

**Two class teachers' experiences of group music therapy for
intellectually impaired learners in Namibia**

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Abstract

This research study explored the impact of group music therapy at a school for intellectually impaired learners in Namibia.

The research project generated qualitative data through individual interviews of two teachers at a school for intellectually impaired learners. Interviews were conducted with each teacher before and after participating in ten group music therapy sessions with their learners. The data was compared and discussed in terms of the teachers' experience of the impact of group music therapy on (i) their perceptions of their learners and how this influenced their teaching approach, and (ii) their perception of music therapy as a profession.

Results generated from the interviews indicated that, through participation in music therapy sessions, learners experienced and explored their individual capabilities through the medium of music. Teachers observed their learners' potential in new areas and in this way obtained a more holistic view of their learners. As a result of noting learners' diverse abilities, teachers also adapted their teaching approaches to work in a more learner-centred way. This complemented their classroom approach based on the Namibian educational policy of learner-centred education in which learners' individual competencies are to be developed, requiring teachers' sensitivity towards their learners' needs and abilities.

Findings of this study further indicated a more in-depth understanding of music therapy as an intervention by the teachers after participating in sessions with their learners. This suggests that first-hand experience provides an effective way of understanding the music therapy profession and the possibilities that it may hold in a special school for intellectually impaired learners. Findings further highlighted some challenges that may need to be overcome when implementing a music therapy programme in a special school.



Keywords:

Intellectually impaired learners

Learner-centred education

Music therapy

Music Therapy in Namibia

Perceptions of music therapy

Teachers' perceptions of learners

Special needs education

Teachers' participation

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Chapter 1

Background and context

1.1 Introduction

Prior to studying music therapy, I worked as a class music teacher in an inclusive school¹ where I had the opportunity to teach learners with physical and mental impairments within a group setting. I developed a particular interest in students with special needs and the differences between their performance in the class music lessons and class teachers' feedback on their performance in the normal classroom. It seemed that in music, many learners showed abilities that were not observed in the classroom context. Although the main focus in music teaching was to equip learners with skills and knowledge, I became interested in possibilities that music therapy could offer by optimizing and transferring the potential and skills displayed in musical activities to other areas of learners' lives.

As music therapy is not a registered profession in Namibia yet, I found that there are several misconceptions around this form of therapy and there seemed to be a lack in understanding of the specialized nature of this unique profession. Music therapy was often confused with other music-based activities such as "Kindermusik" (Kindermusik Teach, 2010), or even forms of therapy where recorded music is used as a motivator for learning, for instance "Musical Mind Moves" (Van der Merwe, 2009:26). If teachers could witness the performance of their learners displayed through music therapy, they may come not only to appreciate noticing new potentials of these learners, but might also come to understand and value the music therapy profession.

As I had the opportunity to do clinical internship at a special school for intellectually impaired children in Namibia during my music therapy studies, it offered a setting where teachers' perceptions of the impact of music therapy could be explored. This special school caters for learners with intellectual impairments, ranging from severe autism to milder forms of learning impairments and physical disabilities. The school is committed to educate intellectually

¹ An inclusive school caters for the needs of every learner, including those with mental and/or physical challenges. This integrated system promotes the growth of "differently able" children within a regular school, emphasizing development of individual potential (Esperson, 2006:413).

impaired children with the focus on the optimum development of the learners in equipping them for life after school. For purposes of this study, two classes at this school with their teachers were selected for group music therapy. Class teachers were present in sessions as participants, assisting individual learners and participating in activities themselves. By taking part in music therapy sessions with their learners, teachers would experience the music therapy process. This way I could gain insight into their perceptions of this process and its impact on their learners, and understanding of the music therapy profession.

1.2 Aims

By conducting this study, I aimed to gain insight into the way class teachers perceive learners' potential and skills, and into the role music therapy could play in changing and/or broadening these perceptions which could influence the way teachers approach work with their learners.

Further, as there are currently no registered music therapists in Namibia yet, insight into teachers' perceptions of the impact of music therapy as an intervention could be a valuable guideline in promoting and establishing music therapy as a recognized therapeutic discipline in Namibia .

1.3 Research questions

Main research question:

1. How do class teachers at a school for intellectually impaired children experience the impact of group music therapy sessions conducted with their learners?

Sub-questions:

- 1.1 How does class teachers' participation in group music therapy sessions with their intellectually impaired learners impact on their perceptions of their learners' potential and needs?
- 1.2 How does class teachers' participation in group music therapy sessions with their intellectually impaired learners impact on their perceptions of music therapy as a specialist intervention for these children?

Chapter 2

Literature review

2.1 Introduction

Music therapy with intellectually impaired children in a special school setting is a well-known practice in this profession, and the unique and extensive benefits of music therapy for learners with special needs have been strongly documented in the available literature. Amongst other benefits, music therapy can contribute to learners' growth, health, communication and relationships with the self and others by engaging the flexible, adaptive, and inherently rewarding qualities of music to develop their skills and abilities in various areas (Daveson & Edwards, 1998:455; Tyler, 2002:217). Group music therapy is not only considered an intervention for learners with special needs, but it can also complement and assist the work of teachers in this setting (Tyler, 2002:217).

In the first part of this literature review I will consider some of the challenges that teachers face in schools for intellectually impaired children and the value of music therapy in the special educational setting. I will focus on class teachers' perceptions of their learners' potential and needs, how their involvement in group music therapy sessions with their learners may alter or broaden these perceptions, and how this active approach may support their work as teachers (Nordoff & Robbins, 2004:130).

As will be discussed in this literature review, a growing body of literature on other professionals' perception of music therapy as an intervention in various settings is becoming available, often stressing the importance of establishing music therapy as a recognized profession by collaborating (Fourie, 2009:63). In the second part of the review I will present literature discussing other professionals' perceptions of music therapy and how these influence the profession. I will substantiate the importance of how teachers' involvement in music therapy sessions may broaden their understanding of the profession which is important if music therapy is to be established as an accepted profession in Namibia.

2.2 The challenges of special needs education

The intellectually impaired child has special educational needs and is therefore often regarded as *special* in the sense that he/she requires assistance and support to overcome contextual, social and individual difficulties such as slow cognitive and language development (Olivier & Williams, 2005:19). With regard to their work with “retarded educable children”² in the School District of Philadelphia, Nordoff and Robbins (2004:139) stress that teachers of these learners are constantly confronted with complexities and variations in the classroom and they often encounter limited response to their input. A study by Olivier and Williams (2005:23) executed at a special school in Port Elizabeth, South Africa, revealed that teachers working at this school regard special education as more challenging than mainstream education due to these complexities. Teachers expressed the need for specialized training and support in the form of resources and assistance by professional experts to deal with the many physical and psychological problems they encounter in their work with intellectually impaired learners (Olivier & Williams, 2005:26,27).

Research on expectations of, and attitudes towards, learners with severe learning difficulties has generally shown that teachers perceive such children less positively than nondisabled children (Hastings *et al.*, 2007:139). Results of a study by Cook *et al.* (2000:6) confirm the view that teachers hold different attitudes toward learners with disabilities in comparison to their nondisabled classmates. The attributes often associated with learners with disabilities are likely to place them outside of teacher tolerance and lead to indifference on the teacher’s part, resulting in failure of teachers to form attitudes of attachment towards them.

With regard to learners with special needs, Gleason (2010:150) holds that staff members’ interpretation of an individual’s actions will determine the nature of their involvement with the learner. Hastings *et al.* (2007:139) assert that teachers’ perceptions of their learners are likely to have significant effects on children’s performance and self-concepts, while results of a study by Rubie-Davies (2006:548), exploring the relationships between teacher expectations and student self-perceptions, support this view. By the end of this year-long study with 256 learners and their class teachers in eight elementary schools in the Auckland area, New Zealand, the self-perceptions of learners with teachers who had high expectations of them increased to some

² Nordoff and Robbins (2004) use the term “retarded educable children” when referring to educationally subnormal children with an IQ ranging from 50 – 70.

extent. The academic self-perceptions of the learners with teachers who had low expectations of them decreased considerably. This indicates that learners' change in self-perception came to correspond to the teachers' expectations over the one-year period. In another research study by Pretzlik *et al.* (2003:35) in which 58 children and two teachers from the UK, and 47 children and two teachers from Portugal participated, the effect of teachers' judgements of their learners' intelligence and the influence of the teachers' perceptions on their learners' judgements of their own and their peers' intelligence were analysed. Results suggested that teachers' implicit views of their learners impacted greatly on these children's self-perception as learners. Because self-concept influences learners' achievement in school, teachers should aim at acquiring perceptions that lead to more effective and productive behaviour of learners. This can be encouraged by embracing and encouraging each learner's uniqueness rather than uniformity.

Individuals with developmental disabilities are often perceived as dependent because their individual resources and capacities are underestimated (Wigram *et al.*, 2002:173). In an educational setting, the focus is often on measurable outcomes. Learners with special needs are then classified according to their behaviour, while the reality of difficulties underlying the behaviour are often overlooked resulting in isolation or avoidance of the child (Sutton, 2002:200). Furthermore, both ability³ and attainment⁴ tests are used by educational psychologists and have come to be considered as a quantitative measure of performance. The measurement of ability (such as an intelligence quotient) and attainment (such as a test of a learner's level of reading) have been applied as a tool to identify learners who need remedial help. Garner (2009:3) questions the presupposition that intelligence can be measured and the implication that ability is fixed and cannot develop over time. Garner (2009:3) cautions against such approaches, as it assesses only a limited element of a child's overall functioning. Therefore teachers' expectations of their learners' abilities should not be exclusively derived from learners' special needs "labels", as these expectations impact on teaching which, in turn, influences learners' progress and achievement. By gaining a broader perspective of each individual's potential and needs, the teacher may view these learners in a different light, learn about learners' particular preferences, and offer activities where learners and teacher can experience success (Lumpkin, 1986:167,172; Tauber, 1997:105,106).

As teachers' perceptions of their learners influence their performance and personal growth, an educational programme which focuses on multiple dimensions of a learner is to be encouraged

³ In educational terms, "ability" usually refers to a learner's potential for success in school (Garner, 2009:3).

⁴ In educational terms, "attainment" relates to what a child has actually learned (Garner, 2009:3).

(Nordoff & Robbins, 2004:56). In music therapy group work, each child's needs and abilities become a vital part of the activities and the therapist uses these in a resourceful way, developing individuals' capacities and facilitating growth and self-realization (Nordoff & Robbins, 2004:143). In this way music therapy can serve as a tool for discovering and developing latent potential in children with special needs, and thus may also play a role in broadening their teachers' perceptions of these children. This collaborative approach may have specific relevance in the Namibian context where learner-centred education is the educational policy in mainstream education as well as in special needs education (Ministry of Basic Education and Culture, 2004:5; Molefe *et al.*, 2011). The learner-centred approach emphasizes enablement of learners to explore different ways of knowing and developing the whole scope of their thinking abilities. Learner-centred education is further based on the principle that every learner should be empowered to learn to the best of his/her potential (NIED, 2003:8,16). This approach requires of the teacher to be sensitive to the needs of the learners in order for learning experiences to be adapted according to these needs and to take a broader approach in developing the full range of learners' competencies (NIED, 2003:29). Education is considered as a life-long learning process and should equip learners for life outside of school and after schooling (NIED, 2003:6).

In the next two sections I will consider the role that music therapy can play in teachers' perceptions of learners in a special educational setting.

2.3 Music therapy in Special Education

In her work as music educator, Patterson (2003:35), worked with children with special needs (who presented with a variety of challenges, including severe physical disabilities, emotional disturbances as well as speech and hearing impairments) in the regular classroom. She felt ill-equipped to meet these learners' needs as they were not able to participate meaningfully in the academic programme. On rare occasions when she had the opportunity to meet exclusively with the special-needs learners in a small-group setting for music activities, she observed individual responses which made her realise that these children could potentially make gains in non-musical areas due to the "motivation and assistance that music provided" (Patterson, 2003:35). While some children displayed an increase in social interactions, for others,

academic concepts seemed easier to remember when introduced in a song. She also witnessed the potential that music offered in areas such as speech and language development and motor skills. However, as a music educator she was required to focus on teaching musical skills and academic knowledge, and did not feel qualified to specifically focus on addressing non-musical skills through participation in musical experiences and activities at the time (Patterson, 2003:35).

Intellectually impaired children have unique patterns of behaviour requiring a broader understanding of their forms of communication. Rather than comparing these children to goals and objectives of others of a similar age, grade, or stage of development, the essence of special education should be rooted in the interpretation and encouragement of their abilities through programmes reflecting their experiences (Gleason, 2010:150). Because music therapy functions as a creative medium for the development of individual potential, it offers creative experiences through which developmentally delayed children can “enjoy relative success and through which they can develop” (Wigram *et al.*, 2002:170). Active music therapy is based on a therapeutic musical relationship between therapist and client in which children are encouraged to play a variety of instruments, and to sing or vocalise. The music therapist responds skilfully to this musical behaviour which may vary from anything as basic as a child beating a tambourine, a groan, cry or movement to playing of musically complex rhythm patterns and/or singing of formed melodic phrases. The music therapist improvises music with the children (who are not required to have any formal musical training), and in the process encourages them to take a further active part in the musical improvisation. Rather than focusing on presenting pathologies, the therapeutic relationship is based on developing the inherent potential of each child using musical material the child has provided to relate to the child and encourage development within the client/therapist relationship. This affects the personal relationship between the therapist and clients, highlights the positive benefits of active listening and performing, and this in turn sets the context for developmental growth (Aldridge *et al.*, 1995:199). Group music therapy further provides a social context in which children can engage with one another, assume different roles, experience social relationships and in this way facilitates active participation in the social world through the medium of music (Pavlicevic, 2003:204).

Unlike other supportive services like speech therapy and physical therapy, music therapy crosses multiple modalities and can simultaneously address several needs (Pellitteri, 2000:379).

It can therefore be successfully integrated into various aspects of special education services as will be discussed next.

The interactive and holistic nature of music therapy provides for various dimensions of individuals to be observed, such as the strengths with which each individual presents, and also how each member compensates for, or adapts to, problems or challenges. Such observations and reflections that arise from a period of music therapy may play an important part in designing possible strategies for educational purposes and ongoing support in special education (Bunt, 2003:179).

Systematic interventions through music therapy may lead to changes in a client's musical behaviour which could be indicative of a psychological change. This change could reflect a greater degree of affective self-regulation (such as impulse control), increased social perception (an awareness of the music created by other children in the group), and an expansion in the range of self-expression such as awareness and tolerance of various emotions (Pellitteri, 2000:380). Wigram *et al.* (2002:173) point out that "music-making" can be a non-threatening, safe and interesting way to develop social engagement. The group setting in music therapy is ideal for facilitating socialization and interpersonal interactions.

Music can be applied in educational, developmental and remedial contexts to promote cognitive skills such as attention, concentration, organizational skills, memory, sequential and simultaneous processing skills, and problem solving (Wigram *et al.*, 2002:172). The capacity of music to relax and motivate can also be applied to physical development and remediation (Pelliretti, 2000:385).

Although music therapy assists in the development of many areas of extra-musical functioning, the music itself is an experience with inherent value. Music provides the opportunity for subjective responses necessary to foster aesthetic development (Pelliretti, 2000:386).

The music therapist can also contribute to the educational programme through indirect interventions such as consultations with teachers and staff regarding the use of music outside the music therapy sessions. In addition, the music therapist, as a clinical member of the multidisciplinary team, can affect the therapeutic milieu of the programme. Methods applied by the music therapist can be adapted and used by teachers and related service clinicians, and some music therapy activities are applicable for use in the classroom teachers' lesson time and other group educational activities. Such activities can reinforce the benefits of the music

therapy sessions and can familiarize the children with the repertoire of the music therapist. Furthermore, the music therapist in consultation can offer the teacher strategies for addressing issues or struggles arising within the dynamics of the classroom (Pelliretti, 2000:388,389).

2.4 The role of music therapy in teachers' perceptions of learners

By participating in music therapy sessions teachers have the opportunity for observing their learners perform at various tasks and expressing themselves in different ways – which may affect their general perceptions of these learners.

A research study executed by Drake (2008:2) explored the impact of music therapy on vulnerable children, their parents and health care professionals at Coram family centre in London. Key findings include the following:

- Parents gained greater insight into their child's needs after attending music therapy sessions with them.
- By working with the music therapist, staff-members at the facility gained greater insight into their clients' needs and became aware of the children's capabilities to learn in different ways (Drake, 2008:3,8).

In a study investigating parents' perceptions of family-based group music therapy for children with autism spectrum disorders at the Autism Center for Excellence, Giant Steps Illinois, parents reported learning about their children's abilities and limitations as a result of the experience (Allgood, 2005:97). After participating in group music therapy sessions with their children for a seven-week period, parents commented on an increased understanding of their children's learning and how they could support learning as well as gaining a deeper understanding of their parent/child relationship. After the experience of participating in group music therapy sessions with her child, one parent, for example, commented that her son was a lot more adaptable than what she believed him to be and that she "should be a little more courageous about taking him places and doing things" (Allgood, 2005:97). Another parent explained that she could see her usually isolated child interact with other group members by the end of the seven-week music therapy period.

Boniface (2009:11) conducted a study with nine students in a special education class, their class teacher and a teacher aide. After three weekly music therapy sessions with learners, she held a discussion group with the learners and the teacher aide. Learners were invited to express emotions and thoughts about their music therapy experience. She then respectively interviewed

the teacher aide (who attended the sessions) and the class teacher (who did not attend music therapy sessions, but watched video recordings of the music therapy sessions and read transcripts of the discussion group) on their perceptions of the impact of the music therapy sessions (Boniface, 2009:27). In her interview the teacher noted that learners were more engaged in the music therapy session than in the normal classroom (Boniface, 2009:44). The teacher aide (who attended sessions in order to support learners and to help with data gathering) suggested that, by being part of the group and by interacting with learners in this setting, she gained more knowledge about facilitating group work in general, due to an increased awareness of aspects such as paying attention to the needs of learners, working at their level and listening to them (Boniface, 2009:42,43). Music therapy clearly played a role in broadening the teacher aide's awareness of learners' abilities and needs.

The above literature suggests that music therapists' collaborative work with other professionals changed these professionals' perceptions, not only of their learners, but also of music therapy as an intervention. Despite the importance of such research, there is a scarcity of literature on teachers' perceptions of music therapy in special educational settings, and specifically how music therapy may influence teachers' perceptions of their learners.

In the next section of the literature review I will consider literature on other professionals' perceptions, of music therapy and the importance of these perceptions for the music therapy profession.

2.5 Perceptions of music therapy as an intervention

Music therapy is often viewed by other professionals⁵ as optional or supplemental to their work. A study by Fourie (2009:61) indicated that many other professionals in South Africa view music therapy as further stimulation *in addition to* their own therapy, while others indicated that, since they apply music in their own therapy, they did not see a place for music therapy. Therefore, while music therapy can serve a complementary role to work by other disciplines, there exists a general misconception amongst these professionals that music therapy merely reinforces the goals of other disciplines. This limited view denies the fact that music therapy functions as a

⁵ This term refers to professionals working in the health and education sectors, such as occupational therapists, physiotherapists, nurses, social workers, clinical psychologists and teachers (Fourie, 2009:1).

profession in own right, addressing unique goals which are not necessarily related to those of other therapists or teachers (Bladergroen, 2004:24).

As music therapy is a new approach in many contexts, few other professionals have had the experience of working with a music therapist. The fact that music therapy is multi-faceted and approaches different clients according to their varying needs, the practice of music therapy cannot be expressed simply in verbal terms (Fourie, 2009:58). Ansdell (2003:153,154) employs the term “music therapist’s dilemma” to define the essential problem of having to use words and verbal logic to represent music-therapeutic processes. Talking about music, a non-verbal entity, and accounting for *how* music is therapy, both constitute to this dilemma. Collaboration with allied professionals in their own contexts allows them to experience music therapy first hand, and is one of the most effective ways of promoting the field (Fourie, 2009:65).

A few studies shed light on the way other professionals’ perceptions of music therapy as an intervention changed due to collaborative work. Tamplin (2006:1), for example, interviewed staff to explore their perceptions of the music therapy programme at the Royal Talbot Rehabilitation Centre in Melbourne, Australia. Due to consistent education and opportunities for collaborative work, staff members began to better understand the role of music therapy in physical and cognitive rehabilitation in addition to facilitating emotional expression and adjustment. Some staff members commented that discussion with patients about their progress in music therapy opened the door for communication about issues that would otherwise not arise in their own therapy sessions. Music therapy was also often cited by staff as an effective behaviour management tool: helping to facilitate expression, engagement and motivation, initially in music therapy sessions and subsequently in other therapies also. Some staff also commented that music therapy had helped them to perceive a patient as a whole person and to better understand the patient’s experience of injury, identity and hospitalization (Tamplin, 2006:7).

In the aforementioned article by Drake (2008:3), response by the Coram family centre interdisciplinary team members consisting of childcare workers, clinical psychologists, child psychotherapists, early-years practitioners, family support workers, play workers, social workers and teachers indicated that they gained a greater understanding of music therapy as a specialist intervention for young children with communication, emotional or attachment difficulties. The initial response on a questionnaire about the nature of music therapy focused on happiness, fun and relaxation through musical activities and listening as recreation or education. After a 32-

month research period the emphasis shifted to the following: relationship, interaction and connection; self expression and communication; understanding, reciprocity; containment and safety; and emotional well-being. This indicated that staff gained a more in-depth understanding of the music therapy profession (Drake, 2008:7).

A good understanding of music therapy by other professionals leads to the appreciation of music therapy as a valuable intervention. A positive perception of music therapy as an intervention by other professionals such as teachers has various benefits.

Reflecting on their work in special schools, Nordoff and Robbins (2004:133) ascribe great value to teachers' perceptions of music therapy as an intervention and claim that the effectiveness of the school programmes were "enhanced when its teachers came to appreciate the part music therapy could play in their children's lives". Not only can classroom teachers play an important role in organizing and supporting music therapy in a special school setting, they also provide an important link between the work done in the therapy session and the rest of the child's experiences at school. Therefore the success of the implementation of music therapy in a special school is unlikely to succeed without an understanding and appreciation of music therapy as a discipline, and the awareness that music therapy in this context is complementary to education, and not competitive (McCavera, 1990:90).

Ropp (2008:17) executed a national study to assess the self-reported perceptions, awareness, and experiences of special education administrators regarding music therapy in special education programmes in 23 states in the United States of America. This study suggests that personal and/or professional experience with music therapy significantly influences the development of positive perceptions of the profession and its place in special education. According to Ropp (2008:173), rather than gaining information only through the printed page, experiencing the interchange between a music therapist and his/her clients is necessary for other professionals to recognize the power of music therapy in addressing academic, social and behavioural needs in a unique fashion. She concludes that an understanding of the nature of the special education administrators' perceptions regarding music therapy is crucial to the continued inclusion of music therapy services in special education in the United States of America (Ropp, 2008:177).

If music therapy can be valued as a profession, its practice may expand, making more work opportunities available for qualified music therapists. Tamplin (2006:1) asserts that the scarcity of music therapy positions in rehabilitation facilities in Australia is possibly a reflection of the lack

of understanding of music therapy on the part of funding bodies and the shortage of rigorous music therapy research in this field. She concluded that perceptions of music therapy varied greatly and continued to evolve due to consistent staff education and opportunities for *collaborative work*. Fourie (2009:7) agrees with this view and ascribes lack of understanding of music therapy as one of the main obstacles that need to be overcome for recognition of the field. She emphasizes collaboration with other professionals as critical in promotion and establishment of music therapy in South Africa (Fourie, 2009:63). Bladergroen (2004:23) suggests that music therapy can only be marketed effectively if other professionals such as therapists and teachers are educated about this discipline through first-hand experience and effective communication between music therapists and other professionals.

