

**The value and perceptions of music therapy for children with
Autistic Spectrum Disorders (ASDs) in a South African school**

By

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ABSTRACT

The aims of this study were to explore parents' and teachers' perceptions of what music therapy entails and what value it has for children with autism. In so doing, limitations in providing information about music therapy were identified.

The context for this study involved Unica School for Autism in Menlo Park, Pretoria. Unica is a Public Benefit Organisation (PBO) that provides specialised education for learners with autism between the ages of 3 and 18 years. Music therapy has been offered at Unica by both qualified music therapists and supervised music therapy students since 1995.

This study was conducted within the qualitative research paradigm and, as such, sought to understand perceptions of, rather than 'prove', the value music therapy has for children with autism. Data collection took the form of 6 semi-structured interviews. The interviews were transcribed and data were coded, categorised and organised into themes. These themes then formed the basis for addressing the research questions.

The findings of this study show, firstly, that direct contact with the music therapist, music therapy public presentations, and witnessing musical end products such as performances are the primary influences on parents' and teachers' perceptions of music therapy. Parents and teachers have some understanding of the objectives of music therapy.

The findings show, secondly, that the parents and teachers have limited understanding of *how* music therapy works. This includes a lack of knowledge about clinical musical intention, intervention and the music therapy process.

Finally, the findings show that parents and teachers at Unica hold music therapy in exceptionally high esteem. They are able to identify its value for children with autism in a number of areas, particularly in terms of social development and development of self, which relate directly and peripherally to the diagnosis of autism. The participants also recognise the lack of awareness about music therapy outside of the Unica environment, and express a wish for all children with autism to receive music therapy.



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CHAPTER 1: INTRODUCTION

1.1 Background and Context

I began my employment at a centre for children with autism in Johannesburg in August 2009 – shortly before I applied for enrollment in the MMus (Music Therapy) course. Upon hearing of my acceptance into the course, the reaction of many of my colleagues was to ask, “Music therapy? Is that where you play CDs to the children?” This, I have since discovered, is a common misconception bred by lack of awareness.

This study was prompted by my observation that there is limited awareness in the greater autism community of music therapy and its well-documented value for children with autism. I felt strongly that parents and special-needs teachers outside of the Unica school environment, who have not been exposed to music therapy, would benefit from receiving concise information about music therapy, what it entails and what benefits it has for children with autism.

Therefore, a study exploring the perceptions of parents and teachers who have experienced music therapy as an intervention for children with autism will provide insight into what understanding they have of music therapy and what they perceive its value to be. I speculate that this insight will be useful in developing guidelines regarding the type of information other parents and teachers need and what valuable aspects of music therapy should be highlighted when providing this information.

In this study, parents’ and teachers’ perceptions of music therapy and its value at a school for children with Autism Spectrum Disorders (ASDs) are explored. The Unica School for Autism is a Public Benefit Organisation (PBO) that provides specialized education for learners with autism between the ages of 3 and 18 years. The school is located in Menlo Park, Pretoria, and caters for approximately 107 learners annually (www.unicaschool.co.za). This study involved entering the Unica school environment where music therapy has been offered by both qualified music therapists, registered with the Health Professions Council of South Africa (HPCSA), and supervised music therapy students, enrolled in the MMus (Music Therapy) course at the University of Pretoria, from 1995 to present. Interviews were conducted with the parents and teachers of children who have received music therapy, in order to explore their perceptions of music therapy and its value for the children.

It is my hope that the conclusions drawn from this research will achieve several outcomes. The first is that music therapists will be alerted to possible limitations in the information they provide to parents and teachers. The second is that the type of information needed to address those limitations will be identified. The third is that music therapists will be able to broaden their awareness of what parents and teachers perceive to be the value of music therapy for children with autism.

Once possible limitations in information are identified and the value of music therapy from the perspective of parents and teachers is recognised, music therapists will be better equipped to clarify the understanding of music therapy held by currently-involved parents and teachers, and will be able to be more intentional and concise in their provision of information to prospective parents and teachers.

Music therapy is an experiential process; only by witnessing it closely, or by participating in it directly, can one gain a true sense of what it involves. Music therapy is also a fledgling profession in South Africa – the implication being that there is a paucity of research indigenous to this country. It is my hope that parents and teachers within the South African autism community will find the conclusions of this study to be contextually relevant, and that members of the global academic community will find the conclusions to be professionally relevant.

With the above in mind, the research aims and question that frame this study are as follows:

1.2 Aims

1. To explore parents' and teachers' perceptions of what music therapy entails.
2. To identify potential gaps in parents' and teachers' knowledge of music therapy.
3. To explore parents' and teachers' perceptions of the value of music therapy for children with autism.

1.3 Research Questions

1. What do parents and teachers of children with autism perceive music therapy to involve?
2. What information are parents and teachers lacking regarding music therapy?
3. What value do parents and teachers perceive music therapy to have for children with autism?

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

In this chapter, I discuss selected literature relevant to the present study. I begin by providing a clinical picture of autism. Secondly, I provide a definition of music therapy and a discussion of core theoretical concepts in music therapy. Finally, two studies are discussed, where one study involves parents' perceptions of music therapy, and the other study involves teachers' perceptions of music therapy.

2.2 Autism

2.2.1 Autism overview

Autistic disorder, or autism, is the most prevalent of the pervasive developmental disorders (Barlow & Durand, 2005) and manifests in varying degrees of severity. Each child affected by autism is an individual with unique characteristics (Allgood, 2005) and displays a specific combination of the symptoms listed in section 2.2.2 below. No two children with autism will present in exactly the same way, making autism a complex disorder.

Autism affects four times as many boys as girls (Tompkins, 2005) and its global prevalence rate has been increasing in recent years (Stoner, Bock, Thompson, Angell, Heyl & Crowley, 2005). According to Autism South Africa (ASA), a child with autism is born every hour in South Africa (www.autismsouthafrica.org).

There is no certainty about the cause of autism. Jepson (2007) suggests three possible causes, all of which are supported by medical literature. The first is that a disruption in normal neuronal development results in irregular cellular structure in several brain areas. The second is that abnormalities in the gastrointestinal tract damage the gut, creating an inflammatory condition. The body's immune system is compromised, and toxins are allowed access to the brain. The third is that "because of a genetically weak detoxification system, babies who develop autism are more susceptible to toxins, even at low doses" (Jepson, 2007:177-178).

In addition to the diagnostic criteria listed below, deficits in other skill areas often accompany a diagnosis of autism. These areas include motor skills, play skills, cognitive skills, executive functioning skills and adaptive skills (Center for Autism and Related Disorders, 1999:2).

2.2.2 DSM-IV-TR criteria for autistic disorder

As with many mental disorders, “there is no definitive biological test or marker for autistic spectrum disorder” (Huws & Jones, 2008:99). Diagnosis of the disorder, therefore, is made on the basis of observations of behaviour according to criteria set out in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR). These symptoms fall into three main categories and must be present before age 3.

At least two symptoms from category one – impairment in social interaction – must be present. These may include impairment in the use of nonverbal behaviours such as eye contact, facial expression and gestures, impairment in the ability to develop peer relationships, failure to spontaneously seek shared enjoyment, or impairment in social or emotional reciprocity (Diagnostic and Statistical Manual of Mental Disorders, 2001).

At least one symptom from category two – impairment in communication – must be present. These may include delayed or absent development of spoken language, impaired ability to initiate or sustain conversation, inappropriate or repetitive use of language, or lack of varied and spontaneous functional pretend or social imitative play (Diagnostic and Statistical Manual of Mental Disorders, 2001).

At least one symptom from category three – restrictive, repetitive or stereotyped behavior – must be present. These may include abnormally intense or focused preoccupation with restrictive patterns of interest or with parts of objects, inflexible adherence to routine, or inappropriate or repetitive motor mannerisms (Diagnostic and Statistical Manual of Mental Disorders, 2001).

2.3 Music Therapy

Music therapy can be defined as the use of music and its elements “in a process designed to facilitate and promote communication, relationships, learning, mobilization, expression, organization and other relevant therapeutic objectives, in order to meet physical, emotional, mental, social and cognitive needs” (World Federation of Music Therapy in Wigram, Pederson & Bonde, 2004:30).

The value of the use of music therapy with children, adolescents, and adults with autism has been extensively documented (Boso, Emanuele, Minazzi, Abbamonte & Politi, 2007; Dempsey & Foreman, 2001; Kim, Wigram & Gold, 2008; Wigram & Gold, 2006; Yukselsin & Berrakcay,

2010). As stated by Wigram and Gold (2006:535), children with autism “respond positively to music therapy intervention involving both active, improvisational methods and receptive music therapy approaches”. Music therapy can achieve substantial improvement in verbal and nonverbal communication and emotional responsiveness (Boso *et al*, 2007:709), as well as social interaction, which are the areas parents of children with autism identify as most pertinent (Spann, Kohler & Soenksen, 2003; Little, 2003).

According to Wigram and Gold (2006:535),

“Improvisational musical activity with therapeutic objectives and outcomes has been found to facilitate motivation, communication skills and social interaction, as well as sustaining and developing attention. The structure and predictability found in music assist in reciprocal interaction, from which tolerance, flexibility and social engagement to build relationships emerge, relying on a systematic approach to promote appropriate and meaningful interpersonal responses”.

Kim, Wigram and Gold (2008:1758) state that “improvisational music therapy has long been noted for its efficacy in engaging autistic children at their level and interest, and helping them to develop spontaneous self-expression, emotional communication and social interaction”. The authors conducted a study in Germany, which compared improvisational music therapy and play sessions. Standardised behavioural measures and analysis of recorded sessions showed that “improvisational music therapy was more effective at facilitating joint attention behaviors and non-verbal social communication skills in children [with autism] than play” (Kim, Wigram & Gold, 2008:1758).

The studies cited above describe possible outcomes of music therapy for children with autism. I turn now to a discussion of selected relevant theoretical concepts which underpin the work of many music therapists.

Nordoff and Robbins (1977) developed the concept of the ‘music child’, and described it as “the individualized musicality inborn in each child... the term has reference to the universality of musical sensitivity... [and] also points to the distinctly personal significance of each child’s musical responsiveness” (Nordoff & Robbins, 1977:1). According to Etkin (1999), the ‘music child’ can be called into responsiveness despite the possible presence of disability, disturbance or trauma.

According to Ansdell (1995), the first task for the music therapist is to make contact with the client in the music. Contact happens when the client hears him/herself being heard and included in the music. 'Musical meeting' can then occur when the client experiences something more than him/herself; "when he [or she] experiences a relationship *between* his [or her] playing and the music of the therapist" (Ansdell, 1995:69, italics in original).

Pavlicevic (1997) states that another task of the music therapist is to 'read' the vitality affects of the client, as they are elicited in clinical improvisation. The term 'vitality affects' was coined by Daniel Stern, and refers to the "amodal, dynamic, kinetic quality" of our experiences (Pavlicevic, 1997:106). Reading the client's vitality affects through jointly created clinical improvisation allows the therapist to directly experience the client's feeling states (Pavlicevic, 1997).

Through playing with the client, the music therapist seeks to establish an 'intersubjective' relationship between them (Pavlicevic, 1997). In an intersubjective relationship, the client recognises that the therapist is responding to his/her sounds as having expressive and communicative meaning, and that the therapist knows how he/she feels. This gives the client "an experience of 'being known'" (Pavlicevic, 1997:117).

A clinical improvisation is not only musically interactive, but also seeks to create 'interpersonal engagement' (Pavlicevic, 1997). Here, the concept of 'Dynamic Form' is relevant. According to Pavlicevic (1997:129), "Dynamic Form is ourselves, portrayed in relation to another, through sound". It is found in the jointly created relationship between the client and therapist, and has roots in both the emotional and the musical aspects of clinical improvisation (Pavlicevic, 1997). The Dynamic Form of the musical acts in clinical improvisation enables the client and therapist to know one another intimately (Pavlicevic, 1997).

2.4 Parents' Perceptions of Music Therapy

Parents' perceptions have been examined in a number of arenas related to autism. These include their perceptions of speech therapy, sensorimotor integration therapy, play therapy, psychotropic and alternative medication, applied behavioural analysis and temperamental styles (Smith & Antolovich, 2000; Dillenberger, Keenan, Gallagher & McElhinney, 2004; Kasari & Sigman, 1997). However, in the search for literature on the topic of parents' perceptions of music therapy with children with autism, only one research study was found.

This study, conducted in Illinois by Allgood (2005), involved parents' perceptions of family-based group music therapy for children with ASDs. Four children with autism, each accompanied by at

least one caregiver, participated in seven weekly group music therapy sessions. The term 'caregivers', here, refers to parents or grandparents of the children involved. The caregivers evaluated their children's expected and actual response to the sessions, using a seven-point rating scale, before the sessions started and also after each session. The focus of these evaluations included each child's immediate response to each session, overall perceived effectiveness of the sessions, and the generalisation of skills learnt in the sessions to other areas of his/her life. The study concluded with a focus group with the caregivers.

Allgood (2005:98) noted a 'transformation' in the children from scared and resistant to being actively engaged in the group, and in the parents "from being isolated members of family units to members in a common group". One parent involved in the study reported that the experience of participating in the groups created a platform for members of the group to engage with one another, while another parent spoke of the accessibility of the medium of music to both child and caregiver.

Allgood (2005) reflects that the post-session focus group gave parents a venue to share their perceptions of the intervention; however, only one of these perceptions is quoted in the report. One mother and one father involved in the music therapy intervention shared the sentiment that, in music therapy, the music allows for a "mutual platform" where each member participates only as much as he/she can, and the focus is not on correct versus incorrect playing (Allgood, 2005:98).

In the present study, I explore parents' perceptions of music therapy in detail. These perceptions are based on information received from music therapists and on their observations of their children throughout the music therapy process.

2.5 Teachers' Perceptions of Music Therapy

Relevant research in this area includes studies exploring teachers' perceptions of the growth and improvement of the individual with autism following the implementation of various therapies (Murray, Ruble, Willis & Molloy, 2009), communication channels between themselves and parents (Spann *et al*, 2003), and the admission of children with autism to mainstream schools (McConkey & Bhlirgri, 2003). Research on teachers' perceptions of music therapy and its value for individuals with autism, on the other hand, is scarce.

Ropp and her colleagues conducted a quantitative study in Illinois which was "unique" in exploring special education program administrators' knowledge and perceptions of the efficacy

and benefits of music therapy (Ropp, Caldwell, Dixon, Angell & Vogt, 2006:91). Surveys from seventy-eight special education administrators in Illinois were analysed. The surveys were developed specifically to assess the perceptions of music therapy held by special education administrators (Ropp *et al*, 2006).

The findings showed that 82.9% of special education teachers perceive music therapy to be effective in use with students with autism (Ropp *et al*, 2006). They also showed that positive perceptions of the value of music therapy are largely dependent on personal experience, meaning that teachers are more likely to view music therapy as valuable if they have had personal experience with the process (Ropp *et al*, 2006). This is especially relevant to the study, because it was my observation of limited awareness of and experience with music therapy that prompted this study.

Furthermore, the findings showed that perceptions of music therapy had no correlation with demographic characteristics and therefore all special education administrators, irrespective of gender, experience in the field of education, or size and location of school district, would benefit from increased knowledge of music therapy (Ropp *et al*, 2006).

According to Ropp *et al* (2006:89), the value of this study was as follows:

“Awareness of administrators’ perceptions of the efficacy and benefits of music therapy is critical for music therapists seeking employment in special education settings. This awareness may assist in efforts to inform educators about the importance of music therapy and may lead to further collaboration between special education and music therapy professionals”.

The conclusions drawn from the present study will potentially have the same type of value, relevant to the South African context. The present study involves the use of semi-structured interviews, rather than surveys. Thus, although the conclusions drawn are context-specific and not generalisable, the data is potentially rich, and will provide music therapists with detailed insights into how music therapy is perceived by parents and teachers.

2.6 Conclusion

The purpose of this chapter was to establish the context for this inquiry by reviewing selected relevant literature. Studies were presented which show possible benefits of music therapy for children with autism. Theoretical concepts were explored in order to inform the reader as to how



music therapists conceptualise the therapeutic process and think about their clients. Two studies were discussed as an indication of the research that has been conducted to explore parents' and teachers' perceptions of music therapy. What is evident from this chapter is that there is a paucity of research on the topic of parents' and teachers' perceptions of music therapy and its value for children with autism. The present study explores these perceptions and, additionally, identifies areas where there is a lack of information about music therapy.

CHAPTER 3: METHODOLOGY

3.1 Introduction

This study aims to explore teachers' and parents' perceptions of music therapy and its value for children with autism. With this in mind, I turn to a brief examination of my chosen research paradigm and research design, a discussion of how my data will be analysed and a description of the ethical considerations involved in this study.

3.2 Research Paradigm

This study will be conducted within a qualitative research paradigm. According to Willig (2001), qualitative research tends to be concerned with meaning, and qualitative researchers are interested in "how people make sense of the world and how they experience events" (Willig, 2001:8). Qualitative research is appropriate for this study, as it is my intent to explore how parents and teachers who have experienced music therapy as an intervention for children with autism make sense of music therapy and how they experienced its value.

Bruscia (1998:66) states that researchers within the qualitative paradigm "believe that truth and reality exist in the form of multiple, intangible mental constructions which are influenced by individuals and social experiences". In this regard, Ruud (1998:223) speaks of "subjective realities". Thus, in qualitative research there is not a search for one indisputable truth, but rather there is a search for truths from the perspective of the participants. In this study, I explore what the parents and teachers of children with autism perceive to be the 'truth' about music therapy and its value, and how these constructions were informed by their experiences with music therapists they came into contact with, and by music therapy processes they witnessed.

As mentioned in chapter one, this study involves entering the Unica school environment, where music therapy has been offered by qualified music therapists and supervised music therapy students since 1995. The way music therapy is conducted in the Unica school environment is expected to be influenced by the parents' and teachers' perceptions and, reciprocally, the perceptions held by the parents and teachers are expected to be influenced by the Unica school environment. The research will therefore be naturalistic and, as stated by Bruscia in Wheeler (1995), context-bound.

As suggested by Ansdell and Pavlicevic (2001), I adopted a self-reflexive and critical stance throughout the research process in order to improve the trustworthiness of this study. It was

important that, for the purposes of this study, participants were encouraged to share their perceptions of what music therapy is, what it involves, and what value it has for children with autism. I monitored for bias by keeping a personal diary, as recommended by Parker (2005), and by conferring with my research supervisor, who encouraged me to think critically about how my own perceptions of music therapy could influence my analysis of the data.

3.3 Research Design

3.3.1 Research question

It is useful here to restate the research questions, as it is these questions that determined the design of this study.

1. What do parents and teachers of children with autism perceive music therapy to involve?
2. What information are parents and teachers lacking regarding music therapy?
3. What value do parents and teachers perceive music therapy to have for children with autism?

3.3.2 Data source

Semi-structured interviews were conducted with three parents and three teachers of children with autism who have received music therapy. The format of a semi-structured interview allows for flexibility within a framework. As stated by Robson (1993), the semi-structured format allows for interesting and potentially relevant ideas which may emerge during the interview to be further explored. Interview questions were developed with the intention of ensuring that key idea relating to perceptions of music therapy and its value would be addressed. It is important to note that the questions asked of the parents differed somewhat from those asked of the teachers, as it was expected that knowledge of the children's music therapy processes, and perceptions informed by experiences with those processes would differ between parents and teachers. For instance, teachers were expected to have knowledge of how skills developed in music therapy might have transferred to the classroom environment, whereas parents were expected to have knowledge of how the children's involvement in music therapy influenced interactions in the family and/or social environment. For the full interview schedules, please refer to Appendices F and G. For the full interview transcripts, please refer to Appendices H to M.

3.3.3 Sampling strategy

In order to answer the research question, I needed to conduct interviews with parents and teachers. In order for these interviews to generate rich data, these parents and teachers needed to have had sufficient experience with music therapy to have developed informed perceptions. I used purposive sampling to select participants who fulfilled this criterion (Berg, 2004).

I asked a music therapist, who was employed at Unica from 2004 to 2008 and in 2010, for contact details of five parents and five teachers. I stipulated that the participants needed to have no less than one year of experience with music therapy as an intervention for children with autism. Of the three teachers I contacted, who were randomly selected, all agreed to participate in the study. Of the four parents I contacted, also selected at random, one declined to take part.

3.4 Data Analysis

Ansdell and Pavlicevic (2001) describe the process of representing, coding and categorising the data. The data representation in this study took the form of verbatim transcriptions of the interviews. In the coding phase of the research process, I searched the text for pieces of information relevant to my research questions and assigned labels to them. When categorising, I organised the codes into mutually exclusive clusters of meaning (Ansdell & Pavlicevic, 2001).

Terre Blanche, Durrheim and Kelly (2006:326) note how “in practice, thematising and coding blend into each other”. Themes began to emerge during transcription of the interviews, and were then informed and reshaped throughout the process of coding and categorising. A more detailed account of the data analysis process is presented in chapter four.

3.5 Ethical Considerations

Once the research process and its implications were explained to the participants, they were given the opportunity to ask questions and gain clarity where necessary (See Appendix A for participant information sheet). Informed consent was then obtained from each participant (See Appendices B and C for participant consent forms). The participants were made aware of their right to withdraw from the research process at any time. Consent to conduct research was also obtained from Unica and the Government Department of Education (See Appendices D and E for these consent forms).

The interviews were recorded on audio digital equipment so that the content could be accurately transcribed. The names and personal information of the participants were omitted from data

transcription in order to maintain anonymity and confidentiality. The full set of data collected for this study is only accessible to those directly involved in the research process. The data of this research project will be stored for archiving purposes at the University of Pretoria for 15 years and then destroyed.

3.6 Conclusion

This chapter situated the present study within the qualitative research paradigm and gave an outline of the methodology used to conduct this study. In the following chapter, I give a detailed discussion of the presentation and analysis of the data collected.

CHAPTER 4: DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter begins with a discussion of the interviews within their contexts. Following this, examples of the coding process are provided in order to demonstrate how codes emerged from the data. This chapter concludes with an exposition of how the codes were organised into categories and themes.

4.2 Discussion of Interviews

I conducted semi-structured interviews with three parents and three teachers from Unica. In this section, I present my rationale for the questions included in the interview schedules in order to show how each question contributes to addressing the research question. Next, general information regarding the interviewees is given in order to set the context for each interview. Considerations regarding the interviews are then provided for the sake of transparency and to add to the validity of the conclusions drawn in chapter six.

4.2.1 Rationale for interview schedule

The following questions (Table 4.1) were scheduled for the three parent interviews.

