

**The institutional family:  
Group music therapy in an  
institutional setting**

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## ABSTRACT

*This study focuses on the social interactions that occur during group music therapy between children who have mental and physical handicaps and the music therapist. It also examines the interactions that occur in a daily institutional family context between children who have mental and physical handicaps and their adult group leader. The aim is to investigate what role music therapy might play within an institutional family with persons who have diverse disabilities and how music therapy could adapt to become more relevant for the institutional context. This study examines the parallels between interactions in group music therapy and in the daily institutional family context.*

*The setting for this study is at Little Eden, which is a residential home for children and adults who have profound mental and physical handicaps.*

*A qualitative research perspective is adopted for this study and it is based on two data sources involving video footage: descriptions of a musical activity in a group music therapy session with three children from Little Eden and descriptions of interactions that take place in the daily institutional environment at Little Eden. This study does not seek to 'prove' that parallels exist, but to describe and understand the ways in which meaningful moments of interaction in group music therapy parallel meaningful interaction between disabled members in an institutional family.*

*The findings of this study show that group music therapy does not need to adapt but could offer a more qualitative mode of interacting that possibly Little Eden or other institutions would like to see more of. This study also highlighted some differences and similarities in interactions between disabled children in group music therapy and in the daily institutional context.*

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# CHAPTER 1

## INTRODUCTION

### 1.1 Background and Context

My interest in handicapped individuals and their interaction in a family context originated from my own life experience as a member of a family with a mentally disabled member. My interest expanded as a music therapy intern at Little Eden where I began to think about the parallels between interactions in group music therapy with mentally and physically handicapped individuals who have distinctive disabilities and vary in age, and their daily lives as a 'family' at Little Eden.

Little Eden is a residential home that was established in 1967. It is a registered Nonprofit Organisation, licensed with the Department of Health and it cares for profoundly mentally and physically handicapped children and adults. The mission statement of Little Eden is laid out as follows,

To care for, develop and enhance the quality of life, with love and understanding from a dedicated staff, people with mental handicap of all races and creeds entrusted to us, by providing with trust in Divine Providence and in co-operation with the parents, the community and the State, the necessary nursing, therapy and stimulation services in as an efficient and economic manner as possible. <sup>1</sup>

Little Eden becomes their family home, thus the use of the term 'institutional family' in this project. For the purposes of this investigation, I define the institutional family as a group of disabled people who live together in the same institution and have in common a dependence on the care provided by professional staff at Little Eden. Little Eden has developed two homes, one in Edenvale Johannesburg (involved in this project) and the other on a farm in Bapsfontein.

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<sup>1</sup> Delport, A. (2003). Our Mission Statement. [online] at <http://www.littleeden.org.za/mission.html>



As a music therapy intern, I worked with a group of three mentally and physically handicapped children who were confined to wheelchairs. They attended group music therapy once a week for twelve weeks. At the time of therapy, they lived together as part of a larger group of children, with whom they shared their daily activities as a 'family'. My interest in this study is in how these persons interact with one another in their daily lives at Little Eden and in group music therapy.

## **1.2 Aim**

My broader aim is to investigate the role that group music therapy might play within an institutional family with persons who have diverse disabilities and capacities and who vary in age. In this study, I focus my attention on the disabled persons' social interactions in group music therapy, and identify 'meaningful moments' of communication and self-expression, and compare these to 'meaningful moments' in their daily social lives. Amir describes 'meaningful moments' as peak moments when transformation occurs during a musical activity in music therapy, such as new thoughts, feelings, perceptions, and sensations (Amir, p. 96). My aim is to contribute to a more relevant practice in this setting. In order to fulfil my intentions, I will be focusing on two research questions.

## **1.3 Research Questions**

- I. What are the parallels between interactions in group music therapy and in the daily institutional family context?
- II. How can group music therapy develop or adapt to become more relevant for the institutional context?

*Before I approach these questions and focus on them in detail, I first present a survey of the relevant literature in Chapter 2.*

## CHAPTER 2

# LITERATURE REVIEW

### Introduction

*In this chapter, I discuss some of the literature relevant to this study. I begin with a survey of music therapy work done with children who have mental and physical handicaps. This is necessary since this study focuses on the clinical work I did in my music therapy internship with children who have severe disabilities of this nature. Second, I consider literature on group music therapy, since the work that I did at Little Eden took place in a group music therapy environment. Third, since this study looks at interactions that occur in group music therapy, it is necessary to discuss group dynamics and the concepts that have emerged relating to this topic. This is done in order to understand some of the elements that emerged in the group music therapy work that I did at Little Eden. Fourth, information on the institutional context is reviewed since this is the setting for this investigation. Fifth, I look at work done by Amir (1993, 1996) on meaningful moments in music therapy since this underpins the basis for this study of group music therapy in an institutional context.*

### 2.1 Music therapy with children who have mental and physical handicaps

Extensive work in music therapy has been done with children who have mental and physical handicaps. I review literature by Nordoff and Robbins (1971, 1977), Voigt (1999), Moller (1995), Davis (1999), Melstead (1995) and comments by Trevarthen (1999).

Severely handicapped children have a limited ability to understand and interpret experiences and impressions. They have deficits in communication and interpersonal interaction (Hoeksema 2001). Documented works by Nordoff and Robbins (1971, 1977) suggest that music possesses inherent capacities for effecting unique communication

with handicapped children and for providing an experiential ground for their engagement, their personality development and their social integration. Nordoff and Robbins (1971) also explain that for the child who is intellectually impaired, music and musical activities can be vivid, intelligible experiences that require no abstract thought. Musical activity can also motivate physically disabled children to use their limbs and voices expressively.

Music therapist Melanie Voigt, who worked with multi-handicapped children, reports that music therapy offers these children the opportunity to experience the successful effects of their own activities, to express themselves at their individual developmental levels and to develop new possibilities of interaction and communication (Voigt, 1999).

Through years of working as a music therapist, Moller acknowledges how music and sound create spontaneous and meaningful experiences even for people with severe mental handicaps (Moller, 1995). Music therapy offers the possibility of developing and maintaining social awareness and social interaction skills through the use of varied musical activities specially adapted for severely disabled persons. For example, musical activities that incorporate movement, rhythm and songs provide a stimulating and relaxing environment in which social and emotional communication can be experienced (Davis, 1999) that is, provided the music therapist is able to fine-tune the musical material in response to the client's communicative skills. During our group music therapy work at Little Eden, I had to focus on each child's level of communication and ability to interact with the group and with myself, as the music therapist.

When working with groups, and especially with those whose members are severely disabled, musical activities can be structured to promote cooperation, sharing, taking turns and learning appropriate ways to greet people, thus enhancing social and group skills (Davis, 1999).

Melstead (1995) did extensive work with severely multiply handicapped children in the area of developmental stimulation, and notes that music provides a unique means of establishing contact and communication with these children. Music therapists who have worked with mentally handicapped children in residential institutions have observed that these children respond more positively to music than to other educational and therapeutic strategies (Davis, 1999).

All of these sources suggest that music can become a sphere of experience and a means of intercommunication through which handicapped children can find freedom, in varying degrees, from the malfunctions that restrict their lives. All of this suggests that music therapy is highly applicable for work with children who have mental and physical handicaps and that it is viable for enhancing their level of communication, their expressive capacity and their social interaction skills. Since this study focuses on group music therapy, I now present some literature of work done in this area.

## **2.2 Group music therapy**

All music groups can offer a complex and rich musical context for persons to engage with one another. The fundamental nature of these engagements can result in some group members feeling a powerful connection to other members (Pavlicevic, 2003).

Tom Plach (1996) defines group music therapy as the use of music or music activities as a stimulus for promoting new behaviours and exploring predetermined individual or group goals in a group setting (Plach, 1996:3). I agree with Plach's view of group music therapy since in my experience at Little Eden, I worked with predetermined goals for our specific group and used musical activities as a medium for the possible development of new behaviours. Another example is the group music therapy work done by John Strange (1999) at a school for special needs. He hoped that an individual client, attending group music therapy, would be able to transfer the social responsibility evoked by the group music therapy experience into other situations with peers (Strange, 1999:144).

Plach (1996) refers to certain guidelines that the therapist needs to follow when working with groups, such as an awareness of group dynamics. I look at group dynamics in the next section. Another of Plach's guidelines is that the therapist also needs to be sure that the activities chosen for the group are within the realm of conceptualisation, integrative functions and physical limitations of the group members. In my own work at Little Eden, I had to be constantly aware of the level of functioning of each group member, since they all had physical disabilities and their cognitive levels differed. An activity that is too complicated or physically difficult could limit the group's interaction.

Therefore, Plach explains that if a group is severely limited in these areas then a simplified activity that encourages social contact between the members will be more appropriate. The therapist needs to develop a sense of the individual and group's needs as well as to have certain knowledge of the group's stage of development in which they are learning and exploring new insights about themselves.

Musical activities in music therapy groups easily lend themselves to interaction goals. Singing, movement and instrument playing in groups encourages tolerance of and physical contact with others. These activities, including facing each other in a circle, playing instruments together and listening to each other in group music therapy contribute to the distinction between self and others and the improvement of social behaviours (Davis, 1999).

When working with groups of handicapped children, music therapists often address a variety of special needs. One child may need stimulation, another organisation, and a third may need to improve confidence. Nordoff and Robbins (1971) explain that whatever the requirements, music therapists work in a flexible way to meet the group through and within active musical experience (Nordoff and Robbins, 1971:135).

Within the institutional setting Plach (1996: 9) mentions that group music therapy may be integrated into a team approach programme or may be used strictly on a referral basis. Group music therapy's applicability is broad using long-term clients as well as clients who have an acute problem. Group music therapy may consist of open groups, where in each session there are new members or closed groups, where the group members remain the same throughout for all the sessions.

In this investigation, I explore how social interactions in group music therapy parallel interactions within the institutional family (outside music therapy). The music therapy group members live together, but also have an experience of one another beyond the music group (Pavlicevic, 2003). My interest lies in what happens inside the sessions, and how this parallels relationships outside of group music therapy.

No study of group music therapy can ignore group dynamics. These are part of the life in any group (in and outside music therapy), and include the group's needs, values and

roles. As a music therapy intern working with a group of children who have mental and physical handicaps, I was aware that there were intricate dynamics occurring within the group. I needed a basic understanding of group dynamics in order to comprehend why the sessions sometimes seemed chaotic and why certain interactive activities did not work well. I now present some literature on group dynamics in order to gain a clearer understanding on what happens in a group and specifically, what could occur in a music therapy group.

### **2.3 Group dynamics**

Group dynamics impact on the quality of interaction and engagement in any group context (Benson, 1987), whether short-term or ongoing, such as the group music therapy sessions at Little Eden. Group Theory suggests that it is important for any group facilitator to have a basic understanding of group dynamics. In other words, the group music therapist needs to be constantly alert to the dynamic relationships, undercurrents, various nuances, stages and phases that occur in music therapy groups (Pavlicevic, 2003). Since these aspects of music therapy are not always obvious, a mentor or supervisor can help with reflection on the group therapy sessions, making it possible to process and understand the group's dynamics.

Benson (1987) describes the features of group dynamics. First, a group exists to satisfy the needs and wants of its members. The needs of the members of our music therapy group at Little Eden were that they needed extra stimulation, improved social interaction and they needed to experience a sense of enjoyment. Second, it is these needs that determine the groups' goals. Individual needs may be similar or disparate, but the goals that the group works towards are essentially the same. Benson (1987) states that the goal structure that develops in groups indicates the quality of interaction among the members. The goals that we established at Little Eden were to improve their social behaviour by concentrating on co-operation, turn-taking, sharing and appropriate greeting activities. Also, to develop their motor skills using movement and action games with a musical base and lastly, to develop and improve listening skills. Third, the goals lead to the group developing a value system, which refers to beliefs about which objects and behaviours are good and bad, desirable and undesirable. In the context of this study, I could refer to the way the handicapped children handle the musical instruments

or whether their 'excitable' outbursts are appropriate or inappropriate. Fourth, the group values lead to the establishment of certain rules with regard to behaviour. For example, not being allowed to throw or to chew the instruments! Fifth, these rules lead to the emergence of roles. Roles are a series of actions that guide and determine behaviour according to expectations in a certain situation. All roles are functional in that they serve individual and group interests in some way. In our music therapy group definite roles emerged. For example, an active leadership role where one child would indicate who should play first in an activity or an altruistic role another child might help the others play the instruments correctly.