By working collaboratively with music therapists, other professionals can gain a better understanding and appreciation of the music therapy profession and how it relates to other professions. In this way the potential for creation of new music therapy positions and the increase in referrals to music therapists may be endorsed, in particular for music therapists who have to create new positions, or for those who find themselves in geographical or professional isolation (Twyford, 2008:21). This implies that collaborating with other professionals to develop a good understanding of music therapy will be crucial in Namibia, where music therapy is not yet a registered profession.

Not only does collaboration with other professionals influence establishment and appreciation of the music therapy profession, but it also offers music therapists opportunities to learn from other contexts and to be flexible in adapting their work to the needs of different contexts. Stige and Kenny (2007:2) stress the need for music therapists to keep an open mind and be willing to adapt to context and culture in a continuous process of learning from others, and developing a practice that is increasingly relevant and meaningful within each unique context. Reflecting on the diversity of her experiences as a music therapist in South Africa, Oosthuizen (2006:6) appeals to music therapists to continually question, assess and adapt to suit the needs of each community and their country as a whole, and to share their different work experiences with one another. By engaging with special-needs teachers in a process of gaining a better understanding of their perceptions of music therapy by drawing from their experience and expertise, I will hopefully also contribute to the music therapy profession by generating fresh and abundant meaning through exploring the nature and complexity of music therapy within the context of a Namibian school for intellectually impaired learners.

2.6 Conclusion

In conducting this literature review, it became clear that a large body of literature exists which supports the notion that special education is challenging and that teachers need support in recognizing the strengths of their learners which is important for their learners' development. Although several studies provide music therapists' viewpoints regarding music therapy and its benefits in special education for the intellectually impaired, literature on teachers' experiences of the impact of music therapy on learners is very limited. As I narrowed the topic down to the impact of music therapy on teachers' perceptions of their intellectually impaired learners, gaps in available literature became evident. Insight into teachers' experience of how their participation in music therapy sessions impacted on their perception of their learners could be valuable in addressing not only teachers' and learners' needs through music therapy, but also in developing and enhancing music therapy approaches in a special needs setting.

Further, the literature presented in this review suggests that as staff members, other professionals, administrators and parents are involved in music therapy sessions, they develop a greater understanding of music therapy and recognize its benefits. Considering the literature on the important role that teachers' perceptions of music therapy play in establishing and securing music therapy as a recognized profession, this research will be valuable in the process of establishing music therapy in Namibia.

Chapter 3

Research methodology

3.1 Research paradigms

In this research project, I applied a qualitative approach in order to explore the perceptions held by teachers about music therapy and their learners, as well as the possible changes of these perceptions after participating in the process of music therapy with their learners. A qualitative study is not limited to finding and confirming an expected result or already established hypothesis as in quantitative research, but aims at producing new insights and ways of looking at phenomena that are being studied (Flick, 2007:64). Underlying this approach, is a nonpositivist view that “truth and reality exist in the form of multiple, intangible mental constructions which are influenced by individuals and social experiences” (Bruscia, 1995:65). The focus of qualitative research is thus on acquiring an understanding of the meanings and experiences of humans’ social worlds (Fossey *et al.*, 2002:717). Because the aim of this research study was to gain an in-depth understanding of the unique experiences of a phenomenon, units of inquiry entailed two class teachers as participants in group music therapy sessions with their respective classes.

In this research study I aimed at gaining insight into the research participants’ subjective experience of the process of music therapy with their learners within their social context, a school for intellectually impaired learners. Because qualitative research is an evolving process, which is designed to be flexible and responsive to context, qualitative methods applied in this study allowed for the detailed and in-depth exploration and possible transformation of research focuses as they emerged from the data (Durrheim, 2006:47; Fossey *et al.*, 2002:723).

One of the distinctive features of qualitative research is that the researcher can simultaneously be a participant of his or her study (Bruscia, 1995:16). I was involved in a personal way as I acted as both the Music Therapist and as the Researcher. As the researcher is the primary instrument of data collection and analysis in qualitative research, my prolonged engagement at

this facility allowed me to get acquainted with the research site in learning the culture and testing for possible misinformation arising from distortions by the researcher or by the participants. Furthermore, this makes building of a trust relationship between the researcher and participants possible, eliciting responses where participants speak for themselves (Aigen, 1995:308,309). By actively engaging in the research in this way, I was able to gain an in-depth insight and an inside perspective into the context of the study (Bruscia, 1995:71).

Although in qualitative research, the researchers' subjectivity is treated as a resource rather than a problem, the researcher is required to keep a self-reflexive and critical stance throughout the course of study in order to ensure that this research is trustworthy (Ansdell & Pavlicevic, 2001:140). Reflexivity is a means of attending to the position of the researcher in terms of personal and historical aspects of the research relationship, and allows the researcher to work with subjectivity in a way that makes it possible to "break out of the self-referential circle that characterizes most academic work" (Parker, 2005:25).

3.2 Research design

3.2.1 Design

This study falls broadly within a phenomenological approach to research, with semi-structured interviews (individual) as sources of data. The phenomenological research approach is concerned with experiences and meanings, and therefore explores phenomena from the point of view of those who experience them (Willig, 2001:66). In this study, the life-world of the actors (in this case, two class teachers) was explored in order to provide data regarding insider perspectives of the participants (Smith & Osborn, 2005:51). Although the learners were participants in the music therapy process which formed part of the study, data was only gathered from interviews with teachers.

Although this study was conducted in a special school ("organisation"), the focus is on teachers' perceptions of music therapy processes within this setting. Perception, in this case, was investigated as a property of an individual ("the class teacher") and not the music therapy process or the group of learners (Durrheim, 2006:41).

Rather than making a few generalized findings from a large sample, a small sample of participants allowed the researcher to study experiences in great detail, eliciting richer data.

Knowledge gained in this study could serve as a platform for studying this phenomenon in a wider context (Ansdell & Pavlicevic, 2001:190).

I ran ten music therapy sessions per group for two respective classes of learners. Class teachers were involved in music therapy sessions as participants. They interacted with children by joining in the activities themselves, supporting individual learners who needed help during sessions and took notes of their observations of sessions. They were free to discuss the process with the therapist between sessions. A concise definition of music therapy was provided on teachers' consent forms before their participation in the study. However, steering clear from providing explicit information about music therapy, which could cloud participants' personal experience of the process, aspects that were discussed around the music therapy process were in response to teachers' questions and remarks around their learners in- and outside of the music therapy setting. Furthermore, in the event of a teacher suggesting a different approach in the activity or trying to adjust the process, I would explain my rationale for conducting an activity in a specific way.

3.2.2 Data collection

Research of a qualitative nature aims to gain an in-depth insight into the perspectives of the participants and therefore sources of data may be participant observation, semi-structured interviewing or documentary sources (Mouton, 2001:148). As this study focuses on inner experiences of teachers, verbal inquiry was the primary method of data collection (Bruscia, 1995:411). Interviews are often used in qualitative research as these offer a way to elicit participants' views and specific experiences. Individual semi-structured interviews were conducted with each of the two class teachers before and after the music therapy process to gather information about their perceptions of their learners and the music therapy process – for the sake of comparing their perceptions before and after the process. Rather than eliciting responses within a standard format for comparison with other individuals or groups, semi-structured interviews were employed to facilitate the exploration of a specific topic in a focused, yet flexible and informal manner, using an interview guide (see Appendices C1 and C2). Interview guides usually contain a list of open-ended questions designed to steer the interview towards the direction of the research focus (Fossey *et al.*, 2002:727). Semi-structured interviews allow for adjustment of interview questions to the position and comments of the interviewees during the interview, and make it possible for the interviewer to respond to and

follow up matters raised by the interviewee, including issues that were not anticipated (Banister *et al.*, 1994:51). Furthermore, semi-structured interviews grant the researcher/interviewer authentic and in-depth access to the interviewees' experiences, feelings and social worlds (Fossey *et al.*, 2002:727).

In applying this form of data collection, I aimed to ensure that participants were free to challenge, and/or to rectify my assumptions about the meanings I investigated in the research (Willig, 2001:12). Again, as researcher/interviewer I applied a reflexive stance and reflected on my own experience and role whilst conducting the interview by considering the extent to which aspects such as class, gender, age relations, language and educational background may have influenced the interviewing relationship (Banister *et al.*, 1994:53).

3.3 Data analysis

By analysing my data, I aimed at discovering recurrences, categories, regularities, types or themes arising from both participants' experience of group music therapy as an intervention, and the impact of participating in group music therapy on their perceptions of their learners (Bruscia, 1995:323, Willig, 2001:61,62). Therefore the data sources (in the form of interviews) were video recorded, transcribed, coded and categorised. Through the process of coding the transcripts, the ideas relevant to the research questions were broken up into meaningful units. These data units were organized into categories which allowed for the forming of definitions and making of comparisons. Categories were interpreted and themes emerged which, in turn, led to new theories (Ansdell & Pavlicevic, 2001:151-154). The process of integration of themes emerging from data analysis was carried out in a cyclic manner. Forming of categories was grounded in data, and emergent themes were checked against the original transcripts (Willig, 2001:61,62).

3.4 Trustworthiness

According to Aigen (1995:298) qualitative research functions under the assumption that inquiry is value-bound. In ensuring integrity of the research document, the researcher should not only be aware of preconceptions, expectations and prejudices, but should disclose elements of her

value system that may have a bearing on the research in the document and manage this in order to minimize their influence.

Trustworthiness in qualitative research can be established by providing sufficient information about the way in which the researcher's personal and professional stance could influence the inquiry and its conclusions. The data presentation and interpretation thereof should be *credible, transferable, dependable* and *confirmable* (Ansdell & Pavlicevic, 2001:202).

I aimed to demonstrate that the research questions are valid and real and thus credible by accurately identifying and describing the subject of inquiry, the perceptions of teachers. Credibility of the study can further be ensured by considering its relevance to both the music therapy and the educational professions as set out in the introduction and literature review (Ansdell & Pavlicevic, 2001:203).

As the findings of this study offer information about specific individuals' experiences, these findings are not generalisable. I did, however, attempt to create a basis for a certain degree of transferability by providing detailed information on research procedures, presenting a thick description of the research context, and by justifying my choice of methods (Kelly, 2006:381). By providing a detailed account of the development of meaning within this specific context, understandings can be transferred into new contexts in other studies to provide a framework from which to reflect on the arrangements of meaning and action which occurs in the new context (Van der Riet & Durrheim, 2006:92).

I ensured dependability by providing a detailed account of my research process, my rationale for data selection, and by including appendices such as the qualitative coding sheets so that interested readers can follow the research process (Ansdell & Pavlicevic, 2001:204).

Although qualitative inquiries cannot be judged objectively as in quantitative research, the researcher's interpretation of raw data should be confirmed. Intersubjective validation of correlation between data and findings was obtained by regular debriefing with my supervisor and peers (Ansdell & Pavlicevic, 2001:205).

3.5 Ethical considerations

According to Willig (2001:13), the qualitative researcher does not only have to take responsibility in safeguarding research participants from harm or loss, but should go beyond

basic ethical guidelines in protecting their psychological well-being and dignity at all times. This requires the researcher to remain ethically attuned throughout the study as ethical aspects may emerge during interactions with the research participants and continue to be relevant up to the point of publication of research findings. I applied ethical sensitivity throughout the study, taking into account the benefit of all the people involved, including the school, the teachers (participants) and the learners of these teachers. I exercised an awareness of subtle ethical dilemmas such as social inequality and the effect of power relations. Further consideration of ethical aspects was pointed out during clinical supervision of the music therapy sessions that were offered as part of this study.

3.5.1 Informed consent

Informed consent was obtained from the school, the parents of all learners participating in the music therapy process and from participating class teachers before the onset of the study. The participant information letters and consent forms (see Appendices A and B) contain information regarding the purpose and nature of the study as well as potential risks and benefits for the profession and for participants. The importance of privacy and confidentiality was stressed and all participants were informed that they could withdraw from the study at any time (Ansdell & Pavlicevic, 2001:102).

3.5.2 Confidentiality and anonymity

The name of the school and the names of participants were not used in the study for reasons of confidentiality. Identities were concealed and sensitive material is not available to the general public.

3.5.3 Therapist as researcher

Fulfilling the dual role of therapist and researcher I was required to take responsibility for both the clinical relationship with the learners and teachers and for the quality, accuracy and trustworthiness of the research material (Ansdell & Pavlicevic, 2001:106).

3.5.4 Archiving

For archiving purposes, findings will be stored at the University of Pretoria for a period of 15 years.

Chapter 4

Data Analysis

4.1 Introduction

In the data analysis section, the research process will be discussed in general, after which details of the analysis process in terms of the coding process, categorization, evolving themes and theory building will be provided.

Interviews were used to generate data for this research. Individual semi-structured interviews were conducted with two class teachers before and after attending 10 group music therapy sessions with their learners. As music therapy is not a registered profession in Namibia yet, music therapy has not been offered at this school before, and the participants in this study had no prior exposure to music therapy. Initial interviews were conducted to ascertain what these teachers' knowledge and expectations of music therapy in this setting were, and to be able to compare these answers to their perceptions after they had experienced music therapy with their learners in a special school setting.

Group music therapy sessions were conducted with two classes consisting of 10 learners each. Teachers were free to discuss problems, needs or observations after sessions and kept a notebook for writing down questions or remarks. Each class had one class teacher attending every session and no teaching assistant.

While one class was classified by the school on the high-functioning end of the spectrum, the other class was considered a low-functioning group of learners. This enabled the music therapist/researcher to explore the value of music therapy for a broad spectrum of learners, presenting with a range of challenges and potential. The high functioning class consisted of learners between the ages of 10 – 14 years. According to the teacher they all functioned on different levels and their curriculum entailed basic reading and mathematical tasks as well as practical self-help skills. The learners in the low functioning class ages ranged from 11 to 14 years and their academic functioning level was grade R/grade 1. While the learners in the high

functioning class could all speak Afrikaans and some English, the learners in the lower functioning class represented six different home language groups and could not always understand the languages spoken by the teacher and were often not understood by the teacher. Learners' struggles as experienced by the teacher of the high-functioning class were described mostly in terms of academic performance and classroom behaviour, while learners of the other class also presented with neurological and physical challenges such as learners who experienced convulsions, a learner who – due to cerebral palsy – could not verbalize, learners diagnosed with attention deficit disorder and attention deficit hyperactive disorder, a child who presented with symptoms associated with Tourette's Syndrome such as the compulsion to shout obscenities, and a learner who suffered from auditory hypersensitivity.

In my music therapy work with both classes I focused on encouraging the development of individual potential within the group setting through encouraging participation in music-making, facilitating creative expression and development of social interaction through the medium of music. Sessions consisted of various components including group improvisations, creative movement, drumming circles, drawing with music and songwriting. The use of music in music therapy sessions was clinically informed and based on Creative Music Therapy, a method developed by Paul Nordoff and Clive Robbins in which clinical improvisation is used as a medium to involve clients, providing a means of communication and self-expression to bring about change and realization of potential (Wigram *et al.*, 2002:128,317). Sessions were supervised by appointed clinical supervisors through group supervision, one on-site supervision session, and one-on-one discussions based on video recordings of sessions. During music therapy sessions individuals were often given the opportunity to lead the group or to offer individual, creative musical offerings. As learners of the higher-functioning class generally presented as careful and restricted, I focused on enhancing creativity and exploration in work with this group. Self-expression through music was encouraged individually and in group improvisations. The class of learners who presented with more serious neurological difficulties, was more spontaneous, but exhibited additional social impediments and struggled to relate to each other and their teacher. In work with this particular group, I concentrated on facilitating opportunities for expression, communication, and encouraging group cohesion. As learners of this class had utilized unique, often non-verbal forms of expression, due to impairments such as mutism, as well as language barriers, I encouraged free expression through music making. Gestures, instrumental play and vocal sounds were incorporated into songs and chants, allowing individual expression and acknowledgement of these by the group.

The class teachers participated actively in music therapy sessions, interacting with their learners by partaking in the activities, supporting individual learners who required help, and were encouraged to write down their thoughts after sessions.

Both research participants were qualified teachers whose mother tongue is Afrikaans, although they can speak both English as well. As teachers felt comfortable conversing in their second language, interviews were conducted in English, the official language of the country which is spoken predominantly in this school. Yet, because teachers struggled at times to articulate their ideas clearly in their second language, it was difficult to understand exactly what teachers meant by certain phrases. As interviewer, having Afrikaans as my own mother tongue was helpful for grasping such phrases within the context of our interviews. I will refer to such sections elsewhere in this chapter.

4.2 Qualitative data analysis

The interviews were conducted at school during or after school hours, depending on what time best suited the teacher. Teachers seemed nervous during the first part of both Interview 1 and Interview 2, providing short answers, at times repeating the interviewer's questions without answering them. The fact that teachers may have struggled to articulate their spontaneous thoughts in English, and that they were video recorded may have contributed to this. It was also evident in both interviews that, although discussions flowed freely and naturally while discussing their learners, both teachers provided mostly brief and sometimes uncertain comments in sections where either music, or music therapy was talked about. This indicated that they were more comfortable sharing ideas about their learners with which they felt more familiar, than music or music therapy.

The four interviews were video and audio recorded and transcribed. Sections of the data that was not relevant – such as long introductions - were removed before the coding process started (see Appendix F). In this interview, the highlighted sections were taken out and not included in the coding process.

The remaining data was coded, categorized and analysed for emerging themes while carefully keeping note of which interview from which respondent the data was retrieved e.g. Interview 1, Participant A (see Appendix E1).

4.2.1 Codes

The teachers’ responses to each question were coded in the margin provided, keeping as close as possible to the respondents’ original words (see Example 1). Trying not to impose an interpretation based on pre-existing convictions, there was no preceding list of codes, and an “open coding” approach was followed to ensure data-driven rather than concept-driven coding (Gibbs, 2007:44,45). As I struggled at times to make sense of exactly what teachers meant by certain phrases, I chose not to work this out at this stage and in this way risk losing valuable data by possibly misinterpreting these responses.

Example 1 (see Appendix D4):

Interview 2: Participant D

| | D2: original response | Codes |
|-----|------------------------------|--|
| 394 | D: ... They must now | |
| 395 | Be quiet. R is playing now. | |
| 396 | When we are in a class | |
| 397 | situation, we will be... she | |
| 398 | Is just there... | |
| 399 | C: Ignored. | Learner ignored in class |
| 400 | D: Ignored! Like J. “W no. | |
| 401 | You cannot do this. You | |
| 402 | must wait”. You must | Learners learn to respect |
| 403 | respect, ya. And listen to | each other in MT ⁶ / Learners |
| 404 | one another. Everybody | listen to one another in MT |
| 405 | has a place and everybody | Everybody can do something |
| 406 | can do something... you | in MT |
| 407 | know. They’re so used to | |
| 408 | in the class that this one | In class some can and others |
| 409 | cannot do and that one | can’t perform tasks |
| 410 | can. And now we see | |
| 411 | actually everybody can | Everybody can play a rhythm |
| 412 | play a rhythm and be | |

⁶ The abbreviation MT is used to refer to music therapy.

| | | |
|-----|---------------|---------------------------|
| 413 | the “leader”. | Everybody can be a leader |
|-----|---------------|---------------------------|

This example (Example 1 line 405 - 406) illustrates how I (C) conformed to the interviewee’s (D) own words, rather than coding the response as my own interpretation of the text as for example coding “everybody can do something” rather than changing this to “children are enabled to participate”.

In no instance was more than one code given to one line, but in some cases one code was given for more than one line (see Example 1 line 396-399), in order to avoid repetition and to leave ideas not relevant to the research uncoded. The interviewer’s questions and remarks were not coded, other than where these comments served to clarify what interviewee was trying to say (see Example 1 line 399). In this example the interviewer provides the term the teacher seemed to struggle finding. As the interviewee confirms this, rather than coding “she is just there”, the interviewer’s line is coded as it captures what the interviewee is implying.

At times the participants used incorrect English grammar by translating directly from Afrikaans, for example “They learn music” is translated from “Hulle leer musiek”. From this I coded formulating the sentences in more lucid terms, yet keeping as close as possible to the original response. See Example 2 line 79.

Example 2 (see Appendix D3):

Interview 2: Participant A

| | Interview A2: original response | Descriptive codes |
|----|--|------------------------------------|
| 75 | A: Yes... uhmmm ... correction. When | |
| 76 | they feel sad, they become uplifted, | MT helps uplift mood |
| 77 | happy. They also learn their own voices. | Children discover their own voices |
| 78 | They learn to sing and to use their own | Children use their own voices |
| 79 | voices. They learn music. | Children learn about music |
| 80 | C: They learn about music itself. | |
| 81 | A: The rhythm, the beats, loud and | |
| 82 | softness | |

Whilst the researcher mostly coded exactly what was said with descriptive codes, separate notes were made of the impression teachers gave through their comments. Inferential codes were added in which information about teachers' perspective from the way they talked about aspects was coded (see Example 3 line 277-279), as well as the information they tended to revisit throughout the interviews was coded (Punch, 2005:200). These more interpretive insights were coded in a separated column. Being mindful to remain as close to the data as possible and not to base analysis entirely on inferences, these codes were indicated in italics to keep an awareness that these were more interpretive (see Appendix E1).

In Example 4, line 184 is an inferential code, "Learners are described in terms of disabilities". It describes my overall sense over a large amount of data. This code highlights my own sense of what I gained of the way the teacher seemed to describe only problems, challenges and disabilities of learners as opposed to noting potential or achievements.

Example 4 (see Appendix D1):

Interview 1: Participant A

| | Original text | Descriptive codes | Inferential codes |
|-----|-----------------------------|------------------------------|--|
| 181 | I have ten learners in my | | |
| 182 | group. They are from age | | |
| 183 | 11 till 15 years. Their | | |
| 184 | cognitive ability is very | Very low cognitive | <i>Learners are described in terms of disabilities (a)</i> |
| 185 | low functional, so they are | functioning | |
| 186 | working grade R till grade | Academic ability grade R-1 | |
| 187 | 1, more or less is their | | |
| 188 | functional ability. And | | |
| 189 | then one cannot | One learner cannot speak | |
| 190 | speak...uhm... And one | | |
| 191 | is very ear sensitive. The | Learner is hearing-sensitive | |
| 192 | Y is very hyperactive, and | Learner is hyper-active | |
| 193 | he is... as well as... | | |
| 194 | uhm... F. And they also | | |
| 195 | can't speak well. | Learners cannot speak well | |

Responses from the two teachers were combined for each interview in order to be able to merge similar ideas, thus gaining a general view of the teachers' perceptions. However, codes were clearly labelled in order to distinguish which response came from which teacher as this information could also be significant in the light of the different learner groups and backgrounds of the teachers. In Example 4, the code "Learners cannot speak well" would be labelled as A1 195. A indicates the participant, 1 indicates the first interview of the specific participant, while the number after the space – in this case 195 – indicates the number of the line that is coded.

Although the responses from the two teachers were merged, the data from the first interviews were kept separate from that of the second interviews to make it possible to compare teachers' perceptions before attending music therapy to perceptions after experiencing the process of music therapy with their learners.

In this process of decontextualization, the researcher was left with a large number of codes. If codes had the same meaning, they were reworded so that they were exactly the same, making the amount of codes more manageable. Codes labels ensured that it was clear when a code occurred more than once – and where it occurred.

In order to make the large amount of codes more manageable, data was summarized and integrated by regrouping the descriptive and inferential codes into higher order codes (Punch, 2005:201). The original codes were preserved, so that no data would be lost. Higher-order codes further helped to make sense of large numbers of codes that were descriptive and worded verbatim from the interview data, and may have therefore involved a certain amount of interpretation. Descriptive and inferential codes forming higher-order codes were marked clearly to make it possible for the researcher to trace each code to the original text (see Appendix E1). In example 5 the higher-order code is in the left column and the codes that were grouped under this appear in the right column.