Table 4.1
<p>Is your child currently receiving music therapy?</p> <p>This question was included to establish whether or not time had elapsed since the participant's child had received music therapy, which could have implications for their recollection of their child's processes and thus for their perceptions of music therapy.</p>
<p>For what period of time has your child had music therapy?</p> <p>This question was included to confirm that the participant's child was involved in music therapy for a length of time sufficient for an informed perception of music therapy.</p>
<p>What other therapies has your child had, and for how long approximately?</p> <p>This question was included to demonstrate that the parent had had experience with other therapies for children with autism, and therefore had the capacity to make a comparative</p>

evaluation of music therapy.

During the time that your child has been receiving/received music therapy, did you receive any information regarding what music therapy is? If so, what information did you receive?

This question was included to establish whether the music therapist provided the parent with information about music therapy and what it entails.

What, in your opinion, is music therapy?

This question was included to assess the parent's understanding of music therapy and what it involves.

What has been the value or benefit of music therapy for your child?

This question was included to assess areas of benefit, as perceived by the parent.

Do you feel that music therapy has been an important part of your child's intervention program? If so, in what way do you feel it has been important?

This question was included to assess the extent of value the parent places on music therapy as an intervention for children with autism, and to establish which elements of music therapy they perceive to be most valuable.

During the time that your child has been receiving/received music therapy, did you receive any information about your child's unique therapeutic process and possible progress?

This question was included to determine whether or not the music therapist provided the parent with information about their child's unique music therapy process and possible progress.

What type of information did you receive about your child's music therapy process and possible progress, and how was it relayed to you?

This question was included to determine in what way the music therapist provided the parent with information regarding their child's music therapy process and progress, and what type of information was provided.

What type of information would you have liked to receive regarding music therapy and

your child's process?

This question was included to determine whether parent felt that there was specific information they lacked regarding music therapy and/or their child's process.

Would you recommend music therapy to other parents of children with autism? Please explain.

This question was included to assess the extent of value the parent places on music therapy as an intervention for children with autism, and to establish which elements of music therapy they see as the most valuable.

The following questions (Table 4.2) were scheduled for use with the three teachers I interviewed. I include my rationale for each question.

Table 4.2

What experience have you had with music therapy?

This question was included to confirm that the teacher had been exposed to music therapy for a length of time and a close enough proximity to be able to have an informed perception of music therapy.

Have you seen any changes or progress in children who have received or are receiving music therapy? If so, what changes did you see?

This question was included to establish whether the teacher witnessed specific examples of the value of music therapy for children with autism.

What other therapies have you had experience with?

This question was included to demonstrate that the teacher had had experience with other therapies for children with autism, and therefore had the capacity to make a comparative evaluation of music therapy.

In your experience with music therapy, have you received any information regarding what music therapy is?

This question was included to establish whether the music therapist provided the teacher with information about music therapy and what it entails.

What, in your opinion, is music therapy?

This question was included to assess what understanding the teacher has of music therapy and what it involves.

What benefits or value do you think music therapy has for children with autism?

This question was included to assess areas of benefit, as perceived by the teacher.

Do you view music therapy as an important part of the intervention programs for children with autism? If so, why do you see it as such?

This question was included to assess the extent of value the teacher places on music therapy as an intervention for children with autism.

In your experience with music therapy, were you provided with information about the therapeutic process and possible progress of the children involved?

This question was included to establish whether or not the music therapists informed the teacher about the music therapy processes and possible progress of children in their class.

What type of information did you receive about the children's music therapy processes, and how was it relayed to you?

This question was included to determine in what way the music therapists informed the teacher of the music therapy processes of children in their class, and what type of information was provided.

What type of information would you have liked to have received regarding music therapy and the therapeutic process and progress of the children involved?

This question was included to determine whether the teacher felt that there was specific information they lacked regarding music therapy and/or the children's processes.

Have you referred children for music therapy? If so, how often?

This question was included to determine whether teachers are part of the referral process for

music therapy at Unica. This question was also included to assess the value the teacher perceives music therapy to have.

Under what circumstances would you refer a child with autism for music therapy?

This question was included to allow me to infer what specific benefits the teacher feels music therapy has for children with autism.

Would you recommend music therapy to parents and other teachers of children with autism? Please explain.

This question was included to assess the extent of value the teacher places on music therapy as an intervention for children with autism, and to establish which elements of music therapy they perceive to be most valuable.

I would like to note that in several of the interviews I modified the question regarding the value of music therapy for the children in question to encourage the parents and teachers to consider how music therapy is unique as an intervention and what it offers children with autism that other interventions do not.

4.2.2 General information regarding interviews

Three qualified music therapists have worked at Unica. In order to protect their privacy, I will refer to them as music therapist A, B and C. Music therapist A worked at Unica from 1995 to 1999. Music therapist B worked at Unica from 2004 to 2008 and in 2010. Music therapist C has worked at Unica from May 2010 to present. Supervised music therapy students have also been regularly placed at Unica from 2000 onwards.

Interview P1 was conducted with the mother of a child with autism who received music therapy from the age of 8 months with music therapist A, for 4 years with music therapist B and has been receiving music therapy with music therapist C since May 2010. I experienced this interviewee as very talkative and, as a result, parts of the interview involved conversation irrelevant to the purpose of the study (see Table 4.3). She spoke energetically and enthusiastically and seemed like a generally optimistic and extroverted person.

Interview P2 was conducted with the mother of a child with autism who received music therapy with music therapist B for three years. I experienced this interviewee as very well spoken. She

spoke with an air of confidence and intelligence that occasionally drew me out of the role of researcher and into the role of listener. I recall having to make a conscious effort to bring the interview back to the structure of the interview schedule.

Interview P3 was conducted with the mother of a child with autism who received music therapy with music therapist B for one year and who has been receiving music therapy with music therapist C since May 2010. I experienced this interviewee as reserved. It was difficult, initially, to encourage her to elaborate on her answers. It was only as the interview progressed that she relaxed into the role of interviewee. She also tended to shift the attention towards her child, who was nearby, and I found myself asking her, on several occasions, if we could complete the interview before interacting with her child.

Interview T1 was conducted with a member of Unica's administrative personnel who was employed as a teacher at Unica for eight years, during which time two music therapists and several music therapy students worked with children in her class. I experienced this interviewee as reserved. She easily recalled the children she had taught and she was knowledgeable about a variety of therapies and how children with autism react to them.

Interview T2 was conducted with a teacher who has been employed in the field of autism for 23 years and recalled at least 15 years of experience with music therapy at Unica. I experienced this interviewee as passionate about the children she has taught. She expressed love for these children on several occasions during the course of the interview. It was clear to me that she has been involved at Unica to an extent far beyond her job description. She had written down discussion points in preparation for the interview and was able to elaborate by providing explanations and examples.

Interview T3 was conducted with the former headmistress of Unica. She was employed as headmistress for 30 years and recalled at least 15 years of experience with music therapy at Unica. She has a well-established reputation in the field of autism and conducts herself in a regal manner. Throughout the course of the interview, her passion for individuals with autism became apparent. She is highly knowledgeable and served as a valuable source of data.

4.2.3 Considerations regarding interviews

As mentioned in Chapter 3, the interviews were designed to be semi-structured in order to allow me to encourage the participants to expand on the answers they gave to my scheduled questions. However, several of the interviews had to be conducted in relatively informal settings, such as a restaurant or the participant's home. As a result, the participants tended to be talkative which led to a fair amount of irrelevant interview content. I, too, was affected by the informal interview settings. Upon reading the interview transcripts, I realised that at times I engaged in a fairly conversational way of interacting with the participants rather than adhering to the interview schedule. Irrelevant sections, such as the one in Table 4.3 below, were omitted from the data analysis.

Table 4.3 – Excerpt from Interview P1, page 7, lines 4-12

P: He's not clumsy clumsy, but he hasn't got like the best co-ord. His fine motor was never good; he's got these big hands. It was never good no matter what we did and, um, with that, the horse... someone leads the horse, okay or you lead the horse, then you go around like the paddock. You know, it's like not big, then you come back, then she'll give him the thing and he has to cross over the midline, so it's the whole combination. He did that for about three years and he said "now I want to do horse-riding, not therapy anymore". So I thought, okay, so I took him to the most fantastic place ever, down Zambezi somewhere there's a place called [name omitted]. And I said "my child's done the therapy, he doesn't want... he now wants to ride". So we got there and, um, they'd lead him in the beginning. I don't know if you know anything about horses?

A second reflection concerns the use of leading questions. Several of my participants expressed concerns regarding their ability to give me "good" or "correct" information for my dissertation. Although I assured them that this study was concerned with their perceptions and, as such, there were no right or wrong answers, I sensed some anxiety about the interview process. Upon reading the interview transcripts, I realised that, a few times, when my participants felt uncertain, I had unintentionally used leading questions, in an unconscious attempt to ease their anxiety.

I examined those instances where I used leading questions. In some instances, the participant's answer was a direct response to the leading question and was, as such, omitted from the analysis. Table 4.4 below provides an example of one such instance, where the underlined text has been omitted from the coded data.

Table 4.4 – Excerpt from Interview T1 page 1 lines 12 - 25

R: Did you see any changes or progress in children in your class after receiving music therapy?

P: Yes definitely, their faces light up, it's as if they become aware because it was always in groups it was not individual, because I had high functioning learners so it was always groups, so it's as if they become aware of their siblings or the rest of the class around them and it's as if they become more self-assured and their self-esteem becomes better, because normally they would work towards a little concert or whatever at the end and it was great to see but what was always amazing is that they would put these higher functioning ones that I had with lower functioning ones that could actually do nothing and that therapist worked in another way with regards to working towards goals, that these higher functioning ones will accept them in that little group, there is no "I don't want to sit next to you" or "I don't want to be part of you" or "I don't want to act or do anything with you".

R: So you saw a sort of a transfer of the skills they gained in music therapy to the classroom?

P: Definitely.

In the example above, I thus did not code the latter answer as "skills learnt in music therapy transfers to class setting", but omitted any reference to it.

In other instances where I used leading questions, the participant directly responded to the leading question but then expanded on the response with information not influenced by the leading question. The latter part of the response was then included in the analysis. Table 4.3 gives an example of one such instance, where the underlined text has been omitted from the coded data and the text in italics has been included.



Table 4.5 – Excerpt from Interview T3 page 2 lines 16 - 30

R: And what do you think music gives the children that those other therapies don't give?

P: Um, because you work through sound, you work through music as a medium, you're able to imitate the child's own kind of tones that he's making noises, introducing him to sound, responding to it, meeting it, just sort of something different compared to the others. The others are more sort of, you know, um, you need a response from the individual to carry on to the next step, um, you need to work in a lot of alternative approaches to get to your end result, um, yes and I think music is just sort of, um, something that is beneficial to any person, whether you sick, whether you dying, whether you're alone...

R: So do you think it's more accessible to persons with autism than some other therapies?

P: Yes, to a certain extent, but I still believe one should be careful. *Um, if you... to me there's a definite difference between music and music therapy. Because all schools can't afford, or haven't got the privilege to have music therapists or students who's got some background, um, and know where they going or know what they want to do and what the end result should be, um, because sometimes music can scare the person with autism away. Especially the one that is oversensitive for sound. And, um, then I think that's where music therapy can heal, almost, that individual. Um, but it's very sensitive and very delicate. You can also, as I say, by using sound, by using music, you can chase them away.*

A final reflection concerns repetition in the data. There were a few instances where, because of the informal nature of the interview, the participant was asked to repeat or clarify what he/she had said. Table 4.6 below gives an example of this, where the text in italics was included in the coded data. The underlined text was in response to a request for clarification, and was therefore not included in the coded data.

Table 4.6 – Excerpt from Interview P2 page 1 line 24 to page 2 line 5

P: Oh yes, [music therapist B] was going to the Kruger Park and we were at our farm in Dullstroom and I met her on the road and picked up a copy of the CD and then I brought it back and I played it, and *I said, "[child], listen to you, what a champion you are", and he said, "oh yes, yes, yes I am."*

R: How old was he when that was cut?

P: He must have been about 17, 16. 17, yes, about 17. When did we have the world congress? In 2004, it was in October 2004 yes.

R: So you said he was proud of himself after that.

P: Oh yes, you know I say to him “[child], you are such a champ” and he says “oh yes, yes, yes.” Not modest is our [child]. I wouldn’t say modesty is one of his attributes.

4.3 Coding the Interview Data

Interviews were digitally audio-recorded, transcribed verbatim, and then coded. The approach I took to referencing the codes was slightly different to the typical approach. Line numbers were assigned to the transcribed text. Each line, therefore, had an alphanumerical reference. For instance, the first line (1) on the second page (2) of the interview with the third parent (P3) was referenced as P3:2:1. All codes within that line then took on that line’s alphanumerical reference. Table 4.7 below gives an example of this stage of the coding process.

Table 4.7 – Example of coding taken from Interview P3, page 2 line 22 to page 3 line 5

Transcription	Coding reference	Code
<p>R: And what do you see as being the value of music therapy for [your child]?</p> <p>P: Um, it is... well its taught him structure, ...</p>	P3:2:22	Music therapy offers a structured experience
... turn-taking, ...	P3:2:22	Music therapy develops turn-taking skills
... working in a group, ...	P3:2:23	Music therapy promotes social interaction
... getting used to noise, because most autistic kids are quite, um, sensitive to noise.	P3:2:23	Music therapy addresses auditory sensitivity
So it’s been quite valuable.	P3:2:24	General positive regard for group music therapy

They do a lot of drumming, and these little things that they clang and so on, cymbals and so on. So he's had to regulate himself in terms of noise.	P3:2:27	Music therapy encourages self-regulation
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Once this stage of the coding process was complete, I compiled a list of all the codes. Because I had used the system described above Table 4.7, this list allowed me to easily identify the exact location of every occurrence in the text of every code. This was helpful in engaging with the codes, as I could refer to this list when I needed to look at the context of the text in order to verify codes. When organising the codes into categories and themes, I counted how many times each code occurred by looking at the actual code, rather than at the alphanumerical reference. Table 4.8 below gives an example of how the excerpt in Table 4.7 was referenced in the list of codes.

<i>Alphanumerical reference</i>	<i>Codes</i>
P3:2:22	Music therapy offers a structured experience
P3:2:22	Music therapy develops turn-taking skills
P3:2:23	Music therapy promotes social interaction
P3:2:23	Music therapy addresses auditory sensitivity
P3:2:24	General positive regard for group music therapy
P3:2:27	Music therapy encourages self-regulation

The coding process culminated in 356 different codes. Many of these were synonyms and so I collapsed them as illustrated in Table 4.9.

<i>Line reference</i>	<i>Transcription</i>	<i>Codes</i>	<i>Collapsed code</i>
P1:10:1	"...it was always offered. If you need to talk. Always always if you need to talk with them... So	Parents receive informal verbal feedback	Music therapist provides informal verbal feedback

	I often walk past her and we'll have a little chat.”		
T2:8:17	“...but we get the oral report, and the [music therapist] will also say “oh today he’s very difficult” or “today you can’t get much”, and that helps.”	Teachers receive informal verbal feedback	Music therapist provides informal verbal feedback

There were also instances in which I felt it more appropriate to group codes together in a clustered code, as illustrated in Table 4.10. The section of the text to which the code is applicable is underlined. In these examples many other codes were identified, not indicated here, as I only discuss the part of the text relevant in terms of the clustered code.

Table 4.10 – Example of clustered codes			
<i>Line reference</i>	<i>Transcription</i>	<i>Codes</i>	<i>Clustered code</i>
T1:1:7	“Especially those that have emotional problems and language problems that were not able to express themselves which we sort of selected, <u>so I think it’s super,</u> and because of the difficult course and the way that you are selected and I don’t think it’s funny...”	General positive regard for music therapy	General positive regard for music therapy/music therapist
P1:1:16	“From there, they asked, um, um, one of the departments from, you know, the	General positive regard for music therapist	General positive regard for music therapy/music therapist



	<p>education department asked them to go and, um, perform at the CSIR about two weeks ago in front of an international teacher's conference. They went into the auditorium and they performed.</p> <p>R: That's incredible.</p> <p>P: It was... <u>she's just, there's something about her.</u>"</p>		
P2:3:6	<p>"you know [music therapist B] brought in the drumming and that kind of thing, and I thought the work she did on the kids who didn't have the input that maybe [my child] had had through me and my daughter and my other son as well, they couldn't beat a drum not for a second, <u>if you look at [music therapist B]'s work I mean she taught them all to work together on the drum,</u>"</p>	General positive regard for music therapist's work	General positive regard for music therapy/music therapist

4.4 Organising Codes into Categories and Themes

Once I had drawn codes from the data, I organised them into categories and allowed themes to emerge. There were four codes which only appeared once or twice in the text, and did not fall into any of the categories. These codes were, therefore, discarded.

Below is an exposition of the themes and categories, with a list of codes for each category.

THEME ONE: GENERAL PERCEPTIONS ABOUT MUSIC THERAPY AS A PROFESSION

Codes	No. of times code appears
General positive regard for music therapy/music/music therapist	39
Wish for music therapy/music therapist to be more available	14
Music therapy needs more media and public exposure	5
Music therapists must be musically talented	4
Music therapists need to market themselves more	2
Music therapy training selection is thorough	2
Music therapy training course is difficult	2
Music therapists must be well trained	2
Efforts made to ensure all children receive music therapy	2
General positive regard for performance in music therapy	2
Music therapy is a challenging profession	1
Music therapy is becoming established in South Africa	1
TOTAL:	76

THEME TWO: PERCEIVED CHARACTERISTICS OF MUSIC THERAPY AS A CLINICAL INTERVENTION

Codes	No. of times code appears
Musical abilities can be identified and/or developed in music therapy	14
Music therapists can work towards goals in a flexible/adaptable manner	3
Drumming in music therapy helps to achieve a wide range of goals	2
Music therapists can meet and match child in the music	2
Music therapist gives meaning to child's responses	1
Music therapy works toward specific goals	1
Music therapy offers novel experiences	1
Music therapy offers the child a structured experience	1
Child receives undivided attention in individual music therapy	1
Child receives guidance and reassurance in individual music therapy	1
TOTAL:	27

THEME THREE: CLIENT-SPECIFIC ASPECTS OF MUSIC THERAPY

Codes	No. of times code appears
Children with autism relate to music	13
Children with autism enjoy music therapy	12
Children with autism have affinity for rhythmic elements of music	8
Children of varying functioning levels can be involved in music therapy	4
Content of music therapy sessions is client-specific	3
Involvement in music therapy does not require musical skills	3
Music therapy is valuable for both verbal and nonverbal children with autism	2
Music therapists work with the responses of the client	3

Music therapy caters for wide variety of client populations	2
Music therapy appeals to children with autism on an intuitive level	1
TOTAL:	51

THEME FOUR: PERCEPTIONS ABOUT THE MEDIUM OF MUSIC IN MUSIC THERAPY

Codes	No. of times code appears
Music therapy involves more than just music itself	4
Important to have a musical end product of music therapy process	2
Music/sound is a unique therapeutic medium	2
Flow of music allows for freedom of expression	1
Music provides a sense of flow	1
Music is not demanding	1
Music does not create sense of vulnerability	1
Music appeals to internal rhythms	1
Improvisation is used extensively in music therapy	1
Music therapy involves working with sounds, tones and lyrics	1
TOTAL:	15

THEME FIVE: PERCEIVED VALUE OF MUSIC THERAPY

Category 5A: General perceptions of the value of music therapy

Codes	No. of times code appears
Parent/teacher would recommend music therapy for other children with autism	6
Music therapy is affordable at Unica	6
Children with autism show changes/progress after receiving music therapy	4

Music therapy is an important part of intervention for children with autism	4
Progress in music therapy of client with autism is slow	4
Music therapy contributes to quality of life	3
Music therapy develops the client holistically	2
Music therapy addresses developmental delays	1
Music therapy heals	1
Music therapy stimulates children with autism	1
Difficult to ascertain what value the child with autism perceives music therapy to have	1
Music therapy is convenient at Unica	1
Parent values music therapy's emphasis on ability rather than disability	1
TOTAL:	35

Category 5B: Social development

Codes	No. of times code appears
Musical abilities developed in music therapy allow for inclusion in school events	6
Music therapy promotes and facilitates social interaction	6
Musical abilities developed in music therapy allow for inclusion in family/social events	5
Music therapy encourages receptiveness to interpersonal contact	5
Music therapy encourages participation	5
Music therapy develops turn-taking skills	4
Group music therapy encourages awareness of others	4
Audience reaction enriches child's experience of performance	4
Musical abilities developed in music therapy allow for experience of social acceptance	4
Audience responds to and interacts with child during performance	3
Group music therapy fosters social acceptance and interaction amongst group members of varying functioning levels	3

Group music therapy encourages learning from peers	2
Drumming in music therapy encourages social interaction	2
Performance of musical abilities gives child sense of social belonging/validation	3
Music therapy decreases isolation	2
Performance in music therapy provides socially normative experience	1
Drumming in music therapy encourages co-operation in the music	1
Music therapy is social	1
Music therapy builds relationships	1
Music therapy offers experience of social belonging	1
Music therapy encourages child to engage with environment	1
TOTAL:	64

Category 5C: Development of the self

Codes	No. of times code appears
End product allows for experience of pride/validation	7
Music therapy facilitates self-expression	5
Music therapy develops self-confidence	5
Music therapy develops self-esteem	5
Drumming in music therapy develops self-esteem	1
Music therapy develops self-awareness	1
Music therapy fosters self-assuredness	1
Music therapy allows experience of mastery and control	1
TOTAL:	26



Category 5D: Sensory development

Codes	No. of times code appears
Music therapy develops sensory awareness	5
Music therapy addresses auditory sensitivity	3
Music therapy encourages self-regulation	2
Music therapy encourages sensory integration	1
Drumming in music therapy develops listening skills	1
TOTAL:	12

Category 5E: Emotional development

Codes	No. of times code appears
Music therapy calms children with autism	5
Emotional problems addressed through music therapy	4
Music therapy develops recognition and awareness of emotion	1
Music therapy addresses anxiety problems	1
TOTAL:	11

Category 5F: Cognitive development

Codes	No. of times code appears
Music therapy develops concentration span	3
Music therapy develops ability to make choices	1



Music therapy addresses cognitive problems	1
Music therapy develops impulse inhibition	1
Cognitive effects of music therapy may become apparent over time	1
Difficult to ascertain cognitive effects of music therapy on children with autism	1
TOTAL:	8

Category 5G: Motor development

Codes	No. of times code appears
Music therapy encourages gross motor movement	3
Music therapy develops muscle tone	2
Music therapy develops fine motor skills	1
Music therapy develops coordination	1
Drumming in music therapy develops fine motor skills	1
TOTAL:	8