Tuckman (1965) conceptualizes group dynamics in terms of four stages of development that relate to group structure. Stage one is 'testing and dependence' where the therapeutic environment and limits of tolerance are put to the test. The group members relating to the therapist dependently follow this. Stage two is 'intragroup conflict' where there is evidence of defensiveness, competition and jealousy. Stage three is the 'development of group cohesion' where the group members develop a sense of being as a group. Also, the notion that the group becomes a simulation of the family constellation (through transference, the members react to one another as members of their family). 'Functional role-relatedness', stage four, is described as the stage of development of the therapy group in task terms as the therapeutic stage of understanding, analysis, and insight (Tuckman, 1965; 390).

Since group work is generally not as organised and predictable as a linear sequence of phases, it may be helpful to consider Tuckman's phases as a model for reflection on group work. Often groups can appear to be moving 'towards' and 'away from' any one phase at the same time (Pavlicevic, 2003).

Since this study of group music therapy is within an institutional context, I now explore aspects of institutionalisation relevant to my work.

## **2.4 The institutional context**

Bower (1995) describes the impact of institutionalisation on young children and their ability to form an attachment to a consistent substitute carer who is emotionally receptive

to the children and their needs. She refers to the work of John Bowlby and his 'attachment theory'. A secure attachment forms the basis from which a child can explore the world and it underpins the capacity for forming relationships with other trusted people. In an institutional environment, the staff fulfills this role and although it is not permanent, the child is not only able to cope with an absent mother, but the experiences of the child are enriched. Bower (1995) mentions the work of Anna Freud in the 1940's who developed techniques to mitigate the effects of separation in institutions for children. One of the methods was to organise the children in family-sized groups with one helper and a regular back-up helper for her days off. This ensured continuity of care and gave the children the opportunity of forming a close relationship with a mother-substitute. At Little Eden, the children are placed in colour-coded groups with helpers to give them the care that they need. They remain in their particular colour group and this becomes their substitute family. The children do most of their daily activities in these groups.

Davis (1999) explains that institutional living is not conducive to encouraging individuality. Institutions often maintain a restrictive, regimented environment that reduces personal privacy and meaningful social contact. Residents in institutions often suffer from a loss of self-worth and they are under constant supervision. It is always the *good* resident who conforms to the rules and does not make too many demands. A clear goal for music therapy in this setting is to improve self-esteem. However, often in institutions there is a shortage of trained staff to carry out esteem-building activities. Music therapy can also be used to improve the quality of life of persons in an institutional environment (Davis, 1999: 136). In my experience at Little Eden, the groups that the children are placed in are large and it is clear that individual attention is limited. The group music therapy that we offered some of the children gave them something to look forward to and they were given more specialised attention than when they were in the larger "family".

According to music educator, Patricia Coates (1987), a deinstitutionalisation movement in the United States, has become popular with a growth of community services for the handicapped. She mentions that the criterion of ultimate functioning is beginning to be the standard for treatment in institutions for the mentally retarded. Music therapists are being required to devise treatment plans to develop functional leisure time skills that clients can pursue independently in a community setting. As a music therapist intern, I



have not come into contact with this type of treatment plan yet, but as a sibling of a brother who has mental handicaps, I have seen the beginnings of a deinstitutionalisation movement in South Africa.

Finally in this chapter, I look at some of the work that Amir (1993,1996) did on meaningful moments in music therapy. This fits in directly with my focus on interactions that occur in our group music therapy sessions at Little Eden and in the interactions that occur in the daily institutional family context, again at Little Eden.

## **2.5 Meaningful moments in music therapy**

This study, being the first in the South African context, chooses to focus on meaningful moments as a starting point of reference. Meaningful moments have been identified in music therapy as 'moments of insight', which can lead to immediate and long-term changes in mind and body (Amir, 1993). During moments of inspiration, the therapist may get in touch with the 'music child', which is the individualised musicality present in each child, the part that is alive, healthy and creative, and points to the personal significance of each child's musical responsiveness (Nordoff and Robbins, 1977). These meaningful moments occur when the child becomes emotionally involved in the music and self-integration and self-realisation is achieved within the music therapy session. Meaningful moments guide therapists in their work and point to the needs of their clients (Amir, 1993). However, when working with those who have severe mental disabilities, the notion of meaningful moments may need to be viewed somewhat differently.

Amir (1993, 1996) looks at the characteristics of 'insight' in music therapy and she found that moments of insight and transformation occurred on an intrapersonal level causing inner movements within the client and within the music therapist. These moments happened spontaneously and intuitively. They were also difficult to describe, were unpredictable and occurred during a creative musical activity. However, an important consideration for the music therapist is to recognise the client's inner factors that might facilitate or inhibit moments of insight. An awareness of the quiet, subtle moments that may occur is necessary. These may possibly assist the clients the most in the music therapy experience. In reference to what I mentioned earlier about viewing meaningful moments differently when discussing severely mentally handicapped children, the insight

comes from the therapist since the children are unable to express their opinions on the musical experience.

Amir (1996) identified several moments that occurred on an intrapersonal level in the music therapy process, included in these were, moments of awareness, freedom, completion and accomplishment, acceptance and inner transformation. She identified three moments that occurred on an interpersonal level. Two of which are relevant for this study:

- Moments of physical closeness between the therapist and the client.
- Moments of musical intimacy between the therapist and the client. The therapist experienced a powerful musical connection with the clients, which resulted in new musical adventures being undertaken.

In Amir's study on meaningful moments in 1992, it showed that the music allowed the clients to experience new ways in which to relate to the world and to make a significant connection with others. In addition, the music therapy group created a supportive atmosphere and motivated its members to take risks and to try new sounds and new ways of being. By being part of a group, the clients were able to be part of a bigger sound and part of a 'bigger piece' (Amir, 1996: 122).

*In this chapter, I have presented a collection of literary material that is relevant to this study. I hope to have established the context for this inquiry through reviewing what has already been written on this subject. In chapter 3, I will be looking discussing the methodology used in this research project.*

## CHAPTER 3

### METHODOLOGY

The purpose of this investigation is to *describe* and *understand* the ways in which meaningful moments of interaction in group music therapy parallel meaningful interaction between disabled members in an institutional family. My aim is not to arrive at a conclusion of a single truth but to demonstrate a valid perspective that will be useful to the field of group music therapy. Since I do not seek to 'prove' that parallels exist, and since this study is in a naturalistic (rather than laboratory) context, this investigation uses a qualitative research perspective.

#### 3.1 Qualitative research perspective

I have outlined six elements of qualitative research that are relevant for this study.

##### 3.1.1 Process – centred

The focus of this inquiry is directed at the process of my own clinical work. It is a broad focus that is refined as the study progresses, so that the research is in itself a process. The design and focus have emerged and needed to be rethought while the data was being collected and analysed. This research process has unfolded unpredictably with no clearly established sequence (Bruscia, 1995; Ansdell and Pavlicevic, 2001). Although this occurred it has, hopefully, not detracted from the vigour of the study.

##### 3.1.2 Personal bias

As both therapist and as researcher, my dual stance determines the focus of this study, my approach to data collection and analysis, and the way it is reported. All of these are based on my personal experiences during my clinical work and during the research process itself. In this way, I hope that my subjective perceptions will yield rich, informed data (Bruscia, 1995; Ansdell and Pavlicevic, 2001). Since the data was collected during

my role as therapist, and the selection and analysis while being a researcher, the issue of bias needs to be acknowledged as both problematic and as enriching the data analysis. This concept of researcher-as-instrument means that it is the open-mindedness, insight and thoroughness of the researcher that ensures the production of interesting and useful findings (Aigen, 1995: 296). In this context, the researcher has direct contact and involvement with the subjects under investigation and there is no clear separation of stimulus and response or cause and effect (Bruscia, 1995:71).

### **3.1.3 Natural**

The setting of the research data is my clinical work at Little Eden in a group music therapy environment. I am part of the group music therapy process and part of the interactions that take place. The research data also shows the children interacting naturally in their daily environment. It is a naturalistic inquiry that studies the phenomenon in its natural setting which provides researchers with an overall perspective from which to pursue research and general guidelines and criteria for evaluation (Aigen, 1995; Robson, 1993).

### **3.1.4 Descriptive**

Close descriptions of the qualities of phenomena are produced through observations, looking at *how* things are as they are (Ansdell and Pavlicevic, 2001). After observing both data sources, I describe what I see in detail. This leads to categorisation and to emerging themes, which will hopefully contribute to a better understanding of group music therapy in the institutional context.

### **3.1.5 Grounded theory**

The prime function of this approach is the development of theory that is grounded in data systematically gathered and analysed. It is believed that this is essential for gaining greater insight into social phenomena. Theory evolves during actual research, and it does this through continuous interplay between analysis and data collection (Strauss and Corbin, 1994: 273). Grounding theory in rich accumulations of data ensures that true knowledge advancement takes place (Aigen, 1995: 290). Although I do not anticipate

that this study will generate major theses in this field, I hope to sustain a grounded theory 'stance' in constantly reviewing the data for possibilities of meanings.

### **3.1.6 Reflexive**

This approach is reflexive in nature, which will ensure continuous self-reflection and a 'critical' viewpoint on all research activity, i.e. my dual role as researcher and therapist. I hope that my reflexive stance will diminish the possibilities of excessive bias, and establish trustworthiness (Ansdell and Pavlicevic, 2001). In addition, peer group supervision has ensured an unbiased selection of excerpts of meaningful moments. During peer debriefing, questions regarding methodological, ethical and any other matters have increased my reflexivity as researcher (Aigen, 1995:306).

## **3.2 Data selection**

As stated earlier, data collected in this investigation is naturally occurring rather than generated in a 'laboratory' and the research draws on two sources of data.

### **3.2.1 Data source I: Video excerpt – 'in therapy'**

One excerpt is selected from video recordings of ongoing group music therapy sessions with three children who have mental and physical handicaps and who live together as a 'family' at Little Eden. This excerpt was selected because it demonstrates moments of meaningful interaction among the children in a group music therapy context. The children are seen in a drum interaction song with the therapist. This video excerpt is described in detail using standard indexing procedures (Schurink, 1998). Data is then described, coded and categorised. *For example of indexing procedure, see appendix i.*

### **3.2.2 Data source II: Video excerpts – 'out-of-therapy'**

This data source consists of two excerpts of video footage taken of the disabled children socialising in their 'out-of-therapy' environment at Little Eden. These recordings show two examples of the children interacting with each other and the helpers in regular

activities in their weekly schedule. These activities are a musical activity facilitated by their daily helper (data source IIa), as well as a building block activity between two of the children who were part of the group music therapy sessions (data source IIb).

### **3.2.3 Ethical implications**

Music therapy is well established at Little Eden on an ongoing basis, and it is standard practice to record and video sessions for in-depth analysis of the musical material and to facilitate the process of clinical ratings. Before the onset of group music therapy, Little Eden gave written and signed informed consent for each group member (*Appendix ii*).

Regarding data source II, written and signed informed consent from Little Eden was obtained before video recordings for data source II (daily life in the group member's out-of-therapy' environment) was taken (*Appendix iii*).

## **3.3 Data preparation and analysis**

### **3.3.1 Description**

This is the process of putting into words what has been observed and identified in another modality, that is, what has been seen or heard. The purpose of describing is to preserve and share knowledge so that individual perceptions can be integrated into the larger framework of a story or theory (Ansdell and Pavlicevic, 2001). This part of the research process does not include personal feelings and reactions to the research tasks. (Bruscia, 1995). *For written descriptions of each data source, see appendix iv, v, vi.*

#### **3.3.1.1 Data source I**

The interactions that occurred between the therapist and the three clients in group music therapy during a structured musical activity were described. No interpretations were made at this point in the research process.