Example 5 (see Appendix E1):

| Higher-order code | Descriptive and inferential codes |
|---|---|
| MT different to other school programmes | MT different to academic work (D2 17) MT different from usual programme (D2 18) MT different because of hello and goodbye song (A2 716) MT experience new to learners (D2 244) |

4.2.2 Categories

The higher-order codes were grouped together to create categories of data or more inclusive units (see Appendix E3). In this way the data was reduced, once again, into more manageable work units. The use of categories organized teachers' responses in such a way that comparisons were possible, and allowed for emergence of thematic ideas. Categories were mutually exclusive.

Example 6 illustrates how the various codes related to the teachers' perceptions around how the possible benefits of music therapy link together to form a single category which encloses all the relevant higher-order codes.

Some higher-order codes fell into place without difficulty when addressing a single concept and could simply be grouped into categories, such as category IV (see Example 6).

Example 6 (see Appendix E3):

| Category | Higher-order codes |
|------------------------------------|--|
| IV. Anticipated value of MT | 6. Variety in MT : advantage 8. MT has cognitive benefits 9. MT benefit: calming effect 10. MT may improve behaviour 11. MT may improve social skills 12. Music releases stress |

Other higher-order codes required careful consideration in the categorization process. "MT improves thinking skills" and "Teachers gain insight into learners due to their participation in MT", for instance, both related to the teachers' perceptions of music therapy and of their learners and could therefore fall under Category V or Category IX (see Examples 7 and 8).

However, while the higher-order code 39 ("Teachers gain insight into learners due to their participation in MT") related to already present abilities noticed by teachers during music therapy, the higher-order code 51 ("MT improves thinking skills") referred to learners' development due to the music therapy process. For this reason I placed the higher-order code 39 in category IX, while higher-order code 51 classified under category V (see Examples 7 and 8).

Example 7 (see Appendix E3):

| Category | Higher-order codes |
|--|--|
| V. Perceptions of what the MT process afforded their learners after participating in 10 sessions of MT | 34. Teachers optimistic about MT 40. MT advantage: enjoyment 49. Group MT improves social skills 50. MT improves cognitive skills 51. MT improves thinking skills 52. MT builds confidence and motivates 53. MT uplifts learners 54. MT promotes physical development 55. Teachers positive about MT at school |

Example 8 (see Appendix E3):

| Category | Higher-order codes |
|--|--|
| IX. More holistic view of learners after participating in MT with learners | 38. Teachers' changed perceptions of their learners with regard to academic performance 39. Teachers gain insight into learners due to their participation in MT sessions 42. Learners become aware of their potential in MT |

4.2.3 Themes

After the process of data reduction in which the data was compressed without significant loss of information, the assembled information was displayed and used to assist in drawing conclusions (Punch, 2005:199). In the process of analysing the data, careful reflection was given to all the information by comparing and contrasting the data and finding correlations (Ansdell & Pavlicevic, 2001:197). Themes emerged from the categories and were structured and sorted into addressing each research sub-question.

The following table offers a summary of themes and the categories that fall under each:

Summary of findings:

| | |
|--|--|
| 1.1 How does class teachers' participation in group music therapy sessions with their intellectually impaired learners impact on their perceptions of their learners' potential and needs? | |
| Theme 1: A broader understanding of learners through MT` | Theme 2: A more learner-centred teaching approach due to participation in MT |
| Categories | Categories |
| <ul style="list-style-type: none"> • Prior to participating in 10 sessions of music therapy, learners are described in terms of disabilities and presenting problems. • More holistic view of learners after participating in MT with learners. | <ul style="list-style-type: none"> • MT can contain variety in special needs classes. • Teachers' approach in classroom before MT focused on academic tasks, practical skills and behaviour. • Change in teachers' teaching approaches after 10 sessions of music therapy. |
| 1.2 How does class teachers' participation in group music therapy sessions with their intellectually impaired learners impact on their perceptions of music therapy as a specialist intervention for these children? | |
| Theme 3: Personal experience of the MT process informed their understanding of the profession | Theme 4: The value of MT in a special school setting |
| Categories | Categories |
| <ul style="list-style-type: none"> • Limited description of MT before participating in 10 sessions of MT with their learners. • Continued struggle to define music therapy after 10 sessions of participation in music therapy sessions • Teachers able to provide broader descriptions of the MT process when discussed in context of their learners' experience | <ul style="list-style-type: none"> • Anticipated value of MT • Perceptions of what the MT process afforded their learners after participating in 10 sessions of MT • Teachers' anticipated disadvantages of MT before participating in MT • Teachers experience of disadvantages of MT in the school • Limitations of MT in the school for intellectually impaired learners |

The first theme focuses on teachers' perceptions of their learners and how the 10 music therapy group sessions with their learners impacted on their understanding of these learners. The teachers' perceptions of their learners prior to the music therapy process (that focused on learners' disabilities and language, social and developmental challenges) were compared to their perceptions after the 10 music therapy sessions. Findings suggested that music therapy allowed teachers to experience their learners more holistically. The music therapy context allowed teachers to gain in-depth insight into their learners, with particular reference to their abilities that were not directly related to their academic performance. Here the higher-order code, "learners become aware of their potential" was included, and was specifically sorted under this theme as it suggests that teachers recognized learners' awareness of their own potential, and in this way impacted on their experience of the learners.

The second theme draws from categories that relate to teaching approach and touches on aspects that include teachers' perceptions on variety in special needs classes, and how teachers' educational approaches were reported to be impacted by music therapy. The learner-centred approach applied in schools in Namibia encourages teachers to shape learning according to learners' unique abilities (NIED, 2003:29). During music therapy sessions, teachers experienced their learners' unique abilities, and how these could be explored and developed. Not only did teachers describe how they used music therapy activities like greeting songs in their classrooms, but they also noted how their teaching approaches changed due to broader perceptions of their learners. This led them to encourage more independence and responsibility in the classroom setting as was applied during music therapy sessions. Finally, one teacher reported continuing to develop a mute learners' unique, non-verbal communication of which the teacher became aware during music therapy.

Themes 3 and 4 address the second sub-question of the research question and thus centre around teachers' experience and understanding of music therapy as a profession. Theme 3 explains how teachers offered a limited description of music therapy before experiencing the process for themselves. The teachers compared music therapy to other music practices such as class music and Kindermusik. After participating in music therapy sessions, teachers still struggled to talk about music therapy, lacking the verbal descriptions for the personal processes that took place through music. However, when talking about the music therapy process in terms

of its impact on their learners, teachers managed to provide a very thorough understanding of the process as informed by their personal experience.

Theme 4 explores teachers' perceptions around the value of music therapy in a special school setting. In this theme the anticipated value of music therapy in the specific school was compared to teachers' perceptions of what value music therapy afforded learners after participating in music therapy sessions with their learners. Although many of the anticipated advantages of music therapy in the school for intellectually impaired learners were experienced in music therapy sessions, personal experience informed teachers of several additional affordances such as building of learners' confidence and motivation which led to their appreciation of the value of this form of intervention. Teachers' anticipated disadvantages of music therapy in this setting were similar to the disadvantages they actually experienced. Finally, teachers offered perceptions of limitations of music therapy in the school for intellectually impaired learners, providing a thorough picture of the possibilities and the challenges to be considered when implementing music therapy practice in this school.

The themes are discussed in detail in chapter 5.

Chapter 5

Discussion

5.1 Introduction

The research question presented in Chapter 4 will be addressed based on the data analysis in this chapter.

The main research question is:

How do class teachers at a school for intellectually impaired children experience the impact of group music therapy sessions conducted with their learners?

This question will be explored in relation to two sub-questions.

The first sub-question is:

How does class teachers' participation in group music therapy sessions with their intellectually impaired learners impact on their perceptions of their learners' potential and needs?

The second sub-question is:

How does class teachers' participation in group music therapy sessions with their intellectually impaired learners impact on their perceptions of music therapy as a specialist intervention for these children?

5.2 Addressing the research questions

The themes which emerged that address the first sub-question are: "A broader understanding of learners through MT" and "A more learner-centred teaching approach due to participation in MT". The themes that developed in relation to the second sub-question are: "Personal experience of the MT process informed teachers' understanding of the profession" and "The value of MT in a special school setting".

The discussion of the findings will explore how teachers experienced music therapy as a way to see their learners succeed at different tasks and in this way gain a broader perspective of their learners' potential. It will further be discussed how teachers' participation in music therapy

sessions with their learners influenced their work in class and offered support in applying the learner-centred approach as is required by the learner-centred educational policy in Namibia.

The discussion of the second theme suggests that, as the two teachers participating in this study had no prior knowledge or experience of music therapy, their participation in the process with their learners helped them gain an in-depth understanding of music therapy as a specialist intervention. After participating in ten sessions of group music therapy with their learners, the participants recognized that this was a unique and specialized form of therapy which, if implemented, they believed would be of great value in a school for intellectually impaired learners.

5.2.1 A broader understanding of learners through music therapy

Teachers' perceptions of their learners play an important role in learners' progress and development, as their teaching approach will be affected by their attitude towards learners in the classroom (Cook *et al.*, 2000:6). Garner (2009:3) stresses that particularly in special needs education, teachers should guard against viewing their learners in terms of labels or limitations, and that they should gain a holistic perspective of the potential and needs of individuals in facilitating their optimal growth and development.

Prior to participating in music therapy with their learners the teacher participants, when discussing their learners in terms of potential and particular struggles, provided feedback revolving around the learners' disabilities and presenting symptoms. They presented a clear picture of the challenges that teachers face in this school for the intellectually impaired, which included aspects associated not only with learners' intellectual impairment such as short attention span and long term memory deficits, but also with neurological conditions such as cerebral palsy, and learners who experience convulsions: "And then three of them get fits" (see Appendix D1 217). Teachers further discussed their challenges with regard to children suffering from auditory hypersensitivity, learners who are tactile defensive and those who presented with symptoms associated with attention deficit disorder or attention deficit hyperactive disorder and "really cannot sit still" (see Appendix D2 393). Learners were described as self-absorbed (see Appendix D1 305) and lacking awareness of one another, as explained by participant A: "After three months, one boy notices that a girl can't speak" (see Appendix D1 244). It was further mentioned that certain learners would not interact with one another and that learners were

considered to be immature (see Appendix D2 225) and lacking social awareness, in many cases, suggesting that “they can’t fit into social life properly” (see Appendix D1 225). Teachers’ views of their learners seem to be strongly influenced by these disabilities and often consequential behaviour, resulting in labelling of learners in terms of those who achieved at certain tasks, and those who did not.

Difficulties described by interviewees with respect to language were two-fold. Learners in one class represented six home languages, and few learners could comprehend and speak Afrikaans or English, the two languages spoken in class. What complicated matters further was the fact that learners were slow to learn a new language and that English as learners’ second or third language was taught at a very basic level (see Appendix D1 433). Other learners managed to keep up when lessons were offered orally in English or Afrikaans, but “the moment it comes to tasks or written tasks or assignments or whatever, I cannot do the same with them” (see Appendix D2 255). The teacher of the other class reported that her learners, although not always fluent, were all able to speak and understand at least one, and often both languages spoken in school.

Teachers experienced pressure from parents and from the school to reach (sometimes unrealistic) objectives with regard to academic work, behaviour and skills (see Appendix D2 316). Academically, learners of one class were described as very low functioning, struggling with basic tasks such as cutting and colouring, while the other classes’ learners were considered high functioning within the context of the special school setting. Learners were discussed in terms of the ability or inability to manage academic tasks such as reading and assignments based on recognizing colours, shapes and numbers, for example “I see the potential is definitely in two or three of my class, there is definitely potential. And they can nearly understand everything properly” (see Appendix D2 574) and “Anything that is abstract to her is... There’s no way that she will be able to read. Even when we come to maths” (see Appendix D2 588). This response creates the impression that the teacher experiences the concern that certain learners may never be able to reach goals that she as a teacher should help them achieve. Teachers keep track of learners progress by means of a continuous assessment process and use a report system which keeps parents up to date with their children’s development. Teachers use reports to keep record of learners’ progress, for example: “... see for myself that this child can do cycling, but I see that some of them can’t cut properly, so now I must get them to cut... and the colours – they don’t recognize the colour, so then we must go back to the colours” (see Appendix D1 528). This puts further pressure on

teachers into making their learners accomplish tasks they feel certain learners may not cope with, illustrated by a remark such as the following: “So my worst concern is that they will not learn these skills...” (see Appendix D2 592). This, in turn, stresses certain learners’ disabilities, and could lead to teachers’ frustration and apprehension with regard to working with intellectually impaired learners. Attributes associated with learners with disabilities such as behavioural, social and academic difficulties often lead to teachers’ indifference and even intolerance, resulting in lack of connection between teachers and their learners (Cook *et al.*, 2000:6).

Learners’ self-perception may have been affected by teachers’ low expectations and at times pessimistic perceptions of learners which in turn lead learners to lack motivation (Hastings *et al.*, 2007:139; Pretzlik *et al.*, 2003:35). According to teachers, several learners generally lacked self-confidence and motivation, for example: “They don’t want to tackle a problem. They say they can’t do it” (D1 361). In this example the teacher may be hinting at the possibility that these learners may have the ability to complete tasks requiring problem-solving skills, but that they simply lack the motivation to attempt such tasks.

The music therapy sessions for this study were informed by Creative Music Therapy. The music therapist created conditions that encouraged growth and development of each learner and enabled learners to participate in sessions by employing their potential and abilities in the therapeutic process. The data gathered in this study suggests that the holistic approach applied in the music therapy context provided the two participating teachers with the opportunity to experience how various dimensions of their learners were explored and developed creatively through music (Nordoff & Robbins, 2004:56).

This section of the discussion will focus on already present potential of learners discovered and explored in music therapy sessions, which could be further drawn upon in the classroom. Teachers’ perceptions of learners’ growth and development that took place in music therapy will be discussed in the following sections of this chapter (see 5.2.4).

One teacher welcomed the possibility of attending music therapy sessions with her class once or twice a week, because during these sessions she experienced more of the learners’ abilities than she had previously been aware of (see Appendix D3 784). This teacher explained that

music therapy allowed her to see how learners used and discovered their voices through activities such as solo-vocalization, group vocalizations and singing (see Appendix D3 785). This realization is of great significance considering that learners in her class include a child who suffers from mutism due to a physical condition, several learners who lack confidence and are introverted, and learners who cannot communicate in any of the languages spoken in school. Vocal work in music therapy led to development of an individual learners' newly discovered potential to communicate. The learner who suffers from cerebral palsy and who, according to the teacher, had not used her voice in class before, began to explore her voice during vocal work, which led to her using her voice to communicate: "Even if it it's non-verbal. It doesn't matter, because she knows now she can "Uh!" – she can use her voice" (see Appendix D3 551). The teacher reported further development of this communicational skill which was initiated during music therapy sessions.

Teachers noticed that music therapy offered their learners the opportunity to become aware of their own abilities, revealing new insights about themselves: "In the music therapy they try and they see: Oh, I can make... I can do it" (see Appendix D3 483). This way, by simply succeeding and being creatively active as individuals and in groups, learners became increasingly confident and showed a more socially able, motivated and explorative part of themselves: "To dare, to dare. They can go and take any music instrument that they don't know yet... And now they play with that. They listen to the sounds and they listen to the different sequences, and they *try and do*" (see Appendix D3 439). Reporting on learners' discovery of their own potential, it is further implied that teachers discovered this same potential within their learners.

Referring to songs sung in music therapy sessions, a teacher who previously mentioned deficiencies in learners' memory skills noticed that her learners "remember the songs quite well. They sing it on their own while we're in the class. Just, you know, singing when they're busy" (see Appendix D4 350). This suggests the teacher's awareness that learners did not only learn the songs quickly, but that they had the ability to remember the melodies and words without her help, thus exhibiting memory skills. She further noticed a difference with respect to learners' potential, explaining that "they're so used to in the class that this one cannot do and that one can. And now we see actually everybody can play a rhythm and be the leader " (see Appendix D4 407). The use of the word "we" here may indicate that the teacher acknowledges her own initially limited perception of learners' potential, but also that of the learners who seemed to have accepted that they belonged to either the more or the less competent group of learners. The above skills such as the ability to lead, to remember songs and rhythmic abilities are not

considered academic or behavioural competencies, but nevertheless show learners' social awareness, creativity and a sense of rhythm and musicality. These skills may, however, impact on academic progress and behaviour.

Gleason (2010:150) stresses that special needs education should be focused on learners' unique abilities, while Garner (2009:3) holds that teachers' expectations of learners influence their teaching approach, which in turn impacts on learners' progress and development. As the purpose of music therapy is to foster growth and development of the person as a whole by working with the part of the client which is healthy and creative, it allows the client to "rise above the limitations of the illness or handicap" (Ansdell, 1995:34). Findings of this research study showed that teachers' participation in the music therapy process with their learners allowed them to notice more of their learners abilities, and how these learners enjoyed and achieved at different tasks. In this way music therapy offered teachers a foundation and support to further interpret, encourage and develop these learners' potential in a resourceful manner in the classroom setting.

Just as music therapy motivated the learners to explore, it seemed that teachers felt encouraged to apply new educational approaches as they became aware of learners' potential during this process. Referring to the above findings around a new perspective on special needs learners' abilities, the following section will discuss how participation in music therapy offered teachers new innovative approaches for working with learners in the classroom.

5.2.2. A more learner-centred teaching approach due to teachers' participation in music therapy with their learners

The learner-centred educational policy in Namibia stipulates that learning should allow for all learners to develop to their full abilities and that knowledge and understanding should be made accessible to every learner in order to develop to their full potential (NIED, 2003:5). The teacher plays a key-role in learner-centred education and is expected to establish a relationship of care with the learners, showing knowledge and understanding of the needs and potential of learners, as well as the ability to shape learning experiences accordingly (NIED, 2003:29). Intellectually impaired learners pose a variety of special educational needs, therefore their teachers are further challenged to offer help and support in dealing with learners' varying abilities, as well as their contextual, social and individual difficulties (Olivier & Williams, 2005:19). Due to these

complexities and variation in each class, special needs teachers often experience limited response to their input (Nordoff & Robbins, 2004:139), and may require additional support to work within a learner-centred approach (Olivier & Williams, 2005:27).

In the above discussion of presenting problems with relation to their learners, some of the teachers' struggles relating to learners' presenting problems such as memory deficits, short attention span, immature social skills and physical challenges were discussed. Concerning educational approaches in general, teachers reported that, due to their learners' intellectual impairment, less emphasis was placed on academic work, while teachers focused on practical tasks and self-help routines (see Appendix D2 295). Teachers reported concern for their learners' future employment possibilities and integration into social life, and therefore focused on practical tasks to be used in everyday life such as reading notices and signposts, and on practical activities such as wood-packing and gardening "so that they can use it someday when they are in their working situation" (see Appendix D1 589).

Teachers further applied different didactic methods in reaching each individual, as described by participant A: "We just keep on helping, show them again, try different things, to try new inventions" (see Appendix D1 402). Yet it seemed that teachers' educational techniques revolved mostly around behaviour and academic achievement, and they explained that repetition of work in order to attain academic and skill-related goals was often the approach in addressing barriers to learning (see Appendix D1 538).

Feedback from teachers indicated that they have to be flexible in their teaching methods due to their learners' intellectual impairment, but also in dealing with the varying abilities represented in each class. These range from managing different cultures, languages, physical abilities and limitations and variety in academic performance. Coping with varying abilities in the class is challenging and requires teachers to continuously adapt to variation presented in the classroom. In being fair towards all learners, differentiation was attempted by giving different tasks to suit each learner's ability: "You must have different tasks for each and every child. You can't do the same. It's not fair. It's not fair towards the clever ones, it's not fair towards the ones who struggle" (see Appendix D2 268). At times the help of fellow learners was sought, allowing learners to assist each other. This approach may, however, accentuate the clear divide between academically stronger and weak learners, discouraging the seemingly less competent learners to the point where they become even less active in the learning process: "And they call the others to help them" (see Appendix D1 419). In managing this diversity in learners' abilities

represented in the classroom, teachers reported approaching the difficulties in several ways, but they were not always sure if they reached the child at his/her particular level of functioning. One teacher remarked that teachers “must adapt to everyone’s different abilities. And that sometimes is a problem for me, because I don’t know if I reach the child on *his* level” (see Appendix D1 497). Keeping in line with the ethos of the learner-centred policy, teachers continued working towards facilitating the achievement of each individual’s potential and to “help them learn the best they can” (see Appendix D1 512). This was not necessarily experienced as particularly challenging once the teacher got to know her learners: “... it’s just like a bit [of] effort, but I know them so well, so you know what you can do with them...” (see Appendix D2 535). Teachers found that by accepting varying abilities and developmental challenges, and getting to know learners helped in dealing with the variety of abilities presented in the classroom. However, feedback prior to participating in the music therapy process revolved mostly around measurable outcomes in terms of skills, behaviour and academic tasks as opposed to a focus on developing the broader potential of learners.

Music therapy complemented the teachers’ learner-centred approach based on facilitation of optimum growth and realization of potential of each individual learner. Teachers’ feedback after participating in 10 music therapy sessions with their learners suggested that music therapy allowed learners freedom to “do their own thing” (see Appendix D3 191) during sessions. Unique contributions by learners were encouraged during these group sessions, giving the learners opportunities to experiment with a variety of musical instruments and with their voices, and to express themselves in unique ways through movements and visual art: “... they express them through the instruments, through music and... through paper – through the art” (see Appendix D3 208). Because each child’s contribution was accepted and acknowledged, they did not fear making mistakes. “Everyone plays his own thing, his own rhythm. No one makes mistakes” (see Appendix D3 307). Furthermore, each learner was given a turn to either lead the group, or to make a contribution which was appreciated and acknowledged by the group, leading to increased confidence and personal development: “They had to listen to each other. And then each and every one gets a chance” (see Appendix D3 279). During the process of music therapy, teachers gained a broader perception of their learners, motivating them to let learners take a more active role in the learning-process, thereby putting a more learner-centred approach into practice.

The data implies that music therapy further impacted on teachers' educational approaches in the following ways:

(1) The teachers incorporated music therapy activities in class.

Although one teacher mentioned that she did not feel equipped to do music therapy in class herself (see Appendix D4 278), both teachers used some of the music therapy activities in the classroom, particularly in relation to singing, such as reinforcing the daily routine through song, as explained in the following: "...the singing of a hello song, singing of a goodbye song – we now implemented it in class. So in the mornings we sing hello to everyone, everyone's smiling and feeling happy. And when we leave, we sing goodbye. They also get into the structure of hello and goodbye, it's now the end of the day" (see Appendix D3 718). Showing more awareness of learners' creative abilities and increased sense of exploration, teachers included turn-taking activities in class singing, giving individuals turns to conduct the group (see Appendix D4 387). This allowed for increased participation and inclusion of all the learners.

(2) Teachers followed a more learner-centred approach.

Teachers both admitted to a change in their teaching approach in general due to their increased awareness of learners' abilities after participating in the music therapy experience with them. One teacher explained: "So it also let *me* think a bit. About how to do things" (see Appendix D4 543). In contrast to the usual "spoon-feeding" she applied in the classroom, the teacher now allowed learners to function more independently (see Appendix D4 505). She elaborated by saying that she would offer opportunities for individuals to take the lead in singing activities, but she would also display trust in learners' abilities by asking learners' opinions and encouraging more independent and creative thinking in class activities, for example: "... if you make a drawing. 'What do you think we can do? How do you think we can draw this?'" (see Appendix D4 556).

(3) New awareness of learners' unique forms of communication led to teachers' further work with their communicative potential.

The awareness created in music therapy that communication is not necessarily verbal, provided teachers with a different approach in being aware of different forms of behaviour which could be interpreted as communication. Referring to the non-verbal learner in her class for instance, a teacher described the following situation: “In *class*, she wants to call me and she said: ‘Uh uh uh!’ so I can hear her. She wants my attention, where she did not do that before” (see Appendix D3 514). While the teacher had never noticed the learner making these sounds before music therapy, she became aware of the learner’s communicative ability and continued encouraging and developing this in class. A different, broader perception of these learners’ communicative abilities led to teachers’ development of possible ways for the learner to communicate with the teacher and with the other learners (see Appendix D3 538).