Category 5H: Language development

Codes	No. of times code appears
Music therapy facilitates speech development	3
Language problems addressed through music therapy	1
Music therapy provides alternative mode of communication for nonverbal children	1
TOTAL:	5



Category 5I: Transfer of skills

Codes	No. of times code appears
Emotional regulation developed in music therapy transfers to classroom environment	1
Attention span developed in music therapy transfers to classroom environment	1
Receptiveness to interpersonal contact developed in music therapy transfers to classroom environment	1
Cooperation developed in music therapy transfers to classroom environment	1
Social interaction developed in group music therapy transfers to social settings	1
Difficult to establish whether specific skills transfer from music therapy environment to classroom environment	1
Difficult to ascertain which skills transfer from music therapy because of parallel interventions	1
Enjoyment of music therapy activities transfers to home environment	1
TOTAL:	8

Category 5J: Value for parents and teachers

Codes	No. of times code appears
Parent feels pleasure/pride in witnessing child's performance	3
Parents/family/teachers have emotional reaction to performance	2
Parent feels pride in child's musical ability	1
Parent wish to continue developing child's musical ability	1
TOTAL:	7

THEME SIX: PERCEIVED AVAILABILITY OF INFORMATION ABOUT MUSIC THERAPY

Category 6A: Information received/available

Codes	No. of times code appears
Important for teachers and parents to be involved in music therapy process	5
Perceptions of music therapy informed by music therapy public presentations	4
General positive regard for music therapy public presentations	3
Information regarding music therapy was provided by music therapist	3
Teachers receive informal verbal feedback from music therapist	3
Public presentations convince listener of music therapy's effectiveness	2
Public presentations provide specific knowledge about music therapy	2
Parents are provided with regular progress reports	2
Parent was given individualised progress report for child in group	2
Parent was satisfied with information received	2
Parent received list of music therapy goals	2
Open lines of communication between parent and music therapist	2
Provision of progress reports to school and allows for continuity of treatment	2
Perceptions of music therapy informed by observations of music therapy sessions	1
Perceptions of music therapy informed by observations of children who have received music therapy	1
Teacher's observation of children during music therapy allows assessment opportunities	1
Informal verbal feedback from music therapist helpful in being aware of and handling children's behavior in classroom	1
Parent input considered in progress reports	1
Parent found music therapist to be approachable	1
Teachers have access to music therapy progress reports given to parents	1
Parent satisfied with amount of communication with therapist	1
TOTAL:	42

Category 6B: Information lacking/needed

Codes	No. of times code appears
Parents knowledge of music therapy is vague/limited	4
Formal information about music therapy not provided	3
Parent unsure of distinction between music class and music therapy	3
Teachers should be provided with regular progress reports	3
School should be provided with regular progress reports	3
Teachers should be provided with information about music therapy	2
Public presentations not sufficient to create awareness of music therapy	1
Teacher doubts whether informal verbal reports are sufficient	1
Parent did not receive progress reports	1
School's receipt of progress reports is not consistent	1
Parent needs information about clinical intention driving child's music therapy process	1
Greater awareness of music therapy needs to be created	1
Parent is vague about what child's music therapy process specifically entailed	1
Regular progress reports could give teachers insight about specific children	1
Regular progress reports could inform teachers' use of music in classroom	1
Regular progress reports could help teachers create links between music therapy and classroom environments	1
Time and resource constraints on teacher and music therapist collaboration	1
Parent has only vague memory of contents of progress report	1
Progress reports should include goals, process outlined and recommendations	1
TOTAL:	31

4.5 Conclusion

This chapter has provided a discussion of the presentation and analysis of data collected in this study. In chapter five, an interpretive discussion of the data is presented, as it relates to the research aims and questions.

CHAPTER 5: DISCUSSION

5.1 Introduction

This chapter provides a discussion of the codes, categories and themes that emerged from the data. A response to the research questions is integrated into this discussion. At this point, it is helpful to restate the research questions:

1. What do parents and teachers of children with autism perceive music therapy to involve?
2. What information are parents and teachers lacking regarding music therapy?
3. What value do parents and teachers perceive music therapy to have for children with autism?

Figure 5.1 provides a graphical representation to show the components of the research question that this chapter will address:

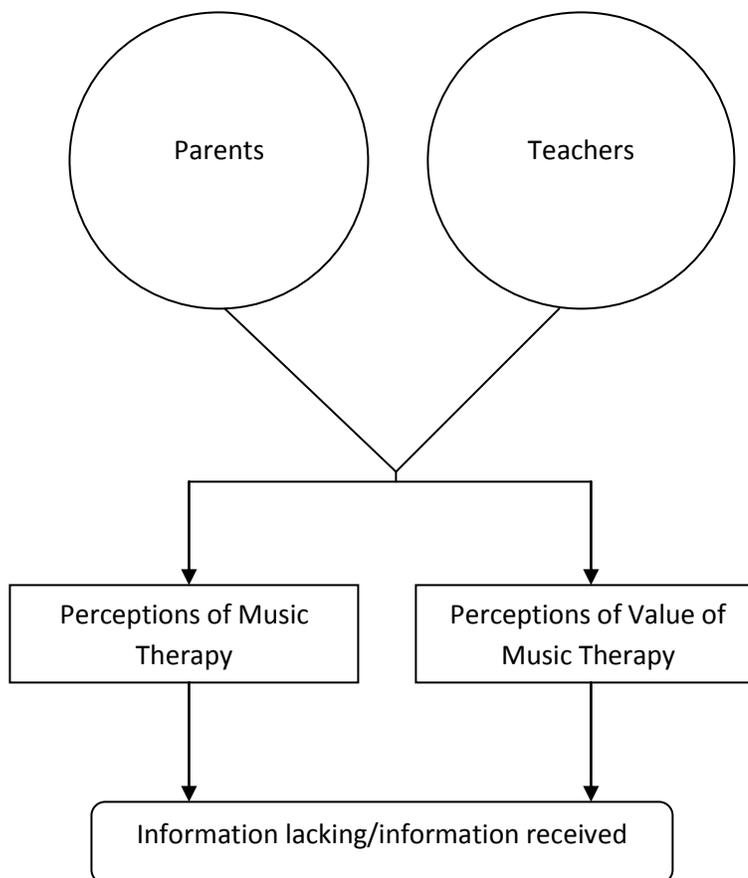


Fig. 5.1 – Graphical representation of research questions

5.2 Theme One: General Perceptions about Music Therapy as a Profession

The code that appeared most often within this theme was that of general positive regard for music therapy, the medium of music or the music therapist. This code appeared 39 times and strongly reflects the high esteem parents and teachers at Unica place on music therapy as an intervention for children with autism. A code about general positive regard for performance in music therapy, specifically, appeared twice. The participants each had a minimum of 2 years of experience with music therapy and so it is reasonable to conclude that these positive perceptions are based on experience.

The code that appeared second most frequently was that of a wish for music therapy or music therapists to be more available. This code appeared 14 times and the wish was expressed in terms of having a strong belief that all children with autism should receive music therapy. A code about efforts being made at Unica to ensure that all children receive music therapy appeared twice. These codes also reflect the positive regard parents and teachers have for music therapy. The parents and teachers recognised the time constraints of the school day and the music therapists' schedules but, as one parent said, "...the more music therapists we have, the better. We don't have enough" (Interview P1:9:1-2).

While one teacher acknowledged that music therapy is becoming established in South Africa, that same teacher and one parent stated that music therapy needs more media and public exposure, and that music therapists should take it upon themselves to market music therapy more. It is interesting that, even in a school where music therapy has been readily available for 15 years, the parents and teachers seem well aware of the limited awareness and use of music therapy outside of the Unica school environment.

One code reflected the perception that music therapy is a challenging profession. Codes about music therapists being well-trained, selection for the music therapy course being thorough and the music therapy training course itself being difficult appeared twice each. These codes, despite appearing only a few times, reflect a perception of music therapy as a credible profession with high training standards. A code about music therapists being musically talented appeared four times. While this is a valid perception, it also relates to a later code - see section 5.7.2 - about the lack of understanding of the clinical intention that drives music therapy. A possible implication here may be that, although it is obvious to observers of music therapy sessions that the music therapists need to have comprehensive musical skills, observers are

not aware that these musical skills are used with clinical intention and focus in order to achieve therapeutic objectives.

5.3 Theme Two: Perceived Characteristics of Music Therapy as a Clinical Intervention

The most commonly perceived characteristic of music therapy is that it can involve the identification and/or development of musical abilities. This code appeared 14 times, and always in the context of this being a strength of music therapy for children with autism, as these musical abilities provided many social advantages, which are discussed in section 5.6.2

Music therapy is also perceived to be characteristically goal-oriented and music therapists are perceived to be able to work towards goals in a flexible, adaptable manner (relevant codes appearing 1 and 3 times, respectively). Drumming, in particular, is seen to be helpful in achieving a wide range of goals (relevant code appearing 2 times). These perceptions are relevant, as they reflect some awareness that direction and intention guide the therapeutic process, that the therapeutic process is unique and individualized to the client and that music therapy has broad applications for children with autism.

A code about music therapists being able to meet and match a child in the music appeared twice, and a code about music therapists giving meaning to the child's responses appeared once. These codes were the only indications in the data that the parents and teachers had any level of insight into how music therapists work. Furthermore, these codes were not found in the context of information provided by the music therapist.

One parent characterised individual music therapy, specifically, as providing the child with undivided attention, guidance and reassurance. While there was a general awareness that music therapy can be conducted in individual and group format, no information appeared to have been provided about the similarities and differences between individual and group music therapy. There was also no awareness of the reasons why a music therapist would want a specific child to be either in individual or group music therapy sessions.

Other perceived characteristics of music therapy were that it offers the child with autism structured experiences as well as novel experiences. Although these codes appear only once each, it reflects a perception that music therapy has unique value for the autistic population, specifically. As stated in chapter two, children with autism display inflexible adherence to routine (Diagnostic and Statistical Manual of Mental Disorders, 2001). By providing sufficient structure in the music therapy session, the music therapist satisfies the child's need for routine, safety,

containment and predictability, thereby making him or her feel supported enough to participate in and enjoy novel experiences.

5.4 Theme Three: Client-Specific Aspects of Music Therapy

When considering music therapy geared specifically to children with autism, three codes appeared frequently, reflecting perceptions that children with autism relate to music, that children with autism enjoy music therapy and that children with autism have an affinity for the rhythmic elements of music. In total, these codes appeared 33 times. A code that appeared only once, but seems to underlie the aforementioned three codes, is that music therapy appeals to children with autism on an intuitive level. In all six interviews, the participants conveyed the sense that there is something inexplicably valuable about music therapy for children with autism. Although the code about music therapy being appealing on an intuitive level appeared only once, this sense was often conveyed through their general positive regard for music therapy, as mentioned in section 5.2 above.

There were several codes that reflected the perception that music therapy involves a flexible approach and that each music therapy process is unique to the client. These included the following codes: Children of varying functioning levels can be involved in music therapy (code appearing 4 times); Content of music therapy sessions is client-specific (code appearing 3 times); Music therapists work with the responses of the client (code appearing 3 times); Music therapy is valuable for both verbal and nonverbal children with autism (code appearing 2 times). These codes also relate to the perception mentioned in section 5.3 above about music therapists being able to move towards goals in a flexible, adaptable manner.

In section 5.3 above, I gave an interpretation that parents and teachers view music therapy as having broad applications for children with autism. Two client-specific codes appeared that point to a perception that music therapy has broad applications in general. Specifically, these were that music therapy caters for a wide variety of client populations and that involvement in music therapy does not require musical skills.

5.5 Theme Four: Perceptions about the Medium of Music in Music Therapy

Most of the parents and teachers expressed the view that music therapy involves more than just music itself (code appearing 4 times). This is an important perception, because it reflects an awareness that there is a distinction between music therapy and, for instance, music teaching. Furthermore, a code about music/sound being a unique therapeutic medium appeared twice.

This conveys the perception that music is not just used for its own sake, but that it is used to achieve therapeutic outcomes. It also reflects the perception that music therapy, through the use of the medium of music, has value distinct from that of other therapies.

When considering the medium of music itself, the following codes appeared: Music is not demanding; Music does not create a sense of vulnerability; Music appeals to internal rhythms; Music provides a sense of flow; The flow of music allows for freedom of expression. These codes (appearing a total of 5 times) all contribute to a view of the medium of music as being a non-threatening and accessible therapeutic medium for children with autism.

With reference to how music is used in music therapy, only three codes appeared. These were that improvisation is used extensively in music therapy, that music therapy involves working with sounds, tones and lyrics, and that it is important to have a musical end product within the music therapy process. While these perceptions are valid, they reflect a limited awareness of how music is used in music therapy.

5.6 Theme Five: Perceived Value of Music Therapy

This theme is of particular importance, as it relates directly to the research question. The codes in this theme accounted for a large portion of the total number of codes.

5.6.1 Category 5A: General perceptions of the value of music therapy

Two codes appeared under this category with specific reference to the perceived value of music therapy at Unica. These were that music therapy is affordable at Unica and that music therapy is convenient at Unica. Both of these codes were taken primarily from the data collected in interviews with parents. What this implies for music therapists outside of the Unica environment is that convenience and affordability are important factors in parental support of music therapy.

There were two codes under this category that appeared often, and which reflect a genuine high regard for music therapy. These were that music therapy is an important part of intervention for children with autism (code appearing 4 times) and that the parent/teacher would recommend music therapy for other children with autism (code appearing 6 times).

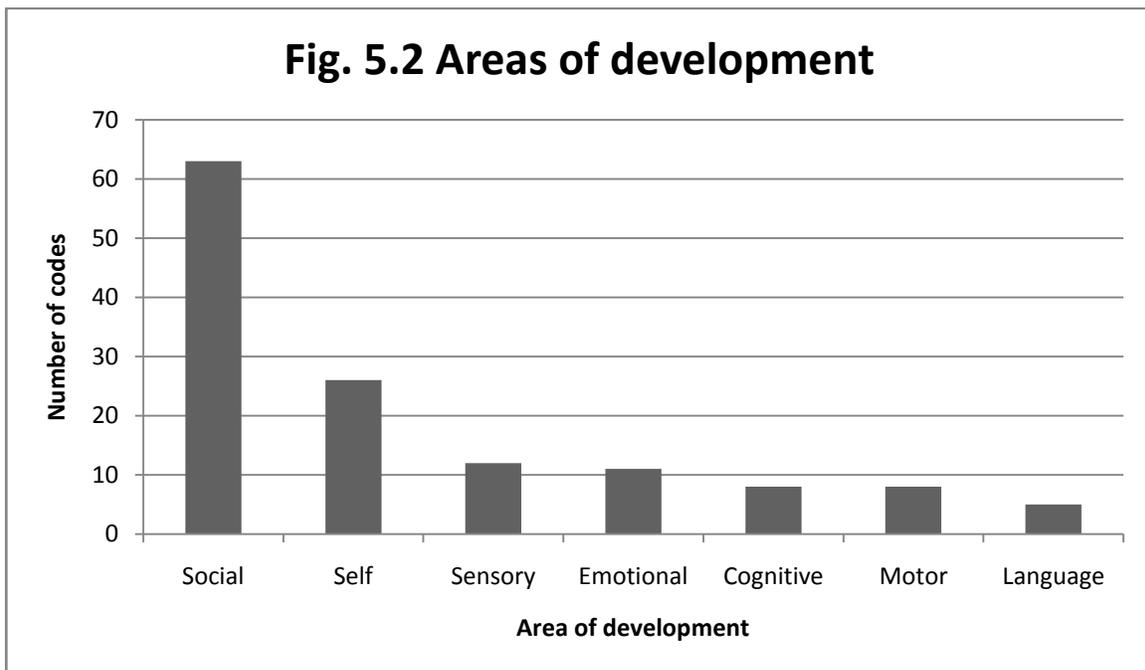
While one teacher acknowledged that it is difficult to ascertain what value the child with autism perceives music therapy to have, the parents and teachers made several general comments on the value they perceive music therapy to have. These were reflected in the following codes: Music therapy contributes to quality of life (code appearing 3 times); Music therapy develops the

client holistically (code appearing 2 times); Music therapy heals (code appearing once); Music therapy stimulates children with autism (code appearing once); Music therapy addresses developmental delays (code appearing once).

A code that appeared only once, but which reflect an important insight on the part of one parent, is that music therapy places emphasis on ability rather than disability. This relates to the discussion of the ‘music child’ in chapter two.

A code acknowledging that children with autism show changes or progress after receiving music therapy was equaled in number of appearances by a code acknowledging that this progress is slow (both codes appearing 4 times). This is important because it reflects an awareness that music therapy is not curative, and that progress develops over time. Music therapy is not perceived to cure the child of his or her developmental delay, but it is perceived to provide the many benefits discussed in the categories below.

With the exception of the last two categories, concerning the transfer of skills developed in music therapy and value for the parents and teachers, the remainder of categories that fall under the theme of the perceived value of music therapy refer to specific areas of development that music therapy is perceived to address. The distribution of codes in these categories are graphically presented in Figure 5.2 below.



5.6.2 Category 5B: Social development

As illustrated in Figure 5.2 above, the greatest number of codes appeared under the category of social development. As mentioned in chapter two, social interaction is one of the major areas in which children with autism experience a deficit of skills. Thus it is important to note that this is the area of development for which parents and teachers perceive music therapy to have the greatest value.

A broad code about music therapy promoting and facilitating social interaction appeared six times. Related codes, which appeared a total of 30 times, referred in part to the development of various skills and abilities required for social interaction to occur. These included turn-taking skills, awareness of others, learning from peers, cooperation, building relationships, engaging with the environment, participation in activity and receptiveness to interpersonal contact. Related codes also included reference to group music therapy fostering social acceptance and interaction amongst group members of varying functioning levels, and music therapy offering the experience of social belonging. A code about music therapy decreasing isolation appeared twice, which is pertinent to work with children with autism, as autism is often seen as an isolating condition.

Codes relating to the development of musical abilities appeared a total of 17 times. The participants expressed views that these musical abilities allowed for inclusion in school, family and social events. They also allowed for experiences of social acceptance, belonging and validation. The implication in the context of many of these codes was that these experiences, provided through music therapy, are rare for children with autism.

All of the children whose parents and teachers were participants in this study had, as part of their music therapy processes, involvement in Unica's end of year concerts. Codes about the audience responding to and interacting with the children during these performances and the audience reaction enriching the children's experience of performance were drawn from discussions of these performances (codes appearing a total of 7 times). A code was also drawn from an interview with a parent, showing that the parent viewed these concerts as socially normative. This is important when one considers that the diagnostic criteria, as described in chapter two are based on deviations from normal development. Whereas other environments focus on how the child is different from his or her peers, the music therapy environment allows the child to have some of the same socially relevant experiences his or her neuro-typical peers would have.

5.6.3 Category 5C: Development of the self

As stated in section 5.6.2 above, the children whose parents and teachers were participants in this study had, as part of their music therapy processes, involvement in Unica's end of year concerts. Additionally, one child recorded a CD of the songs he had worked on in music therapy. The code that appeared most often in this category revealed that parents and teachers view end products such as these as allowing for experiences of pride and/or validation (code appearing 7 times). Other treatments, such as speech therapy and occupational therapy, must identify those skills that the child is lacking, in order to provide treatment that addresses those skill deficits. While this is valuable, it shows an emphasis on what the child cannot do. Conversely, in music therapy, the music therapist works with the responses of the child (see section 5.4). Those responses are viewed as having communicative meaning and interpersonal value (see chapter two, section 2.4.1). Thus, in music therapy, the emphasis is on what the child *can* do. This sense of pride and/or validation of the child's self relates to the codes I will discuss next.

The following codes appeared five times each: Music therapy develops self-esteem; Music therapy develops self-confidence; Music therapy develops self-expression. Often, when a child experiences a sense of pride in and validation of him- or herself, which is facilitated by the music therapist, his or her self-esteem increases, and he or she becomes more self-confident. This, in turn, encourages him or her to express him- or herself more.

A code appeared in one of the teacher's interviews about music therapy developing self-awareness. This code appeared only once, but it warrants discussion because self-awareness is foundational to awareness of others. A developed awareness of self and others has the potential to draw the child with autism out of isolation, and is relevant in terms of further development of self.

5.6.4 Category 5D: Sensory development

The code that appeared most often in this category was about music therapy developing sensory awareness (code appearing 5 times). This was often in the context of the children becoming aware of and responding to sound, which, as one teacher pointed out, is important in order for the children to be able to respond to others talking.

The code that appeared next most often in this category relates to sensory development (code appearing 3 times), but is also an aspect the participants viewed as being valuable in music

therapy. Many children with autism struggle with auditory sensitivity issues and find sounds of a certain volume or pitch overwhelming. Three times, a code about music therapy addressing these issues of auditory sensitivity, was drawn from the data.

Three codes addressed sensory integration and self-regulation. These codes were framed from a viewpoint of skills being internalized through music therapy.

5.6.5 Category 5E: Emotional development

The code that appeared most often in this category was that music therapy calms children with autism (code appearing 5 times). Because of the communication deficit discussed in chapter two, many children with autism exhibit challenging behaviors and high levels of anxiety. Thus, it is pertinent that music therapy has a calming effect on these children and that, as reflected in another code, emotional problems are addressed through music therapy (code appearing 4 times).

5.6.6 Category 5F: Cognitive development

The code most often drawn from the data in this category reflected a view that music therapy develops concentration span (code appearing 3 times). Codes were also drawn about music therapy developing impulse inhibition and the ability to make choices (codes appearing once each). These are all skills of executive-functioning which, as mentioned in chapter two, are underdeveloped in children with autism. A code about the cognitive effects of music therapy being difficult to ascertain appeared once, but so did a code about the possibility of the cognitive effects of music therapy becoming apparent over time. This reflects an understanding that music therapy is a process, where timing of outcomes may be slow and often unpredictable for children with autism. This understanding was reflected in section 5.6.1 as well.

5.6.7 Category 5G: Motor development

A total of 8 codes were drawn from the data relating to the development of gross and fine motor movement and of muscle tone and coordination. Although this is evidently not perceived as the most valuable aspect in terms of what music therapy offers the autistic child, it is relevant because, as mentioned in chapter two, motor skills are often underdeveloped in children with autism.