### **3.3.1.2 Data source II**

The interactions that occurred during a large group activity (data source IIa) at Little Eden with children who have physical and mental handicaps and their adult group leader were described. In addition, interactions that occurred between two of the children (who were part of the group music therapy sessions), while they were involved in building block activity (data source IIb).

Once the descriptions of the data were completed, it was necessary to begin the process of analysing the data.

### **3.3.2 Analysis**

The first step of analysing the data was to code the descriptions of the video excerpts. Once codes had been assigned to the data, five categories were established and finally from the analysis of the data in this way, four themes emerged.

#### **3.3.2.1 Coding**

Codes are tags, names or labels that are put against pieces of the data. These pieces may be individual words, or small or large chunks of data. The point of assigning labels is to attach meaning to the pieces of data (Punch, 1998). In this study, I attached labels of descriptive words to each sentence used in the written descriptions in both data sources (*Appendix vii, viii, ix*). These labels also permitted more advanced coding, which enabled the summarising of data by pulling together themes, and by identifying patterns (Punch, 1998).

#### **3.3.3 Categorising**

Categories are built by looking at the coded data and determining the general topic (Aigen, 1995). Categorisation allowed detailed definition and logical comparison. Part of doing this kind of analysis meant that I had to experiment with the categories, revise and recategorise on the basis of new ideas (Ansdell and Pavlicevic, 2001). The categories, in

this study, are all related to the interaction that occurred in the data that was collected (*Appendix x*).

#### **3.3.4 Themes**

Themes are larger meaning units that have emerged from the data. In this study, four themes emerged from the final stages of analysis.

*In this chapter, I have discussed the methodology used in this study and introduced the two data sources that constitute the basis for this research. In chapter 4, I present the data in detail and the process of the analysis of this data.*



## CHAPTER 4

# DATA PRESENTATION AND ANALYSIS

### 4.1 Broad descriptions of video excerpts: Data sources I, IIa and IIb

First, I present a summary description of each video excerpt. These excerpts were taken from video recordings of group music therapy and of daily social life at Little Eden with children who have mental and physical handicaps. The participants in all the data sources are referred to as:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>A</b> – boy –10 years old | <input type="checkbox"/> <b>G</b> – boy – 5 years old   | <input type="checkbox"/> <b>S</b> – girl – 10 years old |
| <input type="checkbox"/> <b>Th.</b> – therapist       | <input type="checkbox"/> <b>GL</b> – adult group leader | <input type="checkbox"/> <b>H</b> – helper              |

#### 4.1.1 Data source I: ‘in therapy’– Group music therapy

This excerpt was taken from a video recording of the eighth session (there were twelve sessions in total) of group music therapy with a group of three children who were mentally and physically handicapped. The group received music therapy for thirty minutes every week over a period of five months. The video shows a drum activity. (*For a detailed description of this activity see appendix iv*).

S, G and A face Th. Each child has a set of bells strapped to the wrist. Th. Offers the children a flat drum and begins to sing to the tune of “The Little Drummer Boy”. Th. Beats the drum and invites the children to play on the drum one child at a time. Each child has an opportunity to play on the drum. In between the children beating the drum, Th. Beats the drum. Each child watches Th. Very closely. Th. Holds the drum in the middle of the group and then changes the position of the drum to above their heads. Each child plays in the new position. Th. Gives instructions to the children as to how to play. The children and Th. Play slowly and quickly. They play individually and together. A

removes the bells from S and G and they play the drum without the bells. Th. Sings throughout the activity, changing the words as the children take turns to play.

#### **4.1.2 Data source Ila: ‘out-of-therapy’ – Large group activity at Little Eden**

This excerpt was taken from a video recording of a large group of children, of different ages, interacting in their daily environment at Little Eden. This excerpt includes two of the children, G and A, who were involved in the group music therapy sessions. It shows a daily musical activity facilitated by the group’s leader.

The children are sitting in a circle in a large hall. GL walks around the circle asking the children if they are happy. She then begins singing the song, “If you’re happy and you know it clap your hands.” The children follow the actions of GL. GL uses different actions in the song, such as, “say hello”, “touch your head”, “touch your feet” and “ say ‘Ah-ha’”. Some of the children need help from GL to do the actions. GL has to move around the hall in order to include all the children in the activity because the group is so large.

#### **4.1.2 Data source lib: ‘out-of-therapy’– Building block activity at Little Eden**

The final excerpt was taken from a video recording on the same day as data source lia of G and A using wooden blocks to build towers.

G and A sit side-by-side in their wheelchairs. They have a table in front of them with a variety of coloured wooden blocks. They are building individual wooden towers. G tries to help A build his tower by giving him some of his own blocks. A accepts G’s blocks and adds them to his tower. G builds a tower and calls H to come and have a look. H approaches G and knocks his wooden tower over. She helps him to rebuild it. H then knocks A’s tower over and it becomes a game of knocking down and rebuilding.

## **4.2 Coding**

After indexing each excerpt with real time codes (*appendix vii, viii, ix*), I then coded each excerpt, assigning a label to each event. TABLE 4A (see page 25, 26) shows the final codes arrived at after several revisions. The left hand column shows the code assigned

to the events from each of the three videos: i.e. Data I (group music therapy), IIa (large group activity) and IIb (building block activity).

Once this coding process was completed, I clustered the codes under categories as per TABLE 4B (see page 26). In compiling the categories, I kept the research questions in mind (Ansdell and Pavlicevic, 2001: 200).

I now discuss each of the five categories, giving examples of codes from data sources I, IIa and IIb.

### **4.3 Categories**

#### **4.3.1 Physical acts or activities**

Physical acts refer to the physical movements that occur during the group interaction. These movements could occur in response to something that has been observed or the child or adult could initiate these movements in order to invite a response from another. Physical activities refer to movements that occur in an activity, such as beating the drum (Data source I), or using building blocks to build a tower (Data source IIb). Beating the drum is a physical act occurring in response to an invitation to play and this takes place within a musical activity.

#### **4.3.2 Observation**

Observing can be defined as a group member, leader or therapist perceiving, becoming aware or watching others and activities carefully. Observation plays a pertinent role in the interactions that take place in this research project. Some words used to describe the observing that took place are watching, imitating (this implies 'doing' as well) and concentrating. In both data sources, a lack of observation was also present, where the therapist or group leader continued with the activity with no obvious awareness of what the child had offered. A phrase used to describe a lack of observation would be 'averting gaze'. For example, in Data source I a child would resist interaction and involvement in the activity. By not watching what was taking place, a momentary lack of observation occurred, thus removing the group member temporarily from involvement in the activity.

### 4.3.3 Interfering

To interfere means to obstruct or to intervene. Although interference in an activity may mean that there is an interruption or distraction from the focus of the activity, an element such as teasing may suggest a certain level of intimacy, trust and familiarity between group members. In data source I, a teasing atmosphere was created at the beginning of the activity by the therapist. This added an element of fun to the activity and to the way in which the group interacted with one another. In the same data source interference occurred when a child was distracted by interest in his own body, such as fingers, or in a musical instrument, such as the bells. The distracted member was temporarily 'removed' from the activity. The distracted group member then elicited responses and initiations from other group members. These distractions occurred at an individual level. In data source IIa, there were lots of distractions present because of the large group of children. These children appeared to be distracted at a group level – unlike in the group music therapy, where individuals were distracted. In data source IIb, the helper interfered with the two boys' block building by teasing them and knocking their constructions down. The teasing in this case seems to focus the boys' attention to reconstructing their towers.

### 4.3.4 Inviting

To invite means to ask a person to come to *a place*, or to make something attractive to another person. In other words, to tempt a person to come to you or to do the same thing that you are doing. In this study, in data sources I and IIa, the therapist or group leader invites the children to participate in the activities. In data source IIb, the child invites the helper to appreciate what he has done in his building block activity. In data source I and IIa, the therapist and the group leader ask questions, which invite the children to respond in different ways. Therefore, inviting prompts a response, providing a direct link between them. In data source I, the therapist offers the drum to the children individually and as a group, thus inviting them to play on it. Both the therapist and the group leader instruct the children as to what to do – this invites them to follow the instructions.

### **4.3.5 Physical adjustments**

If the physical positioning of persons in a group is closer, the potential is the greater for more intimate interaction. The further the persons in a group are situated, the harder they have to work to interact with one another. The physical positioning in the group music therapy sessions was closer and thus, enabled a far more intimate way of interacting to occur. The large group activity in the family institutional context (data source IIa) was situated in a large hall, which inhibited close physical interaction with all group members. However, adjustments were possible and the group leader was able to move around the room thus creating individual interaction with some of the children. Certain physical adjustments such as leaning toward or backward, was an invitation for response. For example, in group music therapy (data source I), if the therapist leaned forward, the children would follow her example. In the building block activity (data source IIb) between the two boys, their physical position was sitting side-by-side, which created an environment where they could interact more closely. However, because they were not facing each other, they were more separately involved in the activity.

Having completed the coding and categorising of data sources I, IIa and IIb, I now consider both in terms of themes to enable me to address the topic of this study.

## **4.4 Themes**

TABLE 4C (see page 27, 28) shows the four themes that emerged from the coding and categorising process. These themes are responding to other, leading to response by other, other-directed and self-directed. FIGURE 4A (page 29) shows the accumulative distributions of codes through each theme for data sources I, IIa and IIb.

I now describe each theme in the context of the categories and codes. In Chapter 5, I will discuss the themes in relation to the research questions.

### **4.4.1 Responding to other**

Being responsive in this study means that a group member, therapist, leader or helper responds to some influence, usually to another member in the group, to an action or to

an object. The physical act of smiling, in data source I, is a response to the therapist beating the drum with increasing tempo or in data source IIa, it is a response to the group leader as she sings (see TABLE 4A, data source I - 0:16, data source IIa - 1:55, resp.). The physical act of beating the drum in data source I, is a response to the therapist holding the drum out to the group member. In data source IIb, A bumps G's arm and in response to this act, G watches what A is doing (see TABLE 4A. data source IIb, 0:13). The code 'watching', in this instance, fits into the theme of observation and is a response to the particular act of 'bumping'. In data source I, when one of the group members withholds from playing on the drum it is a response to the therapist asking him to play (see TABLE 4A, 0:26). 'Withholding' in this sense, interferes with the flow of the activity. In the same data source, the therapist corrects G's action of beating the drum out of turn. Thus, 'correcting' is a response to an action (see TABLE 4C under the category, 'inviting'). In data source IIb, H 'hunches over' G and A to see what they have built. She was called by G and had to move across the room in order to see what they had done. This physical adjustment was a response to G's calling (see TABLE 4A, data source IIb, 1:24).

#### **4.4.2 Leading to response by other**

An action executed or words spoken can elicit a response from others. In all three data sources, certain codes in the five categories led the therapist, the group members, the group leader or the helper to respond either by repeating the action or by doing something new. The physical act of gesturing in data source IIa by the group leader led some of the group members to respond to her by copying her movements. In data source I, G averts his gaze which then leads the therapist to call his name in order to bring his attention back to the activity (see *appendix vii*, 0:23). In data source I and IIb, the therapist and the helper tease the children, which leads them to respond, either vocally or by observing the events with more enthusiasm. In the same data sources, the therapist and the helper offer the drum and the blocks to the children, respectively, and the children respond either by beating the drum or by using the blocks to build a tower (see TABLE 4A, data source I - 0:30, data source IIb – 1:27). In data source I, as the therapist sings, "we can play on the drum together", everybody moves closer together and plays the drum simultaneously. This physical adjustment led the whole group to respond to the movement by beating the drum together (see TABLE 4A, 1:48).

#### 4.4.3 Other-directed

This theme is described as being a response or action directed towards another person or object. For example, in data source IIb, the physical action and attention needed for building a tower is directed at the blocks. In all data sources, the children observe the movements and actions of others. In data source I, S watches G beating the drum and this response is directed towards G as well as to the drum (see TABLE 4A, 1:12). In the same data source, A interrupts G's playing on the drum by trying to beat it himself. He directs his action towards G and the drum and this 'other-directed' movement interrupts the activity (see *appendix vii*, 0:54). In data source IIa, the group leader questions the children, asking them, "Where are your feet?" She directs her questions at the children and at their feet, expecting a response (see TABLE 4A, 2:05). In data source I, the physical adjustment of moving closer, is directed at the other group members so that the group moves together as a whole, enabling them to play together on the drum (see TABLE 4A, 1:48).