The data suggests that music therapy offered teachers support by enriching the two participating teachers’ educational approaches and techniques. Not only did the music therapy process allow teachers to experience their learners succeed at a variety of tasks, but it also added to their understanding of learners and offered approaches and techniques that extended and developed learners’ unique abilities. This complements a teaching approach which is in line with the Namibian learner-centred education policy.

In the following section I will discuss research findings with regard to the second sub-question: How does class teachers’ participation in group music therapy sessions with their intellectually impaired learners impact on their perceptions of music therapy as a specialist intervention for these children?

5.2.3 Personal experience of the music therapy process informed teachers’ understanding of the profession

In introducing music therapy as a new profession in Namibia, other professionals’ understanding of the nature and benefits of this unique discipline is essential. With regard to the marketing of music therapy in South Africa, Bladergroen (2004:23) asserts that other professionals have to be educated about music therapy and suggests that first-hand experience of the music therapy process is necessary in accomplishing this, as is communication between music therapists and other professionals.

As could be expected, because the two teachers participating in this research study had no knowledge of, or previous exposure to music therapy, they were not sure what music therapy entailed, and their thoughts around this form of intervention were purely speculative. Teachers both suggested that music therapy would not be the same as class music, as activities in music therapy would have a therapeutic motivation, and might include movement and not just singing which they believed the case would be in class music (see Appendix D1 41; D2 81). Teachers felt that because children love and enjoy music, music therapy would have a positive impact on their learners: “Definitely positive. Music is never negative” (see Appendix D2 101). Yet they were not sure if it would affect learners beyond the actual experience of music, and if it would have any long-term benefits (see Appendix D2 482).

Both teachers linked music therapy to Kindermusik, a privately funded franchise music and movement programme for infants, toddlers, preschoolers, and young children which is offered at this school for certain classes. A Kindermusik facilitator needs no prior music education or psychology qualification prior to the 8 – 12 week Kindermusik course in order to become a certified Kindermusik educator (Kindermusik Teach, 2010). According to both teachers Kindermusik was promoted at the school as a form of therapy, but one teacher was of the opinion that Kindermusik was more about learning about music. Teachers did not experience any long term benefits with regard to the children who participated in Kindermusik and, although both teachers felt that it was enjoyable for children, they were sceptical of the therapeutic value of Kindermusik (see Appendix D2 30).

After participating in 10 sessions of group music therapy with their learners, teachers still seemed to find it difficult to describe the music therapy process. Participant A, for example, in response to a question asking her to define/describe the process of music therapy, replied: “Uhhh... It’s therapy through the music to... uplift... or what can I say? Uplift... uhhh...kids with special needs” (see Appendix D3 10). Further responses to this question made it clear that the teacher participants had a thorough understanding of what the music therapy process entailed, but simply struggled to define music therapy or to describe the process in verbal terms. Aspects that the teachers highlighted included a clear understanding of what music therapy is *not*, for example “It’s totally different from other academic work and the normal routine they have at the school” (see Appendix D4 15) and “It wasn’t like Kindermusik and it wasn’t like class music” (see Appendix D3 170). Other aspects about their music therapy experience that teachers touched upon were that music therapy was informal and facilitated learners’ unique contributions, as explained in the following quote: “They would make their own music with

drums” (see Appendix D3 54). It was also mentioned that music therapy was not what the teachers expected and that their perceptions of music therapy changed after first-hand experience of the process. They pointed out that during music therapy learners were exposed to instrumental play, movement activities and their own music-making. Different types of music were used that allowed learners to express themselves creatively (see Appendix D3 38). One teacher noted that she saw that some of her learners developed in music therapy, but that it “must be an ongoing process to see a result” (see Appendix D4 204).

It was not clear from these descriptions *how* music therapy was experienced as different from other disciplines and music-based activities. It was also not clear how the interviewees experienced the process and the therapeutic value of the intervention with regard to their learners. It is not surprising that teachers struggled to discuss the music therapy process in depth. Pavlicevic (1999:87) explains that the phenomenon of music in itself is difficult to talk about, and what adds to this impediment, also known as the “music therapist’s dilemma”, is the fact that music therapy includes musical-emotional, personal and interpersonal aspects – each of these which adds complexity to the problem of relating the process in verbal terms.

Both interviewees managed to describe the music therapy process with much more ease and lucidity once they discussed the intervention with reference to their learners. As they reviewed how learners participated and how they responded to music therapy, the teachers were able to provide a broader and richer description of the process with their learners, noting, for instance, that “They are free on doing anything according to the music and the instruction...” (see Appendix D3 180). With regard to the music therapy process facilitating free expression within certain boundaries, the same participant explained “Structure. It gives them secureness. So the music therapy gives that to them. The structure and the secureness... because they are free, but they know what is coming” (see Appendix D3 423). Here she may have referred to group activities which allowed individuals or the group as a whole to express themselves through the music, while structure was provided through the rondo form of the improvisation, in which the group would return to a chorus section in the form of a chant, song or rhythm. As mentioned in a previous section, the use of greeting songs at the beginning and end of each music therapy session provided structure in terms of the session as a whole. Because of the freedom within the security of the structure provided by musical form and in the session as a whole, learners are willing to explore more. Both teachers provided descriptions of the use of music as a means for self-expression and how it encouraged, for instance, a usually introverted learner to feel free to “sit on his own and sing songs. Yo, it’s a new thing...” (see Appendix D4 292). The teachers

indicated their understanding of the spontaneous, flexible nature of music therapy, but also that this flexibility is held within certain boundaries and musical structures (Nordoff & Robbins, 2004:17).

The participants' responses indicated that music therapy offered learners freedom within musical and activity structures, and that creativity emerged because of this freedom. In this way learners' range of self-expression was expanded through instrumental play and vocalization (Pelliretti, 2000:386). In discussing a learner who has the compulsion to shout obscenities, her teacher noted that the learner had the opportunity to express herself through drawing with music, and "when she hit the drums it was very hard and she expressed her anger through that" (see Appendix D3 641). Here music was applied as a projective tool, offering the learner another means to express her anger which, according to the teacher, led to a decrease in the use of bad language during sessions as well as in the classroom (see Appendix D3 631).

One teacher also noticed how music therapy motivated a non-verbal learner to begin to explore vocal sounds – something she had not attempted before in class. This led her to hear her own voice and to start expressing herself through sound-form. "And during the music therapy, we allow her to make a sound... Even if it's non-verbal. It doesn't matter, because she knows now she can "Uh!" – she can use her voice... And she *has* a voice" (see Appendix D3 507). In her own terms, this teacher participant described how the process of music therapy tapped into the healthy, creative capacity of this child, providing a means of communication and self-expression through music, bringing about growth, realization of potential which was subsequently generalized into other areas of the child's life (Etkin, 1999:155). Etkin (1999:155) considers the primary focus of creative music therapy the therapist's musical response to the quality of the timbre, pitch, dynamic, inflection and emotional quality of the client's speaking, crying, laughing, singing, instrumental activity and/or movement and in this way engaging the client and "calling into responsiveness" the innate communicative potential of the person. Here the teacher clearly illustrates her understanding of the communicative element pivotal in music therapy. She recognizes that communication can take place without words, and that part of the music therapy process is about encouraging communication and affirming even the smallest attempts to communicate.

As communication also entails listening to and acknowledging another person, activities in music therapy – such as individuals conducting the group, using creative gestures to indicate the tempo, dynamics and quality of the music to be played by the group – develop this aspect

through the medium of music. Although one teacher mentioned that she detected no change in learners' communication during and after the music therapy process, with regard to her learners' participation in a music therapy activity, she shared that "The fact that they have to listen now to somebody else from the ... (hand gesture indicates being the "conductor")... I think that they kind of learn also respect. They must now be quiet. R is playing now" (see Appendix D4 394). This comment indicates that the teacher did in fact notice changes in how the learners connected with one another by paying attention to each individual acting as musical leader, responding to the leader's gestures by playing as indicated and in this way acknowledging each other. The other teacher participant recognized that learners' social skills improved during music therapy because learners got to know each other better as they were required to listen to each other during activities (see Appendix D3 255). This confirms the view of Pavlicevic (2003:204) that group music therapy offers a social context for children, allowing active participation in the social world through engaging with one another, experimenting with different roles and experiencing social relationships through music.

As there is a difference in approach between music therapy and for instance Kindermusik or music education, teachers need to be clear about these differences in order to value this profession and understand what it can offer their learners. The data suggests that teachers who experienced a music therapy process with their learners gained an understanding that music therapy is different from the usual programme, and is based on process rather than a pre-determined product: "It might be a total different way of.. getting learners to explore more about themselves, things they never know. It's totally something different from other academic work and the normal routine they have at the school" (see Appendix D4 10). They became aware that the therapeutic relationship with the clients is based on a non-directive approach allowing the clients autonomy while the therapist follows and facilitates the naturally unfolding process of growth and development (Wigram et al., 2002:126; Ansdell, 1995:35), as illustrated by the following comment: "Because kids can do their own thing, as they want to do. They are free on doing anything according to the music and the instruction" (see Appendix D3 178). By talking about music therapy from the perspective of their personal experience with their learners, teachers may not have used academic or theoretical terminology, but proved to have an in-depth knowledge and insight into the music therapy process.

In terms of promoting music therapy as an intervention to other professionals, simply providing a definition of music therapy may not be sufficient in offering a broad understanding of the discipline. Basic definitions may not provide a complete picture, and because complex

definitions and terms may be experienced as too technical or abstract, other professionals or lay people may not appreciate what music therapy as a profession has to offer (Bruscia, 1998:4).

This section of the discussion highlights two important aspects with regard to perceptions of music therapy by other professionals:

- (1) In order for music therapy to be acknowledged as a profession in its own right, suitable to offer valuable services in a variety of settings, personal experience of the music therapy process is crucial. By simply making use of definitions and academic articles in promoting music therapy, a lot of the true nature and meaning of music therapy may get lost. Collaborating with other professionals may create opportunities for establishing music therapy as a valuable intervention (Fourie, 2009:63). Should collaboration not be a possibility, sharing case studies about music therapy, or showing videos of music therapy work with clients may be a more powerful way of describing the music therapy process than providing abstract definitions that are difficult to relate in this context.

- (2) The research suggests that music therapy had more meaning to teachers once they understood what it offered to their learners specifically. When making use of a verbal medium to communicate the value of music therapy to others, Bruscia (1998:4) stresses that verbal descriptions should be adapted to suit the needs of each situation. Therefore, in talking about music therapy in a meaningful way, the music therapist should be sensitive to the context and needs of the reader and/or listener.

5.2.4 The value of MT in a special school setting

In investigating the two research participants' views on their perception of the value of music therapy in their context, I gained an overall view of their anticipated value of music therapy before their participation in music therapy sessions with their learners and compared these to their perceptions of the value of music therapy after the ten music therapy sessions. This was helpful in determining if and how their first-hand experience changed their perceptions of music therapy.

Prior to experiencing music therapy, both teachers considered the act of music making and listening to music as therapeutic and anticipated that music therapy would benefit the learners. Initially both class teachers placed emphasis on the calming effect of music, for example "So

music definitely has an effect on restless people and children, maybe it can calm them” (see Appendix D2 72). This may be of an advantage in the classroom situation not only with relation to learners’ classroom behaviour (underlined by suggestions such as “I think... the music... will have a positive impact on their behaviour” – see Appendix D1 77), but it could possibly lead to academic improvement. Participant A suggested that “It will calm them down – that’s what I think. So, when they’re calm, they can do academic work better. Their concentration will be better” (see Appendix D1 60). Teachers’ feedback also suggested that they were expecting cognitive development and academic progress: “But I think by means of music – to stimulate the brain...” (see Appendix D2 60). One teacher further pointed out that social skills of learners could be expanded through interaction during group music-making.

From this data, it can be suggested that teachers anticipated music therapy to bring about changes in the areas of behaviour, academic performance and social interaction. Confirming results of a study by Fourie (2009:61), indicating that there is a general misconception amongst other professionals that music therapy merely reinforces the goals of other professions, the research participants of this study seemed to view music therapy as a form of intervention which was to support teachers in attaining academic and behavioural goals. However, not having had any previous knowledge of music therapy, these suggestions were based purely on the interviewees’ own experience of listening to music, for example “... like music for me is therapy because it can calm you down” (see Appendix D2 70). Other suggested advantages of music therapy were linked to educational goals in terms of behavioural and academic functioning such as prescribed by the curriculum and school rules, and on information gained around Kindermusik and other forms of therapy in which sound or music is employed (see Appendix D1 11).

There was a noticeable difference in teachers’ perceptions of what the music therapy process afforded their learners once they participated in music therapy sessions with them. Not only did they become aware of more benefits, but they showed insight into the therapeutic process leading to their learners’ growth. The data also suggested a change in teachers’ focus from learners’ behaviour and academic progress to what music therapy had to offer in terms of development of the person as a whole, summarized by comments such as “Everyone plays his own thing, his own rhythm. No one makes mistakes” (see Appendix D3 307) and “I could see... how some of my learners developed” (see Appendix D4 206), the term “developed” indicating growth of the whole person, rather than simply goals that were attained.

Teachers indicated that they were optimistic about the possibility of music therapy being offered at this school at least once or twice a week as they clearly noticed the benefits, and they also acknowledged the aspect of enjoyment as an advantage of music therapy in this context, for example “I think the kids enjoyed it a lot. They want it to be implemented. They want it to be... once or twice a week” (see Appendix D3 764). Other affordances of music therapy such as physical development and social skills were noted as possible benefits of music therapy prior to the teachers’ participation in sessions. These were mentioned again after the music therapy experience, but teachers provided much more detail with regard to how music therapy was beneficial in these areas, showing a deeper understanding of the music therapy process (see Appendix D3 595).

With regard to cognitive skills, one participant was not convinced of the value of music therapy in improving concentration or attention span, while the other participant felt that learners’ “attention span is longer now. So we can do more” (see Appendix D3 740) in referring to the effect of music therapy experienced in the classroom. Also, while one teacher mentioned that the excitement of learners due to music therapy caused disciplinary problems in class afterwards (see Appendix D4 152), the other teacher considered the excitement an important element in encouraging children to pay attention, as explained by Participant A: “So they were excited... They anticipate to see what will come next. And that was – I think that was – *why* they paid attention” (see Appendix D3 384;392). This illustrated a clear sense of how the teacher recognized how the process and the accessible property of music led to learners’ improved concentration.

Also interesting is the fact that participants now framed cognitive skills in broader terms after music therapy exposure, focusing on learners’ flexible and explorative ways of thinking, implying more creative cognitive processes in addition to concentration and memory. So, although one interviewee “couldn’t really see any difference in concentration” (see Appendix D4 371), during or after the music therapy process she explained that, while learners “could not think out of the box” before (see Appendix D4 492), thinking skills were developed in music therapy: “And now they learn that they must think. There are other options than just the normal things that they know. I think that in *life*, it’s like that. There’s not only the one way of doing it. There are other alternatives” (see Appendix D4 512). She acknowledges that this broader approach in cognitive functioning as applied in music therapy can be transferred to other aspects of the children’s lives.

This links to teachers' perceptions that there was an increase in learners' sense of exploration. Opportunities to play a variety of instruments, to explore sounds and create rhythms, encouraged learners to "try and dare... And that they didn't do before. So that's also big" (see Appendix D3 449). Confirming Patterson's (2003:35) view that the motivation that music provides in group music activities could reach other areas of learners' functioning, teachers pointed out that succeeding in something new was very encouraging to learners and the new attitude of trying and daring was experienced beyond music therapy sessions. One interviewee explained that, due to this experience in music therapy, learners "... want to do something they don't know. They want to try some new puzzles or they want to try some new games, or they want to try something new" (see Appendix D3 459). This especially held true for learners who were considered passive who now participated in group activities during music therapy sessions. The reasons for their participation could be due to the fact that learners now "tried" and "dared" due to increased confidence, that they were less concerned about making mistakes, or simply that they wanted to feel part of the group during the music-making experience. With regard to quiet learners participating more actively in music therapy sessions, one teacher explained it as follows: "Everybody does it. They do it together – so if I don't do it, I am out. And then eventually they experience it for themselves" (see Appendix D4 474).

Teachers further pointed out how individual learners who posed behavioural problems in the classroom, gained from group music therapy, which indirectly influenced the group functioning and overall management of the group. She describes a situation as follows: "Ya, when we see he is out of control, we give him a chance. Then it's his turn to beat on the drums, or shake the shaker... To let him calm down and *be part of*. Otherwise he is just wandering around" (see Appendix D3 595). The flexibility within structure, signified by the music therapy setting, allowed this learner who is often excluded from other activities due to his impulsive and aggressive behaviour, to be part of the group in the music-making process.

Drake (2008:7) found that interdisciplinary team members gained a more in-depth understanding of music therapy after participating in music therapy sessions during a 32-month study. While initially the professionals understood the value of music therapy as recreational or educational aspects such as fun, relaxation and listening, they reported deeper insight into music therapy and what it had to offer, such as interaction and connection, self-expression, communication, understanding, containment and emotional well-being. The data gained in this study suggests that both teachers found that music therapy provided their learners unique opportunities both in terms of the group and social processes, allowing individuals growth and

development in many areas such as communication, interaction, self-confidence and motivation. Therefore the prospect of music therapy being offered at this school, would be embraced by the teachers if it could be offered on a regular basis and for a long enough period for the effects of therapy to generalize to their everyday lives (see Appendix D4 204).

However, by only considering the agreeable aspects of music therapy in the setting of this school, the limited picture provided would not be helpful in ascertaining the value of music therapy in a special school setting. It is important to have basic practical arrangements in place before implementing a music therapy programme in a special school. Therefore difficulties and possible solutions to these should be considered in order to provide the music therapist, other professionals and/or funders a realistic picture of the limitations and practical considerations of such a programme.

It is interesting to note that the anticipated disadvantages and the teachers' actual experience of disadvantages related to group music therapy with their learners were similar. Teachers' only concerns related to the noise level and discipline. As the noise level was high at times, other classes were distracted, leading to complaints by other teachers (see Appendix D3 98). However, teachers offered practical suggestions to address the noise problem, such as setting up a music centre to accommodate noisy music and so that other classes would not be distracted. During the execution of this study, music therapy sessions were initially offered in the school hall. Following other teachers' complaints about the noise, sessions were offered in a facility at the hostel – far enough from the classrooms so that the noise could not disturb others. This change in venue was initiated and followed through by the teachers involved.

The first concern with regard to discipline referred to the context of the music therapy situation. Music therapy excited learners and could lead to disciplinary problems during sessions. It seems that free expression in the music therapy context, such as undirected, loud drumming was considered by the teacher as unwanted behaviour: "Ya, during the sessions they can become naughty, especially when they play the drums and try to be funny" (see Appendix D4 146). This implies perhaps still a lack in understanding of the music therapy process and the freedom which is endorsed within sessions, but may also point towards a concern that the music therapist may not be able to contain the group. Furthermore, one teacher experienced difficulty in managing the learners after music therapy sessions. She explained that learners needed to be calmed down after music therapy sessions. "I experience with my class – you take about 20 minutes just to calm them down" (see Appendix D4 161). However, this teacher

also refers to the calming property of music, with comments such as: “But if you play calm music, and they do these pictures (hand gestures illustrating smooth arm movements), it can calm them down” (see Appendix D4 180) offering a possible solution to the high energy with which learners often present. In approaching this concern, the music therapist could facilitate more calming activities towards the end of sessions, or offer the teacher suggestions in terms of music for listening in class – an already established routine in class, as suggested by the teacher in interview 1: “Sometimes when my children do a little assignment, I would put on music and then definitely there would be silence in the class. The moment I put it on, they are quiet” (see Appendix D2 113).

With regard to concerns around discipline during sessions, developing a trusting relationship with the teacher, offering frequent feedback and explaining the process, may help the teacher to feel less concerned about learners’ behaviour in the music therapy setting. This might also impact on the teacher’s impression that learners have to behave as would be expected in the classroom in order for music therapy to have an impact. By better informing the teachers of the nature of music therapy and the less directive nature, teachers may begin to interpret unwanted behaviour as forms of expression, which need to be heard and acknowledged by the therapist, the teacher and the group.

Further limitations to implementing a music therapy programme in this school could be inferred from the manner in which teachers described their own roles, responsibilities and pressure they are experiencing in general. One teacher seems to experience pressure from the parents’ side in terms of academic performance. “I think they know, but they think we will help them so that the ‘problem’ will go away” (see Appendix D2 349). For music therapy to be effectively implemented in this special school, it would require parents’ consent and support. As music therapy is process-centred, and not a purely goal-centred discipline (Ansdell, 1995:35), parents and teachers may have overly ambitious expectations with relation to academic and behavioural outcomes of music therapy. In implementing music therapy in a school for intellectually impaired learners, a number of considerations with respect to teachers’ perspectives on the possibilities and the limitations of the programme should be taken into account to avoid possible misconceptions about music therapy or creating false expectations on the side of both the parents and the school.

5.3 Conclusion

Teachers experienced the impact of group music therapy sessions conducted with their learners as significant as it broadened their views of their intellectually impaired learners and this way enriched their teaching approaches. This focus on the learners' abilities and their more active participation in the learning process is central to the learner-centred teaching approach which is at the core of the current Namibian education policy (NIED, 2003:8).

The results from this research study further highlighted both the teachers' perceptions of the value of music therapy within this school for intellectually impaired learners and the unique way in which it contributed to their experience of their learners' potential leading to their overall development and growth. Feedback from teachers further stressed that the teachers' participation in music therapy sessions with their learners contributed to an in-depth understanding of the music therapy profession and the value of music therapy within this particular school. Personal experience of the process allowed teachers to consider the benefits of implementing music therapy in their school, but also informed of problem-areas which should be considered when implementing a music therapy programme in a special school setting. Both teachers welcomed the prospect of the employment of a music therapy programme in this school after being part of this research study, suggesting an overall appreciation and acknowledgment of music therapy as a valuable and effective form of therapy.

Chapter 6

Conclusion

Results of this study indicated that the implementation of a continuing music therapy programme in a school for intellectually impaired learners would be welcomed by the two participating teachers, as it offered their learners opportunities for growth and development which could further be applied and extended in the classroom.

Feedback from the teachers participating in this study showed that in work with intellectually impaired learners they were presented with a variety of challenges. The teachers experienced pressure from parents and the school to help the learners attain certain goals. Often these expectations were unrealistic and could lead to teachers' and learners' frustration because children's development was measured in terms of academic performance and/or management of basic skills and behaviour. As learners with special needs have unique ways of communicating and coping with their challenges, teachers have to gain an in-depth understanding of each learner in order to facilitate optimum development and learning. The teachers participating in this study experienced music therapy as a creative medium through which each learner was given the opportunity to explore and to apply abilities which are not only based on academic tasks, behaviour or skill-based goals. Teachers' broadened perceptions of their learners affected their educational approaches and encouraged a more learner-centred teaching approach. These findings suggest the music therapy has a valuable role to play in education as it can offer new, innovative approaches to teachers, particularly in special needs education.

Although the two teacher participants experienced music therapy as a valuable therapeutic discipline, music therapy is not established in Namibia yet, resulting in a lack of knowledge of this profession. The importance of creating an understanding of music therapy as a form of intervention and making others aware of the value of the profession in various settings will be crucial in establishing music therapy as a profession in this country. According to the two teacher participants in this study, their participation in music therapy sessions with their learners informed their understanding of music therapy as an intervention. During this study, personal involvement in the music therapy process allowed two teachers at a school for intellectually impaired learners in Namibia insight into the music therapy process, resulting in a deeper

understanding of how this flexible approach reached their learners through the skillful therapeutic application of music.

The teacher participants further pointed out a few areas that should be considered in the case of implementation of music therapy in special schools, such as a high noise-level which may be distracting to other classes, and the high energy levels which caused problems in class after music therapy sessions. Strategies for managing these possible difficulties were considered, as teachers stressed the value of this form of intervention in a special school should take preference above these practical hindrances.