5.6.8 Category 5H: Language development

This category comprised the fewest codes relating to the perceived value of music therapy (total of 5 relevant codes). A code about music therapy providing an alternative mode of communication for nonverbal children was included in this category, but it is important to note that there is a difference between language and communication. Language is the speech we use to communicate, while communication can be verbal or non-verbal and includes gestures, facial expression, and so on. It is surprising that codes regarding the effect of music therapy on communication did not appear more often, as music provides a more accessible medium for communication than does speech for children with autism; participation in music therapy does not require language skills.

5.6.9 Category I: Transfer of skills

The codes drawn from the data under this category reflect that there is a perception that emotional regulation, attention span, receptiveness to interpersonal contact and cooperation transfer from the music therapy environment to the classroom environment (relevant codes appearing a total of 4 times). However, a code was also drawn regarding the difficulty in establishing whether specific skills do, in fact, transfer. Codes were drawn regarding skills of social interaction transferring to social settings, and enjoyment of music therapy activities transferring to the home environment (codes appearing once each). Again, a code appeared regarding the difficulty in establishing which skills transfer from the music therapy environment to other environments because of parallel interventions the children receive. This implies a need for music therapists to find ways of assessing whether and what type of transfer takes place. Such research is necessary in the future in order for music therapy to become more established and receive more support from corporations, medical aid and government.

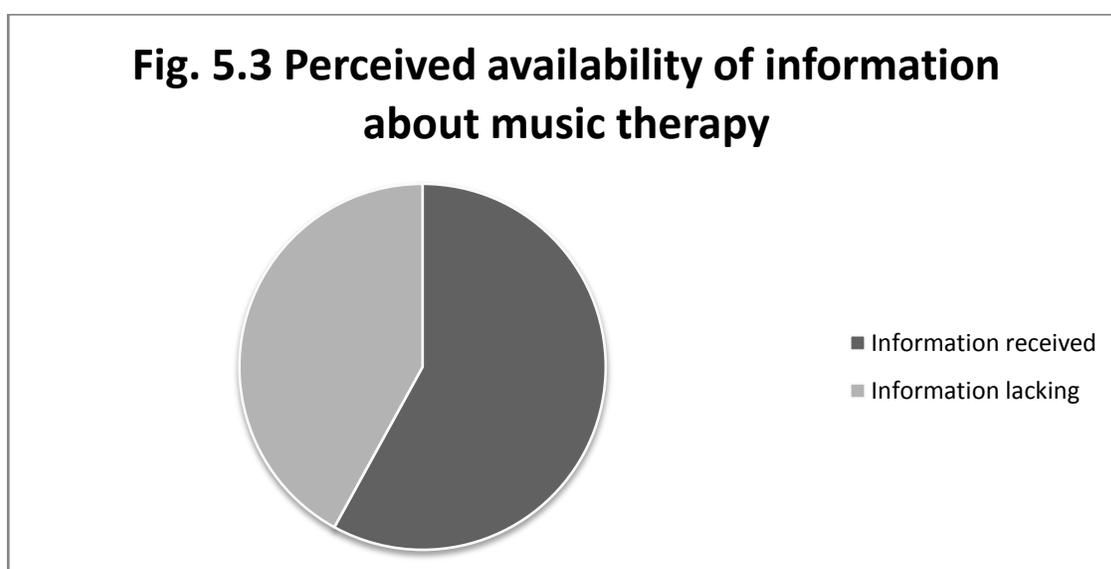
5.6.10 Category J: Value for parents and teachers

The most prevalent codes drawn from the data under this category reflect the pleasure and pride parents experience, and the emotional reaction parents, teachers and family members have when witnessing performances (relevant codes appearing 5 times in total). These performances, also mentioned in section 5.6.2 and section 5.6.3, allow the parents and teachers to observe a product of music therapy. While music therapy is process- rather than product-based, performances can form part of the process if they are driven by clinical intention and/or, in the case of Unica, are required by the setting. Appearing once each were codes about the

parent feeling pride in the child’s musical abilities, and wishing to continue development of these musical abilities. The latter codes were drawn from data collected in an interview with the parent whose child recorded a CD (see section 5.6.3).

5.7 Theme Six: Perceived Availability of Information about Music Therapy

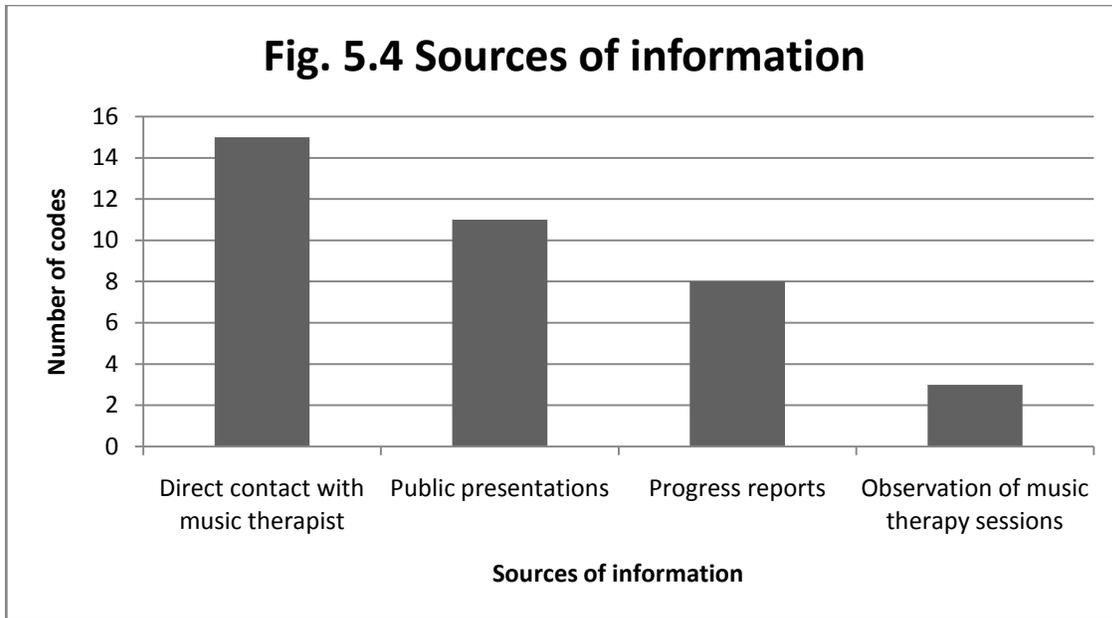
Figure 5.3 below gives a graphical representation of the distribution of codes between the two categories in this theme: information received/available and information lacking/needed. What is evident from looking at this graphical representation is that the information parents and teachers have or receive about music therapy is only slightly more than that they are lacking or in need of. The term “information” is used broadly here.



5.7.1 Category 6A: Information received/available

The code that appeared most often in this category reflected a view that it is important for parents and teachers to be involved in the music therapy process (code appearing 5 times). This implies that parents and teachers are open to the provision of general information about the profession of music therapy and specific information regarding each child’s process.

The remaining codes, appearing a total of 37 times, relate to sources of information. These sources and the relevant distribution of codes are represented graphically below.



As illustrated in Figure 5.4, direct contact with the music therapist is the primary source of information to parents and teachers. Codes drawn from the data revealed that parents and teachers received some information about what music therapy entails, that teachers received informal verbal feedback about the process and progress of specific children, and that parents received information regarding music therapy goals from the music therapist (relevant codes appearing a total of 6 times). Other codes indicated that the parents were satisfied with the information they received about music therapy, they felt that the lines of communication with the therapist were open, they were satisfied with the amount of communication they had with the therapist, and they found the music therapist to be approachable (relevant codes appearing a total of 6 times). One teacher mentioned that she found the informal verbal feedback she received from the music therapist to be helpful in being aware of and handling the children’s behavior in the classroom.

A code reflecting that the parents’ and teachers’ perceptions of music therapy were informed by music therapy public presentations appeared four times, and a code reflecting that they had general positive regard for the public presentations appeared three times. Codes appeared twice each reflecting that the public presentations convinced listener’s of music therapy’s effectiveness and provided listeners with specific information regarding music therapy. The music therapy public presentations, which form part of the course requirements for the MMus (Music Therapy) training program at the University of Pretoria, are designed to be informative and understandable to the lay population. They involve discussion of music therapy and the

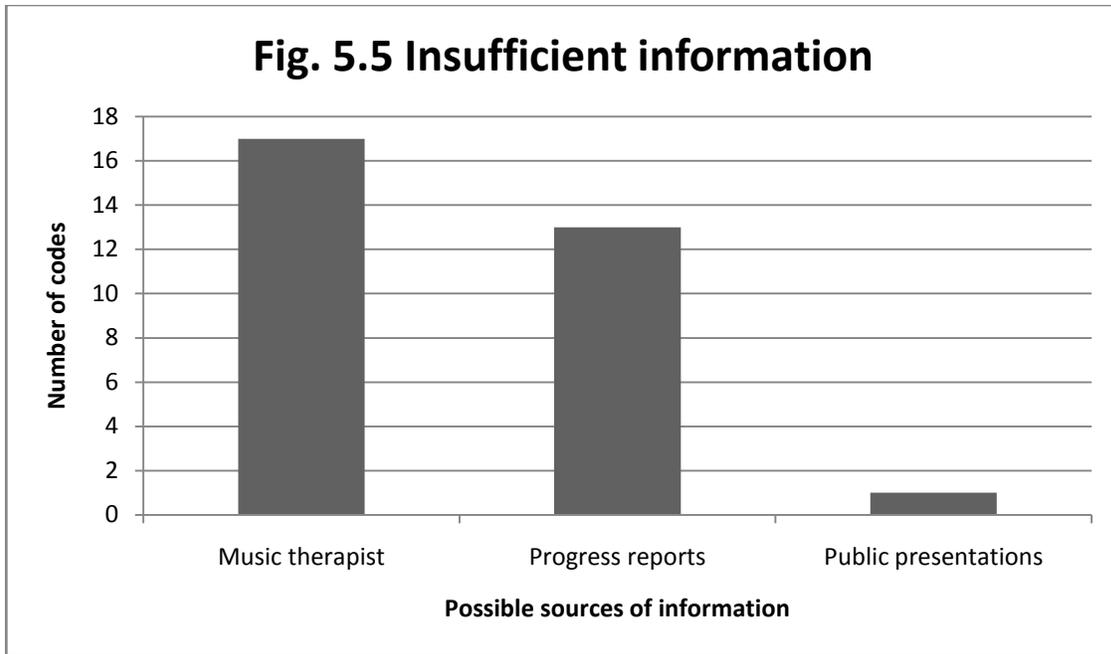
processes of specific clients, supported by video material of music therapy sessions. These presentations, if offered more often and to more people, would evidently be a useful tool in spreading awareness of music therapy and its value for a wide range of client populations.

A code drawn from interviews with parents showed that two of the three parents were provided with regular progress reports. Where children were involved in group music therapy, the reports contained an individualised section on their child's progress in the group. One of the parents reported being asked for her input in the progress reports. One teacher reported having access to the reports sent to the parents. Another teacher stated that provision of the progress reports to the school allows for continuity of treatment for the children.

A code drawn from an interview with one of the teachers showed that opportunities for observations of music therapy sessions occasionally arose. These observations served to inform the teachers' perceptions of music therapy and to allow for assessment opportunities of a wide range of skills that she did not have time for when teaching. The teachers' perceptions of music therapy were also informed by observations over time of children who received music therapy. This relates to the first code discussed in this category – that it is important for parents and teachers to be involved in the music therapy process.

5.7.2 Category 6B: Information lacking/needed

Although the parents and teachers were provided with a fair amount of information regarding music therapy, codes were drawn from the data which reflected that there was still information lacking. These codes appeared a total of 31 times. Figure 5.5 below represents the distribution of codes in terms of the sources from where the information lacking could/should come.



Clearly illustrated in Figure 5.5 above is that the information that is lacking/needed can be provided primarily by music therapists and the progress reports they write. However, it is not clear how many times each participant have attended public presentations, and as stated under 5.7.1, more frequent public presentations about music therapy would increase knowledge considerably. On the other hand, it would not provide information about a specific child's process and progress, something which only the music therapist can provide.

A code about the parents having vague/limited knowledge of what music therapy entailed appeared most often in this category (code appearing 4 times). This code was not, however, present in the data taken from interviews with the teachers. The same information that is provided to teachers needs to be provided to parents. A code about formal information about music therapy not being provided appeared three times. A code about a parent being unsure of the distinction between music class and music therapy appeared three times. A code about the parent needing information about the clinical intention guiding her child's progress appeared once, as did a code about the parent being vague about what her child's music therapy process actually entailed. All of these point to the need for additional information about music therapy, in the form of a presentation or pamphlet, to be provided to parents. Music therapists may often not have sufficient time to explain the workings of music therapy informally with parents and teachers.

Twice a code appeared that reflected that teachers should be provided with information about music therapy, and a code reflecting a teacher's doubt about the sufficiency of informal verbal reports appeared. A code about constraints of time on teacher and music therapy collaboration appeared once. Time restraints are often unavoidable in school settings, but an annual presentation could rectify this.

A code about greater awareness of music therapy needing to be created reflects not only that the participants are aware of the lack of awareness about music therapy outside of the Unica environment, but also that they view music therapy as a valuable intervention that more children with autism should have access to. One teacher stated that the public presentations given by music therapy interns are not sufficient to create awareness of music therapy because the audience of these presentations is small. Annual presentations to which a variety of healthcare professionals are invited might address this issue.

A code appeared three times, which reflected that the teachers should have access to progress reports, as did a code which reflected that the school should have access to these reports. The context of these codes was that these reports were provided by the music therapists employed at Unica, but not consistently by the music therapy interns. Providing copies of the reports written for the university or for parents does not add to the time constraints placed on the music therapists or music therapy students, but fulfills a valuable function. Informed consent would need to be given by a parent or guardian, allowing the teacher access to these reports. Codes that reflected the functions these reports can potentially fulfill appeared once each. They provide teachers with insight about specific children, inform teachers' use of music in the classroom, and create links between the music therapy and classroom environments.

5.8 Addressing the Research Questions

In order to address the research questions, I will concentrate on salient findings. The less salient findings are not, however, disregarded, as they contribute to the richness of the data generated in the present study.

5.8.1 Research question 1: What do parents and teacher of children with autism perceive music therapy to involve?

A perception exists amongst parents and teachers that music therapy is a credible profession with high training standards. Parents and teachers recognize that music therapists have comprehensive musical skills which they use in music therapy, but also that music therapy

involves more than just music. There is an awareness that music therapy caters for a wide variety of client populations and that the client's involvement in music therapy does not require musical skill.

Parents and teachers are aware that music therapy can be conducted in a group or individual format, and perceive music therapy to provide the child a structured and novel experience. The latter perception reflects a view that music therapy has unique value for the autistic population. Furthermore, music/sound is perceived to be a unique therapeutic medium, also implying the unique value of music therapy for children with autism.

Parents and teachers perceive music therapy to involve the identification and/or development of musical abilities, and view this to be a strength of music therapy, as it provides many social advantages for the children. Musical end products which showcase these musical abilities are perceived to be important within the music therapy process. It is these musical end products, in particular, which appeared to influence the parents' and teachers' positive perceptions of music therapy. Those participants who attended music therapy public presentations perceived them to be convincing and informative. These public presentations also created positive perceptions of music therapy.

In chapter two, a study by Ropp and her colleagues was reviewed. One of the findings of this study was that positive perceptions of the value of music therapy are largely dependent on personal experience with the process (Ropp *et al*, 2006). Similarly, in the present study, it was my experience that parents and teachers connected with the music therapy process far more when witnessing performances and public presentations, which include video excerpts of music therapy processes, than when reading progress reports.

Music therapy is perceived to involve a flexible approach, and each child's music therapy process is perceived to be unique. Although unaware of the music therapy terminology, parents and teachers show understanding that the music therapist is able to meet, match and give meaning to the child's responses.

Music therapy is also perceived to be characteristically goal-oriented, and music therapists are perceived to be able to work towards these goals in a flexible, adaptable manner. Drumming, in particular, is perceived to be helpful in achieving a wide range of goals. These perceptions reflect some awareness that direction and intention guide the therapeutic process, that the

therapeutic process is unique and individualized to the client, and that music therapy has broad applications for children with autism.

Finally, the participants show an awareness that music therapy is not curative, and that progress develops slowly over time. While it is acknowledged that music therapy does not cure the child's developmental delay, it is perceived to provide many benefits, as discussed in response to research question three.

5.8.2 Research question 2: What information are parents and teachers lacking regarding music therapy?

As discussed in response to research question one, parents and teachers are aware that music therapy is goal-oriented and that music therapists use their musical skill to achieve these therapeutic goals.

However, there is a lack of understanding about the clinical intention that drives music therapy. Indications of insight into how music therapists use music to achieve therapeutic goals were minimal, as were indications of insight into how the music therapy environment is created to facilitate the child's development in music therapy.

Parents, specifically, appeared to have vague/limited knowledge of what music therapy entails, indicating that the information provided by the music therapist to parents and teachers differs. Furthermore, information provided to teachers appeared to take the form of informal verbal feedback, rather than formal information, and one teacher expressed doubt as to whether this informal verbal feedback was sufficient. One parent was unsure of the distinction between music therapy and music class, as well as of what her child's process specifically entailed. Thus, there is a general need for additional information. Teachers expressed a need for access to progress reports given to parents. Provided that informed consent is given by the parents, access to these reports could be valuable in terms of consistency of certain treatment perspectives, collaboration between the teachers and the music therapist, and insights regarding the child and his/her strengths.

No information appeared to have been provided about the similarities and differences between individual and group music therapy, nor was there an awareness of the reasons why a music therapist would want a specific child to be either in individual or group music therapy sessions.

Parents and teachers acknowledged the lack of awareness of music therapy outside of Unica, which prompted this study. They expressed a belief that music therapy needs greater public and media exposure in order for greater awareness to be created.

5.8.3 Research question 3: What value do parents and teachers perceive music therapy to have for children with autism?

The parents and teachers at Unica hold music therapy in exceptionally high esteem. This was reflected in a high number of codes showing general positive regard for music therapy, the medium of music, and the music therapists. The parents and teachers expressed a wish for music therapy and music therapists to be more available and a belief that all children with autism should receive music therapy.

Parents and teachers perceive music therapy to be a unique intervention, which children with autism intuitively relate to and enjoy. The medium of music is perceived to be non-threatening and accessible to children with autism.

Music therapy is perceived to achieve progress and changes in areas which relate directly and peripherally to the diagnosis of autism, with the highest number of codes involving the development of social skills. Most prevalent, was the area of social development. Music therapy is perceived to promote and facilitate social interaction, and develop social skills, such as turn-taking, awareness of others, and learning from peers. Also prevalent was the area of development of the child's sense of self. Music therapy is perceived to allow the child to experience pride and validation, to develop the child's self-esteem and self-confidence, and to encourage self-expression. Other areas in which music therapy is perceived to achieve progress and change are, in descending order of prevalence, sensory development, emotional development, cognitive development, motor development and language development. Certain social skills developed in music therapy are also perceived to transfer to the social, family and classroom environments.

The parents also reflected on the value of music therapy for themselves and the teachers, stating that end products, such as performances and recording of CDs, being created within music therapy allow for experiences of pride, and elicit emotional reactions. The parents and teachers invariably stated that music therapy is an important part of intervention for children with autism, and that they would recommend music therapy to other parents and teachers of children with autism.

CHAPTER 6: CONCLUSION

In this study, parents' and teachers' perceptions of what music therapy involves were explored. Secondly, limitations in their knowledge were identified. Finally, their perceptions of the value of music therapy for children with autism were explored. This study was conducted within the qualitative research paradigm. Semi-structured interviews were conducted with three parents and three teachers of children with autism. These interviews were transcribed and coded. The codes were then organised into categories and themes. The findings of the study can be summarized as follows:

6.1 Summarised Conclusion

It was found that parents and teachers perceive music therapy to be a credible profession with a high standard of training. They are aware that, while the music therapist must have comprehensive musical skills, involvement in music therapy does not require the client to have musical skill. Parents and teachers perceive music to be a unique therapeutic medium, but also acknowledge that music therapy involves more than just music. Music therapy is perceived to involve the identification and/or development of musical ability and to culminate in musical end products, both of which have additional benefits for the child, such as increased self-esteem. Parents and teachers perceive music therapy to be goal-oriented, and the music therapist to be able to work towards these goals in a flexible, adaptable manner. It appears that direct contact with the music therapist, witnessing of musical end products, and music therapy public presentations are the primary influences on parents' and teachers' perceptions of music therapy.

There is a general need for additional information about music therapy. Parents and teachers show limited understanding in terms of the clinical intention that drives music therapy; they are not provided with formal information about what music therapy involves and how the music therapist works towards therapeutic goals. Parents also showed only vague knowledge of what their child's process specifically involved. Teachers expressed a wish for access to progress reports given to the parents.

The parents and teachers at Unica hold music therapy in exceptionally high esteem. They expressed a wish for music therapy to be more available and a belief that all children with autism should receive music therapy. The medium of music, itself, is perceived to have unique value for these children, as it is non-threatening and accessible. Music therapy is perceived to

achieve progress and change in areas which relate directly and peripherally to the diagnosis of autism. Most prevalent, was the area of social development. Music therapy is perceived to promote and facilitate social interaction, and develop social skills, such as turn-taking, awareness of others, and learning from peers. Also prevalent was the area of development of the child's sense of self. Music therapy is perceived to allow the child to experience pride and validation, to develop the child's self-esteem and self-confidence, and to encourage self-expression.

6.2 Limitations of the Study

The data in a study of this nature is context-specific and, as such, is not generalisable to the broader population. However, the findings of this study can serve as a guideline for music therapists working with children with autism. It may broaden their insights, both in terms of the kind of information that parents and the school system need, and in terms of developing their practices by imparting relevant information about music therapy as a profession and a clinical intervention.

The conversational nature of the interviews led, at times, to irrelevant conversation. A more focused address of the questions may have produced richer data.

6.3 Suggestions for Future Research

Future researchers may consider using a pre-, post-test experimental design in order to explore how perceptions of music therapy change after attending a music therapy public presentation, or after taking part in a short-term parent/teacher and child music therapy intervention. Such a study could provide insight about what kind of information parents and teachers assimilate from different sources.

Future researchers may also consider developing and testing measures which can assess the transfer of skills from music therapy to family, social, and classroom environments.

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www.unicaschool.co.za accessed on 1 October 2011.

APPENDIX A

100
1908 - 2008



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Denkleiers • Leading Minds • Dikgopolo tša Dihlalefi

Faculty of Humanities
Department of Music

PARTICIPANT INFORMATION

Title: The value and perceptions of Music Therapy for children with Autism Spectrum Disorders (ASDs) in a South African School

Dear _____,

I am conducting research into parents' and teachers' perceptions of music therapy and its value for children with autism. This study will serve to augment our knowledge of autism and help music therapists identify gaps in the knowledge held by parents and teachers about music therapy. I am conducting this study so that I may write my mini-dissertation, which forms part of my MMus (Music Therapy) degree. I would greatly value your participation in this study.