#### 4.4.4 Self-directed

This theme is described as being a response or action directed towards the self. For example, in all data sources, the physical act of smiling is a possible reflection of the inner state of the child (possible enjoyment). In data source I, G averts his gaze and this action is self-directed in that he concentrates on himself, temporarily removing himself from the activity (see TABLE 4A, 0:17). The act of fidgeting in the group music therapy excerpt (data source I), also suggests that the action is self-directed and interferes with the continuity of the musical activity (see *appendix vii*, 0:37). In all data sources, the act of the children seeking the attention of the therapist, the group leader or the helper is directed towards self. Attention-seeking behaviour always draws the attention of others to the person who is seeking the attention. This type of behaviour leads to others responding to it either in a positive or negative manner (i.e. giving the attention to the person or ignoring the person). For example, in data source IIb, G calls loudly to H to come and see what he has done with his blocks (see *appendix viii*, 1:00 – 1:15). He draws the attention to himself and she approaches him. In the fifth category (physical adjustments), sitting side-by-side in wheelchairs (data source IIb) leads to more self-

directed behaviour. G and A are directing their behaviour mostly to the building of their own towers (see *appendix ix*, 0:00 – 0:04).

In FIGURE 4A (p. 29) I added all the codes together from each category in relation to the themes, showing that in group music therapy ‘other-directed’ responses and ‘leading to response by others’ were the most prevalent. In the large group activity (data source IIa), ‘leading to response by others’ and ‘self-directed’ were the most prevalent. In the building block activity (data source IIb) ‘other-directed’ and ‘leading to response by others’ were the most prevalent.

**TABLE 4A: CODES**

<b>Code</b>	<b>Data I</b> Group music therapy	<b>Data IIa</b> Large group activity	<b>Data IIb</b> Building block activity
Facial expressions: eg. smiling	<b>0:16</b> S and A smile as Th. beats the drum with increasing tempo.	<b>1:55</b> Severely disabled boy smiles as GL sings to him.	<b>1:35</b> A smiles as H turns to him and knocks his tower over.
Excitement	<b>0:05</b> G squeals when Th. asks the children if they are ready to begin.		<b>1:05</b> G squeals and moves in his chair after calling H to look at him.
Watching	<b>1:12</b> As G beats drum, S watches every movement.	<b>1:43</b> Some children in the group touch their heads, the other children just watch.	<b>0:13</b> A bumps G's arm. G notices, turns to face A and watches what he is doing.
Averting gaze	<b>0:17</b> G looks down, while Th. beats the drum.		
Withholding	<b>0:26</b> Th. sings, "A on the drum". A does not play.	<b>1:20</b> GL asks a child in a wheelchair to say "hello". The child says nothing.	
Being distracted	<b>0:37</b> Th. is playing the drum. A looks at G and begins to fiddle with G's bells.	<b>1:50</b> Most of the children in the group are distracted and do not participate.	<b>0:03</b> A is busy building his tower, while G has paused and is looking around the room.
Questioning	<b>3:50</b> A is beating the drum. G asks, "Where toy?"	<b>2:05</b> GL asks the children, "Where are your feet?"	



<b>Code</b>	<b>Data I</b>	<b>Data IIa</b>	<b>Data IIb</b>
	Group music therapy	Large group activity	Building block activity
Offering	<b>0:30</b> Th. holds the drum out to S and says her name.	/	<b>1:27</b> H picks up G's blocks off the floor and gives them back to him.
Hunching over	<b>2:53</b> Th. hunches over, holding the drum in the middle of the group.	<b>1:18</b> GL hunches over a child in a wheelchair and taps his shoulder.	<b>1:24</b> H approaches the two boys and hunches over to see what G has built.
Moving closer	<b>1:48</b> Th. sings, "we can play on the drum together". A, G, S and Th. move closer together.	/	/

**TABLE 4B: CATEGORIES**

<b>Categories</b>	<b>Codes (examples)</b>
Physical acts/ activities	Facial expressions Excitement Movement e.g. arms Reaching to (object or other)
Observation	Watching Averting gaze Affirming Imitating
Interfering	Withholding Being distracted Teasing Interrupting
Inviting	Questioning Offering Instructing Modeling
Physical adjustments	Hunching over Moving closer Distance Moving backward

**TABLE 4C: THEMES**

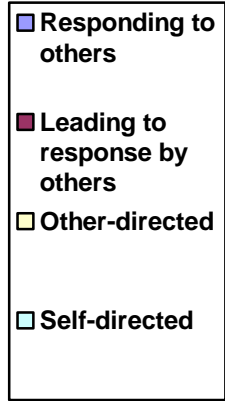
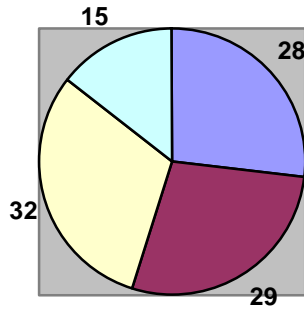
	<b>CODES</b>	<b>RESPONDING TO OTHER</b>	<b>LEADING TO RESPONSE BY OTHER</b>	<b>OTHER-DIRECTED</b>	<b>SELF-DIRECTED</b>
<b>Physical acts/activities</b>	Clapping	•		•	•
	Vocal eg. laughing, shouting out	•	•	•	
	Calling eg. names	•	•	•	
	Building			•	
	Movement eg arms	•			•
	Facial expressions eg. smiling, frowning	•			•
	Gesturing	•	•		•
	Excitement	•		•	•
	Busyness	•			•
	Reaching to (object or other)	•	•	•	
	Beating the drum	•		•	
<b>Observation</b>	Watching	•		•	
	Concentrating	•	•	•	•
	Averting gaze		•		•
	Oblivious		•		•
	Affirming	•			
	Anticipating	•		•	
	Imitating	•		•	•
Individual focus				•	
<b>Interfering</b>	Withholding	•	•		•
	Being distracted	•			
	Teasing		•	•	
	Interrupting	•	•	•	
	Destructing	•	•	•	
	Fidgeting	•	•	•	•
	Restricting	•	•	•	

TABLE 4C: THEMES continued

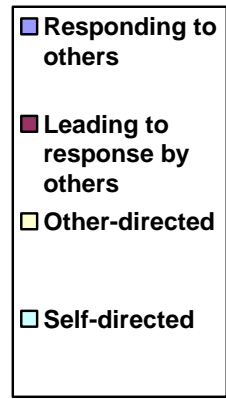
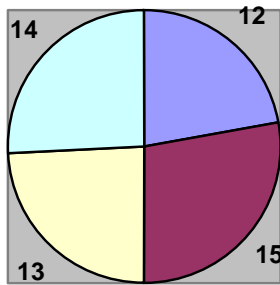
CAT	CODES	RESPONDING TO OTHER	LEADING TO RESPONSE BY OTHER	OTHER-DIRECTED	SELF-DIRECTED
Inviting	Questioning		•	•	
	Offering		•	•	
	Instructing		•	•	
	Including	•	•	•	
	Supporting	•		•	
	Helping	•	•	•	
	Giving		•	•	
	<b>Correcting</b>	•	•	•	
	<b>Changing</b>	•	•	•	
	<b>Taking</b>	•		•	•
	<b>Repeating</b>		•	•	•
	<b>Modeling</b>		•	•	•
	<b>Referring eg. to other</b>		•	•	
	<b>Approval-seeking</b>		•		•
<b>Attention-seeking</b>		•	•	•	
Physical adjustments	<b>Facing leader</b>	•	•	•	
	<b>Moving forward</b>	•		•	
	<b>Moving backward</b>	•		•	
	<b>Moving closer</b>	•	•	•	
	<b>Moving together</b>	•	•	•	
	<b>Moving across</b>		•		•
	<b>Leaning toward</b>	•	•	•	
	<b>Turning toward</b>	•		•	
	<b>Hunching over</b>	•	•	•	
	<b>Sitting in large group</b>			•	
	<b>Distance</b>		•		•
	<b>Turning away</b>	•	•	•	•
	<b>Approaching</b>		•	•	
	<b>Side by side</b>				•

**FIGURE 4A:** Distribution of codes through themes

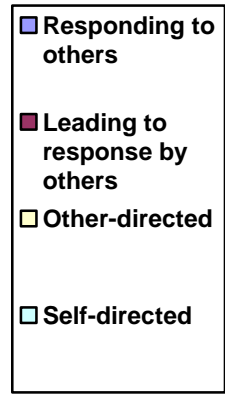
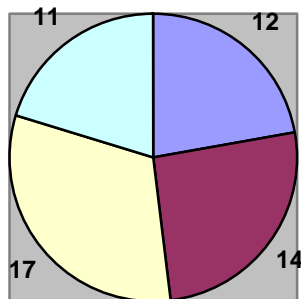
**Data Source I -  
Group music therapy**



**Data Source IIa -  
Large group activity**



**Data Source IIb -  
Building block activity**



In concluding this chapter, it is necessary to note that there were codes from the different categories present in all three data sources (see *appendix x*). For example, in the physical acts category, “smiling” was present. “Watching” and “oblivious”, in the category of observation, were present in all three data sources. In the category of interfering, “being distracted” and in the category of inviting, “helping”, “repeating” “modeling”, “approval-seeking” and “attention-seeking” were present in data sources I, IIa and IIb. Finally, in the category of physical adjustments, “hunching over” was the only code that appeared in all three data sources.

The codes in each category were also spread across the four themes (see TABLE 4C, p. 27,28). For example, in the category of physical acts, “beating the drum” was a response to being offered the drum to play (responding to other), as well as the beating being directed at the drum (other-directed). In the category of physical adjustments, “moving closer” was a response to the therapist moving closer (responding to other), as well as leading the group to respond together (leading to response by other) and the action of moving closer was directed at the other members in the group (other-directed) – they were moving towards one another.

*I now move on to the discussion section of this study in Chapter 5. Here I will discuss the themes in relation to my research questions.*

## CHAPTER 5

### DISCUSSION

In this chapter, I will focus on my research questions by discussing what emerged from analysing the data. The themes that arose from the data analysis were responding to other, leading to response by other, other-directed and self-directed. These themes had a part to play in the interactions that took place in the group music therapy sessions (data source I), as well as in the daily institutional environment (data source IIa and IIb). The purpose of discussing these themes in relation to the research questions is to organise the information into meaningful units and to provide a synthesis of information from the two data sources and the literature that was consulted in this study.

I now consider my first research question.

#### **5.1 Research question I**

What are the parallels between interactions in group music therapy and in the daily institutional family context?

My interest in this study lies in what happens inside the group music therapy sessions and how this parallels relationships outside of therapy, in Little Eden's daily environment. It became clear that there were similarities in the interactions that took place 'in-therapy' and 'out-of-therapy'. Certain responses were elicited from the children in all three data sources. However, there were also clear differences that emerged from the data analysis, emphasizing the positive influence group music therapy could have in an institutional context with children who have mental and physical handicaps.

##### **5.1.1 Theme 1: Responding to other**

In group music therapy with severely handicapped children the music provides an experiential ground for their engagement, their personality development and their social integration (Nordoff and Robbins, 1971, 1977) within a group context. The musical activity in the large group setting at Little Eden (data source IIa) also created an experiential ground for the children to interact with one another. However, the

levels of interaction in the large group versus the considerably smaller group in group music therapy differed. The smaller the group, the more intimate the interaction, whereas, the larger group's interaction was more limited. The children were able to respond to each other in both instances by watching or observing what was taking place. The therapist and the group leader were able to respond to what the children offered or did not offer in the activities.