Limitations of the study

One of the limitations of this study is that data was gathered from a limited number of participants. Because the two Afrikaans-speaking teacher participants may hold similar assumptions about music, their learners and education in general, insights gained from a more culturally diverse representation of teachers would provide a broader picture of the impact of music therapy in a special school. Further study into the way in which other professionals from various cultures understand the music therapy process will be valuable in effectively implementing music therapy in special schools.

The number of group music therapy sessions for this study was limited to 10 sessions due to time constraints. A longer period of teachers' and learners' participation in group music therapy sessions may have led to even more in-depth comments by the teacher participants.

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Participant Information (Learners)

Title: Two class teachers' experiences of group music therapy for intellectually impaired learners in Namibia.

Dear Parent/s or Guardian,

As part of my M.Mus (Music Therapy) degree, I am required to execute a mini-dissertation. My research study entails conducting 10 group music therapy sessions with learners of two different classes during school hours. Music therapy is the therapeutic application and use of music with people of all ages who suffer from a range of conditions which may have psychological, physical and / or neurological bases. In all instances the use of music is clinically informed, and involves a variety of techniques that include musical improvisation, performance, composition, movement, vocalization and listening.

The learners' class teachers will attend each session and will be involved as participants. Prior to the start and after completion of 10 music therapy sessions, I will conduct semi-structured interviews with both class teachers, discussing their expectations and experiences of music therapy with their learners. Although the music therapy process forms part of my research, my data will only be collected from these interviews, and thus will not include excerpts taken from sessions.

By conducting this study I aim to (i) gain insight into the way class teachers perceive learners' potential and skills and what role music therapy can play in changing or broadening these perceptions; and to (ii) gain insight into teachers' perceptions of music therapy as an intervention which could be used as a guideline in the process of promoting and establishing music therapy as a recognized therapeutic discipline in Namibia.

Visual and/or audio recordings of sessions are standard music therapy practice, enabling detailed analysis of the sessions in order to gain clinical direction to ongoing sessions. These recordings will only be accessed by me, the class teacher and my clinical supervisor. They will form an important part of the music therapy process, but will not be included in research data or findings.

Learners' identities will not be revealed in the dissertation and all efforts to protect the participants' privacy and confidentiality will be adhered to, in line with professional ethical practice. There are no foreseeable risks involved for learners participating in this study. While learners of these two classes have the benefit of participating in at least 10 sessions of music therapy, results of the study can potentially benefit all learners at this school as music therapy may be introduced as an additional therapy and teachers may gain additional insight into their learners' potential and needs.

As participation in this research study is voluntary, the participant may withdraw at any stage.

Please do not hesitate to contact me should you have any questions or concerns.

I would greatly appreciate your willingness to allow your child to participate in this study. If you consent to your child's participation, please complete the attached consent form.

Carina Strydom

Helen Oosthuizen

Researcher / Registered music therapy intern

Supervisor



Appendix A2

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Participant Information (Teachers)

Title: Two class teachers' experiences of group music therapy for intellectually impaired learners in Namibia.

Dear Teacher,

As part of my completion of the M.Mus (Music Therapy) degree, I am required to execute a mini-dissertation. My research study entails conducting 10 group music therapy sessions with learners of two respective classes, including your class, during school hours. Music therapy is the therapeutic application and use of music with people of all ages who suffer from a range of conditions which may have psychological, physical and/or neurological bases. In all instances the use of music is clinically informed, and involves a variety of techniques that include musical improvisation, performance, composition, movement, vocalization and listening.

As a class teacher, your participation in music therapy sessions is required for the research. You will be required to join activities and/or to assist individual learners who may need help during sessions. Prior to the start and after completion of 10 music therapy sessions, I will conduct a semi-structured interview with each class teacher, discussing your expectations and experiences of music therapy with your learners. Although the music therapy process forms part of my research, my data will only be collected from the interviews, and thus will not include excerpts taken from sessions.

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broadening these perceptions; and to (ii) gain insight into teachers' perceptions of music therapy as an intervention which could be used as a guideline in the process of promoting and establishing music therapy as a recognized therapeutic discipline in Namibia.

Visual and/or audio recordings of sessions are standard music therapy practice, enabling detailed analysis of the sessions in order to gain clinical direction to ongoing sessions. These recordings will only be accessed by me, the class teacher and my clinical supervisor. They will form an important part of the music therapy process, but will not be included in research data or findings.

All efforts to protect the participants' privacy and confidentiality will be adhered to, in line with professional ethical practice. Participants' identities will not be revealed in the dissertation as pseudonyms will be used for teachers' names and that of the school. No video data or information about teachers' backgrounds will be included in the study. There are no foreseeable risks involved for learners or teachers participating in this study. While learners of these two classes have the direct benefit of participating in at least 10 sessions of music therapy, results of the study can potentially benefit all learners and teachers at this school as music therapy may be introduced as an additional therapy and teachers may gain additional insight into their learners' potential and needs.

As participation in this research study is voluntary, the participant may withdraw at any stage. Should a teacher withdraw from this study, I will complete the music therapy process with the learners of the particular class in order to ensure that the music therapy process is ethically sound.

Please do not hesitate to contact me should you have any questions or concerns.

I would greatly appreciate your willingness to participate in this study. If you give consent, please complete the attached consent form.

Carina Strydom

Helen Oosthuizen

Researcher / Registered music therapy intern

Supervisor



Appendix B1

FACULTY OF HUMANITIES
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Music Therapy Unit
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UNIVERSITEIT VAN PRETORIA
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PARTICIPANT CONSENT FORM (learner)

Two class teachers' experiences of group music therapy for intellectually impaired learners in Namibia.

I, _____, hereby give / do not give my consent for my child, _____ to participate in this research, through attending group music therapy sessions during school hours from _____ to _____.

I understand that the following conditions, as explained in the participant information letter, apply:

- The participants' privacy, anonymity and confidentiality will be protected, in line with professional ethical practice.
- Session recordings are treated as confidential and will only be available to the music therapist student, the class teacher and the assigned supervisor and will not be included as part of the research data..
- The participant may choose to withdraw at any time.

With full acknowledgement of the above, I agree / do not agree to my child's participation in this study on this _____(day) of this _____(month) and this _____ (year).



PARTICIPANT DETAILS:

Participant Name: _____ Signature: _____

Participant Contact Number: _____ Date: _____

RESEARCHER & SUPERVISOR SIGNATURE:

Researcher Name: _____

Researcher Signature: _____

Supervisor Name: _____

Supervisor Signature: _____



Appendix B2

FACULTY OF HUMANITIES
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www.up.ac.za/academic/music/music.html

PARTICIPANT CONSENT FORM (teacher)

Two class teachers' experiences of group music therapy for intellectually impaired learners in Namibia.

I, _____, hereby give / do not give my consent to participate in this research, through participating in group music therapy sessions with my class during school hours and by partaking in semi-structured interviews before and afterwards from _____ to _____.

I understand that the following conditions, as explained in the participant information letter, apply:

- The participants' privacy, anonymity and confidentiality will be protected, in line with professional ethical practice.
- The participant may choose to withdraw at any time.

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



PARTICIPANT DETAILS:

Participant Name: _____ Signature: _____

Participant Contact Number: _____ Date: _____

RESEARCHER & SUPERVISOR SIGNATURE:

Researcher Name: _____ Researcher Signature: _____

Supervisor Name: _____ Supervisor Signature: _____

Appendix C1

Interview Guide 1: Questions

Two class Teachers' experiences of group music therapy for intellectually impaired learners in Namibia.

1. What is music therapy?

Probe questions

- 1.1 What do you know about music therapy? How did you gain this knowledge?
 - 1.2 How would you define/describe the process of music therapy?
 - 1.3 What, in your opinion, could be achieved with music therapy in a school for intellectually impaired learners?
 - 1.4 What could the possible benefits of music therapy be in this context?
 - 1.5 What could the possible disadvantages of music therapy be in this context?
2. Could you give me a brief overview of your group of learners, describing any particular struggles and potential that you have become aware of in the group?

Probe questions

- 2.1 What is your experience of their social skills?
- 2.2 What is your experience of the learners' cognitive abilities (attention, concentration, organizational skills, memory and sequential skills and problem-solving)?
- 2.3 What is your experience of the learners' ability to communicate (verbally and/or non-verbally)?
- 2.4 Based on your understandings of music therapy, how do you think your learners might interact/respond to this intervention?

Appendix C2

Interview guide 2: Questions

Two class Teachers' experiences of group music therapy for intellectually impaired learners in Namibia.

1. What do you know about music therapy after attending the group music therapy sessions?

Probe questions

1.1 How would you define/describe the process of music therapy after you have attended music therapy sessions?

1.2 What, in your opinion, could be achieved with music therapy in a school for intellectually impaired learners?

1.3 If music therapy was introduced at this school, how would it best fit in?

1.4 What could the possible benefits of music therapy be in this context?

1.5 What could the possible disadvantages of music therapy be in this context?

1.6 How did your perception of music therapy as an intervention change during the course of the 10 sessions you observed?

2. What have you noticed about your learners' development and/or dynamics in the group generally over the last 10 weeks?

Probe questions

2.1 What is your experience of their social skills?

2.2 What is your experience of the learners' cognitive abilities (attention, concentration, organizational skills, memory and sequential skills and problem-solving)?

2.3 What is your experience of the learners' ability to communicate (verbally and/or non-verbally)?

2.4 Were there any aspects displayed by individuals or the group in general that you noticed in the music therapy sessions which did not manifest in the classroom situation?

Appendix D1

Participant A: Interview 1

| | Text | Descriptive codes | Inferential codes |
|----|---------------------------------|------------------------------|----------------------------------|
| 1 | C: What do you know about | | |
| 2 | MT? | | |
| 3 | A: Em...(silence)... I don't | | |
| 4 | know <i>anything</i> about mt. | No knowledge of MT | |
| 5 | And I haven't got any | No experience of MT | |
| 6 | experience of mt. | | |
| 7 | C: OK, you don't have any | | |
| 8 | mt's here? Or you haven't | | |
| 9 | heard about it except from | | |
| 10 | me? | MT similarity to Kindermusik | |
| 11 | A: No, no. Only | | |
| 12 | Kindermusik. | | |
| 13 | C: Alright. Do the children | | |
| 14 | at this school do | | |
| 15 | Kindermusik? | | |
| 16 | A: Once a week and I only | | |
| 17 | think it's the beginners – the | | |
| 18 | small ones. | | |
| 19 | C: So someone comes to | | |
| 20 | school and offers... | | |
| 21 | A: Ya, and offers that, ya. | | |
| 22 | C: Is that just an activity or | | |
| 23 | do you think that is that a | | |
| 24 | type of therapy? | | |
| 25 | A: Er.. They claim it is a kind | | |
| 26 | of a therapeutical session, | Kindermusik advertised as | <i>Sceptic about KM as being</i> |
| 27 | but I don't know. | therapy / No personal | <i>therapy</i> |
| 28 | C: How would you describe | knowledge of Kindermusik | |
| 29 | the process of mt? | | |



| | | | |
|----|---------------------------------|---------------------------|--|
| 30 | A: ... Something... | | |
| 31 | activities you do with | | |
| 32 | instruments or with music | Mt involves musical | |
| 33 | that you play... | activities | |
| 34 | C: That you play yourself? | | |
| 35 | A: Ya | | |
| 36 | C: OK, would it be the same | | |
| 37 | than a music lesson, maybe | | |
| 38 | a class music lesson? | | |
| 39 | A: Uhm... A music lesson, | | |
| 40 | what I thought is that the | Mt different from class | |
| 41 | kids only sing. I think your | music – not just singing | |
| 42 | (session) will be some | MT different form class | |
| 43 | movement or some activities | music – includes movement | |
| 44 | therapeutically for the kids | MT different form class | |
| 45 | with music. | music – activities are | |
| 46 | C: OK | therapeutic | |
| 47 | A: That's what I think. | | |
| 48 | C: So what do you think, in | | |
| 49 | your opinion, could be | | |
| 50 | achieved with mt in a school | | |
| 51 | for intellectually impaired | | |
| 52 | children? | | |
| 53 | A: Uhm... okay, what I think | | |
| 54 | could... | | |
| 55 | C: What do you think (in | | |
| 56 | your opinion) could be | | |
| 57 | achieved? A: Okay, it will | | |
| 58 | have a benefit to the kids. It | MT beneficial: Calming | |
| 59 | will calm them down – that's | effect | |
| 60 | what I think. So, when | | |
| 61 | they're calm, they can do | Calming leads to | |
| 62 | academic work better. Their | improvement of academic | |
| 63 | concentration will be better... | work / Calming leads to | |



| | | | |
|----|--------------------------------|----------------------------|--|
| 64 | C: So, if they had a mt | improved concentration | |
| 65 | session, it would help them | | |
| 66 | afterwards with what they | | |
| 67 | had to do after the session? | | |
| 68 | A: With what they had to do. | | |
| 69 | Yes... | | |
| 70 | C: Any other things that you | | |
| 71 | can think of maybe that MT | | |
| 72 | can benefit or... | | |
| 73 | A: Positive behaviour... | | |
| 74 | A: Behaviour problems will | Mt benefit:Improvement of | |
| 75 | be better. | behaviour problems | |
| 76 | C: How? | | |
| 77 | A: I think ... uhm... the | | |
| 78 | music (silence) ... er....will | | |
| 79 | have a positive impact on | MT: Positive impact on | |
| 80 | their behaviour. | behaviour | |
| 81 | C: If <i>they</i> play? | | |
| 82 | A: If they play. Ya, okay. | | |
| 83 | C: How? | | |
| 84 | A: Towards one another.. | | |
| 85 | C: Okay, so social sort of ... | | |
| 86 | A: Social, their social skills | MT benefit: improvement of | |
| 87 | as well as ...um... (silence) | social skills | |
| 88 | C: The way they have to | | |
| 89 | work together if they have to | | |
| 90 | make music together? | | |
| 91 | A: Ya, ya. Interact together. | | |
| 92 | C: Okay. | | |
| 93 | C: So in a way it's preparing | | |
| 94 | for work afterwards | | |
| 95 | A: work afterwards or in | | |
| 96 | between work sessions and | MT benefits: improvement | |
| 97 | then behaviour problems, | of behaviour | |



| | | | |
|-----|------------------------------|----------------------------|--|
| 98 | A: Behaviour problems, | MT benefit: Improvement of | |
| 99 | concentration... | concentration | |
| 100 | C: Behaviour problems has | | |
| 101 | to do with the social | Social skills may improve | |
| 102 | interaction? | through interaction | |
| 103 | A: Interaction, yes. | | |
| 104 | C: They have to learn to | | |
| 105 | A: To interact... with each | | |
| 106 | other. Ya. | | |
| 107 | C: What could the possible | | |
| 108 | disadvantages be of music | | |
| 109 | therapy? And I could just | | |
| 110 | give you an example. After I | | |
| 111 | have been here last week, | | |
| 112 | one of the teachers said; | | |
| 113 | “please don’t do that next | | |
| 114 | door again” | | |
| 115 | A: Mmmm | | |
| 116 | C: The drumming is too | | |
| 117 | loud. | | |
| 118 | A: Too loud... mmmm. | | |
| 119 | A: One of my children is | MT disadvantages: | |
| 120 | very ear sensitive, sound | Overwhelming noise | |
| 121 | sensitive. So that will make | Noise will upset sound- | |
| 122 | him mad. He can’t handle | sensitive individuals | |
| 123 | loud sounds. | | |
| 124 | A: And they are very | MT disadvantage: | |
| 125 | hyperactive. Music will | overstimulation of | |
| 126 | stimulate them again... more | hyperactive learners | |
| 127 | than... | | |
| 128 | C: than calm them down... | | |
| 129 | A: I don’t know. That could | | |
| 130 | be a possibility. | | |
| 131 | C: Definitely. Okay. | | |



| | | | |
|-----|--------------------------------|----------------------------|--|
| 132 | C: So, they might have very | | |
| 133 | sensitive hearing? | | |
| 134 | AV: Ya, and this can will | | |
| 135 | make the same sound as the | | |
| 136 | drum or the instruments and | | |
| 137 | it may affect the others. | | |
| 138 | They can't handle that | | |
| 139 | sound. Because they will do | MT disadvantage: imitation | |
| 140 | the same. "Hulle sal | of one another leading to | |
| 141 | naboots." | overwhelmingly loud music | |
| 142 | C: Oh I see. | | |
| 143 | AV: Yes. | | |
| 144 | C: Imitate. | | |
| 145 | AV: Imitate! They will | | |
| 146 | imitate. | | |
| 147 | C: They will imitate some of | | |
| 148 | the sounds, and it may be | MT disadvantage: | |
| 149 | overwhelming. | overwhelming noise | |
| 150 | A: Yes. | | |
| 151 | C: Even to those who aren't | | |
| 152 | hearing sensitive. | | |
| 153 | A: Ya, ya ya. | | |
| 154 | C: And the others would be | | |
| 155 | either the children in the | | |
| 156 | class, especially the ones | | |
| 157 | who are hearing sensitive? | | |
| 158 | AV: Ya. | | |
| 159 | C: Or others | | |
| 160 | A: Ya, it will be too loud for | | |
| 161 | them. | | |
| 162 | A: And then one who can't | | |
| 163 | speak... uuuhm. She can't – | | |
| 164 | if you want them to sing, she | MT disadvantage: | |
| 165 | can't sing. And then she will | exclusion from singing due | |



| | | | |
|-----|-------------------------------|----------------------------|--|
| 166 | feel out. | to speech handicap | |
| 167 | C: Okay, and feel out. | | |
| 168 | A: Mmmm. Not part of. | | |
| 169 | C: Yes. | | |
| 170 | A: Ya, not part of the group. | | |
| 171 | C: So there are at least 5 | | |
| 172 | possible things that you can | | |
| 173 | think of or envision. | | |
| 174 | A: Just a basic idea, a brief | | |
| 175 | overview of your group of | | |
| 176 | learners. You don't have to | | |
| 177 | discuss them one by one. | | |
| 178 | But if you can give me an | | |
| 179 | overview such as: hearing | | |
| 180 | sensitivity, | | |
| 181 | A: I have ten learners in my | | |
| 182 | group. They are from age | | |
| 183 | 11 till 15 years. Their | Age range: adolescent | |
| 184 | cognitive ability is very low | Low cognitive ability | |
| 185 | functional, so they are | Low functional | |
| 186 | working grade R till grade I, | Academic ability Grade R- | |
| 187 | more or less is their | grade 1 level | |
| 188 | functional ability. And then | | |
| 189 | one cannot speak...uhm... | Mute learner | |
| 190 | And one is very ear | Hearing sensitive learner | |
| 191 | sensitive. Then Y is very | Hyperactive learners | |
| 192 | hyperactive, and he is... as | | |
| 193 | well as...uhm...F. And they | | |
| 194 | also can't speak well. They | Learners can't speak well | |
| 195 | only can speak their mother | Learners only speak mother | |
| 196 | tongue. | tongue | |
| 197 | C: Do you think that they | | |
| 198 | can speak their mother | | |
| 199 | tongue? | | |



| | | | |
|-----|--------------------------------|-------------------------------|--|
| 200 | A: Yes. | Learners can speak mother | |
| 201 | C: Can their speak their | tongue | |
| 202 | mother tongue well? | | |
| 203 | A: Yes, yes. | | |
| 204 | C: Okay, so although they | | |
| 205 | can't speak English or | Some learners cannot | |
| 206 | Afrikaans, they can | speak languages spoken in | |
| 207 | A: Ya, they can .. | class | |
| 208 | C: The issue here is the fact | | |
| 209 | that you have children of | | |
| 210 | different languages in your | | |
| 211 | class. | | |
| 212 | A: Yes, yes. Everyone is a | Language problems: variety | |
| 213 | different language. There | Language problems: 6 | |
| 214 | are six different languages in | languages | |
| 215 | the class. | | |
| 216 | C: Okay. | | |
| 217 | A: And then three of them | Biological challenges: 3 | |
| 218 | get fits. They get uh..... | learners get convulsions | |
| 219 | A: Convulsions. | | |
| 220 | A: And then... one.. and | | |
| 221 | ...two. Most of them have | Most learners have social | |
| 222 | also got social problems. | problems | |
| 223 | C: That is also what I | | |
| 224 | wanted to ask... | | |
| 225 | A: They can't fit into social | Social challenges: cannot fit | |
| 226 | life properly. | into normal lifestyle. | |
| 227 | C: Outside? | | |
| 228 | A: Ya. They can't... When | | |
| 229 | they're out of the school area | | |
| 230 | and the school yard, they | | |
| 231 | can't fit into the normal | Social challenges: cannot fit | |
| 232 | lifestyle. | into normal lifestyle | |
| 233 | C: The normal setting. | | |



| | | | |
|-----|--------------------------------|----------------------------|--|
| 234 | Okay. Can you describe a | | |
| 235 | little bit more about the | | |
| 236 | social communication in your | | |
| 237 | class. Are they all | | |
| 238 | communicating with each | | |
| 239 | other? Are they aware of | | |
| 240 | each other? | | |
| 241 | A: Yes. They communicate | | |
| 242 | with each other, but | | |
| 243 | sometimes they argue with | | |
| 244 | each other and then.... After | | |
| 245 | three months, one boy | | |
| 246 | notices that a girl can't | Social challenges: lack of | |
| 247 | speak. | awareness of each other | |
| 248 | C: Okay. | | |
| 249 | A: So, that's why. | | |
| 250 | C: He wasn't really aware.. | | |
| 251 | A: He wasn't really aware of | Lack of social awareness | |
| 252 | her. | | |
| 253 | C: How would you say ... in | | |
| 254 | a class of normally | | |
| 255 | developing children of this | | |
| 256 | age, how are they different... | | |
| 257 | than children in a normal | | |
| 258 | school. | | |
| 259 | A: Okay, they .. em... are | | |
| 260 | afraid of their own physical | | |
| 261 | development. So when they | | |
| 262 | get menstruation, they are | | |
| 263 | afraid and cry all the time. | | |
| 264 | C: Why do you think? | | |
| 265 | Because they.. | | |
| 266 | A: They are afraid of it. | | |
| 267 | C: Why are they afraid and | | |



| | | | |
|-----|--------------------------------|---------------------------------------|---|
| 268 | not a normal child? | | |
| 269 | A: I think they don't know | | |
| 279 | what happens to their | | |
| 271 | own.... | | |
| 272 | C: They don't understand... | | |
| 273 | A: They don't understand it. | | |
| 274 | And they don't know colours, | | <i>Developmental challenges: emotional development not parallel to physical development</i> |
| 275 | numbers. They.... Em.. | Problem completing | |
| 276 | shapes. Shapes we are | academic tasks: colours and shapes | |
| 277 | busy now doing | | |
| 278 | C: And reading? | | |
| 279 | A: No, they can't read. Only | Problem completing | |
| 280 | sign-reading. That they can | academic tasks: sign- | |
| 281 | do. | reading | |
| 282 | C: Okay. | | |
| 283 | A: And on this level they | Academic tasks: some can | |
| 284 | can't write their names. A | write their names | |
| 285 | few can write their names. | | |
| 286 | A: Academically they are | Academic: low-functioning | |
| 287 | very low-functioning. | | |
| 288 | C: Okay, and just back to | | |
| 289 | their communication. Do | | |
| 290 | they interact, but not at a | | |
| 291 | level.. | | |
| 292 | A: No, not at the level of a | Communication skills: | |
| 293 | teenager, no. | immature | |
| 294 | C: Not at the level of a | | |
| 295 | teenager. Ya, they're not so | | |
| 296 | aware of each other. | | |
| 297 | A: No, it's not a cognitive... | Lack of social skills – | |
| 298 | “Dis nie 'n gewone gesprek | Communication not normal | |
| 299 | of 'n ...” | | |
| 300 | C: It's just not a normal | | |
| 301 | conversation or interaction? | | |