In order to conduct this research, I will be conducting interviews, wherein I will ask you questions about your experience with and perceptions of music therapy. I will need to audio-record these interviews so that I may transcribe them afterwards. There are no foreseeable personal risks to you, but there is the advantage of having the platform to discuss your perceptions of music therapy as an intervention for children with autism. Your participation in this study is voluntary and, should you feel the need to withdraw from this study, all data pertaining to you and your interview will be destroyed.

I guarantee confidentiality, in that no part of what is said in the interviews will be shared with anyone not directly involved in the research process, and anonymity, in that no details that could be used to identify you or the children will be included in the research report. Only my supervisors and I will have access to your data. Once the research is complete, the data will be stored at the University of Pretoria for 15 years for archiving purposes, and then destroyed.



Please feel free to contact me with any questions or concerns you may have. If you are willing to participate in this study, please complete the attached consent form.

Jenna-Lee White

Researcher/student

annejbkwd@yahoo.com

Department of Music

University of Pretoria

(012)420-3747

Kobie Swart

Supervisor

kobie@aquadivers.co.za

APPENDIX B

100
1908 - 2008



UNIVERSITEIT VAN PRETORIA
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Faculty of Humanities
Department of Music

CONSENT FORM FOR INVOLVEMENT IN RESEARCH

Title: The value and perceptions of Music Therapy for children with Autism Spectrum Disorders (ASDs) in a South African School

I, _____, parent/guardian of _____ understand that this research study involves an examination of my perceptions of music therapy and its value for children with autism, in order for music therapists to gain insight into these perceptions. I understand that my participation in this study is voluntary and that I may, at any time, terminate my involvement in this study.

The process that this study entails has been explained to me and any questions I had were answered satisfactorily. Should I have further questions, they will be answered by the researcher. I understand that I will be interviewed for the purpose of this study, and that these interviews will be recorded with audio equipment. I understand that these recordings will be stored as data at the University of Pretoria for archiving purposes for 15 years, and then destroyed.

I understand that, in the transcription of these interviews, I reserve the right to confidentiality and anonymity. I also understand that all information disclosed in these interviews and transcribed in the research report will be kept confidential and will not be revealed to any person who is not directly involved in the research process without my permission. The only exception to this is where disclosure is required by law.

With full acknowledgement of the above, I agree/do not agree to participate in this study.

PARTICIPANT DETAILS:

Participant name: _____

Signature: _____



Participant Contact No: _____

Date: _____

RESEARCHER & SUPERVISOR SIGNATURE:

Researcher Name: _____

Researcher Signature: _____

Date: _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____

APPENDIX C

100
1908 - 2008



**UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
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**Faculty of Humanities
Department of Music**

CONSENT FORM FOR INVOLVEMENT IN RESEARCH

Title: The value and perceptions of Music Therapy for children with Autism Spectrum Disorders (ASDs) in a South African School

I, _____ understand that this research study involves an examination of my perceptions of music therapy and its value for children with autism, in order for music therapists to gain insight into these perceptions. I understand that my participation in this study is voluntary and that I may, at any time, terminate my involvement in this study.

The process that this study entails has been explained to me and any questions I had were answered satisfactorily. Should I have further questions, they will be answered by the researcher. I understand that I will be interviewed for the purpose of this study, and that these interviews will be recorded with audio equipment. I understand that these recordings will be stored as data at the University of Pretoria for archiving purposes for 15 years, and then destroyed.

I understand that, in the transcription of these interviews, I reserve the right to confidentiality and anonymity. I also understand that all information disclosed in these interviews and transcribed in the research report will be kept confidential and will not be revealed to any person who is not directly involved in the research process without my permission. The only exception to this is where disclosure is required by law.

With full acknowledgement of the above, I agree/do not agree to participate in this study.

PARTICIPANT DETAILS:

Participant name: _____

Signature: _____

Participant Contact No: _____



Date: _____

RESEARCHER & SUPERVISOR SIGNATURE:

Researcher Name: _____

Researcher Signature: _____

Date: _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____



APPENDIX D



APPENDIX E

APPENDIX F

Interview schedule: Parents

1. Is your child currently receiving music therapy?
2. For what period of time has your child had music therapy?
3. What other therapies has your child had, and for how long approximately?
4. During the time that your child has been receiving/received music therapy, did you receive any information regarding what music therapy is? If so, what information did you receive?
5. What, in your opinion, is music therapy?
6. What has been the value or benefit of music therapy for your child?
7. Do you feel that music therapy has been an important part of your child's intervention program? If so, in what way do you feel it has been important?
8. During the time that your child has been receiving/received music therapy, did you receive any information about your child's unique therapeutic process and possible progress?
9. If so, what type of information did you receive and how was it relayed to you?
10. What type of information would you have liked to receive regarding music therapy and your child's process?
11. Would you recommend music therapy to other parents of children with autism? Please explain.

APPENDIX G

Interview Schedule: Teachers

1. What experience have you had with music therapy?
2. Have you seen any changes or progress in children who have received or are receiving music therapy? If so, what changes did you see?
3. What other therapies have you had experience with?
4. In your experience with music therapy, have you received any information regarding what music therapy is?
5. What, in your opinion, is music therapy?
6. What benefits or value do you think music therapy has for children with autism?
7. Do you view music therapy as an important part of the intervention programs for children with autism? If so, why do you see it as such?
8. In your experience with music therapy, were you provided with information about the therapeutic process and possible progress of the children involved?
9. If so, what type of information did you receive and how was it relayed to you?
10. What type of information would you have liked to have received regarding music therapy and the therapeutic process and progress of the children involved?
11. Have you referred children for music therapy? If so, how often?
12. Under what circumstances would you refer a child with autism for music therapy?
13. Would you recommend music therapy to parents and other teachers of children with autism? Please explain.

APPENDIX H

P: Okay, have you met [music therapist C]?

R: No.

P: She's the one at Unica now. Do yourself a favour.

R: I'm going to go there later. I wonder if she'll be there.

P: She is brilliant. You must go when she's there. This girl... I mean we started with [music therapist A] for years and years and years, then we had [music therapist B] and I loved [music therapist B] absolutely... but you must meet [music therapist C] as well. Unbelievable. She did, um, last year you know it was all the soccer so the end of the year she did the, um, the whole soccer theme, it was Waka Waka and you should've seen it. They were asked, someone saw it, and then they put in whiteboards at Unica, two were donated, so they had like an opening of the whiteboards and they got the kids to sing. From there, they asked, um, um, one of the departments from, you know, the education department asked them to go and, um, perform at the CSIR about two weeks ago in front of an international teacher's conference. They went into the auditorium and they performed.

R: That's incredible.

P: It was... she's just, there's something about her.

R: Is [your child] still with her?

P: Yes. Yes, he's 18 now, and he's finishing at Unica at the end of the year, unfortunately.

[Irrelevant section omitted]

P: That's fantastic. Oh well at Unica there are moms that do that as well, but more when the kids are small. You know, you work from there. But if you see [my child] compared to what he was you won't believe it's the same child. He used to apparently go to school, when I used to take him in the mornings, when he was 3, and just turn his back on them and just stare out at nothing. He'd turn his back on them. If you see him now... He sang a song on his own last year with [music therapist C] at the concert at the end of the year that he and her had co-written on Loftus and rugby. He stood up there, he had his 18th birthday the other day. He stood up and

said his speech, and what he was... 'cause he was so confident... and then he got a bit shy, and then he read the rest. We never thought he would read and write.

R: Yes, even that is amazing.

P: Yes, go and see, and you'll be surprised. Yes, anyway.

R: So he's currently receiving music therapy with [music therapist C]?

P: Yes.

R: How long has he been with [music therapist C]?

P: I'd say two years. When did [music therapist B] leave?

R: I'm not sure.

P: About two years.

R: But he's been in music therapy constantly since he was 18 months?

P: Smaller, I think it was 8 months.

R: 8 months.

P: I don't know if you know, there's a [institution name omitted].

R: Yes.

P: That had just opened, and [my child] was 8 months and his milestones were slow. So he wasn't sitting so obviously you don't pick up autism then, because it's not "visible" then, his probably was, and I couldn't see it, and my mom-in-law had said to me in the December, um, "when are you going to have [your child] tested?" I looked at her and I thought "have you lost it? What are you talking about?" and of course then from the next day I started doing everything and they opened then. I used to take him in the mornings and he got all his therapy there and he'd sit... 'cause he couldn't sit... he'd sit against me with my legs open behind here, and that's how they worked with him, music, everything.

R: Did [music therapist A] work with him at the [institution name omitted]?

P: Yes. I think, so then it was 8 months when she started with him, if I remember correctly. I'm sure that's when she started. And then at one stage we went to her house, and yes, anyway.

R: Wow, I can't believe he's had music therapy for that long.

P: Yes, it's brilliant, I swear by it.

R: What other therapies did he have?

P: Um, from the beginning, um, okay horse therapy from about... he did riding for ten years... so from about 5 he did the equine therapy or horse therapy and I swear by that. And then from the beginning he did speech, from 3 at Unica. And the occupational therapy, and that's it, all of it.

[Irrelevant section omitted]

R: So he had quite a well-rounded therapy intervention?

P: He had a lot, but I swear by music and horse.

[Irrelevant section omitted]

P: Yes, he's very confident, very okay with himself.

R: Do you think that was a result of the therapies?

P: It was one of the things, yes, and the music... you see my son loves music. At this house, okay my daughter's away in Stellenbosch studying, but his music's going, [my daughter's] music's going and my husband's music's going. And him and I... he's got his thing in his room, and he plays, and he loves Afrikaans music, but he plays his music, he opens all the windows. I think he wants everyone to hear his music. And he sings and he plays. And he sings all the time in the shower and, um, and he's got a... you know the iPod thing that you can put in the arm thing?

R: Yes?

P: 'Cause it's that touch thing? He jumps on that trampoline with his earphones and this thing for hours. So he's never without music. And I think it was... started at home, and he's got good rhythm with the drums and that. You know, they always teach them a lot of drums. So I think it really helps.

R: He sounds amazing.

P: Ah no you'll love him. You know, he knows everything about sport. Everything. So yes, very into his sport.

R: During the time that [your child] has received music therapy from any of the music therapists he has seen, did you receive any information regarding what music therapy is?

P: Yes, we did.

R: What did they tell you?

P: Um, I can't remember. Let me get back to that, and we always got a report on what they working on. Starting with [music therapist A], um, concentration, and whatever whatever, and um – oh at one stage he was doing dance therapy as well, but the guy didn't last very long. He left, not the kids, he left. His name was [name omitted] or something, I don't know why he left. That was many years ago, tall thin guy. And um, what did they tell me about music therapy? I don't know, I always just know it's good. They told me you'd work on problems, so to help a child's concentration or, and working in a group, I know that always came up, 'cause at one stage he had on his own, and then he wanted to go in a group. Same as with horses, he wanted to go on his own and then he decided he was going into a group. He decides.

R: So is he in a group at the moment? And going to horse therapy?

P: He stopped horse therapy. No no at the moment he's just doing group music. I would love him to have individual as well, I just don't know if she has the time. She's got, I can't tell you how many kids now. It was never that big before. There are a lot of kids now. And when she does her groups, I mean, it's amazing. And also a lot of the drums, they use the drums quite a bit, which they all get. Okay, what else did they tell me? Um, I don't know what else they told me, but I did get some info. Why, what am I supposed to know?

R: No no, that's the whole thing, what I want to do is to see, where are the gaps in information.

P: I think they could have probably pushed themselves more; sold themselves better to the public.

R: Like a presentation or something?

P: Yes, maybe... yes, because I think a lot of people underestimate what it does do. It's brilliant; it's absolutely brilliant.

R: What do you see as the benefits of music therapy?

P: Self-confidence, definitely. Working together in a group, discipline, um those two. But definitely, for me, self-confidence and self-esteem. For me, that is... in everything he does that is important and that has always done that. I mean, your child stands up and... you'd never, you'd never say [my child] would do that. Ask [name omitted] and [name omitted], they'll give you a lot of info of [my child]. And, um, what's the other thing? Well, I also think that it's very good that, you know at a normal school your child has this concert and that concert and you go to their sports days.

[Irrelevant section omitted]

P: Okay and for me... okay so self-esteem, confidence... oh, so when you at the end of the year had your concert, it's nice to see that your child... because for [my child], he thinks, he thinks he's normal and he's very special 'cause he's autistic as well.

[Irrelevant section omitted]

P: But, um, yes so what was I telling you?

R: The end of year concert?

P: Yes, so it's nice to see them doing something. For us... oh, because wherever he goes, he knows the cousins do this and the cousins do that and his sister and all the sister's friends and... so he grew up thinking he's normal but, um, why isn't he having a sports day or whatever. So, for me it's very important that there's a concert, I know it's a lot of work for the teachers but it's just nice for the child. And we've got a very big extended family so when there is a concert we buy thirty tickets, you know, when they say "no hold on there *are* only about fifty tickets" I say "okay we'll cut down" you know, so the concert is really nice.

R: And what would you see as a value or benefit of music therapy that you couldn't get from horse therapy or occupational therapy?

P: Um, it's accessible. Horse riding is miles away. They always come to the school, it's during school hours, um, it's much cheaper, horse riding can cost a lot. Um, the biggest benefit is that it's there. They come to you and it's accessible. Um, what else. That to me is about the biggest. I swear by horse therapy as well, but it took hours twice a week. And either it's boiling or it's flipping freezing, and that dust just blows, there's no trees. I can't say I hated it, 'cause I loved

the therapists. It's a pain, you know, you do it for ten years, but hell, music therapy's nicer. It's right here. What year are you in?

R: My second and final year, so I'll start practicing next year.

P: You know, none of us are musical but you've never seen anyone who loves music like [my child].

[Irrelevant section omitted]

R: Do you think that, because he likes music so much, that's given him more motivation in music therapy?

P: Probably. But I think for the children who don't have music at home, I think it's very good for them to be exposed to it. 'Cause a lot of children, you know, there's some people who don't play music. I promise you [my child] has got... how many songs can you put on those things?

R: Thousands.

P: Yes well he has got thousands, and when my daughter comes again, then she reloads and puts all the new ones on. But he listens to everything. He comes down for breakfast, he picks it up if it's lying there and he starts singing. Sometimes I talk to him and he's not even listening 'cause he's singing away. So he's permanently got music. Oh and the other thing I wanted to say is I think, um what did I want to say about the benefits? Um, they can express themselves through music. That, to me, is very important. Some of our children, especially those that cannot speak, you know some of them, um, it's nice to be able to do that.

[Irrelevant section omitted]

P: And getting our children to move, getting your co-ords together.

R: Did the music therapists that worked with [your child] do a lot of movement?

P: I'm trying to think. I know [music therapist C] kind of does, 'cause they always... you know with that Waka Waka it was this and that and waving the flag and... shame I wonder if that haven't got that on video

R: I'd love to see it.

P: You really should, she is fantastic. 'Cause it was so appropriate, you know, and then she had [my child] doing his song and she had another boy who left the school, he likes airplanes, so him and her did some song about... so [my child] would sing, I mean he's got no... he can't sing or anything, believe me he can't sing, and then she'd play the guitar and you know how you can keep up with them or adapt or whatever. And you cannot believe, I'm telling you my whole family sat and cried, and his teachers, because you cannot believe it's the same child. And it's one way that he could, that he could do well in. there's so few things our children do well in. you know, where are they ever going to actually... you know they've got their little sports days, and they run their little races. He normally gets a second or a third, sometimes a first or whatever, but he's also... he's not worried about having to come first, funny enough. We have one or two, like normal kids, that are very competitive, and it's drama.

R: And do you feel that music therapy has been an important part of [your child's] intervention program. If so, in what way do you feel it has been important?

P: Very important. First of all, he looks forward to it, hey. He'll tell me "remember, Tuesday is music therapy", or whatever, it changes every now and then. And I tell you, he loves it. So, for me, the benefit is it's given him enjoyment, he looks forward to it, and definitely... you know, when he stood up there to do his song... but even before that. Oh, we had a black guy that did... that came and did just drum therapy as well. I know I've got a video of it somewhere but I don't know where.

[Irrelevant section omitted]

R: You mentioned something about reports. Did those reports give you specifics, like what are [your child's] goals, this is how we're reaching them, this is how far he's gotten, and so on?

P: Yes. I've got them all packed away, I could show you, but I'd have to look for them.

R: Not to worry. But were they quite specific and unique to [your child]?

P: Yes, very. They were unique to him, always. Very good. And they'd say, like, um, if I think back to [music therapist A] now, um, his attention span has expanded by... it's now that, it was two minutes, it's now ten minutes, he can sit for much longer, he's working well in the group, he's expressing himself more, um, he's answering questions where he was more reserved, all of that. All of that came up throughout. And they'd ask, um, I think I've been asked before "what do you want from your side?" I've been asked before as well.

R: Oh that's nice.

P: Yes they're very good. It's nice, even if you don't have anything. It's just nice, yes. Just to include the mom.

R: Yes. And so even when he was only doing group music therapy, did you still get reports on his individual progress?

P: Yes. He's doing group work now, he's not doing any individual. Um, at one stage it was better for him, because he was better with the one-on-one. And then I think she... they'd say to me, it might even have been one of them said to me "let's try him in a group 'cause he seems to want to go into a group". Then I'd say "great, whatever he wants to do". If he wants to do group or individual, I'm happy with either.

R: And do you think there are different benefits for him in a group than there are on a one-on-one basis?

P: Yes, because you know what, in individual, it's when he needed one-on-one, maybe less confidence, and he needed her to guide him 'cause he wasn't sure of himself. But then in a group it's so different because you've got... you're interacting with people. Remember our autistic children are not always good in a group.

R: Social interaction is tough for them, yes.

P: Well, wait 'til you see this group on that stage. No, we have to phone [music therapist C], we have to get you the video.

R: I'd like to see it.

P: And I think the education department that day must have also done a video. It's just... it's amazing. Even if you've got time, ask her if you can sit in on one or two of her sessions. She is the most approachable... I'm going to phone her. 'Cause you know what, the more music therapists we have, the better. We don't have enough.

R: Yes, there're only eight of us in my class. In two years, we'll only get eight music therapists qualified.

P: It's terrible. They could do with a hundred more. Although, um, there are a lot of parents who really don't have any money. But music therapy is cheap. I looked at it, and I thought "[music therapist C], I don't know how you cope with this". So I don't know if she's too cheap.

R: I'm know there's rates determined by the HPCSA, but I'm sure it's less than OT rates.

R: No, hers is very little, maybe it's 'cause her classes are big, I don't know. I'm sure she's got individual, but you must... you really must talk to her. If you've ever met someone more approachable, I don't even have to sell her to you.

[Irrelevant section omitted]

R: Oh so these reports. Were they typed reports [P:Yes] or did they sit and talk to you about it? [P:No] Did you have parent-teacher type meetings?

P: No. [R: So it was just written] No, with my report, we had the music therapy one in it. 'Cause like when you get the report you've got this speech, or they'd send... she'd normally send it separately. Some of the others you'd get it, you know, put into your report. They'd normally send it addressed to me. You know, home with [my child].

R: And I suppose it was so comprehensive you wouldn't need to have a meeting about it?

P: No. But there... as I say it was always offered. If you need to talk. Always always if you need to talk with them. You see, when he was small with [music therapist A], I was always present. 'Cause he had it at school and then I'd take him to her home, so I sat there with them. And when he was small small obviously I sat there as well. So he'd always... I was with, so there was... you know, we could talk every time. Now, I mean, it's fine. You know, he's so far advanced, he's okay. And [music therapist C] you can, um, like I'll... I have contact with her. See, I'm always at the school as well. I'm one of the moms that's fortunate enough to get there. Yes, a lot of our kids are in the hostel, they go with the bus. So there's very few parents that actually come to the school. So I often walk past her and we'll have a little chat. Then she'll say "come with us, come and watch".

R: Is there any other information regarding what music therapy is and what [your child's] process was like, any extra information about that that you would've liked, that you didn't get?

P: No, I can't say so. No, I was okay with it. I say music therapy should have more exposure. I would say you guys should sell yourselves more. Because it's invaluable. I just don't know how, you know?

P: Yes. It's tough.

R: It's people... you need to get someone to write it in... you know you get little magazines on, um, moms and tots, I don't know what they called. You get little magazines. People must... if they could get someone to write an article in there. It's very... I can't think of any other way.

R: 'Cause I suppose Unica has always had music therapy, but other schools don't. I mean in Joburg, most people haven't even heard of music therapy.

P: See we were lucky 'cause [music therapist A] was here. No, it's terrible. If only we could write more articles in the paper or whatever. They should get parents to, I just don't know where.

[Irrelevant section omitted]

Would you recommend music therapy to other parents of children with autism?

P: Yes. For all the reasons I said before, because it's something that your child... that all our autistic children can participate in. They all capable, no matter what level they on, and very important, self-confidence, and all the reasons I've said, like you can have a concert at the end of the year. And at the concert, remember um, only the music therapy students go up and do their concert. So they feel special, and no matter how disable your child is, most of them know when they doing something that's special. And yes, I just think it's brilliant for them.

APPENDIX I

[Informal discussion omitted]

P: When he was little I used to take him to speech therapy in Nelspruit twice a week for half an hour, and the speech therapist said to me “what does he love? What does he love?” and I said “well you know he loves music” she said to me “sing to him”, sing instruction, keep singing instructions to him, so I used to you know, but I played music in the car all the time, and we spent hours and hours in the car, so he would sit on my side and I’d be driving and I would take his hand and I would beat time with it on his lap, I’d say “okay right one, two, three” and then I’d say “your turn now”, so we were fortunate to have those hours to concentrate on only music. Then I bought him things like a little piano you know these little kiddie pianos and a sound piano thing that lights up when you play your music, and he plays that now, he’ll play some songs and then he’ll go into his room and he will play that music over again, so he’s playing by sound.

R: I hear he’s got perfect pitch as well.

P: Yes absolutely and he’ll change his pitch when he’s out, he’ll find his own pitch. Have you listened to his CD?

R: No, I only just heard about it now.

P: Please take into account with his CD that they did one take, he had a cold, they did one take and they didn’t quite hear or at least he had the sound headphones on, and I think because he couldn’t hear himself sing, he didn’t hear his volume or keep his volume, but I mean he plays background music and his backing tracks, and if you play those backing tracks now it’s perfect. He’s very blessed, he has a very lovely deep strong voice, you know it’s really strong. I would have loved to have re-done the CD because he goes completely off in one of them and I know he can do better, and he know he can do better too, he never listens to it.

