7.11) MT training: assists understanding the multiple levels of musical experiences (E.8.1.7) After training: understand music at a deeper level in church music context
		D.3.3 Broadening of perspecives	(E.5.2) MT training changed perception of music (B.7.24) After training: listening to broader variety of music (B.5.6) Training: greater openness to cultural diversity (B.7.3); (B.7.4) Training changed assessment of musical value (A.1.3) Training widened musical perspectives (D.6.2) MT training helped overcome shyness to play in front of others (D.7.5) After training: uses music more flexibly (D.7.7) Before training: played pre-composed music; after training: improvises/composes own material (D.8.1.13) Training: broadened musical taste (D.8.1.5) After training: more confident to offer suggestions in church band (D.7.3) After training: more aware of variety of ways music can be used.

D. INDFLUENCE	**D.4** Experience of musicing	D.4.1 Music as a social expereince	(A.7.14) After training: experiences music with people (D.8.1.2) Before training: nervous to play in front of people; after: enjoys making music with others (A.6.13) After training: now feels part of congregational worship as organist (B.8.1.4) After training: want to make casual music with friends
		D.4.2 Increased sensitivity	(B.8.1.2); (B.8.2.2) After training: desire to play simple music (B.7.12) Became more emotionally sensitive to music during training
	D.5 Approach towards musicing	D.5.1 Teaching	(F.8.1.3); (F.10.14) After training: working more with what students offer (F.8.1.4); (F.10.7) Training influenced teaching techniques (F.8.1.5) After training: teaching more focussed on process (F.8.1.5) After training: teaching less strict regarding mistakes (F.10.12) Training influences teaching: ability to extend students' music (F.8.1.2) After training: teaching more flexibly (A.8.1.3) After training: more empathy for students (C.7.11) MT training impacts music teaching: awareness of music on children's concentration (C.7.11) MT training impacts music teaching: group dynamics
		D.5.2 Choir	(A.7.11) After training: perspective = taking part in music more than directing music (A.8.1.4) After training: approach with choir focussed on enjoying the music rather than just singing complicated music
		D.5.3 Performance	(E.7.6); (E.7.10) After training: think differently about nature of performance (A.8.1.16); (A.8.2.3) After training less critical on musical performance

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