| | | | |
|-----|--------------------------------|------------------------------|--|
| 302 | A: No, no, no.. Not really. | | |
| 303 | C: Because they are more | | |
| 304 | focused on themselves?... | | |
| 305 | A: They are about | Lack of social skills: self- | |
| 306 | themselves. They want to | absorbed | |
| 307 | know about myself, the | Lack of social skills: | |
| 308 | teacher ... And... er... | unaware of each other | |
| 309 | when the one swears to the | | |
| 310 | other one, she tells about all | | |
| 311 | the stuff that she likes and | | |
| 312 | doesn't like. | | |
| 313 | C: What <i>she</i> likes. | | |
| 314 | A: What <i>she</i> likes. Her | Lack of social skills: self- | |
| 315 | personal feelings and | absorbed | |
| 316 | dislikes. | | |
| 317 | C: So everything revolves | | |
| 318 | around her... | | |
| 319 | A: Around herself | | |
| 320 | C: And the others are more | | |
| 321 | or less... | | |
| 322 | A: More or less the same. | Social problems: older | |
| 323 | The younger ones won't | learners don't interact with | |
| 324 | even talk to the other ones. | the younger | |
| 325 | C: Attention and | | |
| 326 | concentration? | | |
| 327 | A: Their attention span is | Cognitive challenges; | |
| 328 | maximum 5 to 10 minutes. | Short attention span | |
| 329 | C: And that would be for an | | |
| 330 | activity... | | |
| 331 | A: It must be for a very, very | | |
| 332 | simple activity. And it must | Problem completing | |
| 333 | be not They can't colour | academic tasks: colouring | |
| 334 | in, they can't cut properly, | and writing | |
| 335 | they can't write. So... | | |



| | | | |
|-----|-----------------------------------|------------------------------|--|
| 336 | C: They can't go on for too | | |
| 337 | long. Do you take breaks, | | |
| 338 | or? | | |
| 339 | A: We take a break, and | Short attention span | |
| 340 | then we go and wash our | Self-help routines | |
| 341 | hands or go to the toilet or | | |
| 342 | do the self-help routine. And | | |
| 343 | then we come back. But it | Academic tasks only early | |
| 344 | must be in the morning. It | morning | |
| 345 | can't be after break. | | |
| 346 | C: Then they can't. | | |
| 347 | A: No. So we as the lower | Learners are lower | |
| 348 | functioning kids do more | functioning, therefore focus | |
| 349 | practical work. | on practical tasks | |
| 350 | C: Problem-solving? If you | | |
| 351 | would give them a math sum | | |
| 352 | or, well any kind of problem? | | |
| 353 | A: Any kind of problem... | | |
| 354 | C: A puzzle? | | |
| 355 | A: A puzzle yes. Some of | | |
| 356 | them ... they can, they can... | | |
| 357 | they <i>try</i> to solve it. The | | |
| 358 | others, they don't <i>want</i> to | Lack of motivation to tackle | |
| 359 | solve the problems. They | problems | |
| 360 | don't want to tackle a | Learners lack self- | |
| 361 | problem. They say they | confidence to tackle | |
| 362 | can't do it. | problems | |
| 363 | C: They just quit before they | | |
| 364 | try? That's a good way of | | |
| 365 | saying it. They don't want to | | |
| 366 | tackle a problem. | | |
| 368 | A: No. They are not, they | | |
| 369 | are not ... they are not self- | | |
| 370 | confident to do that. | | |



| | | | |
|-----|--------------------------------|-----------------------------|--|
| 371 | C: So, it's a confidence | | |
| 372 | thing. | Lack of confidence and | |
| 373 | A: It's a confidence thing. A | motivation to tackle | |
| 374 | confidence thing... <i>and</i> | problems | |
| 375 | motivation. | | |
| 376 | C: All right, uhmm then | | |
| 377 | uhmm.... Memory, | | |
| 378 | organizational skills? | | |
| 379 | A: Some of them have got, | Memory and organizational | |
| 380 | but not the others. | skills: varying abilities | |
| 381 | C: So, you have a different | | |
| 382 | spread of that. | | |
| 383 | A: Yes, yes. | | |
| 384 | C: So, some would be able | | |
| 385 | to have a better memory, | | |
| 386 | and others have very bad | | |
| 387 | memories. | | |
| 388 | A: Very bad. Very bad... | Cognitive challenges: | |
| 389 | After a weekend they forgot | memory problems | |
| 390 | everything.... Then we must | | |
| 391 | start again. | | |
| 392 | C: And how do you cope | | |
| 393 | with that? | | |
| 394 | A: We try. We try every | | |
| 395 | day. Some days they will | | |
| 396 | remember the colour, red. | | |
| 397 | Some of them. Some days | Varying cognitive abilities | |
| 398 | they don't remember the | | |
| 399 | colour. But | | |
| 400 | C: But you just keep on | | |
| 401 | helping? | | |
| 402 | A: We just keep on helping, | Teacher tries different | |
| 403 | show them again, try | didactic methods | |
| 404 | different things to, try new | | |



| | | |
|---|--|---|
| <p>405 inventions... 406 C: What about the others 407 who .. 408 A: They also help 409 C: O, okay. So that's how it 410 works with them? 411 A: Ya. And they call the 412 others to help them. 413 C: They call the others to 414 help them. So basically you 415 have a different spread, but 416 you use it to help each other. 417 Some remember better, and 418 others do not. 419 C: Their ability to 420 communicate. We talked a 421 little bit about it... verbally or 422 non-verbally... We have 423 talked about some who 424 really can't talk and others 425 who speak another 426 language. 427 A: They speak another 428 language. 429 C: And they struggle to 430 learn this new language? 431 Or... haven't they been here 432 long enough? 433 A: Yes, they haven't been 434 here long enough, but we try 435 the basic things. Greeting in 436 the morning, greeting in the 437 afternoon or say what he 438 wants or needs...</p> | <p>Learners ask each other for help</p> <p>Varying cognitive (memory) abilities</p> <p>Language problems: variety</p> <p>Learners' second language taught at basic level</p> | <p><i>Teacher and learners' awareness of academic weaker and stronger learners in class</i></p> |
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|-----|---------------------------------|------------------------------|--|
| 439 | C: Do you think that a child | | |
| 440 | in a normal school would | | |
| 441 | have picked up a little | | |
| 442 | quicker? | | |
| 443 | A: Yes. Ya ya ya. They | Language challenges: | |
| 444 | learn the language slower, | Slow language learning | |
| 445 | ya. | | |
| 446 | C: Based on your | | |
| 447 | understanding of music | | |
| 448 | therapy, how do you think | | |
| 449 | your learners might react or | | |
| 450 | respond to this intervention? | Teacher anticipates positive | |
| 451 | A: I think they will love it, | reaction towards MT | |
| 452 | they will be positive about it. | Anticipated MT | |
| 453 | But some of them will | disadvantage: | |
| 454 | uhnm... say no, it's too loud, | overwhelming noise | |
| 455 | or my ears can't handle it, | | |
| 456 | or... | | |
| 457 | C: Okay, some of them will | | |
| 458 | not enjoy it while they, and | | |
| 459 | others | | |
| 460 | A: That's my idea. | | |
| 461 | C: And you already actually | | |
| 462 | said about your thinking that | | |
| 463 | it might improve their social | | |
| 464 | skills. | Teacher anticipates | |
| 465 | A: It might improve, but it | improvement of social skills | |
| 466 | might improve their | in MT/Teacher anticipates | |
| 467 | concentration too – I think. | improved concentration MT | |
| 468 | In a certain way. | | |
| 469 | C: I think that is all. Do you | | |
| 470 | think there is anything else | | |
| 471 | that stands out for you about | | |
| 472 | the learners in your class, or | | |



| | | | |
|--|---|--|---|
| <p>473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506</p> | <p>about a learner or the way they interact and how you experience it? A: I mentioned N who can't talk, J who is very hearing sensitive and Y who is very tactile. He just feels everything with his hands. And some don't want to. That is the opposite. C: So, they don't want to touch anything. A: They don't want to touch anything, and then those who want to touch everything. They put it in their mouth, C: And your experience of these differences? How do you cope with that, handling the 10 children with different abilities. A: Ya, you must adapt to everyone's different abilities. And...um.. that sometimes is a problem for me, because I don't know if I reach the child on <i>his</i> level. C: Yes. Okay, and the one last thing that I just want to know. Do you have to report back academically. A: We have a continuous assessment form. So when</p> | <p>Hearing-sensitive learner Developmental challenge: Tactile defensive learner/ Hyper-tactile learner Tactile-defensive learners Hyper-tactile learners Challenge: varying abilities - requires flexibility to adapt to individual levels Continuous assessment</p> | <p><i>Learners present with variety of challenges</i></p> |
|--|---|--|---|



| | | | |
|-----|--|---------------------------|--|
| 507 | we're finished, the higher | | |
| 508 | functioning kids do only two | | |
| 509 | weeks – their topic. I take | worksheets | |
| 510 | three weeks. After three | | |
| 511 | weeks, all the worksheets | | |
| 512 | that we've done, we evaluate | | |
| 513 | the child. So, for instance, a | | |
| 514 | child who cannot do cycling, | | |
| 515 | for in the first two months, he | | |
| 516 | can do cycling now. | | |
| 517 | C: So, you send the | | |
| 518 | information back to the | | |
| 519 | parents eventually. | Parents receive feedback | |
| 520 | A: Yes. They receive this | | |
| 521 | eventually. | | |
| 522 | C: And you look at it and | | |
| 523 | you can also | | |
| 524 | A: See for myself that this | Reports for personal | |
| 525 | child can do cycling, but I | reference | |
| 526 | see that some of them can't | | |
| 527 | cut properly, so now I must | | |
| 528 | get them to cut... and the | | |
| 529 | colours – they don't | | |
| 530 | recognize the colour, so then | | |
| 531 | we must go back to the | | |
| 532 | colours. | | |
| 533 | C: Do you experience | | |
| 534 | pressure to be able to show | | |
| 535 | people: now this child can do | | |
| 536 | this? | No pressure due to | |
| 537 | A: No, no. Because it's up | academic goals | |
| 538 | to <i>their</i> ability. If they can't | | |
| 539 | do that, we try and we try | Repetitiveness of work to | |
| 540 | again. That's why it's | attain academic goals | |



| | | | |
|-----|--------------------------------|--|--|
| 541 | continuous. We try and try | Acceptance of varying abilities and developmental challenges | |
| 542 | and try again and after the | | |
| 543 | second topic some of them | | |
| 544 | can and some of them can't | | |
| 545 | do it. | | |
| 546 | C: And then it's fine? | Working towards achieving individuals' potentials | |
| 547 | A: And then it's fine. | | |
| 548 | C: You don't have to be | | |
| 549 | anxious. | | |
| 550 | A: No. No. But we try our | | |
| 551 | best. | Learners helped to cope within society | |
| 552 | C: Ya. | | |
| 553 | A: To help them to learn and | | |
| 554 | do the best that they can | | |
| 555 | reach. | | |
| 556 | C: For what? | Integration into social life | |
| 557 | A: In social life, so they can | | |
| 558 | ride, they can identify the | | |
| 559 | names of the shops, and if... | | |
| 560 | So that they can see the | | |
| 561 | different colours. So they | | |
| 562 | can do bicycle riding and | | |
| 563 | cycling for themselves, as | | |
| 564 | well as gardening. They | | |
| 565 | must know how to take out | | |
| 566 | the weeds and to plant. | | |
| 567 | C: That type of thing that | | |
| 568 | they can use... | | |
| 569 | A: Which they can use for | | |
| 570 | themselves | | |
| 571 | C: | | |
| 572 | A: And a lot of them | | |
| 573 | cannot swim and are not | | |
| 574 | water safe. So we try | | |



| | | | |
|-----|-------------------------------|-------------------------------|--|
| 575 | them to be water safe. | | |
| 576 | C: Okay | | |
| 577 | A: Not to drown. | | |
| 578 | C: So they also do this | | |
| 579 | here? | | |
| 580 | A: They also do this here, | Integration into social life: | |
| 581 | ya. So we are very practical. | practical skills for | |
| 582 | And we also do wood | future employment | |
| 583 | packing. So that they know | possibilities | |
| 584 | how to pre-pack something, | | |
| 585 | so that they can use it when | | |
| 586 | they do some work one day. | | |
| 587 | C: So you equip them with | | |
| 588 | practical... | | |
| 589 | A: Self-help skills. Yes, so | Practical life-skills: | |
| 590 | that they can use it someday | Future employment | |
| 591 | when they are in their | | |
| 592 | working situation. | | |

Appendix D2

Participant D: Interview 1

| | Text | Descriptive codes | Inferential codes |
|----|---------------------------------|---------------------------|--------------------------|
| 1 | C: Can I ask you what you | | |
| 2 | think mt is | | |
| 3 | D: Well, I don't know much. | Not much knowledge MT | |
| 4 | We had Kindermusik here at | Experience of Kindermusik | |
| 5 | our school. This is where I | | |
| 6 | first made contact with kind | | |
| 7 | of music therapy and I think | Similarity between KM and | |
| 8 | that it is by means of music | Kindermusik | |
| 9 | learn children, or to stimulate | Music to stimulate the | |
| 10 | the brain... em...ya. | brain | |
| 11 | C: Did your learners have | | |
| 12 | Kindermusik – your class? | | |
| 13 | D: Ya. | Learners had Kindermusik | |
| 14 | C: O your class did? | | |
| 15 | D: Ya | | |
| 16 | C: And did they also say | | |
| 17 | that it's therapy, or ...er... | | |
| 18 | how did they advertise their | | |
| 19 | services? | | |
| 20 | D: Shu, em.... My own child | | |
| 21 | had also Kindermusik when | Experience of Kindermusik | |
| 22 | he was 4, 5 years old and | | |
| 23 | what I can remember is that | | |
| 24 | they said it's a kind of | Kindermusik advertized as | |
| 25 | therapy. Yes. | therapy | |
| 26 | C: Okay. | | |
| 27 | D: I don't know how his | | |
| 28 | teacher approached it, | | |



| | | | |
|----|--------------------------------|----------------------------|--|
| 29 | because I wasn't there, but | | |
| 30 | here Kindermusik – I won't | | |
| 31 | really say it's therapy. But I | Kindermusik not therapy | |
| 32 | know that the kids enjoy it. | KM enjoyed by children | |
| 33 | They learn a lot, I think – | Kindermusik: learning | |
| 34 | about rhythm and movement | about music | |
| 35 | and those kind of things... | | |
| 36 | C: okay. | | |
| 37 | D: I don't think it was really | Skeptic about KM as being | |
| 38 | <i>therapy</i> . Although I | therapy | |
| 39 | remember many years ago | | |
| 40 | they advertised it as a kind | | |
| 41 | of therapy. | | |
| 42 | C: Em.. and you never had | | |
| 43 | to do with any kind of music | | |
| 44 | therapist – someone who | | |
| 45 | claimed that they were a | | |
| 46 | music therapist? | | |
| 47 | D: No. | No experience of MT | |
| 48 | C: Okay. | | |
| 49 | C: If you had to make up | | |
| 50 | your own idea or think what | | |
| 51 | music therapy would entail, | | |
| 52 | how would you describe a | | |
| 53 | process of music therapy? | | |
| 54 | In your mind.... What do you | | |
| 55 | think – what's your idea | | |
| 56 | about it? | | |
| 57 | D: Yoch, it's difficult... | | |
| 58 | C: To imagine... | | |
| 59 | D: Ya... | | |
| 60 | D: But I think by means of | MT: Music to stimulate the | |
| 61 | music – to stimulate the | brain | |
| 62 | brain... em... | | |



| | | | |
|-----|---------------------------------|-------------------------|------------------------------------|
| 97 | too. | | |
| 98 | C: Ya. If you relax, do you | | |
| 99 | think it could have a positive | | |
| 100 | effect? Or a negative effect? | | |
| 101 | D: No, no. Definitely | Music always a positive | |
| 102 | positive. Music is never | impact | |
| 103 | negative. (Smile) | | |
| 104 | C: Okay, so if you listen to | | |
| 105 | this (the children) – or they | | |
| 106 | play, would it only be for that | | |
| 107 | time – during the music | | |
| 108 | session or do you think it | | |
| 109 | could have some effects | | |
| 110 | afterwards? | | <i>Teacher not sure if music</i> |
| 111 | D: I think it can have an | | <i>affects learners beyond the</i> |
| 112 | effect afterwards. | | <i>actual experience of music</i> |
| 113 | Sometimes when my | | |
| 114 | children do a little | | |
| 115 | assignment, I would put on | | |
| 116 | music and then definitely | | <i>Teacher values quiet over</i> |
| 117 | there would be silence in the | Music leads to silence | <i>noise</i> |
| 118 | class. The moment I put it | | |
| 119 | on, they are quiet. Ya. | | |
| 120 | C: Do you think, or WHY do | | |
| 121 | you think that it... | | |
| 122 | D: It just calms you down. | Music calms down | |
| 123 | C: It just calms you down. | | |
| 124 | What do you think (in your | | |
| 125 | opinion), in a school | | |
| 126 | specifically for intellectually | | |
| 127 | impaired children, what | | |
| 128 | could the benefits of music | | |
| 129 | therapy be? You already | | |
| 130 | actually named one. | | <i>Teacher values calm over</i> |



| | | | |
|-----|---------------------------------------|----------------------------|---------------------|
| 131 | D: Ya, restlessness... and | Music calms down | <i>restlessness</i> |
| 132 | uhm... Ya. | | |
| 133 | C: Uhm... Then, what could | | |
| 134 | the possible disadvantages | | |
| 135 | of mt be in this context? If | | |
| 136 | you think of your class? I'm | | |
| 137 | thinking of last week when | | |
| 138 | the other teacher said: | | |
| 139 | "Listen, this is too noisy for | | |
| 140 | us." | | |
| 141 | D: Mmmmm. It could be too | Disadvantages of MT: | |
| 142 | noisy for the <i>others</i> , not the | overwhelming noise to | |
| 143 | participants. I think they | non-participants | |
| 144 | enjoy it. But it could be like.. | | |
| 145 | just the children, the whole | | |
| 146 | time they couldn't | | |
| 147 | concentrate. So they just | Music focused attention of | |
| 148 | decided to sit and listen. But | learners in other classes | |
| 149 | she said they would stop and | | |
| 150 | they just listened. | | |
| 151 | C: Okay, so it could be | | |
| 152 | taken as a positive as well, | | |
| 153 | but I know it could also be a | | |
| 154 | negative. | | |
| 155 | D: If she wanted to teach, | | |
| 156 | they wouldn't pay attention | | |
| 157 | anymore. | | |
| 158 | C: What else could be | | |
| 159 | problematic when music | | |
| 160 | therapy is offered in this | | |
| 161 | context? | | |
| 162 | D: Uhm... Problematic. I | Not many disadvantages | |
| 163 | don't think... I don't foresee | of mt | |
| 164 | many problems. | | |



| | | | |
|-----|---------------------------------|----------------------------|-----------------------------------|
| 199 | to your group of learners and | | |
| 200 | your idea of them or your | | |
| 201 | perception of them, looking | | |
| 202 | at particular struggles, but | | |
| 203 | also at potential that you | | |
| 204 | have become aware of in the | | |
| 205 | group. | | |
| 206 | C: What is your experience | | |
| 207 | of their social skills? | | |
| 208 | D: Their social skills are... I | | <i>Social skills are measured</i> |
| 209 | think most of them... are | Learners have good | <i>ito good manners</i> |
| 210 | good. Uhm... There's one | manners | |
| 211 | child who's very, very bad | One child is bad mannered | |
| 212 | mannered. Uhm, but I think | | |
| 213 | in general there is no | | |
| 214 | problem, no. | | |
| 215 | C: Okay, and can I ask: Are | | |
| 216 | their social skills more or | | |
| 217 | less the same as other | | |
| 218 | children of their age? | | |
| 219 | D: Of their age... | Social abilities: slightly | |
| 220 | C: Ya, seeing that they are | immature | |
| 221 | in a special school... | | |
| 222 | A: Uhm... | | |
| 223 | C: If you compare them to | | |
| 224 | children of their age... | | |
| 225 | D: Ya, maybe they are | Social skills immature | |
| 226 | more, more "child"... | | |
| 227 | C: Okay, ya... | | |
| 228 | D: If you compare them to | Social skills immature | |
| 229 | children the level of their | | |
| 230 | age. | | |
| 231 | C: In what sense do you say | | |
| 232 | that, or what do you see? | | |



| | | | |
|-----|---------------------------------|----------------------------|--|
| 233 | D: More playful. They are | | |
| 234 | more like uhm.... They | | |
| 235 | would, ya... like still come | | |
| 236 | and carry stories like.. | | |
| 237 | D: Like tattle tail? | | |
| 238 | D: Ya. If you compare them | | |
| 239 | to their age group... | | |
| 240 | C: What age group are | | |
| 241 | they? | | |
| 242 | D: 10 – 14 years. | | |
| 243 | C: And they are high | | |
| 244 | functioning? | | |
| 245 | D: Ya... ya... except for two. | | |
| 246 | C: So you have a sort of | | |
| 247 | difference... | | |
| 248 | D: Ya, every child functions | Varying abilities in class | |
| 249 | on a different level. | | |
| 250 | C: Okay. | | |
| 251 | D: Not one of them are the | Varying abilities in class | |
| 252 | same. | | |
| 253 | C: And how does that affect | | |
| 254 | your work with them? | | |
| 255 | D: Well, I do when I do an | | |
| 256 | oral lesson with them – then | | |
| 257 | we're together, but the | | |
| 258 | moment it comes to tasks or | Struggling learners | |
| 259 | written tasks or assignments | participate less in verbal | |
| 260 | or whatever, I cannot do the | and cognitive tasks | |
| 261 | same with them. Sometimes | | |
| 262 | I do it – when the others | | |
| 263 | don't always , but ya. .. | | |
| 264 | you must see different. You | Think differently when | |
| 265 | must have different tasks for | working with learners due | |
| 266 | each and every child | to different abilities | |



| | | | |
|--|--|--|---|
| <p>301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334</p> | <p>out and say: I can help myself. I don't expect from them to do heavy maths , to read long stories. It's just self-help skills. C: Yes, that's important. Why do you think the parents have this idea, and you have a different idea? D: Because parents think of us as a school, and when you go to a school you learn to read and write. C: And they don't think further than that... D: It is wishful thinking. Here and there are some parents that know that ... ach... there's no hope any more, but... many... most of them still hope that if they are at school they will still see. C: Specifically see academic D: achievement C: Academic achievement. That's what they look at. C: And you... why don't you agree with them? Does it have to do with what you see? Actually. D: Ya. We know. Our school is also not</p> | <p>Parents have academic expectations: reading and writing Parents' expectations generally too high Parents expect academic achievement School not academically</p> | <p><i>Pressure from parents for learners' academic progress</i></p> |
|--|--|--|---|



| | | | |
|-----|----------------------------------|---------------------------|--|
| 335 | academically orientated. | orientated | |
| 336 | Our school is more practical. | School practically | |
| 337 | And uhm. I cannot see how | orientated | |
| 338 | I – if it is the whole school – | | |
| 339 | it is our policy to be more | | |
| 340 | practical. It is not just what I | | |
| 341 | think they can do. I just think | | |
| 342 | the parents don't really know | Parents lack knowledge of | |
| 343 | what's going on in the | school policy and routine | |
| 344 | school. | | |
| 345 | C: Ya, okay. And you think | | |
| 346 | that they don't really realize | | |
| 347 | that their child has severe | | |
| 348 | problems? | | |
| 349 | D: I, I... I think they know, | Parents have expectation | |
| 350 | but they think we will help | that school will 'cure' | |
| 351 | them so that the "problem" | children's difficulties | |
| 352 | will go away. | | |
| 353 | C: Oh okay, okay. | | |
| 354 | D: Because they think we're | | |
| 355 | now a special school with | | |
| 356 | special needs teachers. | | |
| 357 | C: Okay, and so now | | |
| 358 | everything will be "fixed" by | | |
| 359 | the school. | | |
| 360 | A: Ya. Ag, but later when | Parents want children's | |
| 361 | they go the senior phase, the | academic problems | |
| 362 | parents realize... (shake | (impairment)to go away | |
| 363 | head). | | |
| 364 | C: It's not going to happen. | | |
| 365 | D: Ya, it's not going to | | |
| 366 | happen. | | |
| 367 | C: They would want them in | | |
| 368 | a normal school.. back.. | | |