R: Do you think it did anything for him to even cut that CD?

P: Oh yes, [music therapist B] was going to the Kruger Park and we were at our farm in Dullstroom and I met her on the road and picked up a copy of the CD and then I brought it back and I played it, and I said, “[child], listen to you, what a champion you are”, and he said, “oh yes, yes, yes I am.”

R: How old was he when that was cut?

P: He must have been about 17, 16, 17 yes about 17. When did we have the world congress? In 2004, it was in October 2004 yes.

R: So you said he was proud of himself after that.

P: Oh yes, you know I say to him “[child], you are such a champ” and he says “oh yes, yes, yes.” Not modest is our [child]. I wouldn’t say modesty is one of his attributes.

R: He deserves to be a little bit vain after that.

P: You know he does to a point, don’t push him, but I would like to cut it again, and some of the newer ones that he has learnt as well you know.

R: Is he still doing music therapy with anyone?

P: He may do because now [name omitted] she’s a music teacher in [institution name omitted], we are going down to [institution name omitted] which is in Natal Mid-Lands, and there’s [institution name omitted] and [institution name omitted] schools and lots of music teachers around there, so I’m hoping that if he is with us and it all pans out well that I’ll work on his music and maybe get him to play the piano better. Once he learns something he knows it backwards.

R: Oh is it, he has a good memory. Was that natural or do you think it came through with therapy?

P: No I think it’s, I’m trying to think how old he was when I realised what a brilliant memory he had, he must have been seven or eight I think, and we put something down somewhere and he would find it you know he would say “it’s there”, now I’ll say to him “[child] have you seen my glasses anywhere?” I mean like there are a thousand pair of glasses all tucked up on one shelf, and he will say “they on the bar” or “they in your cupboard”, or “they are next to your bed” and he hasn’t put them there, he just has seen them passing and he knows, so you know he’s used and abused, [my child] he will know where it is, and if it’s not there it’s definitely not going to be there, it’s somewhere else, “oh it’s stolen”.

R: Oh shame, oh he sounds fantastic.

P: Yes he is, he is great and people love him, but you know he has his moments, but all kids can be a handful. He’s easier now being a teenager you know.

R: How long did he receive music therapy for?

P: I can't remember, before [music therapist B] came in, they were doing it as part of their curriculum at school at one time, you know [music therapist B] brought in the drumming and that kind of thing, and I thought the work she did on the kids who didn't have the input that maybe [my child] had had through me and my daughter and my other son as well, they couldn't beat a drum not for a second, if you look at [music therapist B]'s work I mean she taught them all to work together on the drum, I think it's one of the things that they find the easiest to respond to, because wherever you are in life or whatever you listen to there's a beat to it, there's always a beat and yes so he must have been eight, so, maybe not even eight no, he must have been, when he started with [music therapist B] about 13 and then when she realised that she could teach him a song she then entered him into all sorts of competitions all over the place.

[Irrelevant section omitted]

P: Where were we?

R: How long did he receive music therapy for?

P: I'd say he must have been about 14, 15 when he was with [music therapist B], but he had had music therapy at school I think, but I can't remember what age about nine or ten I suppose, as I say they did it as part of the curriculum.

R: At Unica?

P: Yes at Unica, but [music therapist B] really brought the kids out with their music big time, big time, all the little black boys as well I can't remember who they were I think [child's name omitted] and [child's name omitted], and some of the other kids I can't remember their name now, but she taught them drumming and they really love their drumming, there's a video on it you must maybe ask [music therapist B].

R: Yes I would love to see some of her work, and then so until he was about 17 or 18?

P: Well so he left Unica, you know he would always work with [music therapist B], and [music therapist B] would do it I think in a group session, he left Unica first when he was 18 and he went to this place in Midrand [institution name omitted], too terrible, he was there for about three, four weeks and they were saying to him "hey", they didn't phone me, they didn't say "we've got a problem", they didn't do a thing, not a thing.

R: That's shocking.

P: They didn't pre-warn us, they said nothing, no email, no phone call nothing, just all his clothes, the driver had gone through he had something to do at head office so he had gone through and I said "could you pick [your child] up at the weekend to come home", when he arrived he came with all his laundry and everything, and I said "[child], why did you pack everything?" and then I thought he was unhappy you know, then there was this letter saying that he was not cooperating, now if he's not cooperating it means he's jolly well unhappy, so I thought well that's it, and I was furious because they didn't give us any indication, and they also put him in house with older people you know, they didn't put him in an age appropriate setting, so I was worried about that, and it wasn't the same woman that had interviewed us she had left and this new guy came in so that was it, so we didn't know what to do, so Unica said bring him back and he could help with the little ones, because our move to Sun City was imminent at that stage as well, so he could work with the little ones, so he went back to Unica until we moved to Sun City, so he was 19 when he left, just under 19.

[Irrelevant section omitted]

P: Yes music therapy I don't know, I just know that all of my kids have been quite musical, my mother was musical she played the violin, our family is musical, and [my husband]'s family are also quite musical, not [my husband], [my husband] has never owned a CD, he never owned a radio, he never listens to music never, never, never ever has he touched music in his life, we've been married for 31 years and he's never, never ever bought himself a CD or gone to any shows or enjoyed any shows, oh no I lie he went to go see Roxette and only because his friends went and he had to sit there, and I thought he'd die of boredom anyway, and yet he holds a good tune, you know he can sing he's got a good ear, but he doesn't listen to music at all, not at all.

R: And what other therapies, you said [your child] had speech therapy?

P: Occupational, language I think he went with the language, OT, art and music, I did take him to gym it was just an absolute disaster, and swimming, he had a guy who was teaching, he was teaching a team an Olympic team in Swaziland this chap and he was quite an alternative, long-haired sort of hippie guy, and because there weren't many people who even wanted to attempt it with [my child], so I said "look you know [name omitted]" and he said "yes bring him on I'll do it" and he did, [my child] swims fast hey, he can run fast, very fast, and he can swim very fast, but short distances and I mean even at Sun City you know between the wave pool, when we first got there I used to say to him "one more, do it [child]" and the lifesaver said to me "can he

join our team” he said “I can’t even swim through the waves”, I told him “keep going, keep going”, until he lost his front teeth.

[Irrelevant section omitted]

R: So when he was receiving music therapy did you get any information from the music therapists? Did they tell you exactly what music therapy is?

P: I had an idea of what it was and what they would be doing, but I thought it was more really like music class, I didn’t realise that they would be teaching him songs and words you know proper words and tones, I didn’t think that there was anything like that involved, I don’t know, what do you do with your music therapy?

R: Well I mean it’s different for each client population, and each client even, I don’t want to influence the research data so I’ll tell you afterwards how I would work with a child with autism.

P: Okay, look he I suppose he’d also have that ability to recognise beat and I think it was easier for him to understand music and instruments, I’d always been one to teach the kids to, I mean they used to get rocked to sleep, but I’m not saying rocked, I mean “rock music”, rock to sleep.

R: Oh really.

P: Yes maybe that’s why I’m paying now for my sins, but the kids were always, I had music going all the time, I remember having music going all the time as a kid myself, so it’s just a natural, it’s part of our lives it’s a natural thing.

R: So did no one ever say to you “this is what music therapy is? This is what I’m going to work on with [your child]”

P: No they never gave me programs or run-downs no. [Music therapist B] didn’t, I just thought that she worked with him and taught him words to songs, tones to levels and getting him to levels of pitches, a singing teacher I suppose that’s the way I saw it.

R: And then when did you start seeing a difference there?

P: When she did her presentation at the congress, the world congress, when I saw how she worked on the other children who couldn’t, and she had filmed them in the beginning and filmed them as they progressed, and there I saw what it meant, learning to count, learning to interact

with your neighbour, that you were able to hear the beat he was going to play and then you had to take that beat next, taking turns, turn-taking.

R: Yes that's a big one.

P: Yes that's a big thing and being patient, waiting for your turn, waiting for your cue that kind of thing, that's when I saw what the therapy was all about.

R: So would you have appreciated it if in the beginning she sort of sat down with you and said "this is what music therapy is, this is what I've assessed as where [your child] is right now and this is where I'd like to take him."

P: Yes I think I would have been more comfortable with that, but I also think it was learning curve for her to, and a learning curve for the school, because they had had as I said, they had this woman the first to be a music therapist, I just thought she needed a lot of help because she was very depressed or something was depressed, her image, sometimes people's empathies they say, "oh shame poor [child's name omitted]" or "shame poor [child's name omitted]".

R: And that's not helpful.

P: Exactly it's not the shame for them, it's the shame for parents or siblings, that's the shame for, because the child doesn't feel anything, so you know when you, they not locked up in dull world, in fact they have everything, they have no worries about tomorrow, they have no worries about the past and if they go a crummy place it makes no difference whether it's a good place or bad, do you know what I mean? Their emotions are not there. When I think about it and I want to decorate his room and have his room really nice, he doesn't want to know my story, he wants his own room done the way he wants it, so when people see his room they go "oh shame" you know, but it's not it's not "oh shame", and try and move anything. So when this woman came out with this music therapy thing going "boom, boom, boom" I thought "oh please it's a load of rubbish, and someone is jumping in on a band wagon", that's what I thought initially, so I was very off it to start with, I think I told [name omitted] why I was off it and I wasn't keen about it, I didn't want him to go, not to that one in any case, and then it was [my child]'s last teacher she was such a fabulous woman, she was such a lovely woman. She's in the Annex, you know the Annex?

R: Oh okay, no I don't know teachers there.

P: Yes she was really great, with the older ones. She said to me that there was this girl [music therapist B] who does music therapy and she asked me if I wanted [my child] to go, so I thought “well alright” do it and see how it goes, and then all of a sudden he was in competitions and singing in competitions, and singing all over in Springs and Gauteng. But first I must tell you, the first time, you know he’s always loved to have a tail, so he whips out rope from his pants and then tucks it in and if you don’t watch it he will walk through the shopping complex with it, so poor [music therapist B] she knew him as she’d worked with him, but this was the first competition so she wasn’t quite sure how he would react to all the people, so he goes out on stage on his own and she said she heard all this giggling going on in the audience and so she stuck her head out and there was [my child] with his tail, and his sort of swinging it backwards and forwards, and she said she didn’t know whether to go and pull it off him or whether to just leave it, so she decided it’s better not to have an argument and she left it, and he sang the whole song through with his tail. When he sang at the State Art Theatre it was the only one we saw, you know she’d whip him off and put him in a competition and we never knew until after it was finished anyway, we all trekked along to the State Art Theatre and the spot light comes on and he, he loves to pretend that he’s a dinosaur or a bear or an animal, he loves that, that’s his best and he’s got to “grrrr” into the microphone and everybody thought it was part of the act.

R: And you were sitting there knowing that he just like to do that.

P: And then he started, the music started up and he said “here I come”, and then he started this “here I am this at me” you know that song, he sang that, and then that ululating that the Africans do and they started it up in the back and then they came down, all these black people and people around screaming, and you know clapping and screaming and dancing, and the more they did it the more he gave right from the heart.

R: So if you had to tell someone what music therapy is what do you think you would say?

P: I’d say it’s recognising, the recognition of emotion, what it can do for you, how it can move your emotions, and how through music you know you can have a mood swing from down to up in two seconds flat, and also with music you interpret music with body movement as well, it’s not only hearing it, I think it works on your senses and on your endorphins, and yes integration, I mean you take [my child] to a party and when the music starts he wants to get up and dance and he loves it, and does he give it stick you know, and then when he’s had enough it’s enough. On the therapy side you see I don’t know what you do exactly and how you start and who you would start with, someone who is completely unaware of senses and sounds and that kind of

thing, there I think that would make a huge difference, but [my child] had never had that. He'd always had music in his life, so I think it was more music class for him, I don't know I might be wrong, I mean I'm not sure where [music therapist B] or how much [music therapist B], I know that things like fitting words into the song was a big fuss, I mean his diction's fantastic, his diction on, you have got to hear the CD you must ask Unica to give you one.

R: I will.

P: Yes "You Raise Me Up" he sang that, the kids got that together for my 50th birthday, they sang that, they got that in fact from [music therapist B] and [music therapist B] put it into pitch, and he sang that.

R: Stunning.

P: He didn't falter not one note, not one note in front of all those people.

R: Amazing, so **what do you think the biggest value or therapeutic value of music therapy was for [your child]?**

P: Self-esteem, because he was always asked to sing, at the Christmas party he sang "Rudolph" when they had their celebration for their 21st anniversary Bart was asked to sing as well.

R: Did that make him feel special?

P: Yes absolutely and also now you know, now if I've got some young visitors or some kids come and stay or whatever, and I put on the backing track and I say "[child], do you want to sing for the girls?" or the guys or whatever, some teenagers come and stay overnight if there's SAMA awards or whatever awards are going on, and they like to go so they come and stay with me and I say "[child], have you already sung for the girls?" and he says "oh no", "do you want to sing for them?" "Oh yes", and then he'll sing and of course they will gather in and sing and he feels like a hundred million bucks when they finished you know you can see it written all over his face, but he goes all quiet again and then goes and does whatever he wants to do but the boost is there, and also the recognition of fitting in.

R: So would you say that came out of his music therapy with [music therapist B]?

P: I would say oh yes absolutely, because you know it's a concentration of working on what he can do and that I think is very important, it's like the kids who do art and are very good artists,

when they see what they actually capable of doing, it doesn't hit it like you and I but they work on it harder because they know it pleases or it's accepted.

R: So do you think that the music therapy was an important part of [your child]'s overall intervention program?

P: Oh yes absolutely, but I can't imagine, it's hard for me because I can't imagine my kids ever not having had music in their lives you know, I can't imagine them not getting into the car and having however the latest Vanessa Mae, or Lord of the Dance or whatever playing, that's what they knew right from being tiny.

R: So he would have been exposed to music even without actual therapy.

P: Oh absolutely, but not in that in-depth take time to teach and taking time and energy to teach, to actually show him what music is all about, so maybe he might have not developed that skill if he had just gone on singing with us and beating his hand on his leg, but he will go and choose all my CD's and play them in his room quietly to himself and he looks after them, he's not like the others, the others never put them back in their CD covers, [my child] does.

R: When he was with [music therapist B], did she give you feedback on his specific process and progress?

P: She would write some of the things, but you can understand she can't rummage through and find them.

R: Like reports?

P: Yes, but there's nothing that comes to mind that really, every now and then she would phone to ask if it was alright if she could do this with him or that with him and I would say "of course", "you're the therapist, you're the teacher". It was still a relatively new entity, it was coming through the ranks at Unica, proper music therapy.

R: Is there any other information, what information would you have liked to get from [music therapist B]?

P: Well I would have liked to have more in-depth knowledge as to what she was doing and why she was doing it, because it could have been carried on in holidays, yes I think that would have just helped [my child] a bit, but generally [music therapist B] was always communicative I mean she didn't phone me every day, but when he did well she would say "I'm so proud of him he has

done so well” and “you should have seen there and you should have seen it”, but you know as I say some of the things were done, or we couldn’t get away from Swaziland to come and see you know, but I think all said and done he would never have had that ability to get up on stage and sing had [music therapist B] not intervened, maybe at Unica because they did, I think before he used to still sing “Rudolph” because the teachers picked it up in music class that he was singing, and also he used to hear “Rudolph the Red Nose Rein Deer” played over and over again at Christmas time so he picked up on words, a lot of his songs he knew the words to because they were cartoons like Spirit and all those theme songs, and Little Mermaid having a daughter you know, “Under the Sea” we used to sing that constantly over and over, I’ll never forget [child’s name omitted] was the crab he had to sing and it went on and on and on.

R: So would you recommend music therapy to parents of children with autism?

P: Absolutely, and I don’t say that because of [my child], but I say that because of her presentation. Ask [music therapist B] to give you a copy of that presentation.

[Irrelevant section omitted]

P: That, for me, was just, for the other little chaps who hadn’t had the input, because they had to catch taxi’s and things, they didn’t have the input that [my child] had, I think if she was able to do that with that bunch of cutie pies then it’s worth its salt absolutely, just seeing their faces of achievement, because it’s something that they can do.

R: And I think that’s what makes it different to other therapies, it’s more accessible.

P: Absolutely and so if you go off beat it’s past in a second, there is nothing written in law that says “you’ve made a mistake”, it’s gone, it’s forgotten and over, so there is no hampering on a negative. It just brings them a hell of a lot of joy which is great.

APPENDIX J

R: Is [your child] currently receiving music therapy?

P: Yes.

R: And how long has he been in music therapy?

P: About three years.

R: Three years. So was he with [music therapist B]?

P: [music therapist B] first, yes and then there was another girl called... gosh I can't remember her name, and then there was... she went to go and have a baby and then there was [music therapist C], yes.

R: Okay, and in that time has he had individual and group music therapy?

P: No we've only had the group.

R: Okay.

P: Um, [music therapist B] said that she thought it was better for him to be in a group; he responded better in a group.

R: Did she tell you why it would be better?

P: She just said he would respond better in the group and that she... she actually gave us a list of what she wanted to achieve with him and, um, if you'd like I can try and find that list?

R: If you can just try and remember what was on it?

P: Or I can fax it to you and then she... she gave us an idea and she said because he's ADD and he was not good at turn-taking and, yes and just settling down and co-operating, she... that's what she focused on. And she said that she thought that... [my child] responds well in a group. He wants to impress his friends, so yes that's what we did. It's been good all along. Except for the piano lessons we started now.

R: How long has he been doing that?

P: Um, probably about a few months now, yes.

R: Did you want that or was that her suggestion?

P: Well I've noticed that when we go to someone's house and they've got a piano, he just starts playing, you know like his Mozart, and then I... I just asked [music therapist C], um, "what are the chances that you can give him just a few lessons so we can see if he's gifted". 'Cause I don't want to go to the trouble of taking him for lessons and then find out... also he tends to not be very co-operative in settings outside the school. He's doing quite well, if we've got a minute he can play for you.

R: I'd love that. **And what other therapies has he had?**

P: Okay he has art therapy and that's all at the moment. But he did do horse riding. But we'd done that for about five years and then we'd all just had enough.

R: Okay. And the art therapy? How long has he been doing that?

P: Same as the piano, it's also about five months now.

R: Did [music therapist B] or [music therapist C] ever sit down with you and say... tell you exactly what music therapy is?

P: No but in their original advert that they sent out to the parents there was, yes, there was a letter saying "this is music therapy, these are the benefits, I'll be offering it at the schools, this is what it will cost. If you are interested fill in this form". So both of them gave us some background information.

R: And if you had to tell another parent who's never heard of music therapy what it is, what do you think would you say?

P: It is... through creating music in a group, with the purpose of changing behavior. So it's not just for the pleasure of it or for becoming a great pianist, but it's for changing behavior.

R: And what do you see as being the value of music therapy for [your child]?

P: Um, it is... well its taught him structure, turn-taking, working in a group, getting used to noise, because most autistic kids are quite, um, sensitive to noise. So it's been quite valuable. They do a lot of drumming, and these little things that they clang and so on, cymbals and so on. So he's had to regulate himself in terms of noise. But he wants to be part of the group so he's had a setting where he's learned to pace himself like that, 'cause they have this information or sensory

overload, most of these kids. So the benefit has been, yes, learning all those things, learning to sit still, learning to perform in front of people, and it gives him almost like a skill to display to other people. 'Cause autistic children are only interested in their own little things so he's interested in, for example interested in Star Wars, and he'll sit and just go through his file and you've got to go through his file with him. You get bored after a while, or after ten minutes. Or you... he's interested only in Duty Com... what's that thing called?

R: Call of Duty.

P: And then he wants to talk about the army all the time and how he's going to save the country, and people also get bored with that. The army people can sort of related to still but then... but the nice thing about music is we can go to my family and we can say "right, [child], sing us a song" and he can actually do a little performance. It gives him something to show. And then... and he also has these concerts that they do. It just gives him some place to shine. Where his, um, disability is, is, um, seen in perspective. But, um, I thought it was so sweet because after the concert, I said to him "[child] what did you enjoy the most?" and he said "when the people at the end just clapped and clapped"

R: Oh lovely.

P: It was so sweet, but it was lovely because, um, would you like to hear [my child] sing a song?

R: I'd love to.

R: They do these soccer songs, Waka Waka and, you know all those, Wavin' Flag and so on, and the people at the concerts actually started joining in, and they were clicking and clapping and it just did them the world of good, and afterwards he was just so proud. And it's not that expensive because they're in a group. I think there's ten of them at a time, so monthly it's not that expensive, it's not that the cost is really, it's not really the issue for us. And then he's got something where... which is special for him.

R: And what do you think he gets out of it? You say there's a sense of pride?

P: Yes yes he really does, and a team spirit, 'cause he doesn't play sport, it gives him a sense of team and, yes, social approval, and then just the joy that he loves it. So I'll find in the afternoons that he'll be playing on his computer and then suddenly he'll just start singing. It's all songs that they do in music therapy.

R: So what do you think he gets from music therapy that he couldn't get from any other kind of therapy?

P: For example, horse riding therapy?

R: Yes.

P: I'm not sure, but the horse riding is individual, music therapy is the group. But what I like is the rhythm, and it's exercise because of all the actions and the drumming, and it teaches him rhythm, working with a group, pacing... Gosh I can't think of anything else. Any lead you want to give me?

R: Well do you think... and I don't want to lead you per se, but do you think it's more accessible to him, the medium of music than for example horse riding?

P: Yes yes. What I like about music, the instruments, the drums and all that is that [my child] doesn't feel threatened by it, he feels comfortable, whereas a horse is a big thing, you've got to get him up and then down. And, um, art therapy is also nice, um, but yes this is nice, he feels that he is in charge of the musical instrument.

R: Do you feel that music therapy has been an important part of [your child's] intervention program?

P: Um, yes. In [my child's] case particularly because we weren't... we didn't know that he was so rhythmical.

P: Oh, and you discovered that through the music therapy?

R: Yes that's right. You see, [my child] doesn't... just about three years ago he didn't communicate very well. In fact, he didn't speak until he was about five. And then, we'd been trying speech therapy and having no success at all with speech therapy, and then we got DSTV and he started to watch these American cartoons, and suddenly he started speaking, but American. So he doesn't speak English like we do, and we haven't been able to get rid... um, change that, but we've accepted it and he started talking so it's taken us a long time for us to get to the point where he can express himself, express how he feels or what his needs are. So yes, the music therapy has helped with that. What was your original question?

R: In what way has it been an important part of his intervention program?