As mentioned earlier in this study, Amir (1993, 1996) spoke about meaningful moments in music therapy. These moments were difficult to describe, were unpredictable and occurred during a creative musical activity. The moments of 'insight' in music therapy, in the case of working with severely disabled children come from the therapist since the children are unable to express their opinions on the musical experience. In data sources I and IIa, both activities were creatively musical and meaningful moments may be identified through the way in which the participants responded to one another. It is clear that in the three data sources, the responsive act of smiling suggests that the children experience a sense of enjoyment from certain elements in the activities, such as when the drum is beaten, or when the group leader sings specifically to one boy or when the helper focuses on the one child and teases him by knocking his block tower over (see TABLE 4A, facial expressions, p.25). These could be seen as 'meaningful moments' for the children in their interaction with the therapist, the group leader and the helper. A sense of enjoyment becomes meaningful for children who live in an institutional setting because of the restricted and regimented environment in which they live. Similarly, moments of excitement occur in the group music therapy activity as well as in the building block activity in response to external stimuli. These moments are meaningful since they depict a brief inner transformation and again suggest a sense of enjoyment.

One of the differences between interactions that occurred during group music therapy and interactions that occurred in the daily institutional family context was that the size and physical adjustments or positioning of the groups influenced the quality of their interactions. In group music therapy, there was the opportunity for the group members to sit close together and this encouraged responsive behaviour, between the children and between the children and the therapist. In the large group activity (data source IIa), the distance between the children limited their responsive behaviour with each other and with the group leader. In reference to Tuckman's stages of group development (Tuckman, 1965), the development of 'group cohesion' in this study occurs more easily with a small group than with a larger group. Even

though the children in the large group activity are in their 'institutional family', it is in the smaller group undergoing group music therapy where the members react and respond to one another more easily as members of a family.

### **5.1.2 Theme 2: Leading to response by other**

The physical act of gesturing is a significant or exaggerated movement to evoke a response (see appendix x, 'gesturing' p. ). In the large group activity, the group leader gestured to the children in order to elicit a response. Because of the distance between the members of the group, a significant movement by the leader was necessary to encourage a response from the children. In group music therapy, the physical closeness of the group members assisted the therapist in eliciting a response from the children. In both group music therapy and the daily institutional environment, the therapist and the group leader asked the children questions to which they were given answers. However, again the size of the group had an influence on the responses given. In group music therapy, the small group was asked a question as a group. However, in the large group activity, the group leader had to go around the room and ask individual children questions and not the group as a whole. In this large group, some children were not included because the group was just too big to include everybody.

In group music therapy (data source I), the therapist offered individual children the drum to beat and this led the child to either respond by beating the drum or by not playing at all. In the block building activity, the helper offered blocks to the one child which then led him to accept them and to continue building his tower. These individual approaches were in a group context and because in these two instances the groups were small, the other group members were still included by watching the one group member respond to the leader. However, in the large group activity (data source IIb), when an individual group member was approached with an invitation to respond, the other group members were distracted and unable to focus on the activity.

From the data analysis, it became clear that the physical positioning of the group members either led to response or limited response. For example, in group music therapy when the members moved together, across or leaned forward, this led to the group responding together as a result of their moving their physical position to a more intimate level. The music at this point of 'togetherness' became more intimate and inclusive, involving all the group members. This also suggests possible group



cohesion, giving the group members a sense of belonging. In contrast, in the large group activity (data source IIa), the distance between the group members is not conducive for close interaction. It is only when the group leader moves and approaches individuals herself in the group, that there is an opportunity for the children to respond to her invitations. Severely handicapped children have a limited ability to understand and interpret experiences therefore the physical distance between group members limits their interaction in the group.

### **5.1.3 Theme 3: Other-directed**

This theme is very similar to the first theme, responding to other, but the response is *directed* to another person or to an object. For example, when beating on the drum, the response is directed towards the drum. In data source I, group music therapy, the act of interrupting occurred where one child would try to beat the drum when it was not his turn to play. This could be seen as a meaningful moment of interaction because the child was responding to the other child's playing and wanted to be part of that interaction. However, the therapist then had to intervene and restrict that child's playing until it was his turn. These responses contributed to the activity and to the goal of group music therapy with these children by assisting them in appropriate interaction and turn-taking. In the large group activity, interruptions occurred but because of the large number of members, it was difficult to document them. If the group leader were directing her action song at one child, another child on the other side of the room would try to include himself but because of the distance between them, he was unable to directly interact with them. In all three data sources, the children observed what was taking place in the activities. They directed their attention to the events of the activities. Again, it is seen from the data analysis that the physical positioning of the group directs the way in which the children, therapist, group leader and helper interact with one another and direct their responses away from themselves. However, because of the group context in all data sources, there is a suggested sense of belonging to a greater whole, even when there is interaction occurring at a more individual level and when 'other-directed' responses occur.

### **5.1.4 Theme 4: Self-directed**

In all three data sources, attention-seeking behaviour was observed. This is self-directed behaviour. In each group, the child seeking attention would attempt to redirect the focus of the therapist, group leader or helper to himself. However, it is easier to contain attention-seeking behaviour in a small group, thus in group music

therapy the music therapist is able to affirm the child seeking attention, redirect his attention to the activity and intervene to prevent this behaviour from disrupting the activity.

Even though some of the responses that were elicited in the activities were self-directed, this self-directed behaviour brings an awareness of self in the context of a group. This is an important feature for children who live in an institutional environment, allowing them to experience themselves as part of group or family. It brings these children a sense of belonging.

From these four themes and the analysed data, parallels and differences became evident in the interactions in group music therapy and in the daily institutional context. One parallel that was consistent through all data sources was a sense of enjoyment from the activities. All the children in the music therapy group, the large group activity and the building block activity were able to respond to elements of the activities, but the size and physical positioning of the groups directed the level of their interaction. The closer the group was situated, the higher the level of interaction. The further away the children were from each other the lower the level of interaction. From the data it was evident that group music therapy is more 'other-directed' than the large group activity (see FIGURE 4A, p. 29). Group music therapy also encourages and invites responses from the children. This is possibly due to the close physical positioning of the group members, as well as the size of the group. Group music therapy seems to provide a more intimate environment with more possibilities for choice and individual attention.

I now consider my second research question.

## **5.2 Research question II**

- How can group music therapy develop or adapt to become more relevant for the institutional context?

It has become clear to me that group music therapy does not need to adapt to become more relevant for the institutional context, but that it offers a qualitative mode of interacting. This could quite possibly be something that Little Eden would like to see more of. This would include smaller groups with more individual attention, closer physical positioning, increased attention to nuances in interaction and more possibilities for spontaneity. By introducing more music therapy, offering group music

therapy for staff members and possibly training staff in methods that are used in music therapy, group music therapy has an important role to play in the daily institutional family context.

### **5.2.1 More music therapy**

In order, to provide the residents at Little Eden with the intimacy and individual attention they need, as well as possibilities for choice and for being heard, more music therapy could be instituted into Little Eden's therapeutic programme. Music therapy works with small groups that would create a greater level of intimate interaction. This would offer more of the children opportunity to have their needs met through a musical medium. Music therapy treatment strategies are individualised and even when working with groups a child would receive more individual attention than when present in a large group activity such as in data source IIa. Group music therapy for an extended time would help establish a 'family' identity giving the children a collective sense of self and would help to diminish the isolating effects of institutionalisation.

### **5.2.2 Group music therapy for staff members**

Another consideration would be to offer group music therapy for staff members. This would give them some insight into how group music therapy works and would give them the opportunity to express themselves in the context of a group. Working with children who have mental and physical handicaps on a long-term basis is difficult and emotionally draining. Group music therapy would offer them a space to express their frustrations in an informal environment through the use of music.

### **5.2.3 Staff training**

Another alternative would be to train the staff members in interactive sensitivities and activities similar to those used in music therapy. Smaller groups would need to be created so as to give the children more individual attention but still within a group context. Staff training would be necessary so that they could work with the children at a new level, offering these children intimacy and a greater sense of family identity. Since formal music therapy takes place only on a few days in the weekly schedule, training the staff in a similar style to music therapy would allow these sensitive and 'other-directed' activities to take place on a daily basis, thus benefiting the children.

*In this chapter I have discussed the themes that emerged from the data analysis in relation to the research questions. I now move on to my concluding remarks in chapter 6 about this study of group music therapy conducted in an institutional setting.*

## CHAPTER 6

### CONCLUSION

In this study, I have examined the interactions that take place in a group music therapy session between children who have physical and mental handicaps and the therapist. In addition, I explored the interactions that occurred in the daily institutional family context between a large group of children and their group leader and between two children involved in a building block activity and a helper. The purpose of this study was to describe and understand these moments of interaction, some of which could be described as 'meaningful moments'. I did not intend to prove that parallels exist between the two data sources, but through the data analysis it became clearer that there were some similarities and some differences between them.

However, as I have reconsidered, restructured and rearranged the themes that emerged from the data over a period of time, it has become even more apparent to me that further change and revision is needed. Certain alternative themes that are common throughout the data have become prominent and these could, in fact, clarify and augment this study. I now briefly mention and consider these alternative themes.

- **Group size** – music therapy is conducted within small groups and therefore offers more intimacy. In the data it was clear that the more intimate interaction occurred within group music therapy and not in the large group in the daily institutional environment.
- **Physical positioning of the children** – the manner in which the children are physically situated enables more or less interaction between them. In the data it was unquestionable that the closer the children were physically, the more intimate the interaction compared to the distance between the children which inhibited interaction in the large group activity (data source IIa).
- **Physical positioning of children and therapist/ group leader** – close physical positioning will enable the therapist/ group leader to pick up more or less cues faster from the children, thus enabling a more immediate response to nuances.

- **Possibilities for spontaneity** – group music therapy allows for spontaneous rather than pre-determined behaviour. It invites the children into spontaneous participation with the therapist as well as other group members. Spontaneity allows freedom of expression.
  
- **Focused attention to detail/ nuances** – it is clear that this is what group music therapy offers above all else. I would surmise that more focused attention would elicit more focused interaction. This focus comes from the children as well as from the therapist. Focused attention is limited in the daily institutional setting due to the large number of children in the group.

In conclusion, in my reflexive stance and dual role as researcher and therapist, I have been self-reflective and tried to take a 'critical' viewpoint on the research activity. The emergence of these new ideas and alternative themes relevant to this study could justify a different approach to this research project and merits further consideration.

**DATA SOURCE I:** SESSION 8 – LITTLE EDEN – DRUM TURN-TAKING INTERACTION – 17'40 MINS INTO SESSION  
*Italics* – speaking      **Bold** – singing      S – girl (10yrs) G – boy (5yrs) A – boy (10yrs)      Th. (therapist)

COUNT	S	G	A	Th.	OBSERVATIONS
	Watches	Claps his hands		<i>Are you ready?</i>	Clapping - anticipation
0:00	Watches Th. intently			<i>You don't know who's going to get a turn first</i>	
0:04	Bent forward	<i>Bam</i>		<i>We don't know!</i>	Teasing
0:05		<i>Bam</i>	S! points to S	<i>G!</i>	
0:09		<i>Here</i> – holds out his right arm to Th.		Watching	
0:10	Watching	Watching	Watching	Holds drum in middle. <b>Ram pam pam pam pam...</b> beats drum... <b>pam pa pa pam pam.</b>	Accelerando
0:16	Smiles	Looking down	Smiles + brief vocal sound of excitement		PAUSE
0:18				<b>On the drum, pa ra pa pam pam</b>	
0:22	Moves back	Fiddles with fingers. Looking down.	Watches Th.		PAUSE
0:23		Won't beat the drum		Sudden forward movement to G with drum – <i>G!</i>	
0:25				<i>No-oo!</i> Holds drum out to A	Singing tone in voice
0:26			Doesn't play	<b>A on the drum</b>	Steady rhythm
0:28			S – points to S		
0:30	Smiles			<i>Hah! No!!</i> Takes drum back	
0:31	Smiles broadly + brings right arm over to beat			Holds drum out to S <i>S!</i>	
0:36	7 beats			<b>Pa ra pa pam pam</b>	Slow beats from S

Appendix I

Appendix ii

FACULTY OF HUMANITIES

MUSIC DEPARTMENT

TEL (012) 420-2316/3747

FAX (012) 420-2248

**MUSIC THERAPY PROGRAMME****TEL (012) 420-2614****FAX (012) 420-4351**[www.up.ac.za/academic/music/music.html](http://www.up.ac.za/academic/music/music.html)

UNIVERSITY OF PRETORIA  
UNIVERSITEIT VAN PRETORIA

Date: \_\_\_\_\_

**PRETORIA 0002 SOUTH AFRICA****MUSIC THERAPY SESSIONS: PERMISSION FOR ATTENDANCE AND TO RECORD**

I give my permission for \_\_\_\_\_ to receive music therapy sessions with students enrolled in the Master of Music Therapy Degree Program of the University of Pretoria (UP) from January until November 2003 at Little Eden. I also grant permission for sessions to be recorded onto video and/or audio tape. I understand that this recording will be used only for clinical, research and educational purposes, as part of the music therapy students' training, for supervision purposes with their supervisors, and as part of their clinical case study presentations for their examinations. Visual and audio recording during music therapy sessions is standard practice and is used to clinically analyze sessions and in turn to give direction to the ongoing therapy process. All efforts to protect privacy, anonymity and confidentiality will be adhered to, in line with standard clinical practice. At the end of the students' training, tapes will form part of the training archives and will become the property of the Music Department, University of Pretoria. Upon request, tapes may be listened to/viewed by clients' relatives or guardians.