| | | | |
|-----|-----------------------------------|----------------------------|--|
| 369 | D: Ya. If they had a choice. | | |
| 370 | C: They would want them | | |
| 371 | back. Okay. | | |
| 372 | C; Uhm, do you experience | | |
| 373 | that as a lot of pressure? | | |
| 374 | Or.. | | |
| 375 | D: No, ag no. It's not. | | |
| 376 | Sometimes it's <i>some</i> | | |
| 377 | parents, but no | | |
| 378 | C: But you know what you | | |
| 379 | know.. | | |
| 380 | D: Ya, ag ya. | | |
| 381 | C: Okay, and then... I know | | |
| 382 | we talked about that, but can | | |
| 383 | we look at their cognitive | | |
| 384 | abilities, their attention, their | | |
| 385 | concentration, organizational | | |
| 386 | skills, memory, problem | | |
| 387 | solving. | | |
| 388 | D: Well concentration... | | |
| 389 | Most of them can | | |
| 390 | concentrate for at least 15 | | |
| 391 | minutes. At least. Then I | Limited concentration span | |
| 392 | must do something else. | | |
| 393 | There's about two who really | | |
| 394 | cannot sit still. But with | Concentration problems | |
| 395 | proper discipline, if I do | addressed through | |
| 396 | interesting things with them, | discipline and teaching | |
| 397 | they will concentrate. But | methods | |
| 398 | not for long. 15 minutes | | |
| 399 | max. | | |
| 400 | C: But why are they here in | | |
| 401 | this school then? Because | | |
| 402 | of the reading and the | | |



| | | | |
|-----|-----------------------------------|----------------------------|--------------------------------|
| 403 | writing? That type of thing. | | |
| 404 | D: The basic, as I said it's | Teacher focuses on | |
| 405 | the basic skills. It's also skill | practical tasks | |
| 406 | we focus on. | | |
| 407 | C: Okay. | | |
| 408 | D: They're not here to do | Academic performance not | |
| 409 | comprehension tests... or to | emphasized | |
| 410 | give.. | | |
| 411 | C: Because they will not be | | |
| 412 | able to do that? | | |
| 413 | D: No, when they go to the | Focus on basic life skills | |
| 414 | shop, they can do the basic | | |
| 415 | things. | | |
| 416 | C: Ya. | | |
| 417 | D: Things that can help you | | |
| 418 | through life. | | |
| 419 | C: uhm. All right. I see. | | |
| 420 | And then: What is your | | |
| 421 | experience of your learners' | | |
| 422 | ability to communicate – | | |
| 423 | either verbally or non- | | |
| 424 | verbally? | | |
| 425 | A: Okay, mine they are all | Communication skills high | |
| 426 | able to communicate. There | functioning | |
| 427 | are other children in the | | |
| 428 | school who cannot | | <i>Communication described</i> |
| 429 | communicate. But mine – | | <i>in verbal terms</i> |
| 430 | they can all communicate. | | |
| 431 | D: And they all then, in other | | |
| 432 | words, can speak Afrikaans | | |
| 433 | and English... | | |
| 434 | A: They can speak | Learners can speak | |
| 435 | Afrikaans. My class will | languages spoken in class | |
| 436 | speak Afrikaans fluently. | | |



| | | | |
|--|--|---|--|
| <p>437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470</p> | <p>Most of them.... All of them can understand English. They can speak English. Some not so fluent, but they do understand. They can, they can do English. And then their mother tongue. D: Okay. And they would... If you look at non-verbal... Do you think their verbal and non –verbal communication is in synchrony? In other words, when they talk... you see a picture of what they're saying.. A: No, no... D: It's not odd or strange.. A: No, no. Not in my class. D: Okay. Then, based on your understanding of music therapy - on your own understanding- how do you think your learners might interact or respond to music therapy? D: I think they're very active, so they will definitely respond positively. They will enjoy all this kinds of different things. They're always eager. They love music. I experienced it. Since I came to this school, I saw that they really like</p> | <p>English second language: an understanding</p> <p>Anticipates positive reaction towards mt Children will enjoy variety in MT</p> <p>The children love music</p> | |
|--|--|---|--|



| | | | |
|-----|------------------------------------|--------------------------|--|
| 471 | music. They will definitely | | |
| 472 | respond positively. | | |
| 473 | C: They will respond | | |
| 474 | positively <i>in the session</i> - | | |
| 475 | positively? Do you think it | | |
| 476 | might have an effect on | | |
| 477 | them, not just looking at that | | |
| 478 | session when they are | | |
| 479 | having fun? Do you think it | | |
| 480 | might have more of an effect | | |
| 481 | in the long term in a way? | | |
| 482 | D: Maybe. It will be difficult | Unsure of longterm | |
| 483 | for me to say. | benefits of MT | |
| 484 | C: With the Kindermusik, did | | |
| 485 | you experience any | | |
| 486 | differences outside of that | | |
| 487 | Kindermusic session? | | |
| 488 | D: Uhm.... No. | No longterm benefits of | |
| 489 | C: Not really. | KM experienced | |
| 490 | D: No. | | |
| 491 | C: So was this more of an | | |
| 492 | activity which they enjoyed... | | |
| 493 | D: Ya.. an activity. | | |
| 494 | C: And that stimulation? | | |
| 495 | D: Yes. | | |
| 496 | C: But rather something that | | |
| 497 | does | | |
| 498 | D: But now I must say that | | |
| 499 | they only had it every two | | |
| 500 | weeks – every second week. | | |
| 501 | C: Oh. | | |
| 502 | D: It was not.... I believe | | |
| 503 | therapy must be ongoing... | Therapy must be frequent | |
| 504 | to see the effect. | to be effective | |



| | | | |
|-----|-------------------------------|-----------------------------|--|
| 505 | C: Yes. | | |
| 506 | D: So, maybe.. | | |
| 507 | C: So maybe if they would | | |
| 508 | have more of that, | | |
| 509 | D: Ya... more | | |
| 510 | D: Our autism class has it | | |
| 511 | every week. So there, | | |
| 512 | maybe, you can see more of | | |
| 513 | an effect. | | |
| 514 | C: Okay, so they have | KM may be effective in | |
| 515 | Kindermusik every week. | classes who have weekly | |
| 516 | Still? | sessions | |
| 517 | D: Ya. | | |
| 518 | C: Okay, that's interesting. | | |
| 519 | But your class, do they still | | |
| 520 | have Kindermusik? | | |
| 521 | D: No, they don't do | | |
| 522 | Kindermusik anymore. | | |
| 523 | C: So skills like | | |
| 524 | organizational, memory, | | |
| 525 | sequential: They have those | | |
| 526 | skills, but on a basic level? | | |
| 527 | D: Organizational ... Ya.... | | |
| 528 | One or two of them (shake | | |
| 529 | head)... They cannot | | |
| 530 | organize, they cannot | | |
| 531 | organize – with that they | | |
| 532 | need help. But there are | | |
| 533 | definitely two, I think, who | Poor organizational skill | |
| 534 | you can trust who can do | Two learners can be | |
| 535 | this. But this is very | trusted with organizational | |
| 536 | poor...organizational skills | tasks | |
| 537 | are not there. | | |
| 538 | D: Memory... good... quite | | |



| | | | |
|-----|-------------------------------|-------------------------|--|
| 539 | good. Not very long term | | |
| 540 | memory, but they can | | |
| 541 | remember what they did the | | |
| 542 | previous day – some of | | |
| 543 | them. | | |
| 544 | C: Okay... | | |
| 545 | D: Ya, but they – after a | Long term memory | |
| 546 | holiday – they forget a lot. | problems | |
| 547 | C: So, it's at a basic level | | |
| 548 | but not... | | |
| 549 | D: Not memory like they will | Academic challenges due | |
| 550 | be able to write exams even | to memory problems | |
| 551 | if they have to do it orally, | | |
| 552 | they won't remember lots of | | |
| 553 | things. | | |
| 554 | C: We talked about anything | | |
| 555 | that might be a struggle for | | |
| 556 | you, but you said the fact | | |
| 557 | that there are different | | |
| 558 | children that that's not a | | |
| 559 | problem. You learn to cope | | |
| 560 | with that. And then you don't | | |
| 561 | have children of different | | |
| 562 | languages who can't speak | | |
| 563 | your languages in class. | | |
| 564 | D: No. | | |
| 565 | C: And, so just to end off: | | |
| 566 | Are there any other needs | | |
| 567 | that you can think of or that | | |
| 568 | are potential that you can | | |
| 569 | see in them, that are not | | |
| 570 | being met in some of the | | |
| 571 | children, or struggles – | | |
| 572 | specific struggles – that you | | |



| | | | |
|-----|-----------------------------------|--------------------------------|--|
| 573 | experience with the children. | | |
| 574 | D: I see the potential is | | |
| 575 | definitely in two or three of | | |
| 576 | my class, there is definitely | Two or three learners have | |
| 577 | potential. They will be able | potential | |
| 578 | to do the job. And they can | | |
| 579 | nearly understand everything | | |
| 580 | properly. So there is | | |
| 581 | definitely potential in some of | | |
| 582 | them. But there are | | |
| 583 | definitely two in my class | | |
| 584 | that I've tried now with one | | |
| 585 | for 4 years – she will | Teacher keeps trying, | |
| 586 | definitely not ever (I must | despite learner's inability to | |
| 587 | not say never), but she | read | |
| 588 | <i>cannot</i> read. Anything that | Learner lacks ability to | |
| 589 | is abstract to her is ... | read / Learner struggles | |
| 590 | There's no way that she will | with abstract concepts | |
| 591 | be able to read. Even when | Teacher's worst concern is | |
| 592 | we come to maths. So my | that learners will not learn | |
| 593 | worst concern is that they | basic academic skills | |
| 594 | will not learn these skills.... | | |
| 595 | C: And that stops them from | | |
| 596 | getting a ... | | |
| 597 | D: Ya, getting a proper .. | No qualifications due to | |
| 598 | they won't be able to do – | intellectual impairment | |
| 599 | after school – anything | | |
| 600 | educational. They will go | | |
| 601 | into practical, practical work. | | |
| 602 | C: And do they cater for that | | |
| 603 | here? In your class? | | |
| 604 | D: Ya. That same girl who | Other potential like | |
| 605 | cannot read, she is excellent | handwork skills and | |
| 606 | in needlework. Whatever | gardening | |



| | | | |
|-----|-------------------------------|--|--|
| 607 | kind of cooking, or even | | |
| 608 | garden work or whatever, .. | | |
| 609 | C: With that she is very | | |
| 610 | good? | | |
| 611 | D: Excellent, excellent. | | |
| 612 | C: So she has more | | |
| 613 | potential doing this, but she | | |
| 614 | cannot read? | | |
| 615 | D: Yes. | | |
| 616 | C: Is there anything else | | |
| 617 | you wanted to say or ask? | | |
| 618 | D: No. | | |
| 619 | C: Then thank you very | | |
| 620 | much for your time. | | |

Appendix D3

Participant A: Interview 2

| | Text | Descriptive codes | Inferential codes |
|----|--------------------------------|------------------------------|--|
| 1 | C: How would you | | |
| 2 | define/describe the | | |
| 3 | process of music therapy | | |
| 4 | after you have attended | | |
| 5 | music therapy sessions? | | |
| 6 | A: uhmhhhmm..... | | |
| 7 | C: Now that you have had | | |
| 8 | first-hand experience. | | |
| 9 | A: Okay..... | | |
| 10 | Uhmhhhmm.... It's | | <i>Teacher uncertain how to describe the process of MT</i> |
| 11 | therapy through the music | MT is therapy through music | |
| 12 | to.... uplift... or what can I | Music uplifts learners | |
| 13 | say? Uplift.... uhmm... | | |
| 14 | kids with special needs. | | |
| 15 | C: Okay. In what sense | | |
| 16 | would you say "uplifted"? | | |
| 17 | A: Uhmhhhmm.... | MT enables learners to | |
| 18 | Experience... uhm... their | experience themselves as | |
| 19 | own individualism. | individuals | |
| 20 | C: Experience their own | | |
| 21 | individualism. Okay. In... | | |
| 22 | A: In many ways. In | | |
| 23 | uhmhhhmm... Through... | MT: different types of music | |
| 24 | uhmhhhmm... different kinds of | is used | |
| 25 | music, different sort of | | |
| 26 | music. | | |
| 27 | C: Okay. So different | | |



| | | | |
|--|---|--|---|
| <p>28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61</p> | <p>kinds of music is used. Through the process, the children are individually uplifted. A: Yes, yes. C: Can you explain a little bit more about how the music is used. How did you experience the use of music? A: Okay, the music. There was different types of music. Loud music, soft music... with a beat, without a beat... and they must do some movement or some activities according to the music... to express themselves. C: Okay, to express themselves. Is it only recorded music? A: No. C: So it's not just recorded music. A: Not recorded music. They would make their own music with drums, instruments as well as songs that you listen, songs you teach them... C: So already... pre-composed songs. A: Yes.</p> | <p>Different types of music used MT: movement activities MT allows self-expression MT: own music-making Use of instruments Pre-composed songs taught to learners</p> | <p><i>Learners express themselves through movement with music</i></p> |
|--|---|--|---|



| | | | |
|----|--------------------------------|-----------------------------|--|
| 62 | C: What, in your opinion, | | |
| 63 | could be achieved with | | |
| 64 | music therapy in a school | | |
| 65 | for intellectually impaired | | |
| 66 | children, if any? | | |
| 67 | A: Could be achieved?... | | |
| 68 | A: Uhmhhh.. People | | |
| 69 | can... Kids can get rid of ... | MT: learners release | |
| 70 | their own frustrations... | frustrations | |
| 71 | through the mt... | | |
| 72 | C: Do you experience that | | |
| 73 | the children in this school | | |
| 74 | specifically with learners... | | |
| 75 | A: Yes... uhmhhh ... | | |
| 76 | correction. When they feel | | |
| 77 | sad, they become uplifted, | MT helps uplift mood | |
| 78 | happy. They also learn | | |
| 79 | their own voices. They | Children discover their own | |
| 80 | learn to sing and to use | voices / Children use their | |
| 81 | their own voices. They | own voices | |
| 82 | learn music. | Children learn about music | |
| 83 | C: They learn about music | | |
| 84 | itself. | | |
| 85 | A: They rhythm, the | | |
| 86 | beats, loud and softness, | | |
| 87 | ... | | |
| 88 | C: Okay, if music therapy | | |
| 89 | was introduced at this | | |
| 90 | school, how would it best | | |
| 91 | fit in? ... Meaning how | | |
| 92 | would the programme | | |
| 93 | accommodate that? | | |
| 94 | A: Mmmmm | | |
| 95 | C: Do you think it could | | |



| | | | |
|-----|------------------------------|----------------------------|--|
| 96 | work? | | |
| 97 | A: It could work, but then | | |
| 98 | you must have a music | | |
| 99 | centre. A centre, because | Music centre required to | |
| 100 | it's very loud and noisy. | accommodate noisy music | |
| 101 | C: Okay, so... | MT disadvantage: loud and | |
| 102 | A: It distracts the other | noisy | |
| 103 | classes. | | |
| 104 | C: What could the | MT distracts other classes | |
| 105 | possible disadvantages of | | |
| 106 | music therapy be in this | | |
| 107 | context? | | |
| 108 | A: Uhm... and it must be | | |
| 109 | on a specific time. Like in | MT must be part of routine | |
| 110 | the mornings or in the | once a week | |
| 111 | afternoons. After break. | | |
| 112 | C: After break. Once.... or | | |
| 113 | more regularly... or? | | |
| 114 | A: My kids enjoyed it a lot, | Learners enjoyed MT | |
| 115 | so I think once. | sessions | |
| 116 | C: A week? | | |
| 117 | A: Once in a seven day– | | |
| 118 | once a week, yes. | | |
| 119 | C: So on a regular basis. | MT must be offered on | |
| 120 | A: A regular basis, yes. | regular basis | |
| 121 | C: Can you think of other | | |
| 122 | disadvantages maybe?.... | | |
| 123 | That once you bring this in | | |
| 124 | – that might be a problem? | | |
| 125 | A: No, I don't think there | Noise only disadvantage of | |
| 126 | are others. The noises – | MT | |
| 127 | that's all. | | |
| 128 | C: The loudness, the | | |
| 129 | noise: Does it only | | |



| | | | |
|-----|------------------------------|-----------------------------|--|
| 130 | influence the other classes | | |
| 131 | around or does it have any | | |
| 132 | influence on the children | | |
| 133 | themselves – who make | | |
| 134 | the noise and the sounds? | | |
| 135 | A: I think when one is | MT disadvantage: hearing- | |
| 136 | hearing-sensitive, hearing | sensitive learners affected | |
| 137 | sensitive, that's also a | by noise – must be adapted | |
| 138 | problem for kids that are | to suit their needs | |
| 139 | hearing-sensitive. Then | | |
| 140 | you must adapt to that. | | |
| 141 | C: Okay, those who are | | |
| 142 | not hearing sensitive, ... | | |
| 143 | A: They loved it... | Learners enjoyed MT | |
| 144 | C: Did you not experience | | |
| 145 | that it caused any | | |
| 146 | problem? | | |
| 147 | A: No, no. | | |
| 148 | C: How did your | | |
| 149 | perception of music | | |
| 150 | therapy as an intervention | | |
| 151 | change during the course | | |
| 152 | of the 10 sessions you | | |
| 153 | observed? | | |
| 154 | A: Mmmmm.... | | |
| 155 | C: Going back to what | | |
| 156 | you thought mt maybe | | |
| 157 | could be: in your first | | |
| 158 | interview you said that it's | | |
| 159 | different to class music | | |
| 160 | because here you had | | |
| 161 | instruments, or it may be a | | |
| 162 | bit like Kindermusik. Is | | |
| 163 | there any way in which | | |



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| <p>164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197</p> | <p>your idea of mt changed or was there anything added to what you thought mt was – after experiencing it yourself? A: Ya, it's definitely not what I thought it was. It wasn't like Kindermusik and it wasn't class music. It's very informal,... C: Okay. A: And... it's uhmmm... C: Why is it not Kindermusik, for instance? A: Because kids can do their own thing, as they want to do. They are free on doing anything according to the music and the instruction... C: Within certain limits? A: Within certain limits. C: So, within certain limits they are free to do... A: To do their thing. So their own... uhm... creativity comes to ... C: Because they get the freedom to do their own thing... A: And to express their own creativity. C: That can be different from a class music</p> | <p>MT not what teacher expected MT not like Kindermusik MT not like class music MT informal Learners do their own thing in MT MT freedom within music and activity structures Learners do their own thing Creativity emerges because of freedom in MT Learners express themselves creatively</p> | <p><i>Musical activities provide structure</i></p> |
|--|---|--|--|



| | | | |
|-----|-----------------------------|-----------------------|--|
| 198 | session.. | | |
| 199 | A: Ya. | | |
| 200 | C: So that's - to you - the | | |
| 201 | big difference. | | |
| 202 | A: The big difference. | | |
| 203 | C: Not so much the | | |
| 204 | instruments that we talked | | |
| 205 | about, but it's almost the | | |
| 206 | sense of freedom within | | |
| 207 | limits... | | |
| 208 | A: Ya, and they express it | | |
| 209 | through the music and on | Learners express | |
| 210 | paper and the different.... | themselves creatively | |
| 211 | they express them through | through art forms | |
| 212 | the instruments, through | | |
| 213 | music and through | | |
| 214 | paper – through the art. | | |
| 215 | C: So they express | | |
| 216 | themselves through the art | | |
| 217 | forms. | | |
| 218 | A: The art forms, yes. | | |
| 219 | C: Okay, so am I right if I | | |
| 220 | say it's very different to | | |
| 221 | what you thought it was? | | |
| 222 | A: Ya ya. Ya ya. | | |
| 223 | C: What have you noticed | | |
| 224 | about your learners' | | |
| 225 | development and/or | | |
| 226 | dynamics in the group | | |
| 227 | generally over the last 10 | | |
| 228 | weeks? | | |
| 229 | C: Let's start by perhaps | | |
| 230 | looking at their social | | |
| 231 | skills. What is your | | |