P: Oh yes, so we... it was difficult for us to know which interventions he liked and which he didn't, 'cause he couldn't express.

R: Oh I see.

P: So horse riding, for example, he'd suddenly just say "no, no", and then when I'd say "come we going to horse riding" he'd just say "no, no", but he couldn't say why, whereas this we can clearly see he loves music, loves the classes and he loves the concerts.

R: How long did he have speech therapy for?

P: Probably about a year, and... but we had no success.

[Irrelevant section omitted]

R: Yes, not worth it. So you think the music therapy gives him another outlet for self-expression and, you know, getting in touch with his emotions and being able to express them?

P: Yes, yes. Very much so. A very nice form of expression, yes.

R: Did [music therapist B] or does [music therapist C] provide you with some sort of feedback about his progress or process in music therapy?

P: Yes. Every six months they give us a... send us a report. And then they'll just say "these were our objectives this term, and this is what we feel we've achieved". So they'll say his attention is better, he's working better in a group, he's coping better with the noise, or he's started to take the lead with the drumming, or whatever.

R: So it is individualized to him?

P: Yes. But they'll start off with the general paragraph saying "this is what we did this term", and then an individualized paragraph as well.

R: Okay. And is there any other information that you would have liked to receive about music therapy or about [your child's] specific journey with music therapy?

P: From them?

R: Yes.

P: No, we've been happy with what we've received. Well, we're the kind of people who... when we're interested in something we'll go check it out on the internet, so we've also read up about it, so we're, you could say well-read. So I don't know if it was necessary but I think that we've been more than adequately informed.

R: And are there open lines of communication between you and [music therapist C]?

P: Oh yes, you see [music therapist C] sends us our monthly bill via email. So now every month, as soon as I get it, I pay, otherwise I forget. And I straight away will say, um, thanks so much and we've noticed this or that, and she'll email back and say "oh his piano is still coming along very nicely", or there'll be a concert, so she and I are actually more in contact via email.

R: And would you recommend music therapy to other parents of children with autism?

P: Yes yes yes. In fact I wish the whole school... it would be obligatory for the whole school because you can just see the difference it makes for his confidence and doing something as a group. Also, at the school, at the end of year functions, there isn't really a... it's difficult to display a skill to the parents. So they tend to just do... let the music therapy group do a performance, and then that's it, and then all the kids will sing one or two songs, of course, like Nkosi Sikeleli and the school song and maybe a Christmas song or something, but they are given the opportunity to perform, and I think it's a pity that they can't all do that. And also they get called out of class for it, to sing.

R: And do you think that makes them feel special?

P: Yes, it makes them feel special, and I'm sorry that the whole class can't do it. I would like to see it become, um, a mainstream thing, almost like part of the curriculum at special schools.

R: Yes.

P: 'Cause these kids love music, and especially black kids really love... they really put their souls into it. Ah, pity we didn't video tape the second one. If you can see the second one, they just lift themselves into it, they lose themselves. It's lovely, especially the end, you'll see there's one little boy and he just loved it, and he was bowing and bowing, and just saying "thank you, thank you". It was... and of course we were all crying, but it was... you know, we think it's very... in a country where music is so important, it's a great benefit.

R: How are those concerts generally structured? Does each group perform something or do all the children do something together?

P: Ya, they all do an activity together.

R: All the kids that have had music therapy that year?

P: Like the one child, he did... 'cause he's got exceptional talent, he would often have one or two little items on his own, and then the music therapy. But now they don't... then there are two other kids, they... also in the concert, they are sometimes given the opportunity to do an individual little drumming session, and they, you must see it, they just sit there and they love performing and they love the attention. And... but yes, generally they just do... especially in the last two years, just done the group.

[Irrelevant section omitted]

R: Oh lovely. So you say [music therapist C] does give some information on what, exactly, they're doing in the groups. Can you remember any of the activities she said they were working with?

P: No. She mainly just... the main focus is the end of year concert. She doesn't give us that detail.

[Irrelevant section omitted]

R: And have you seen a transfer of the benefits you said [your child] gets from music therapy into other areas of his life, like is he generally more confident these days?

P: I think because he's got something to display in a social setting, people respond to him more positively and then he responds more positively so it's almost an interacting thing... there's a connection point, so his relationships are a bit more interactive in that sense, but a transfer of skills... it's difficult to say, because Unica is an exceptionally good school so he is constantly progressing because of the school. They have got this very holistic approach and they really... so he is on a weekly, monthly basis making great progress at the school, so it's difficult to say...

R: Yes, which skill comes from where...

[Irrelevant section omitted]



P: Yes but music has been, of everything, the best, the thing that's given him the most confidence.

APPENDIX K

R: What experience have you had with music therapy?

P: I've been teaching the learners since the half of 2010 and then from 2011 I've been in this office, but I've been with them since 2002, and there has always been music therapists during those years coming in to teach specific learners, or we actually choose learners who are not able to afford to have music lessons and it was wonderful what happened during those times. Especially those that have emotional problems and language problems that were not able to express themselves which we sort of selected, so I think it's super, and because of the difficult course and the way that you are selected and I don't think it's funny, I think it's really special students that come to this school, and I've been to your presentations, I've been I think to three or four of them and they are excellent, and the changes in the patients especially at the hospitals or wherever you work it's amazing.

R: Did you see in changes or progress in children in your class after receiving music therapy?

P: Yes definitely, their faces light up, it's as if they become aware because it was always in groups it was not individual, because I had high functioning learners so it was always groups, so it's as if they become aware of their siblings or the rest of the class around them and it's as if they become more self-assured and their self-esteem becomes better, because normally they would work towards a little concert or whatever at the end and it was great to see but what was always amazing is that they would put these higher functioning ones that I had with lower functioning ones that could actually do nothing and that therapist worked in another way with regards to working towards goals, that these higher functioning ones will accept them in that little group, there is no "I don't want to sit next to you" or "I don't want to be part of you" or "I don't want to act or do anything with you".

R: So you saw a sort of a transfer of the skills they gained in music therapy to the classroom?

P: Definitely.

R: And how big were the groups usually?

P: When they took the whole class because they could then it was a group of nine, but when I selected I would select two or three individuals when it came to when the principal asked us to select ones that wouldn't be able to attend music classes or whatever. I had one boy he is not

in the school anymore because his older than 18 now, but his rhythm was superb and he was so good that later they took him for individual lessons with one of the therapists that we had here and it's as if he changed into a world of music the moment that he started drumming, and that is when we realised he would listen to a song or whatever and then he would go to the piano, he couldn't read any music and he would play it in different keys.

R: Wow! What do you think that afforded him?

P: I don't know.

R: Self-esteem?

P: Yes, he became a performer later.

R: Oh really.

P: Yes really, whenever we need to do something for the school or the centre we use him, but he will be in a world of his own and he will act out what he feels because if the drumming or the music stops he will carry on with his own rhythm. He could later leave the group as well, he would have something different in music and then they would come with something different as a group, so it was amazing. He is now playing in a Church band or something like that.

R: So he enjoyed it thoroughly.

P: He enjoyed it, and because he was able to do it all the others were more at ease because they could follow [child's name omitted].

R: Oh I've met [child's name omitted], oh no I haven't met [child's name omitted]. **So you do refer children for music therapy?**

P: Yes.

[Leading question – section omitted]

R: On what basis?

P: On the basis of emotional or you know if the music therapy will be able to bring them out of their autistic world, or sometimes because they enjoy it so much and they are not able to afford it then we will also select some of them, but then another group will be formed, but together the

SMT will decide this specific year whether it will be little ones that we going to select or will it be older ones or whatever the criteria will be, it differs so that it is not the same learners every year.

R: What does SMT stand for?

P: The “Senior Management Team” of the school together with the principal.

R: What other therapies have you had experience with?

P: I went with [name omitted] to the horse riding, that was excellent to see what horse riding did to [child’s name omitted], he was even doing gymnastic stuff on the horse, and then that’s the only thing that we’ve got, okay and then the Occupational Therapy that we have in the school as well as the Speech Therapy which is very necessary, but from outside the only thing we have is the music, and then we could have tried because when I went to [institution name omitted] for a visit they have the “rhythmic” and all those kinds of things, and I can see that wonders happen because the children are also like “there’s a very funny looking lady” you know, I don’t know I think it’s because she’s got a little lamp or whatever, it’s funny just to look at it because I was just sitting there and watching them, but the children can form a circle, they know they can follow her commands and whatever so it’s great, and there is one little girl that I saw at Vera school as well that does not adhere or listen in class but becomes a different person because of the music.

[Irrelevant section omitted]

R: Okay. **Did you ever from any other Music Therapists who worked here receive information about what exactly Music Therapy is?**

P: Yes we talked about it a lot and I can see that it’s very hard work, and I can see that you must improvise all the time, and that you must actually, it’s not just the music but you must actually, it’s about the reaction of the individual that you are working with, and you’ve got certain goals that you want to achieve, I think it’s very difficult with a learner with autism because it’s a very slow improvement, but it takes a long time to see the improvement like with [child’s name omitted] we saw it over years, and I think it’s all different because you work with different customers or different people so with the learners you will think about it one way and then with adults or whatever it will be in another way, so you must be able to think on your feet all the time, and then the lecturer I think was not so great, not great I think they excellent but their personalities, they were grinding you that’s what I thought while I was there you know it’s not

comfortable while you are doing this. Sorry but that is the impression that I got, but you must be talented.

R: My class mates are very, very talented people. **If you had to tell a teacher who hadn't experienced music therapy what it is, what would you say?**

P: When it comes to autism I would say it's very necessary the music because music therapy helps the child to take part and to adjust, to do turn-taking that a learner with autism finds very difficult, emotionally it makes them calm, there is a lot of good things that can come from music therapy. Just by looking at it not actually knowing what you are doing or what you are trying to achieve it makes a big difference really.

R: **And if you had to tell them exactly what it is would you be able to say music therapy is....?**

P: Yes, music therapy is there to change the world or the life of a specific learner with disabilities to make it better to help a person to find his inner-self again or whatever, with music as an aid, and the different instruments that they use, because our learners are when it comes to noise you know they are very sensitive, so sometimes you can see when it's a high pitch the music therapist is very aware if it's too high or too low or too loud with autism you must take that into consideration.

R: If you could sort of sum-up, I know you mentioned it a little bit just now, but if you could sum-up **what you think the value of music therapy is for children with autism?**

P: Children with autism socially and emotionally improve with music. Cognitively you don't know because you don't know what they are thinking, you may maybe later see someone like [child's name omitted], but socially and emotionally it is great.

R: **Do you view music therapy as an important part of the intervention programs for children with autism?**

P: Definitely yes, and what was so interesting when there was music therapy I always accompanied the children, the learners and then you as a teacher can do assessing that you could never do when you are teaching yourself, so you can see that there is a low mid-line crossing, you can see there is no rhythm, you can see there is rhythm, you can see that they cannot concentrate, at a scholastic level you can see a lot of things while watching.

R: So the information that you received regarding music therapy and what it is was that just through verbal conversations with the therapist?

P: Yes with the therapist, and then watching them, but it's not assessing the therapist as such, you want to see how the learners react.

R: Is there any information that you would have liked to receive but you didn't receive about what music therapy is or how it was benefiting the children in the class?

P: Yes you would like to just know if there was any improvement that the therapist could see in the quarterly semesters, so if there is any improvement in a specific child that they can sort of recognise or realise it would be of very great value for the teacher to know, because then the teacher will know that she can also use music in another way or maybe use specific music and you can play music in your class or if he concentrates better you could give him earphones or whatever with specific music, or if he is very prone or sensitive to a specific sound or whatever it's good if you can get some sort of feedback, but it's very difficult because maybe you don't get learners from a specific class, it depends on how they were selected to get information, it's more hard work for you while you are studying if you're a music therapist at a specific institution then you will give that information to the teacher or whoever, or a doctor or a psychologist or whatever, but because of the time-frame and what you are doing we actually don't expect it, but it's helpful.

R: Yes it would be nice. I suppose then you could also notice if skills were transferring.

P: Yes, but it takes a long time to change, but if there's something then it would help a lot, because the other day, we've got a child here in [name omitted]'s class, he throws these tantrums on a daily basis and the more you talk to him the more he becomes agitated, when he is "wobbly" as we call it she then realised that...[interruption someone knocks on door].

R: So would you recommend music therapy to parents and teachers of children with autism?

P: Yes there is no doubt about it; it's one of those things that really help a lot.

APPENDIX L

[Informal discussion omitted]

P: Although we work on a scholastic level there are a lot of behaviours and things that we have to address and that's why music is so relaxing. Yes I have put down turn-taking, they learn when you sit in your little music group they have to wait their turn, this one gives his whatever little music or they have to wait while you are playing your instrument. And at first with the smaller ones you know, you don't think of it but for them the first thing is to sit on a chair to stay there for a few minutes, that's their first goal, and that doesn't come naturally like other children... "come guys, come sit let's have some music" so it's a long process, it's not only the goals that you would put for music it's far more than just the music that you will have to do. So okay "sit on your chair", "turn-taking", in a group they learn from each other also like with your music, like one boy he is so excited when the other children come back from music, he says, "Oh I also want to go, let me go, let me go" and I asked the parents, and now he is so happy because he can also go, so there must be something that they know, it's good and they love it and it's relaxation and stuff like that you know. Even to the verbal or the non-verbal child it is a positive, because it's not about what I can give, it's because you start first and I think most of the people relate to me.

R: It's such an innate relating but everyone has it.

P: Yes everyone in all the cultures and I mean we have a lot of black children and they are such natural singers. You know what even if the autistic, what I'm thinking of now, in the morning when we sing our morning Prayer it's different songs and they give me a song and then we sing that, and if I don't know it I try to learn it as well, they start singing in different voices I mean just by themselves, so there must be something more about music there. It is also their physical development because they now know how to handle an instrument because sometimes some of them are very low muscle tone and so it's even a difficult instruction for them, if you say "take that in your hand and hold it" it's difficult for them to manage all the things together.

R: Do you think that's got to do with fine motor skills and things?

P: Oh yes because a low muscle tone is one of the things that most of the children lack of and that influences fine motor skills yes, and even with our children it's not like the normal building blocks that you have, like "this is first", like a small child he can first sit and then he can walk, with our children, not that, it's a bad example to use but some of the children might be able to

use an instrument or listen to a piece of music and give it back to you but are unable to sit quietly on a chair, so you know it's not really the blocks that are in place, so you can grab on a high and then this low thing that they can't do, so you will be amazed to see what...but some children that I have had in previous years, the one boy he was from a disadvantaged community, but you know he had an ear for music, and I think it was [music therapist B] she started playing on the piano and he started playing his own tune without page music, so you know you have to engage, and they love drumming. On a Tuesday morning that lady that came in earlier to ask if she could go to the Spar, they have a drumming sessions in the mornings here and then all the foundation classes excepting mine because we are trying to do a bit more formal work, they come from 8h30 to 09h00 I think they come out and they do drumming...

R: Oh lovely.

P: They sing a song and they do drumming and the juniors I know they also do drumming, and [music therapist C] also does drumming, and we use the drumming activities that they have learned at our function at the end of the year and the children love it.

R: What is the goal of the drumming? Is it...

P: [Interrupts] Social interaction, fine motor skills, listening skills, to listen that they must stay on the tune all together with their friends, all the goals that you can think of, but also for themselves to feel better, so yes all the goals that you can think of in more of an academic way, sorry it's not my first language English.

R: No, no it's fine.

P: And emotional yes, you've seen if you do music even now after coming in from outside when they were a bit noisy and you just start shaking a shaker or bells or something, they love that and we use that even with those old school bells that we had a long time ago, we use that on a Monday morning to say "now it's assembly time" and then three outside classes when we do that then they know "okay" because they can associate and we do that each Monday, and when we ring that bell then they know, so for that reason it is also very good. And cognitive, like [music therapist C] also said it develops the whole person and you know if a person is relaxed and feels calm they are able to do anything that you ask them so that's actually a very important factor, and if some of the children that you have, have difficult behaviour if you put on music then they seem to just calm down more easily. Okay and self expression and enjoyment of course, but they can express themselves and you will be amazed they not able to hold a pencil

but if you play music they can relate to that, so really it's amazing to see what it can do, and I would not like to see music...but it will not, it will not die because I think music even with animals, I think music is one of the basic things that can stimulate people and children and even the basic people with a lot of problems you know, I think they've seen in the institutions where you guys, the students, and I was amazed to see the presentations that they had done a few years ago when I was there. In the beginning you see there's no touching, and then you want me to play this but you don't think I'm going to play, but every day you put that instrument in front of me, and then maybe you tap it. That's all, you don't demand anything. Later, because the child hears tapping then maybe they will start.

R: So do you think it helps draw them out of that sort of isolated world that many autistic children are in?

P: Oh for sure, for sure but with time not necessarily the first time, some of them will, like [child's name omitted], that one that was crying, she would relate immediately to music, and some of them will, but with some of them you would need time because remember although you are the person behind the music or the activity they are still aware of you, they always say "autistic people are not aware", yes they may not be aware but somehow they know, so therefore you will get a child that will not be aware even if you put the nicest instrument in front them she or he will not reach out for that, but if you keep on putting that instrument in front of them and later you just tap it, it will come but yes it's a slow process, sometimes you will get success immediately and sometimes it will take time.

[Irrelevant section omitted]

P: You see, you see so what I'm saying is that it's not just from a music perspective but I know throughout the years I have seen.

R: What do you think the transferability is of what they learn in music to the classroom?

P: Because they more relaxed and they have opened up, and their brains and their concentration span is more relaxed, you know it's an interaction of the one thing and they sit up more straight.

R: Oh really.

P: Yes I mean the whole, the whole demeanour, the whole person is as if they are more able to co-operate, yes no really, oh yes.

R: That's lovely.

P: And also in between tasks while we doing numeracy or literacy and I can sense when the children are tired and then we just sing a song.

[Irrelevant section omitted]

P: I let them stand up sometimes if they know this old lady is standing on her chair they know "aha" and they stand on their chairs and they say "let's reach the ceiling", so just the change of activity or singing a song or clapping or following instructions and giving them all a chance which they love doing. In the beginning of the year when they are not able to do it and a bit later and it's also with music you know they love doing it, they see what the others are doing and although in a scholastic situation they might not do what's asked of them, but in the music situation it's much more relaxed and they will try eventually, so that is one, and yes it improves their self-esteem.

R: Oh yes I can imagine.

P: If you feel good about yourself you know you can climb a mountain, and yes even with [music therapist C] if you come tomorrow and just maybe see all the drumming, you will see for yourself what is happening here. And [name omitted] she was next to me you are going to talk to her tomorrow, and she is next door to my class, so with my children I have the Foundation phase, the stronger children, and when they are from me they then want to go to [name omitted], and [name omitted] is excellent with the older children, but we started the socialisation groups with having the parties and doing things together.

R: That is such a good idea.

P: Yes and another thing that we implemented is that when we drive in the bus for an outing and when we come back we sing "thank you Albert, thank you Albert, thank you Albert for driving us" and now I don't have to start the song any longer they start it. So you know that's also for social skills, it's for good behaviour.

R: Yes manners and turn-taking and all of that.

P: I mean its good manners to say "thank you" and now what better way to say it as to sing it. Yes they may not do it in the proper way always, maybe they will sing "thank you mommy" but that's fine as long as they do something, and you know like I said, I don't even have to start it

now they do it on their own, and children that are not with me any longer they still do it. So yes I am very pro music and actually I wish we could have more music or more time for music. A few years ago I had a lady here who offered to teach them “Meisie Meisie” that song with gestures and for when our school was, we had a feast for when we were 20 years old or something like that, we made nice glittery and colourful jackets and you know I was amazed to see how they responded to that song and the best of all is I might forget detail but they will never forget the detail of that song. We had a man from another school who came and he started a choir and it was just amazing to see how the boys sang in that choir and that one song “You raise me up” it was just so amazing to see, and they were able to learn these words and in class you can’t get them to do proper sentences or whatever, but through music they just somehow...

R: [Interrupts] But what do you think that is?

P: How should I know what...and it’s not a direct demand on them, “I demand from, you know put your arms together and look at me!” With music it just flows, it’s as if the child doesn’t feel so vulnerable in front of music, I don’t know why, maybe it’s the rhythm within one’s self, I don’t know it’s just always positive feedback that we get when there is music involved really and this also goes together with drawing or art.

[Irrelevant section omitted]

P: That’s [child’s name omitted], he is a very frustrated boy and he loves his music, I can see the difference, before he goes and afterwards when he comes back with [music therapist C], but like I say they all want to go to music.

R: When he comes back is he less frustrated?

P: Oh yes.

R: More relaxed?

P: Yes.

[Irrelevant section omitted]

P: Because I love my children equally and I tell him that, and I tell them that “I love you”, and then he would say “hey, hey” and then I say “yes you may hate me but I love you, I love you, you great and you good”, positive re-enforcement and you can do it without words, you can do it via music, but we don’t have enough hands to do that all the time and I don’t have enough

musical background either, I mean we have pianos at school and so on...and like what [music therapist C] also says is that “taste differs”, so the one likes this and the other that, but you know somehow they learn from each other, although they autistic, that one can sing and that one can play the piano and that one can do that. That same boy I was talking about just now he was composing his own songs and composing his own music, I mean “wow!” but he was not able to control his emotions in class, so you see it somehow just comes together with music, it just builds up to that extent. Throughout the day music is there you know but I feel sad because I wanted to give you more substance to what you are looking for, for music.

R: No, well let me see if there is anything that I have left out.

P: Okay, **what experience have you had with music therapy?** (reads researcher’s interview schedule) Okay. Not formal, only the formal things that I have seen from the therapist and what I’ve learned when I was studying years ago in the late sixties.

[Irrelevant section omitted]

R: For how long can you remember that they have had music therapy here?

P: No I can’t remember to be honest. For 15 years at least, I can’t really recall.

R: But you have always had kids in your class that have gone for individual and group music therapy.

P: Yes sometimes we just had groups but lately parent’s have to pay for the formal therapy student’s that are coming in, but in the earlier days there was nothing like that so we did the therapy in class with the music, just what we know you know on a very basic level.

R: Have there been any changes or progress in children who have received or are receiving music therapy?

P: Yes like I said on all the levels they are functioning.

R: And I just want to know, how much of the skills that they learn there are transferred to the classroom? Like you said “a child may not be able to hold a pen” in the classroom but he can you know do fine motor movements in music. How much do you see those skills coming back into the classroom?

P: Okay you must remember it's difficult to state that because you must remember the autistic child can't "transfer".

R: Oh I suppose he struggles to generalise.