\_\_\_\_\_ Name and relationship to client (Guardian / relative)

\_\_\_\_\_ MMUS (Music Therapy) Student

\_\_\_\_\_ For Little Eden

\_\_\_\_\_ Clinical Supervisor, Music Therapy Programme



Appendix iii

FACULTY OF HUMANITIES  
MUSIC DEPARTMENT  
TEL (012) 420-2316/3747  
FAX (012) 420-2248



UNIVERSITY OF PRETORIA  
UNIVERSITEIT VAN PRETORIA

**MUSIC THERAPY PROGRAMME**

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**FAX (012) 420-4351**

[www.up.ac.za/academic/music/music.html](http://www.up.ac.za/academic/music/music.html)

Date: \_\_\_\_\_

**PRETORIA 0002 SOUTH AFRICA**

**MUSIC THERAPY RESEARCH: PERMISSION TO RECORD**

I, \_\_\_\_\_, hereby give my permission for Kathryn Nienhuis, a student enrolled in the Master of Music Therapy Degree Programme of the University of Pretoria (UP), to video record residents in their daily social environment at Little Eden. I understand that this recording is for her mini-dissertation research and that anonymity and confidentiality will be maintained. I also give my permission for the recording to be observed by the research supervisor as necessary. Once the research is complete, I understand that the recording will be destroyed.

----- Names of residents

-----

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----- MMUS (Music Therapy) Student

----- For Little Eden

----- Head of Music Therapy Programme

Appendix iv

**DATA SOURCE I:**  
**SESSION 8 – LITTLE EDEN –**  
**DRUM TURN-TAKING INTERACTION – 17'40 MINS INTO SESSION**

- |  |   |
|--|---|
| <input type="checkbox"/> S – girl – 10 years old | <input type="checkbox"/> A – boy – 10 years old |
| <input type="checkbox"/> G – boy – 5 years old   | <input type="checkbox"/> Th. – Therapist        |

DESCRIPTION:

S, G and A sit facing Th. Th. says to them “Are you ready?” G claps his hands and S watches. Th. says, “You don’t know who’s going to get a turn first. We don’t know!” S watches Th. intently. She bends forward. G shouts, “Bam” when he sees the flat drum. A points to S. G says, “Bam” again. Th. says, “G”. He holds out his right arm to me and says, “here.” Th. holds the drum in the middle and begins singing to the tune of “Little Drummer Boy”. Th. beats the drum. The tempo increases. S and A smile. A vocalises with a brief sound. G looks down. Th. introduces a pause into the music. Th. continues with the song. S and A watch me while G fidgets with his fingers. S moves back into her wheelchair. Th. suddenly moves forward toward G with the drum and says “G”. G won’t beat the drum. Th. says, “No-oo!”. Th. holds the drum out to A instead. Th. sings “A on the drum”. A does not play. Th. says, “Hah, No!!” Th. takes the drum back. A says, “S” and points to her. S smiles. Th. holds the drum out to S and says her name. She smiles broadly. She brings her right arm over to beat the drum. She beats the drum slowly with 7 beats. Th. continues with the song. Th. takes the drum back. Th. starts to beat fast on the drum. A looks at G and begins to fiddle with G’s bells. Th. pauses. A looks at Th. again. S leans forward in her chair again. She smiles. A says, “and me”. Th. holds the drum to him. He beats while Th. sings. Th. takes the drum back and pauses again. As Th. sings again, she holds the drum out to G. G beats the drum. A interrupts G’s beating by putting his hand on the drum. S leans a little more forward in her chair. Th. takes the drum back. S smiles and watches Th. A and G also watch Th. who beats on the drum. Th. holds the drum out for S to play on. She beats it with 5 beats. G and A watch her. Th. sings, “S play for us”. Th. holds the drum out to A. Th. sings, “A on the drum”. He beats. G and S watch him. Th. takes the drum back and says, “G” and holds the drum out to G. Th. sings, “play for us”. G beats. S watches every movement. A interrupts. G continues beating. I hold

Ahmed's arm back and say, "Godfrey's turn!" I take the drum and play, singing, "K on the drum". A tries to beat the drum while Th. plays. Th. pauses. Th. lifts the drum up and sings, "We can play up high". A and G lift their arms. S smiles. Th. holds the drum above A's head. He stretches and beats up high. G stretches and shouts, "here, here". Th. holds the drum for S. G says, "here, here" and points up high. S stretches her arm and manages to beat 4 beats. Th. sings, "We can play up high". Th. holds the drum for G up high and says, "G ". He beats the drum with 6 beats. S and A watch. Th. takes the drum back and beats up high. Th. sings, "And me." A gets distracted by his bells. He says, "and here!" and gives them to me. Th. lowers the drum and takes A's bells. A leans forward. Th.sings, "We can play on the drum together." Everybody moves closer together. The drum is in the middle. A and S beat together with Th. Th. sings as they play. G does not play and seems distracted by his bells. Th. says, "Come G.' A stops beating and looks at G. He says, " G!" G does not beat, but S continues to beat. Th. sings, "We can play together." Th. slows down the tempo. G holds out his arm and says, "Toy!" Th. continues, "...on the drum." A holds G's hand. G says, "Toy" again. He begins to beat with A's help. He hits the drum quite hard. S looks at G. Th. says, " Can you play slowly – like this – look." Th. holds G's hand and shows him how to beat slowly. G smiles. S watches Th. and she smiles while she continues to beat. G slows down and Th. says, "Aah – yes!" He smiles. Th. takes the drum back and moves back. G, A and S move back. There is a pause in the music. Th. moves back – closer physically. Th. sings, "We can play very quickly on the drum." G and A watch Th. and then beat hard on the drum. S is distracted and turns away. She then turns back. G stops beating and laughs. S joins in by beating. Th. sings, "We can play together on the drum." A takes G's bells off. G observes A closely. He does not beat the drum. Th. says to A, "You took G's bells. What are you going to do with them?" A puts G's bells on the side. Th. says, "Put them on the side!" S watches and holds out her arm. Th. moves S's wheelchair forward. A takes S's bells off. Th. says, "There we go, no more bells!" Th. says, "Alright!" and hunches her body over and sings. Th. holds the drum in the middle. A reaches out to play. G watches, then stretches his arm out to play. S watches. G beats the drum. Th. moves the drum to Ss and sings. She puts her hand on the drum and beats slowly. Her jersey gets in the way. Th. moves the drum to A and sings. He beats the drum hard. G says, "And me!" He reaches to the drum. Th. moves the drum to G. He beats the drum. Th. moves towards S. She beats then misses because of her jersey. Th. says, "Where's your hand?" Th. helps her to move her jersey out of the way. A and G watch. A shouts, "Hard!" He then shouts, "Stop!" S smiles. G says, "And me." Th.sings very softly. They all lean over. Th. holds the drum to A. He

beats softly. Th. holds the drum out to G and sings. He hits hard. Th. matches G's energy in her voice. S laughs. A joins G in beating the drum. Th. holds the drum to S. She beats slowly to the 1<sup>st</sup> and 3<sup>rd</sup> beats of the bar. G shouts, "Bam, Bam, Bam!" He claps his hands with S's beats. His vocalisations are loud. Th. holds the drum to A. He beats. G says, "Where toy?" S smiles. A leans toward G. G repeats, "Where toy?" He hits the drum hard.

Appendix v

<b>DATA SOURCE IIa: LARGE GROUP-SINGING ACTIVITY WITH GROUP LEADER</b>	12/08/2003	Time of excerpt: 3'03
--	------------	-----------------------

- A – boy – 10 years old
- G – boy – 5 years old
- GL – adult group leader

**DESCRIPTION:**

The children are sitting in a large group around the hall. GL is asking them who is happy. A and another boy put up their hands in response to her question. A shouts out "me". GL walks around the circle asking who else is happy. Another boy puts up his hand. GL starts pointing to a few children. A shouts out "me" again. GL does not acknowledge his shout but points to other children who are happy. G shouts out "me" from the other side of the circle. GL raises her hand showing them and she then claps her hands, asking the children if they are happy. She asks the children if they can clap their hands. Two of the children still have their hands up from before. GL says, "we are going to sing". She starts singing very softly, "If you're happy and you know it clap your hands." She claps her hands. A few of the children clap. She repeats, "If you're happy and you know it clap your hands." She shows some of the children how she claps her hands. She has her back to the other children. She turns around and goes to sing 'If you're happy and you know it' to them. G does not clap his hands. She takes his hand, but she does not help him clap. She changes the song to "If you're happy and you know it say hello". A shouts out, "hello" from the other side of the hall. GL goes to the left side of the circle and bends over to sing to the children. A shouts, "hello". GL stays on the left side singing "if you're happy and you know it say 'hello'" softly. She leans over to a distracted child in a wheelchair and she taps his shoulder and says, "Say hello". He doesn't say anything. She repeats, "say hello". He says "hello" very softly. GL turns to the whole group and says that she can't hear too much, but she says she can hear A. She says everyone else is not singing. G points to himself and says "me". GL points to her ears. She begins singing again, "If you're happy and you know it touch your head." She touches her head. Some of the children touch their heads. The others just observe. GL asks one of the little girls where her head is. She immediately puts her hands on her head. GL sings to G. He puts his hands on his head. The majority of the children are distracted at this point and some loud vocal sounds are heard. GL sings to a severely disabled boy – he smiles at her. She changes the song and sings, "If you're

happy and you know it touch your feet". She bends over and asks the children, "Where are your feet." One child bends over and touches her feet. GL goes to one boy in a wheelchair and asks him where his feet are. She goes closer to him and asks him to touch his feet with his hands. She demonstrates. He struggles to touch his feet but he tries. She affirms him by saying, "that's it!" A asks GL to look at him but she is busy on the other side of the circle. GL moves around the circle. She takes a very young child's hand and foot and makes them meet. She repeats, "Touch your feet". She changes the song and sings, "if you're happy and you know it say 'Ah-ha'". The children respond by shouting "Ah-ha". Some just watch and smile. She repeats it. There is a lot of noise. The children respond with "Ah-ha".

Appendix vi

<b>DATA SOURCE IIB: EXCERPT A: LITTLE EDEN ACTIVITY OBSERVATION: AHMED AND GODFREY: 12/08/2003</b>	
	<b>Total time of excerpt: 2:25</b>

- |  |   |
|--|---|
| <input type="checkbox"/> G – boy – 5 years old   | <input type="checkbox"/> A – boy – 10 years old |
| <input type="checkbox"/> GL – adult group leader | <input type="checkbox"/> H – adult helper       |

DESCRIPTION

G and A sit at worktable in wheel chairs. They have a set of building blocks in front of them. They are building towers with the building blocks. Each boy builds his own tower. A is busy building a tower, while G has paused and is looking around the room. A bumps his tower accidentally and it falls over. G does not notice. A reaches over to take one of G's building blocks. As he takes a block, he bumps G's arm. G notices and turns around. He watches A. G picks up 2 of his own building blocks and gives them to A. A uses them to continue building his tower. G picks up 2 more building blocks to give to A. G says "here". A is too busy with his tower and does not notice G offering him some more building blocks. G takes the blocks and uses them to build his own tower. Both boys continue building towers separately G calls out "GL". GL is busy with some of the other children in the room. G then calls out to H: "Goggo". He appears excited. G calls out "come" – he calls H. H arrives to see what G has done She knocks his tower over and as she does it she says, "Yay!" She bends down to fetch G's blocks. She gives them back to G. G says, "Yay!" Then he rebuilds his tower. He knocks his small tower over and then rebuilds it. H turns to A and she knocks his tower over. A smiles. G gives H his building blocks and she builds him a tower. G squeals in delight and shows that he is excited. G says, "Yay!" as she builds the tower quite high. G claps his hands. H takes his hand and helps him knock the tower over. H then turns to A and helps him build his tower. She then holds his hand and helps him knock his tower down. G watches. G takes another building block and gives it to H saying, "here". The excerpt ends with G squealing in delight.







Appendix vii

**DATA SOURCE I:**  
**SESSION 8 – LITTLE EDEN**  
**DRUM AND TURN-TAKING INTERACTION – 17'40 MINS INTO SESSION**  
**Total time of excerpt: 3:53**

CLIENTS:          **A** - Boy – 10 years old          **S** - Girl – 10 years old  
                        **G** - Boy – 5 years                         **Th.** (K) - Therapist







<b>INDEXING:</b>	<b>DESCRIPTION:</b>	<b>CODE:</b>
0:00	S, G and A sit facing Th.	Facing
↓	Th. asks them, "Are you ready?"	Questioning
	G claps his hands and S watches.	Clapping; Observation
	Th. says, "you don't know who's going to get a turn first! We don't know!"	Unpredictability Teasing
	S watches Th. intently.	Observation; Concentration
0:04	S bends forward towards Th.	Movement forward
↓	0:05 G shouts, "Bam", when he sees the Th. holding the flat drum.	Excitement; Anticipating;
	A points to S.	Reference; showing Initiative
	G repeats "Bam".	Repetition; vocal response
	Th. says "G!"	Calling; attention- focussing
0:09	G holds his right arm to Th. and says, "here!"	Vocal response; Offering
↓	0:10 Th. holds the drum in the middle of the circle and begins singing to the tune of "Little Drummer Boy."	Instr. Positioning; Initiative; singing
	Th. beats the drum and the tempo increases.	Action; quickening
0:16	S and A smile.	Response; observation.










INDEXING:	DESCRIPTION:	CODE:
	A vocalises with a brief sound.	Vocal response
	G looks down.	Averting gaze
0:18	Th. introduces a pause in the music, then continues with the song.	Musical pause; Continuity
0:22	S and A watch Th. while G fidgets with his fingers.	Watching; Distraction-fidgeting
0:22	S moves backwards into her wheelchair.	Moving backwards
0:23	Th. moves forward suddenly towards G with the drum and says, "G!"	Physical position; calling; initiative
	G won't beat the drum.	Inactive; withholding
0:25	Th. says, "No-oo!" and holds drum out to A.	Vocal response; Offering
0:26	Th. sings, "A on the drum."	Inviting
	A does not play.	Inactive; withholding
0:30	Th. says, "Hah, No!" and takes the drum back.	Vocal response; Retraction
	A says, "S!" and points to her.	Showing initiative; Reference
	S smiles.	Smiling-response
	Th. holds the drum out to S and says her name.	Offering; inviting; call; Initiative; repetition
	S smiles broadly.	Smiling - response
0:31	S brings her right arm over to beat the drum.	Action – response
0:36	S beats the drum slowly with 7 beats.	Musical action; slow
	Th. continues singing the song while S beats.	Continuity
	Th. takes the drum back.	Retraction; initiative
	Th. starts to beat the drum fast.	Modeling; fast
0:37	A looks at G and begins to fiddle with G's bells	Distraction
0:39	Th. pauses.	Musical pause; Initiative
	A looks at Th. again.	Observation; looking
	S leans toward Th. in her chair and smiles.	Leaning towards
		Response
0:41	A says, "and me!"	Attention-seeking - Response
	Th. holds the drum out to A.	Inviting; initiative

INDEXING:	DESCRIPTION:	CODE:
0:42	A beats the drum while Th. sings.	Musical action; Continuity; supportive
0:47	Th. takes the drum back and pauses.	Retraction; pause; Initiative
0:51	Th. sings and holds the drum out to G.	Inviting
	G beats the drum.	Musical involvement; Response
0:54	A interrupts G's beating by putting his hand on the drum.	Interrupting
	S leans a little more forward in her chair.	Physical position
	Th. takes the drum back.	Retraction; initiative
0:57	S smiles and watches Th. A and G also watch Th.	Smiling-response; Observation
	Th. beats on the drum.	Musical involvement
0:59	Th. holds the drum out to S so that she can play.	Inviting; initiative
	S beats the drum with 5 beats.	Musical involvement
	G and A watch S.	Watching
	Th. sings, "S play for us."	Vocal invitation
	Th. holds the drum out to A and sings, "A on the drum."	Inviting –physical
1:06	A beats the drum.	Musical involvement
	G and S watch A.	Observation
	Th. takes the drum back and offers it to G, saying, "G". Th sings, "play for us".	Retraction; offering; Inviting
1:12	G beats the drum.	Musical involvement
	S watches every movement.	Observation; Concentration
	A interrupts G's beating.	Interrupting
1:15	G continues beating.	Continuity
	Th. holds A's arm back and says, "G's turn!"	Restricting; correcting
1:17	Th. takes the drum and plays, singing, "K on the drum."	Retraction; modelling; Initiative
1:20	A tries to beat the drum while Th. plays.	Interrupting
	Th. pauses.	Musical pause
1:21	Th. lifts the drum up and sings, "we can play up high."	Physical position; Modelling; change; Initiative
	A and G lift their arms up.	Physical response

INDEXING:	DESCRIPTION:	CODE:
	S smiles	Smiling-response
↓	Th. holds the drum above A's head.	Physical position
1:26	A stretches and beats the drum above his head.	Movement; musical involvement
1'30	G stretches and shouts, "here, here!"	Movement; attention-seeking
↓	Th. holds the drum for S.	Inviting
	G says again, "here, here" and points up above his head.	Attention-seeking; Response
↓	S stretches her arm and manages to beat 4 beats.	Movement; musical involvement
	Th. sings, "we can play up high."	Musical involvement
1:35	Th. holds the drum up for G and says, "G."	Inviting
1:36	G beats the drum with 6 beats.	Musical involvement
1:40	S and A watch G.	Observation
↓	Th. takes the drum back and beats above her head.	Retraction; modelling; Initiative
	Th. sings, "and me."	Inclusion
1:45	A gets distracted by his bells and says, "here!" giving them to Th.	Distraction; offering; Initiative; giving
1:45	Th. lowers the drum and takes the bells from A.	Physical position; Retraction; physical response
1:48	A leans forward toward Th.	Physical position
↓	Th. sings, "We can play on the drum together."	Inclusion; change; Initiative
	A,G, S and Th. move closer together.	Physical position - together.
↓	The drum is in the middle.	Instrumental position
	A and S beat together with Th. as Th. sings.	Together-musical; Supportive
1:52	G does not play and is distracted by his bells.	Inactive; withholding Distraction
↓	Th. says, "Come G!"	Vocal invitation
	A stops beating and looks at G.	Inactive; observation
↓	A says, "G!"	Vocal invit; Imitation

INDEXING:	DESCRIPTION:	CODE:
1:59	G does not beat but S continues beating the drum.	Inactive; continuity
	Th. sings, "We can play together" and the tempo decreases	Together; slow; Repetition
2:04	G holds out his arm and says, "Toy."	Distraction; initiative
	Th. continues singings, "...on the drum.""	Ignorance; continuity
	A holds G's hand.	Helping
	G says, "Toy!" again.	Attention-seeking
2:08	G begins to beat the drum with A helping him to move his hand.	Musical involvement; Helping; response
	G hits the drum hard.	Musical involvement; Loud
	S looks at G.	Looking
2:11	Th. says, "Can you play slowly...like this...look."	Questioning; modeling
	Th. holds G's hand and shows him how to beat slowly on the drum.	Helping; modeling
2:15	G smiles.	Smiling – response
	S watches Th. and smiles too, while she continues to beat.	Observation; smiling- response; continuity
	G slows down and Th. says, "Aah...yes!!"	Slow; affirming
	G smiles.	Smiling -response
2:22	Th. takes the drum back and moves backwards.	Retraction; physical position; initiative
	G, S and A move backwards in their wheelchairs.	Physical position; Response
	There is a pause in the music.	Musical pause
2:26	Th. moves physically closer to S, G and A.	Physical position; Closeness; initiative
	Th. sings, "We can play very quickly on the drum."	Continuity; change
	G and A watch Th. and then beat hard on the drum.	Observation; loud; Musical response
	S is distracted and turns away.	Distraction; turning away
	S turns back towards the group.	Turning towards.
2:35	G stops beating and laughs.	Musical inaction; Laughing -response
	S joins in the activity again by beating the drum.	Musical involvement

INDEXING:	DESCRIPTION:	CODE:
	Th. Sings, "We can play together on the drum."	Together; inviting
2:37	A takes G's bells from his wrist.	Removal; taking; Initiative
	G observes A closely.	Observation; interest
	G does not beat the drum.	Musical inaction; Withholding
	Th. Says to A, "You took G's bells! What are you going to do with them?"	Vocal response; Questioning
2:41	A puts G's bells on the side table.	Instrumental position
	Th. Says, "Put them on the side!"	Vocal response
	S watches and holds out her arm.	Observation; inviting
	Th. Says, "What about S's bells? Take S's bells off."	Questioning; Instructing
2:47	Th. Moves S's wheelchair forward.	Moving forward; Helping
2:53	A takes S's bells off.	Helping; taking
	Th. Says, "There we go, no more bells!"	Vocal response
	Th. Then says, "Alright!" and hunches over to continue singing the song.	Physical position; Continuity
	Th. Holds the drum in the middle.	Instrumental position; Initiative
	A reaches out to play.	Initiative; response
	G watches and then stretches his arm out to play.	Watching; initiative
	S watches while G beats the drum.	Observation-watching
3:07	Th. Moves the drum to S and sings.	Instrumental position; Continuity; initiative
3'10	S puts her hand on the drum and beats slowly.	Musical involvement; Musical response
3:13	S's jersey gets in the way of her playing.	Distraction
	Th. Moves the drum toward A and sings.	Physical position; Continuity
	A beats the drum hard.	Musical involvement; Loud
	G says, "And me?"	Questioning; Attention-seeking
	G reaches out to the drum.	Initiative; reaching to

INDEXING:	DESCRIPTION:	CODE:
3:17	Th. moves the drum towards G.	Instrumental position; Inviting; initiative
	G beats the drum.	Musical involvement; Musical response
3:19	Th. moves across to S.	Moving across
	S beats the drum but then misses because of her jersey.	Musical involvement; Distraction; response
	Th. says, "Where is your hand?" and helps to move her jersey out of the way	Questioning; helping
	A and G watch S and Th.	Observation – Watching response
	A shouts out, "Hard!" and then he shouts, "Stop!"	Vocal initiative
3:28	S smiles.	Smiling response
	G says, "And me!"	Questioning; Attention-seeking
	Th. sings very softly.	Musical involvement; soft
	S, G and A lean over towards Th.	Physical position
	Th. holds out the drum to A.	Inviting
3:32	A beats softly.	Mus.involvement; soft
3:35	Th. holds the drum out to G and sings.	Inviting; continuity
	G hits the drum hard.	Mus. involvement;loud
	Th. matches G's energy in her voice.	Vocal response
	S laughs.	Laughing- response
	A joins G by beating on the drum.	Togetherness; Musical involvement
	Th. holds the drum to S.	Inviting; initiative
3:40	S beats slowly to the 1 <sup>st</sup> and 3 <sup>rd</sup> beats of the bar.	Musical involvement
	G shouts out, "Bam, bam, bam!" and claps his hands with S's beats.	Vocal and physical response; Togetherness
	G's vocalisations are loud.	Loud
3:46	Th. holds the drum to A.	Inviting; initiative
	A beats the drum.	Musical involvement; Musical response
	G says, "Where toy?"	Questioning