P: Yes that's one thing that they struggle to do, to "generalise" what they have learnt here, but automatically because they are more relaxed and because they are feeling happier and their feelings are better under control, then it happens that they are more "able" to use that, but maybe [music therapist C] will talk more about that, because it's not as if now I can say "yes" I see [child's name omitted] comes from the music therapy and he was not able to grasp his pencil and now he can write, not as fine as that, but because autism is so, it's not really a physical thing, it's part of the behaviour and the social...you see a direct instruction.

R: Yes I see what you mean.

P: It's like I say when they don't have language they can express themselves in that way...that smaller one that is coming towards us now he had no language but strangely enough when we sing he will sing.

R: That's amazing.

P: Not all the words but yes, it is as if the flow of the music gives them the freeness to try...**What other therapies have you had experience with?** (reads researcher's interview schedule) Okay music therapy, art therapy, they are having art therapy, there is also other therapies like ABA that's a holding therapy and you know, but lately we don't do holding therapy any longer, to hold the children and to give them deep pressure, but nowadays we don't actually touch the children so much as we did previously because of the whole thing that changed in the country and all over.

R: What do you see that music gives the kids that the other therapies don't? Like what is special about music?

P: With art you can maybe do it within yourself but music you can't keep it to yourself.

R: Yes.

P: Oh man it's just opening new horizons to everyone, I think there's no comparison, but to be honest, each therapy plays its role, but music I would say is more over, it's not really therapy it's part of any person even if they are autistic or not.

R: Did any of the music therapists who have been at Unica ever sit with you and tell you what is music therapy is?

P: Not formally no, only [music therapist C]...unless it's the forms that you get from the therapist that goes home.

R: Oh you mean like reports?

P: Yes.

R: And if you had to tell someone what music therapy is, how would you describe it?

P: This is my knowledge that I know of because I don't really know the background because I don't have that.

R: Those reports that get sent to the parents, did you as teacher ever receive progress reports on the children in your class?

P: No only those that go out to the parents, yes we get that but we get the oral report, and the teacher will also say "oh today he's very difficult" or "today you can't get much", and that helps the purpose as well to know how to go about it.

R: So is that communication between you and the music therapist quite constant?

P: Oh yes definitely.

R: That's nice.

P: Yes for sure.

R: Would you like something written, like a quarterly report or are you happy with the...

P: [Interrupts] Yes because I mean she gives the reports out to the parents so it's fine. I mean it's always nice to have, but what I would suggest is make a copy of that report maybe, we can think about that, ask the therapist to make a copy and give it to the teachers.

R: Yes that would be nice.

P: You see then in that way you can also then see how it can link to the, you know but maybe visa versa, even teachers can give a little report.

R: Yes that would be nice.

P: Yes, because although we do it orally there is not always time to speak out, I mean in [music therapist C]'s case and with [music therapist B] and them we more on a friendship basis, but maybe not all the teachers are on the same level, because you know you link with some people better than others and I think with the two that we had especially the ones that I can recall, they were lovely like [music therapist B] and [music therapist C], so you know yes it's their personalities as well. So one can think about that, but yes it's a lack of time and a lack of hands, because even the music therapist like [music therapist C] she needs to get children to help her to carry the instruments and because we don't have a proper music room we lack space, so sometimes she has to go in another room, and that's really a problem for us at school.

R: So that's probably a priority above written reports and that.

P: Yes to make sure she has a room where she can go on with music.

R: Have you ever referred any of your kids for music therapy? Like said to the parents "I really need to recommend..."

P: [Interrupts] Oh yes all the time.

R: And what would make you do that?

P: Bad behaviour, anxiety, low muscle tone always, yes if parents can afford it, even if parents can't afford it we try because [music therapist C] and even [music therapist B] we try to get sponsors, because I think all children will benefit, all children.

[Irrelevant section omitted]

R: And would you recommend Music Therapy to other teachers of children with autism?

P: Yes of course, of course, music can just help, and you know to be honest I'm not a person who has the radio on the whole day and music, because I grew up we were 3 children, my brother was a year older and we had no money so he was the only one that could have a radio and you know that was fine with me, but my husband now he teaches me and says "listen to that", okay it's old music not music that you maybe would like, but you know he taught me because I'm not a music freak to be honest, I'm more into literacy but I would be blind if I don't recognise music and the influence that it has. And it's so true I mean when we had the world cup whether it was rugby or soccer and you sing together and then that gives you...it gives you...so it will do something to all people.

APPENDIX M

R: Can you tell me what experience you've had with music therapy?

P: Myself, um, I haven't practiced it, I've been an observer and, um, appreciating it.

[Irrelevant section omitted]

R: Did you see any changes or progress in children that received music therapy?

P: Yes I do, and I did. Um, the changes... what kind of changes did I see? First of all, I strongly believe that, um, for children with autism, um, one's got to enrich their life. Some of them are born with the interest in music and that's got very fine-tuned ears and tones and, um, you might've picked that up from the teachers, and then in the other cases there were children that were very introverted and very much sort of, you know, um, almost gives you the impression of not being aware of sound, whether it's speech or whether it's music. Um, very much withdrawn. And we've included them; first it was in the original basis, to see how they respond, and that is sort of the typical form of music therapy as I understood it, um, is to through music to form... to build a bridge and to form a relationship, and through music to get them to respond. And in certain cases it would work. And of course there were cases that, um, children would close their ears and run away because of the pitch of the tone or the instrument. But then we didn't leave them out of the therapies. Then that was something for the therapists to work on and to engage in. Um, when we started, when drumming became the fashion, we had people... not music therapists, the people that started with drumming, I think it was in Joburg, they came out to the school, and I just thought "well okay let's just see what's going to happen today" and we had this whole crowd of children outside that almost everyone had a drum. And I thought that there would be children that would jump up and run away. And they didn't; they remained. And it was loud. And it was really drumming. It was about thirty to forty children drumming. The neighbours complained because it was just very disturbing to them, the neighbours of the school, um, then again that showed me that yes, we must just continue with music. Um, I don't know enough about music therapy as such. I have seen, in other countries where they did music therapy with children with autism, but I wasn't very happy about it 'cause it just seemed to me that the therapist is removed from the child's teacher or the parent, is doing it in isolation; we were not allowed to go and watch it or to sit in or to see what is the response of the child. Because that was something between the therapist and the child. I think that was one of the philosophies of music therapy in the past. I'm not sure whether that is still like that. And I, at that stage when we

started to do music and music therapy and after [music therapist A]'s been there and then [music therapist B] came and I said "[music therapist B], if possible I want a combination. I want them really to participate. In the end of the term or the month, they must... I want them to be a little group together, that, that works together, and there's an end product, so they can enjoy and participate". So I wanted the participation to improve. I thought it would be nice if the, um, social contact between the children would improve, making choices, waiting for the other one, and most of all, to enjoy. And yes, that I've seen. Small children, older children, um, every year, at the end of year when we've got our parents' AGM, they were to... since we've done it there would be, um, music on the agenda and, um, the children would perform which previously was sort of, you know, you've got to be sure where are they going to be, there shouldn't be too much disturbance, yes and I think music really helped them to open them up, to participate, and most of all, to improve their self image, to give them a feeling of "I'm able to do, I can".

R: Yes, that's important. **What other therapies have you had experience with for kids with autism?**

P: Well, speech therapy, occupational therapy, um, movement therapy, um, reflexology, um, horse riding, all those kinds of things.

R: And what do you think music gives the kids that those other therapies don't give?

P: Um, because you work through sound, you work through music as a medium, you're able to imitate the child's own kind of tones that he's making noises, introducing him to sound, responding to it, meeting it, just sort of something different compared to the others. The others are more sort of, you know, um, you need a response from the individual to carry on to the next step, um, you need to work in a lot of alternative approaches to get to your end result, um, yes and I think music is just sort of, um, something that is beneficial to any person, whether you sick, whether you dying, whether you're alone... Um, if you... to me there's a definite difference between music and music therapy. Because all schools can't afford, or haven't got the privilege to have music therapists or students who's got some background, um, and know where they going or know what they want to do and what the end result should be, um, because sometimes music can scare the person with autism away. Especially the one that is oversensitive for sound. And, um, then I think that's where music therapy can heal, almost, that individual. Um, but it's very sensitive and very delicate. You can also, as I say, by using sound, by using music, you can chase them away.

R: Yes, so you need to know what you're doing.

P: Yes, um, we had, years ago, an extensive program of Tomatis there at the school....

R: What is that?

P: Audio-psychophonology. It's an approach... it's a whole sort of therapy that's designed by a Frenchman, professor Alfred Tomatis, and he calls it audio... audio-psychophonology.

R: Oh, I see.

P: And I think, um, 'cause of my experience with that, that we had for a number of years and, um, unfortunately it became too expensive and, um, we didn't have the apparatus any longer and we couldn't purchase that, although I think we should make a plan to get it back, um, gave me some insight in what sound can do to an individual, um, who is, as I say, in pain, who's sad, injured, whatever. I strongly believe in music.

R: Do you think it would have benefitted you to have that sort of information about how sound can benefit a person, given to you by the music therapist?

P: Yes, always, because everybody doesn't realize that. If you haven't got anything to do with it and never have experienced it, people can just see it as a "oh yes, it's that", but don't sort of understand the full sort of philosophy, theory about it. Um, yes you should... you should inform people, you should inform teachers, and you need to pull them in to work together with you. Um, they can't do the music therapy, as such, but they need to know, and you need to know, what are the aims and the objectives of the parent or the teacher or the therapist at that stage, so that it can be a team approach and not sort of a... an approach or a therapy in isolation.

R: I agree. **And what other information do you think that the parents and teachers need from music therapists?**

P: Well, they should... I think they need to know what is the difference between music therapy and a music teacher and choral singing, learning to play the piano, although, um, we have, through the music therapists visiting the school, we started to focus also on those things, for instance on the voice, if a child had a good voice, is to... okay, to develop it. Like [child's name omitted]. He always had this huge voice or whatever, but we never knew that he had this perfect pitch when he was singing, and I mean as he got older, suddenly he had this wonderful voice. And he was just singing at home. He was singing for the family, he was never on stage. Nobody

else heard him. And that's where the music therapist came in and said "okay, this can mean something; this can do something for you and for us". And he was very awkward when we took him for the first time for... when he had to, um, participate in, um, what was it? A competition for the department. It was awkward; he didn't know how to behave on stage, he didn't know... he was there, he was very oblivious, I mean, he didn't panic. Everybody panicked. He was on the stage and he was waiting for the music to start, and he was doing his thing. But it wasn't with passion, it wasn't really with emotion. The pitch was perfect, he was a big fiddler with his hands which distracted the audience – they actually laughed at it. And those are the things that we then started to work on, to say "well, alright, if we are going to sing and we are on stage and whatever, this is the way to do it" and we had to think what will we do with his hands, because he was busy with his hands, and in his pants and things like that. And yes, we managed to do that. In the end, we decided to cut a CD, so we've got a CD of [child's name omitted], singing the most beautiful songs, and I was just so sorry that we only found that out too late. But he wasn't ready earlier, you see. And that we could have continued with that, and it would have been so perfect if there was an opportunity for him to participate in a men's choir. You know, that would have been, to me, the next step, to see, okay is there a church choir or wherever that he can go to and sing. Because I think he likes singing; I think he enjoys it. But it's not really something that he is going to... I don't know whether he's continued to develop that and whether they've continued to develop it, and is he participating or is it just again singing at home. And that could have been... his voice could have been a means to be introduced to the so-called neurotypical community. And his strength that he's got would have helped to increase the people's knowledge of, okay, differently-abled are able. And we just think about, you know, "we are the able ones, those are the disabled ones, they need to be in institutions, we need to take them out of society". And [child's name omitted] was one of the children that I think one could have, if there was the facilities... the therapist would have had to work hard to get him introduced into a choir or whatever, yes.

R: But what do you think that he gained even from just cutting that CD?

P: I don't know whether he... I don't know 'cause [child's name omitted] wasn't somebody that showed any emotion. And it's one of the things of autism, they don't necessarily show you that "I appreciated it, I'm so good, I'm cool, look at me". You can praise him, "[child's name omitted] that was beautiful" and then he would just walk away sometimes, you know. And then you would say "[child's name omitted], I'm talking to you, come!" "Oh, okay, thank you", you know. And so, that could have been, um, as part of one's sort of, um, working on his strength that he's got. You

could have used that to, as I say, to introduce him to the broader society. Not to sell him or not to say “look here”. Just for himself, so that he can experience that he’s appreciated. But he’s got a very, very special family, and if it wasn’t for his mother and probably his siblings, and I think father also, um yes I don’t think he would’ve...but his mother’s put a lot of time in and she really tried to create all kinds of opportunities for him, and she still does. Okay, that’s [child’s name omitted], um who else was there? I mean, there was the one individual, a girl. She arrived, she was not speaking although we knew she can speak, so she was a kind of mutistic... person with a mutistic problem. Um, she didn’t speak at school, she spoke at home. And she was receiving therapy in a group. Being part of a group is also good because it means you don’t focus just on the individual, because they’re very aware of the fact that you think they are not able to. So a small group is sometimes also a way of addressing their needs and to get the most out of them. And we had our twenty-first anniversary at school and she was participating in music, and sometimes she would sing a little bit along, but in a very sort of soft voice. And she had to say a few words on stage, and I just said to them “you know, you’re really pushing it, I mean, it’s going to be in front of all these people” and [name omitted] just said to me, “okay, if she doesn’t do it, then somebody else will just talk on her behalf, but we’re going to try it”. And she was dressed up in a... like a princess in a beautiful dress and whatever, and the mother said “but she’s never worn a dress, she’s always wearing pants”. And we said “funnily enough, here at school she’s putting the dress on”. The mother couldn’t believe it. And so she was on stage, and she was in her element, she just blossomed. And she said the words. And I mean, I really just had tears in my eyes, because I thought... you see, it’s not sort of a single therapy that assists them; it’s got to be a team approach and everybody needs to know that’s what we want to be aiming at here.

R: And music therapy... you think that’s an important part of that?

P: I think... well, I am a strong believer in music therapy, I am really, um, but as I say, I think it’s because we started off when I, um, went over to Unica school at that stage, it was part of [institution name omitted] school still at that stage, and we did the audio-psychophonology. Um, what else? What was your question? I can’t remember all the things you wanted to know.

R: I think you... we were just talking about how music therapy is part of... must be part of a team of approaches.

P: I’m not sure... If you were a music therapist and you were sitting in your studio, and the parent brings a child to you for therapy... I don’t know whether the result would be the same.

R: As in a group...

[Irrelevant section omitted]

R: When the music therapists were at the school, did they ever provide you with feedback about the... about specific children's process in music therapy?

P: Yes.

R: They did?

P: They did. And we were also always invited to the end of the year, um, lectures that you had at the university. And, um, while I couldn't attend it every year, I did sent the staff and they did find it very, very, um, interesting, but also, um, thoughtful.

R: And the reports about the children at Unica, were those written or just verbal discussions?

P: Um, some students did it written. I actually expected them to do it in written form because I think it's only fair that when a school says "well, alright, please come and do your therapy here", that something must be on that child's files that he did receive and what the progress was. And as you know, at the school, it's not possible that all the children are able to receive therapy at the same time, and it also helps to plan; to say "well, this one had two years ago, that's what happened". Maybe the therapist will take now this report, because, I mean, if your report is just staying with you, it's lost. So there should be something on his file. It must be, you know, sort of, "this is my aims and my objectives, this is what I tried to achieve, I achieved it or I partially achieved it, so what is recommended". He must continue next year, because that gives continuation. Otherwise it just becomes sort of an experimental pool.

R: And did most of the students do that?

P: Not all of them. Not all of them.

R: Okay.

P: But that, that I think is very important if you work at a school, because I think since we started with the music therapy we had it everywhere

R: Yes you've been such an integral part of the music therapy world.

P: Yes, so that's the report, the report that I think is important for the sake of the school but also for the individual because in two years time or in three years time he might get again the opportunity to receive therapy and then it's just worth for the new therapist that arrives to, to know "okay this is what the previous people did" and see and maybe there's progress maybe there's regression and that would be also valuable information for, for the institution, the University.

R: Yes. **Did you ever refer children for music therapy?** Or was that more the job of the teachers?

P: No that was more the job of... no, I had some say in the beginning, especially in the beginning.

R: When it was new.

P: Yes. I used to, um, it was either me or my, or the deputy, um, or a head of department. It depends on, you know, people leave or... for continuation, I remained kind of part of this whole process, would receive the therapists, would get them, tell them, inform them about autism, take them around. Um, I always tried to give the, the, um, the student also a say in the selection of children, 'cause in the beginning you visit the school, you go into the classes, you observe, um, I always say to them, "if there is any child that you would like to give therapy to, put his name on your list" and then we can say "but no, he's already had four times". So, you know, that kind of thing, because I also believe, especially if it's the first time that you working with these children there should also be a feeling of "I would like to work with that child" and try it.

R: And for what reasons did you usually refer a child? Like why would you choose this child over that child to go for music therapy?

P: Well I think we very much look at developmental stages of development, um, whether it's very much delayed, um, also on the progress of the learner in the class, in the phase, um, and especially on the social interaction. If we see that is very delayed and with what the teacher is trying to do in class, you know, if he is still an outsider, an onlooker, that would be the child that we would refer. And even children that's got no speech.

R: Yes. Do you feel that those are the children that would benefit the most from music therapy?

P: I don't know the most, I just think that they need help and we need to try see anything that can help the learner to, um, to become engaged in his environment and to respond to sound

because, I mean, if he doesn't respond to sound, he ignores it, then you know the speech development would be much more delayed. So it's kind of an awareness and getting him to hear those things. So it very much depends on what is the population of the school at the time. I always, um, thought it was good for students to have the experience, to get the experience, to work with little ones, whose autism might be more severe at that stage, and older ones. Um, also giving them a group who are not verbal and then give them a group that is absolutely verbal and able. So that they, they can experience the spectrum of autism, and so that... not getting the idea that all individuals, children with autism is always on the severe end of autism. Um, that is how [music therapist B]... one of the children at our school, he's now also already 18 came to us as a young boy, was always no speech, very good speech but he also progressed and became very aware and religious. His parents are very religious, he's going to church every Sunday and to all the, um, prayer evenings and whatever and he would always sit in church and follow, sort of, the beat, and he was part of [music therapist B]'s group for a long time and one day I couldn't help it, I just thought "what is happening" because she used the piano. I went in and she smiled at me and she said "well I had to try it". This child hasn't got a piano or drums at home and she was playing the right-hand, and she said to him "okay, you fill in the left-hand. This is the beat." She played, I can't remember what she played. And this guy started to... perfect pitch, no training, and he was doing it. And they could play a duet.

R: That's incredible.

P: And then she started to teach him reading music. But now, um, and then she started... okay he was always part of the drumming lot. Then she got her brother in who's a drummer and he gave him extra lessons in drumming. And to me that was just this sort of "wow we have opened the world for this child". So what is he doing now? Prayer evenings and Sundays he's playing drum in the church and if there's no organ [child's name omitted] is there, he's playing his drum while the congregation sings according to the drum. So to me that is like [child's name omitted]'s story.

R: So would you recommend music therapy to parents and other teachers of children with autism?

P: Absolutely. Especially now that we have you. You see, in the past, um, I think there were two music... qualified music therapists here in South Africa. One is in Cape Town, and one is in Joburg. Those were the only... but they qualified overseas. But then it wasn't acknowledged here in South Africa and I just think, you know, what the department has done... and the

University has done already to get music therapists, sort of, you know, trained and on board is fantastic. And now, the job is to sell you people and, um, I think your... I'm not a music therapist at all, but I think it's like anything therapy, you need to be able to use your knowledge of music which you've got prior to... before you started with the music therapy as such, and the knowledge you've gained by studying the therapy, you use music in a therapeutic way. You need to be able to sit down when you've got a client and you need to say "alright, this is my background, but what do you need?" And you need to adapt. You need to... you need to look at what would help him and there must be a positive outcome. And if that positive outcome, in the end, is for this person to be part of a group drumming or standing on stage doing movements or following the tune, expose himself, in my world, then you have been successful.

R: Do you think those presentations we do as part of the course help create that awareness about music therapy?

P: Yes, I think it's just, you need to... you mean at the end of the year?

R: Yes.

P: Yes I do, but it's only to a selected number of people. I think you need to get yourselves in the media, I think you need to do things to become, um... expose the therapy visually more to the broader community, and also to go into rural areas, but I mean I don't have to tell you that, I mean, that's every... everybody's doing that. But I mean I think you need to have an article in the Pretoria news or in the Cape Argus or whatever about everyday things that music therapy... music therapists are able to do and what they do and how they do it. And you need to sell yourselves to the schools, um, especially the schools where there are severely disabled children, because usually a school has got a music teacher or teacher that can play the piano and that can do choirs, and you know, I mean, then they all participate. But that is one side. But music therapy, to me, is... should be geared to the, the severely disabled ones, because, um, because I think music therapy also enriches the quantity of life. Just in the case of severely disabled people, um, everybody thinks they need to make decisions on their behalf, because they're not able to speak, they're not able to perform.

UNICASKOOL

VIR LEERDERS MET OUTISME

Principal/Skoolhoof:
Dr J.C. Lombard

Borgliggaam/Sponsoring Body:
Vereniging vir Outisme
Association for Autism



***Together we understand
and manage Autism better!***

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FOR LEARNERS WITH AUTISM

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Reg Nr. TS D4 211177

17 February 2011

Dear Me White

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT UNICA SCHOOL BY THE ABOVEMENTIONED

**TOPIC: "PERCEPTIONS OF MUSIC THERAPY FOR CHILDREN WITH ASD IN A SOUTH
AFRICAN SCHOOL"**

We herewith give permission to conduct the proposed research at our school as we have received the following information:

- GDE Permission.
- Interview Schedule: Parents
- Interview Schedule: Teachers
- Research Proposal

Thank you for your interest in our school. We kindly request that a bound copy of the research project as well as any articles be made available to Unica School upon completion.

Sincerely

Dr C. Lombard
Principal

Die Spiraal simboliseer lewe en groei. Die binnewaartse beweging dui op ons begrip vir die persoon met outisme asook ons strewe na die voorsiening in sy reg tot toepaslike effektiwede onderrig en ondersteuningsgeleenthede. Die Buitewaartse beweging dui op die resultaat van daardie omvattende dienste: die volle verwesenliking van elke individu se potensiaal.

The Spiral symbolizes life and growth. The inward movement points to our striving to understand and provide the person with autism the right to appropriate and effective education opportunities and support. The outward movement is indicative of the outcome of all these all-embracing services: the full actualisation of the individual's potential.