<b>INDEXING:</b>	<b>DESCRIPTION:</b>	<b>CODE:</b>
	S smiles.	Smiling response
3:53	A leans toward G.	Leaning toward; Response
	G repeats, "Where toy?" and hits the drum hard.	Questioning; loud

Appendix viii

**DATA SOURCE IIA:**  
**LARGE GROUP: SINGING ACTIVITY WITH ADULT GROUP LEADER**  
 12/08/2003 Time of excerpt: 3:10

**PARTICIPANTS:** referred to as **GL**– Adult group leader  
**A** – Boy (part of group music therapy sessions)  
**G** – Boy (part of group music therapy sessions)  
 Large group of children remaining anonymous

<b>DESCRIPTION:</b>	<b>CODE:</b>	<b>COUNT:</b>
The children are sitting in a large group around the hall.	Physical position	0:00
GL is asking them who is happy.	Questioning; inviting response	0:07
A and another boy put up their hands and A shouts out, "Me."	Vocal and physical response	0:12
GL walks around the circle asking who is else is happy.	Questioning; repetition.	↓
Another boy puts up his hand.	Physical response	
GL points to a few other children sitting in the group.	Choosing; reference	
A shouts out, "Me!"	Vocal response	0:14
GL does not acknowledge his shout but continues to point at other children who she thinks are happy.	Oblivious, choosing	
G shouts out, "Me" from the other side of the circle.	Vocal response; position	0:16
GL raises her hand showing them and shows them how to clap.	Modeling	↓
GL asks the children again if they are happy.	Questioning	
GL asks the children if they can clap their hands.	Questioning	0:21
Two of the children still have their hands up from before.	Delay	
GL says, "We are going to sing."	Instructing; initiative	0:29
GL starts singing very softly, "If you're happy and you know it clap your hands."	Modeling; soft Instructing	
GL claps her hands.	Modeling	0:37
A few of the children clap their hands.	Physical response	





DESCRIPTION:	CODE:	COUNT:
GL repeats, "If you're happy and you know it, clap your hands."	Repetition; instructing	0:39
She shows some of the children how she claps her hands.	Modeling	↓
GL has her back to the other children.	Position; oblivious	
GL turns around and goes to sing, "If you're happy and you know it" to the children she had her back to.	Position; repetition	
G does not clap his hands.	Inactive; withholding	0:54
GL takes his hand, but she does not help him clap.	Helping; inviting	
GL changes the song to "If you're happy and you know it say, 'hello'."	Change; instructing initiative	0:57
A shouts out "Hello" from the other side of the hall.	Vocal response; position	1:03
GL goes to the left side of the circle and bends over to sing to the children.	Position; repetition	
A shouts, "Hello."	Vocal response	1:06
GL stays on the left side singing, "If you're happy and you know it say, 'Hello'" softly.	Position; instructing; soft; repetition	
GL leans over towards a distracted child in a wheelchair and she taps his shoulder, saying, "say 'hello'."	Position; distraction; touch	1:18
He does not say anything.	Inactive; withholding	↓
GL repeats "say 'hello'."	Repetition; instructing	
The child says "hello" very softly.	Vocal response; soft	
GL turns to the whole group and says that she can't hear too much, but she says that she can hear A.	Inclusion; individual focus	1:22
GL says that everyone else in the group is not singing.	Disappointment	
G points to himself and says, "Me!"	Attention-seeking; approval-seeking; response	1:24
GL points to her ears.	Gesturing	1:30
GL begins singing again, "if you're happy and you know it touch your head."	Repetition, instructing, change	1:35
GL touches her head.	Gesture, modeling	
The other children just observe what is happening.	Observation	
GL asks one of the little girls where her head is.	Questioning	1:40
The girl immediately puts her hands on her head.	Physical response	

<b>DESCRIPTION:</b>	<b>CODE:</b>	<b>COUNT:</b>
GL sings to G, "If you're happy and you know it touch your head."	Instructing; repetition	1:45
G puts his hands on his head.	Physical response	
The majority of the children are distracted at this point and some loud vocal sounds are heard.	Distraction Vocalisations	1:50
GL sings to a severely disabled boy who smiles at her.	Smiling-response	
GL changes the song and sings, "If you're happy and you know it touch your feet."	Change; instructing; initiative	2:00
GL bends over and asks the children, "Where are your feet?"	Modeling; questioning; inviting response	2:05
A little girl bends over and touches her feet.	Physical response	
GL goes over to one boy in a wheelchair and asks him where his feet are.	Questioning; inviting response;	2:15
GL goes closer to him and ask him to touch his feet with his hands.	Approach; instructing	
GL demonstrates.	Modeling	2:18
The boy struggles to touch his feet but he tries.	Physical response; attempting	
GL affirms him by saying, "That's it!"	Affirmation	
A asks GL to look at him, but she is busy on the other side of the circle.	Attention-seeking; oblivious; physical position	2:25
GL moves around the circle.	Positioning	
GL takes a very young child's hand and foot, making them meet.	Touch; modeling	2:40
GL repeats, "touch your feet."	Instructing	2:44
GL changes the song and sings, "If you're happy and you know it say, 'Ah-ha'."	Change; instructing	2:48
Some of the children respond by shouting "Ah-ha."	Vocal response	↓
Some children just watch and smile	Watching; smiling - response	
GL repeats "If you're happy and you know it say, 'Ah-ha'."	Repetition; instructing	3:08
There is a lot of noise.	Noise; vocal togetherness	
The children respond with "Ah-ha."	Vocal response	3:10

*Appendix ix*

**DATA SOURCE IIB: EXCERPT A: LITTLE EDEN ACTIVITY OBSERVATION: AHMED AND GODFREY: 12/08/2003 Total time of excerpt: 2:25**

**PARTICIPANTS:**     **A** - Boy – 10 years old  
 Referred to as:     **G** - Boy – 5 years old  
                               **H** - Helper - female  
                               **GL** – Adult group leader - female

<b>COUNT:</b>	<b>DESCRIPTION:</b>	<b>CODE:</b>
0:00	G and A sit at worktable in wheel chairs. They have a set of building blocks in front of them.	Physical position Objects activity
	They are building towers with the building blocks. Each boy builds his own tower.	Building; activity separate involve- ment; individuality
	A is busy building a tower, while G has paused and is looking around the room.	Busy; distracting Separate activities
0:04	A bumps his tower accidentally and it falls over G does not notice.	Accidental- separate Oblivious
0:10	A reaches over to take one of G's building blocks. As he takes a block, he bumps G's arm.	Taking; intruding
0:13	G notices and turns around. He watches A.	Touching; Observing
0:21	G picks up 2 of his own building blocks and gives them to A. A uses them to continue building his tower.	Helping; offering Response Building
0:36	G picks up 2 more building blocks to give to A.	Helping; offering
0:37	G says "here". A is too busy with his tower and does not notice G offering him some more building blocks. G takes the blocks and uses them to build his own tower. Both boys continue building towers separately	Vocal invitation; oblivious Continuity; separate
1:00 	G calls out "GL". GL is busy with some of the other children in the room. G then calls out to H: "Goggo". He appears excited.	Calling; Oblivious Calling; attention- seeking Excitement
1:15	G calls out "come" – he calls H.	Inviting
1:24	H arrives to see what G has done	Approach- response
1:25	She knocks his tower over and as she does it she says, "Yay!"	Destructing; vocal expression; teasing
1:27	She bends down to fetch G's blocks. She gives them back to G.	Helping Offering
1:32	G says, "Yay!" Then he rebuilds his tower. He knocks his small tower over and then rebuilds it.	Imitation Separate activities

<b>COUNT:</b>	<b>DESCRIPTION:</b>	<b>CODE:</b>
1:35	H turns to A and she knocks his tower over.	Inclusion; repetition; destructive; teasing
	A smiles.	Smiling- response
1:38	G gives H his building blocks and she builds him a tower.	Helping
1:54	G squeals in delight and shows that he is excited. G says, "Yay!" as she builds the tower quite high.	Excitement imitation
	G claps his hands.	clapping
2:10	H takes his hand and helps him knock the tower over.	Helping; modeling
2:15	H then turns to A and helps him build his tower. She then holds his hand and helps him knock his tower down.	Inclusion; touch repetition
	G watches.	watching
2:24	G takes another building block and gives it to H saying, "here"	Helping; vocal invitation
2:25	The excerpt ends with G squealing in delight.	Excitement

Appendix x

Occurrence of codes and categories in each data source

<b>Data source:</b>	<b>I</b>	<b>a</b>	<b>II</b>	<b>b</b>
<b>CATEGORIES</b>	<b>Grp MT session</b>	Lrg grp activity		Block activity
<b>Physical Acts</b>				
Clapping	•			•
Laughing	•			
Calling	•			•
Building				•
Movement-arms	•	•		
Smiling	•	•		•
Gesturing		•		
Excitement	•			•
<i>Reaching to</i>	•			
<i>Busyness</i>				•
<i>Beating the drum</i>	•			
<b>Observation</b>				
Watching	•	•		•
Concentrating	•			
Averting gaze	•			
Oblivious	•	•		•
Affirming	•	•		
Anticipation	•			
Imitating	•			•
Individual focus		•		
<b>Interfering</b>				
Withholding	•	•		
Being distracted	•	•		•
Teasing	•			•
Interrupting	•			
Destructing				•
Fidgeting	•			
Restricting	•			
<b>Inviting</b>				
Questioning	•	•		
Offering	•			•
Instructing	•	•		
Giving	•			•
Helping	•	•		•
Supporting	•			
Including				•
Correcting	•			
Changing	•	•		
Taking	•			

Repeating	•	•	•
Modeling	•	•	•
Referring	•		
Approval-seeking	•	•	•
Attention-seeking	•	•	•
<b>Data source:</b>	I	II	
<b>CATEGORIES</b>	Grp MT session	Lrg grp activity	Block activity
<b><i>Physical adjustments</i></b>			
Facing leader	•		
Moving forward	•		
Moving backward	•		
Leaning toward	•		
Turning toward	•	•	
Hunching over	•	•	•
Sitting in large gr		•	
Distance		•	
One-sided		•	
Approaching		•	•
Side by side			•

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## **SUMMARY**

This study focuses on the social interactions that occur during group music therapy between children who have mental and physical handicaps and the music therapist. It also examines the interactions that occur in a daily institutional family context between children who have mental and physical handicaps and their adult group leader. The aim is to investigate what role music therapy might play within an institutional family with persons who have diverse disabilities and how music therapy could adapt to become more relevant for the institutional context. This study examines the parallels between interactions between the children and the therapist in group music therapy and between the children and the group leader in the daily institutional family context.

The setting for this study is at Little Eden, which is a residential home for children and adults who have profound mental and physical handicaps. Group music therapy was conducted at Little Eden on a weekly basis for five months as part of a clinical internship for the requirements of the MMus (MT) degree at the University of Pretoria.

A qualitative research perspective is adopted for this study and it is based on two data sources involving video footage: descriptions of a musical activity in a group music therapy session with three children from Little Eden and descriptions of interactions that take place in the daily institutional environment at Little Eden. This study does not seek to 'prove' that parallels exist, but to describe and understand the ways in which meaningful moments of interaction in group music therapy parallel meaningful interaction between disabled members in an institutional family. This study was conducted in a naturalistic setting, was descriptive and reflexive in nature.

This study highlights four types of responses that emerged from the interactions observed in the two data sources: responding to other, leading to response by other, other-directed and self-directed. These are discussed in relation to the research questions.

The findings of this study show that group music therapy does not need to adapt but could offer a more qualitative mode of interacting that possibly Little Eden or other institutions would like to see more of. This study also highlighted some differences and similarities in interactions between disabled children in group music therapy and in the daily institutional context.

**Key Terms:**

- Mentally and physically handicapped children
- Social interaction
- Group music therapy
- Institutional family
- Institutional context
- Meaningful moments
- Group dynamics
- Qualitative research perspective
- Physical adjustments/ positioning in a group
- Group size