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| <p>266 267 268 269 279 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299</p> | <p>listen to the leader. C: So someone gets the opportunity to lead and they listen to the leader. A: They listen to the leader, yes. C: Okay. And they would be in different groups each time, and they would be in different formations – different grouping. But still for the activity to happen, they had to ... A: They had to listen to each other. And then each and every one gets a chance. C: Okay. A: So when it's my chance, the others must listen. If it's the other one's chance, I must listen. So there's a way of ... regverdigheid.... C: Fairness? A: Fairness! Fairness to each and every one. C: You said each child gets a chance. Can you perhaps just say a little bit more about this – why it would be different than in your classroom situation. If you would give each</p> | <p>Learners get opportunity to take the lead in MT Learners listen to the leader MT activities: different group combinations Each person gets a chance MT activities require listening to each other (playing) Each person gets a chance Fairness: each person gets a chance</p> | <p><i>conduct the group while they follow the leaders' instructions</i></p> |
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| <p>300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333</p> | <p>child in class a chance to do something, do you get the same effect? A: Uhhmm... Not every time.. If one is shy... to make a mistake... And in this music group, there is no mistake. Everyone plays his own thing, his own rhythm. No one makes mistakes. C: No one makes mistakes. That which each child... A: Expresses his own creativity. It doesn't.... no one... <i>knows</i> that it's wrong. C: Okay, so there's no barrier.... A: There's no barrier for them... to do wrong... and that's uplifting. That is very uplifting for themselves. C: Okay. As a person. A: As a person. C: Let's continue with the second part of the interview which is all about the learners development and dynamics in the group that you've noticed over the last 10 weeks. We</p> | <p>Children shy to make mistakes in class Everyone can play own rhythm Children can't make mistakes in MT Learners express themselves creatively in MT No mistakes nurtures confidence Personhood recognized</p> | <p><i>No mistakes in MT nurtures creativity</i></p> |
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|-----|---------------------------------|------------------------------|--|
| 334 | talked about your | | |
| 335 | experience of their social | | |
| 336 | skills and maybe | | |
| 337 | concentrate a little bit on | | |
| 338 | your experience of your | | |
| 339 | learners' cognitive abilities. | | |
| 340 | With this I'm referring to | | |
| 341 | aspects such as attention, | | |
| 342 | concentration, | | |
| 343 | organizational skills, | | |
| 344 | memory and sequential | | |
| 345 | skills and problem-solving. | | |
| 346 | A: I think MT made a | | |
| 347 | positive change to their | | |
| 348 | cognitive abilities... like ... | MT improved cognitive skills | |
| 349 | uhm... a lot of them are | | |
| 350 | ADHD. | | |
| 351 | C: Okay. So the | | |
| 352 | problems that you | | |
| 353 | experience in this area | | |
| 354 | are... | | |
| 355 | A: ADHD – concentration. | | |
| 356 | Their concentration span | MT improved concentration | |
| 357 | was longer than normal. | | |
| 358 | C: During the session | | |
| 359 | itself? | | |
| 360 | A: Ya, ya. | | |
| 361 | C: Did you find any | | |
| 362 | difference outside the mt | | |
| 363 | situation? | | |
| 364 | A: No, I think that is. That | MT: improved concentration | |
| 365 | also improved, but not as | in class | |
| 366 | much as <i>during</i> the MT | | |
| 367 | class. | | |



| | | | |
|-----|---------------------------------|-----------------------------|--|
| 368 | C: So during the mt | | |
| 369 | session you could clearly | | |
| 370 | see the children's longer | | |
| 371 | stretches of concentration. | | |
| 372 | A: Ya. Then ...mmm... | Teacher observes improved | |
| 373 | attention, such as you do | attention and concentration | |
| 374 | something, then they must | in MT sessions | |
| 375 | do that afterwards so they | | |
| 376 | must attend to you and do. | | |
| 377 | They do that also very | | |
| 378 | well. | | |
| 379 | C: Okay. | | |
| 380 | A: They pay attention... of | | |
| 381 | the next thing that's | | |
| 382 | coming up in the class. | | |
| 383 | C: O, okay. | | |
| 384 | A: So they were excited. | Excitement encourages | |
| 385 | Of the next phase or the | improved attention | |
| 386 | next part that's coming up. | | |
| 387 | C: Okay, okay. So, | | |
| 388 | there's an element of | | |
| 389 | anticipation. | | |
| 390 | A: Yes, yes. They | MT: element of anticipation | |
| 391 | anticipate... to see what | leads to improved attention | |
| 392 | will come next. And that | | |
| 393 | was – I think that was – | | |
| 394 | <i>why</i> they paid attention. | | |
| 395 | C: Okay. | | |
| 396 | A: Anticipation, yes. And | | |
| 397 | then organizational skills. | | |
| 398 | The music | | |
| 399 | therapist...uhmmm...music | | |
| 400 | therapy is organized, but | MT freedom within structure | |
| 401 | free. So they also learn | | |



| | | | |
|--|--|---|--------------------------------------|
| <p>436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469</p> | <p>chance to... to... emmm... “waag” C: To dare. A: To dare, to dare. They can go and take any music instrument that they don’t know yet... And now they play with that. They listen to the sounds and they listen to the different sequences, and they <i>try</i> <i>and do</i>. C: Okay. A: Try and dare...And that they didn’t do before. So that’s also big. C: Something that you... A: Something that I experienced. C: In the music therapy? A: In the music therapy. C: And outside the music therapy? A: Yes, because they want to do something they don’t know. They want to try some new puzzles or they want to try some new games, or they want to try something new. A: And when they get something correct that they didn’t know before, it’s uplifting for them.</p> | <p>Learners dare in MT Learners dare to play instruments unknown to them Learners listen to different sounds and sequences Learners try and do Teacher experiences learners’ new attitude of trying and daring Learners dare beyond MT sessions Increased sense of exploration in classroom due to MT Succeeding in something new is uplifting to learners</p> | <p><i>Learners explore in MT</i></p> |
|--|--|---|--------------------------------------|



| | | | |
|--|--|---|--|
| <p>470 C: O okay. 471 A: It's got a positive... 472 uhm... influence on their 473 behaviour.... And of the 474 whole.... They try it. So 475 they try something new 476 that they wouldn't try 477 before. 478 C: And what do you think 479 it is that they have now. 480 Why would they do it, and 481 why wouldn't they do it 482 before? 483 A: In the music therapy 484 they try and they see: Oh, 485 I can make... I can do it. 486 C: I can. 487 A: I can, I can. Ya. I can 488 try this out. 489 C: Okay, does it have 490 anything to do with 491 confidence? 492 A: Ya. 493 C: Okay. 494 C: All right. Problem- 495 solving? That relates with 496 what we said before. 497 A: Ya, ya. 498 C: What is your 499 experience of your 500 learners' ability to 501 communicate verbally 502 and/or non-verbally? 503 A: Ya. One, N is...uhm...</p> | | <p>Learners generally try more new things</p> <p>Learners become aware of their abilities</p> | <p><i>Learners try because of increased confidence</i></p> |
|--|--|---|--|



| | | | |
|-----|------------------------------------|----------------------------|------------------------------|
| 504 | she's uhmmm...a non- | | |
| 505 | verbal child, so she can't | | |
| 506 | speak anything. And | | |
| 507 | during the mt, we allow her | MT helped mute learner use | <i>Learner uses voice in</i> |
| 508 | to <i>make</i> a sound... Uh!... | voice to make sounds | <i>explorative way in MT</i> |
| 509 | And now she can hear. | | |
| 510 | So now she hears her own | Mute learner hears her own | |
| 511 | voice. In <i>class</i> , she wants | voice | |
| 512 | to call me and she said: | | |
| 513 | Uh uh uh! So I can hear | | |
| 514 | her. She wants my | Mute learner now uses her | |
| 515 | attention, where she didn't | voice to communicate | |
| 516 | do that before. | | |
| 517 | C: Okay, so she didn't use | | |
| 518 | her voice at all? | | |
| 519 | A: She didn't. No, no. | | |
| 520 | C: Why is she mute? | | |
| 521 | Does she have a ... | | |
| 522 | A: She has cerebral palsy. | | |
| 523 | C: So it's not selective | | |
| 524 | mutism? | | |
| 525 | A: No. | | |
| 526 | C: All right, so she would | | |
| 527 | (I just want to make sure | | |
| 528 | that I understand), she | | |
| 529 | would not try and | | |
| 530 | communicate? | | |
| 531 | A: No. | | |
| 532 | C: But after she did use | | |
| 533 | her voice in mt, | | |
| 534 | A: Ya, ya... | | |
| 535 | C: ... she is now confident | | |
| 536 | to ... | | |
| 537 | A: ...confident to use it | Learner gained confidence | |



| | | | |
|-----|------------------------------------|------------------------------|------------------------------------|
| 538 | and now I teach her to | to use her voice in MT | |
| 539 | say: “Uh!” Yes’ “Uh-uh!” | Teacher can now build on | <i>Mute learner communicates</i> |
| 540 | No. And that she does | work with communication | <i>through vocal sounds</i> |
| 541 | now. So she can talk to | skills of mute learner | |
| 542 | the others and can say | | |
| 543 | “Uh-uh” (shake head), or | | |
| 544 | she can say “Uh!”: Yes. | | |
| 545 | And that’s from the mt. | | |
| 546 | C: Okay, the... | | |
| 547 | A: The communicative | Improved communicative | |
| 548 | skill. | skills of mute learner | |
| 549 | C: Okay. Even if it’s non- | | |
| 550 | verbal. | | |
| 551 | A: Even if it’s non-verbal. | Teacher: non-verbal | <i>Non-verbal communication in</i> |
| 552 | It doesn’t matter, because | communication is also | <i>MT</i> |
| 553 | she knows now she can | communication | |
| 554 | “Uh!” – she can use her | Mute learner becomes | |
| 555 | voice. | aware of use of voice due to | |
| 556 | C: She can use whatever | MT | |
| 557 | she has to ... | | |
| 558 | A: She can use her | | |
| 559 | voice... And she <i>has</i> voice. | | |
| 560 | C: Yes. | | |
| 561 | A: Uhhmm... Then the | | |
| 562 | other one, J is also | | |
| 563 | screaming. I think he has | | |
| 564 | got that syndrome... no, no | | |
| 565 | that’s G. J is just | | |
| 566 | screaming... uhhmm... | | |
| 567 | unintentionally. | | |
| 568 | C: Okay. | | |
| 569 | A: Or intentionally. “Hy | | |
| 570 | skree net soos maar” | | |
| 571 | C: Almost impulsive? | | |



| | | | |
|--|--|---|---|
| <p>572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605</p> | <p>A: Ya, ya. Almost impulsive, yes. And through the mt he can learn now (and he also has ADHD) – and he also learns that he must be structured. And I in one session (he’s also very tactile) ... So I massaged his upper body [hand gestures suggest shoulder massage, so he became calm and he participated. C: Okay. A: And the other thing is, he is also distractive, so if it is his turn, we also include him.... in taking part. So that’s why we can.... C: Can you give an example of how you can include him? A: Ya, when we see he is out of control, we give him a chance. Then it’s his turn to beat on the drums, or shake the shaker or... C: Okay, and you feel that that helped to... A: To... uhm... let him calm down and <i>be part of</i>. Otherwise he is just wandering around.</p> | <p>MT helps learner to regulate impulsive behaviour in order to participate Teacher helps some learners to participate in MT Impulsive learner can participate Impulsive learner can be included in MT activities through turn-taking Distractive/impulsive learner’s behaviour can be channeled through musical activity MT makes inclusion of impulsive learner possible</p> | <p><i>Impulsive learner can be engaged through instrumental turntaking activities</i></p> |
|--|--|---|---|



| | | | |
|-----|------------------------------|-------------------------------|--|
| 606 | C: Right. Or screaming. | | |
| 607 | A: Or screaming, as I | | |
| 608 | said. Ya. | | |
| 609 | A: There's also G. | | |
| 610 | A: G is also just swearing, | | |
| 611 | or uhmm... G, I think, has | | |
| 612 | got Tourette's Syndrome. | | |
| 613 | It's just swearing also | | |
| 614 | without control. So after | | |
| 615 | that sessions, she also | Learner with Tourette's finds | |
| 616 | took part, and I also think | other ways to express | |
| 617 | there is some of anger that | herself | |
| 618 | she's got – in her body. | Learner experiences anger | |
| 619 | So through the music it's | Music in MT calms | |
| 620 | calming her down. | Tourette's learner down | |
| 621 | Uhmmm... She's swearing | Tourette's learner: less | |
| 622 | a lot less, and then... | swearing in MT | |
| 623 | uhm... | | |
| 624 | C: Did you find that in the | | |
| 625 | sessions where we did | | |
| 626 | "calming" activities that | | |
| 627 | she <i>did</i> swear less? | | |
| 628 | A: Ya. Definitely. She did | | |
| 629 | swear less during calmer | | |
| 630 | activities, and also she can | Tourette's learner finds ways | |
| 631 | express herself. So then | to express herself in MT | |
| 632 | the swearing becomes | activities, therefore less | |
| 633 | less. | swearing | |
| 634 | C: How can she express | | |
| 635 | herself? | | |
| 636 | A: Like the papers | Learner with Tourette's | |
| 637 | [suggests drawing with | expresses herself through | |
| 638 | hand gestures], with the | drawings and drumming in | |
| 639 | crayons? | MT | |



| | | | |
|--|--|---|---|
| <p>640 C: Drawings? 641 A: The drawings. And 642 then when she hit the 643 drums it was very hard 644 and she expressed her 645 anger through that. 646 C: You said after one of 647 the sessions that T was 648 very upset.... 649 A: Ya, T is a difficult case. 450 He travels a 100km per 651 day to come to the class, 652 to school. So when he's 653 late, he's very aggressive. 654 He doesn't feel part of the 655 class, because when we 656 start with the day, T's not 657 here. So that is building 658 up now for weeks. And 659 now through the 660 sessions... One session, 661 he was very down and 662 very uhmmm.... sad, and 663 through the mt through his 664 getting his chance – “Wait, 665 it's T's turn” – to do things, 666 he became actually 667 smiling... And he was 668 joyful. So that I also 669 noticed. 670 C: So it has an emotional 671 ... 672 A: It has got an upliftment 673 of him...</p> | | <p>Learner with Tourette's releases anger through drumming</p> <p>MT turntaking activity helped aggressive/upset learner settle and feel joyful</p> <p>Upliftment of sad learner through MT</p> | <p><i>Learner's opportunity to offer musical contribution led to sense of belonging and sense of value in group</i></p> |
|--|--|---|---|



| | | | |
|-----|------------------------------|--------------------------------|--|
| 742 | longer now. So we can do | more work done in class due | |
| 743 | more. | to longer attention span | |
| 744 | C: And as a person or as | | |
| 745 | a teacher – is there any | | |
| 746 | difference in ? | | |
| 747 | A: I can use also the | | |
| 748 | different types of music | | |
| 749 | when they do some | | |
| 750 | activities. | | |
| 751 | C: Okay. | | |
| 752 | A: Or when I see they are | | |
| 753 | very tired, I can uplift | Teacher now uses music to | |
| 754 | them... with some music. | calm or uplift learners during | |
| 755 | Or when they are very | class activities | |
| 756 | uplifted, I can calm them | | |
| 757 | down a bit – in class when | | |
| 758 | we do activities. | | |
| 759 | C: So you can use the | | |
| 760 | music like that. | | |
| 761 | C: Okay, is there anything | | |
| 762 | else that you can think of, | | |
| 763 | or? | | |
| 764 | A: I think the kids enjoyed | Learners enjoyed MT | |
| 765 | it a lot. They want it to be | | |
| 766 | implemented. They want it | Learners want more MT | |
| 767 | to be.... once or twice a | | |
| 768 | week. | | |
| 769 | C: Mmm. And would it | | |
| 770 | suit you, or do you think | | |
| 771 | that it would be a schlep | | |
| 772 | for a teacher – having to | | |
| 773 | send their children away? | | |
| 774 | A: Mm-mm [shake head]. | | |
| 775 | I would suit me. Once or | MT would be welcomed by | |



| | | | |
|-----|-------------------------------|--------------------------------|--|
| 776 | twice a week, depends on | teacher once or twice a | |
| 777 | the programme. | week. | |
| 778 | C: Ya. And the fact that | | |
| 779 | the teacher is with them? | | |
| 780 | Do you think that is | | |
| 781 | useful? | | |
| 782 | A: Ya, ya. Because you | | |
| 783 | know now some things | | |
| 784 | are... what are their | Teacher's presence at MT | |
| 785 | abilities, and you also see | allows her to notice learners' | |
| 786 | that some kids learn their | abilities | |
| 787 | voices better, learn to sing, | MT allows teacher to see | |
| 788 | learn to use voice and they | how learners discover/use | |
| 789 | love it. | their voices | |
| 790 | C: And ya, you can see | Teacher present at MT | |
| 791 | that they enjoy it, and also | allows teacher to see how | |
| 792 | see what they can ... | they enjoy and achieve at | |
| 793 | A: Ya. ...achieve and not | various tasks | |
| 794 | achieve... yes. | Teacher present at MT: | |
| 795 | C: Thank you very much | teacher notices struggles | |
| 796 | for you time. It is much | | |
| 797 | appreciated. | | |

Appendix D4

Participant D: Interview 2

| | Original text | Descriptive codes | Inferential codes |
|----|-----------------------------|----------------------------|--------------------------|
| 1 | C: How would you | | |
| 2 | define/describe the | | |
| 3 | process of music therapy | | |
| 4 | after you have attended | | |
| 5 | music therapy sessions? | | |
| 6 | D: How would I | Uncertain how to describe | |
| 7 | describe MT?... Silence... | MT | |
| 8 | C: How did <i>you</i> | | |
| 9 | experience it? | | |
| 10 | D: Uhm... It might be a | Mt different from usual | |
| 11 | total different way of ... | programme | |
| 12 | uhm... getting learners to | MT involves exploration of | |
| 13 | explore more about | selves | |
| 14 | themselves, things they | MT reveals new insights | |
| 15 | never knew. Uhm, it's | about self | |
| 16 | totally something different | | |
| 17 | from other academic work | Different to academic work | |
| 18 | and the normal routine | Different from usual | |
| 19 | they have at the school. | programme | |
| 20 | Uhm. Ya, for them it's a | | |
| 21 | new world... to explore. | MT a new world to explore | |
| 22 | For example, they never | | |
| 23 | knew that you can express | MT involves expression of | |
| 24 | your feelings through the | feelings through music | |
| 25 | music. | | |
| 26 | C: Okay. And they realize | | |
| 27 | now that they can. | | |
| 28 | D: They can. Ya. | | |



| | | | |
|--|--|---|--|
| <p>29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62</p> | <p>C: What, in your opinion, could be achieved with music therapy in a school for intellectually impaired learners? D: Ummm... Definitely personality development. I think – when I look at the sessions – I see how the learners (some of them), how can one say? “Klim uit hulle dop uit”. So definitely for their personal development... Social skills, like working together, doing things together in a group, working together. Learners who would not work together... Now they must think of a plan! So social development, personal development, even some of their body... physical development – the movements... Uhhmm. Ya I think... I don’t know academically – I can’t say now, but these are the things I think... C: Were the things that you saw? D: Ya. C: Or that you can</p> | <p>Personality development in MT Learners come out of shell Personal development in MT MT develops social skills Learners work together as a group Learners work together with non-friends Physical development through movement activities No academic progress in MT yet</p> | |
|--|--|---|--|



| | | | |
|-----|-----------------------------|-------------------------|--|
| 97 | positive towards If | | |
| 98 | we can get someone, | | |
| 99 | perhaps a teacher or | | |
| 100 | someone who is able to.... | | |
| 101 | we are very flexible to | School flexible to new | |
| 102 | make it fit in. | possibilities | |
| 103 | C: To fit in like, for | | |
| 104 | instance, weekly sessions. | | |
| 105 | D: Weekly sessions or | | |
| 106 | whatever. | | |
| 107 | C: Okay. So it would be... | | |
| 108 | it could work. | | |
| 109 | A: Ya, it could work! | | |
| 110 | C: Okay. What could the | | |
| 111 | possible benefits of music | | |
| 112 | therapy be in this context? | | |
| 113 | (In this school). | | |
| 114 | D: Like I said in the | | |
| 115 | previous question, | | |
| 116 | personal development, | MT benefit: personal | |
| 117 | social skills, physical | development/ social | |
| 118 | development... movement. | development | |
| 119 | Movement is always, | MT activities: movement | |
| 120 | always, always good for | valuable | |
| 121 | these children. The more | | |
| 122 | movement, the better. | | |
| 123 | C: Okay, so it's more or | | |
| 124 | less the same than the | | |
| 125 | previous one. | | |
| 126 | C: What could the | | |
| 127 | possible disadvantages of | | |
| 128 | music therapy be in this | | |
| 129 | context? | | |
| 130 | D: Ummm. Discipline, | MT disadvantage: | |



| | | | |
|-----|----------------------------------|-----------------------------|---------------------------------|
| 199 | perception of music | | |
| 200 | therapy as an intervention | | |
| 201 | change during the course | | |
| 202 | of the 10 sessions you | | |
| 203 | observed? | | |
| 204 | D: I think still it must be an | MT must be an ongoing | <i>Teacher not convinced of</i> |
| 205 | ongoing process. Uhm... I | process to see results | |
| 206 | could see that.. how some | | |
| 207 | of my learners developed, | | |
| 208 | but sadly it must now | | |
| 209 | come to a end. Like any | MT compared to other | |
| 210 | therapy I think it must be | therapies | |
| 211 | an ongoing process... to | | |
| 212 | see a result. | | |
| 213 | C: Yes. If you had to | | |
| 214 | describe the process of | | |
| 215 | what happened, and what | | |
| 216 | you <i>think</i> happened in mt. | | |
| 217 | D: Meaning the activities | | |
| 218 | must be less? Is that what | | |
| 219 | you mean? | | |
| 220 | C: No, what do you think? | | |
| 221 | The idea that you had of | | |
| 222 | MT – now that you saw | | |
| 223 | what it is – is it different? | | |
| 224 | D: Ya, it is definitely. | | |
| 225 | What I thought it was in | Perception of MT changed | |
| 226 | the beginning, and I see ... | after first-hand experience | |
| 227 | ya... I see how children | Saw how certain learners | |
| 228 | develop ... certain | developed in MT | |
| 229 | learners. Ya. | | |
| 230 | C: And the activities, did it | | |
| 231 | make any sense – the | | |
| 232 | different kind of things we | | |



| | | | |
|-----|--------------------------------|------------------------------|--|
| 233 | did? Is it different than, for | | |
| 234 | instance, Kindermusik, | | |
| 235 | where you said that they | | |
| 236 | learn different rhythms and | | |
| 237 | learn about notes? | | |
| 238 | D: Ya, there are some | Kindermusik different to MT | |
| 239 | differences. In | | |
| 240 | Kindermusik they don't | | |
| 241 | really use instruments, | Exposed to instruments in | |
| 242 | where they now were | MT – not in KM | |
| 243 | exposed to instruments. | | |
| 244 | The feelings, the emotions | Emotions evoked in MT; not | |
| 245 | that come was totally new | KM/MT experience totally | |
| 246 | to them. Uhm... So | new/Difference in perception | |
| 247 | there's definitely a | of MT after first-hand | |
| 248 | difference... | experience | |
| 249 | C: And do you think the | | |
| 250 | fact that they... uhm... | | |
| 251 | these emotions that they | | |
| 252 | expressed through the | | |
| 253 | music... Do you think it | | |
| 254 | could have an effect in the | | |
| 255 | long term? Since they | | |
| 256 | have been introduced to | | |
| 257 | it? | | |
| 258 | D: In the long term | MT can have an effect in the | |
| 259 | definitely. I think all the | longterm | |
| 260 | children were exposed to | | |
| 261 | how music can let them | Music helps learners | |
| 262 | feel – and they realize... | recognize their emotions. | |
| 263 | wow, this can calm me | | |
| 264 | down, this makes me | | |
| 265 | jumpy or whatever. I think | | |
| 266 | in the long term, ya. | | |



| | | | |
|--|--|---|---|
| <p>267 268 269 279 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300</p> | <p>C: Okay, and the other way around? When someone “feels” and could express it in the music, do you think that is also helpful or ...</p> <p>D: I think, ya. In Afrikaans you say it’s a “uitlaatklep” (release).</p> <p>C: Okay.</p> <p>D: But it’s unfortunately... phew... I can’t say actually I must go on with that...</p> <p>C: Yes, yes.</p> <p>C: What have you noticed about your learners’ development and/or dynamics in the group generally over the last 10 weeks?</p> <p>D: Ya, I think I can mention individuals. Like J, who suddenly developed a real love for music – something he never had. He will sit on his own and sing songs. Yo, it’s a <i>new</i> thing. Suddenly he will sit at the CD player and listen to music, or <i>by himself</i> sing songs, which he never did. He’s a very introverted child. He was definitely</p> | <p>MT: music used as release of emotions</p> <p>Teacher not willing to use music to release emotions</p> <p>Learner developed love for music because of MT</p> <p>Learner discover new way to express himself by listening to music and singing</p> | <p><i>Teacher does not feel equipped to help learners with expression through music.</i></p> <p>Learner feels free to express himself through music after participating in MT</p> |
|--|--|---|---|



| | | | |
|-----|------------------------------------|------------------------------|--------------------------|
| 301 | one with who I could say... | | |
| 302 | <i>suddenly</i> ... he developed a | | |
| 303 | love for music. | | |
| 304 | C: And you think it has to | | |
| 305 | do with the fact that he did | | |
| 306 | the mt? | | |
| 307 | D: Ya, it could be, | | |
| 308 | because now suddenly... | | |
| 309 | after you started. | | |
| 310 | D: R, also a very quiet girl | | |
| 311 | never really... she's so | | |
| 312 | passive... she was kind of | Passive learner participates | |
| 313 | "forced" to participate, but | in MT | |
| 314 | then she ... | | |
| 315 | C: She started to | | |
| 316 | participate? | | |
| 317 | D: Ya, ya. | | |
| 318 | D: So there can be a few | | |
| 319 | individuals. But some – | | |
| 320 | just like W – to him it was | Learner did not take MT | Teacher considered jolly |
| 321 | just one big party. | seriously | behaviour unwanted |
| 322 | C: Ya. | | |
| 323 | D: Ya | | |
| 324 | C: But he enjoyed it | Learner enjoyed MT | |
| 325 | though. | | |
| 326 | D: He enjoyed it! | | |
| 327 | C: What is your | | |
| 328 | experience of the learners' | | |
| 329 | cognitive abilities (I'm | | |
| 330 | referring to aspects such | | |
| 331 | as concentration, for | | |
| 332 | instance | | |
| 333 | D: ... That's a difficult one. | | |
| 334 | C: It is. It's a lot of | | |



| | | | |
|--|--|---|--|
| <p>403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436</p> | <p>respect, ya. And listen to one another. Everybody has a place and everybody <i>can</i> do something... you know. They're so used to in the class that this one cannot do and that one can. And now we see actually everybody <i>can</i> play a rhythm and be the "leader". Now you follow the leader... Ya. C: So that is a form of communication. About not only to talk, but to listen. D: Ya. C: Okay. Thank you. C: And were there any aspects – this is the last question - Were there any aspects displayed by individuals or the group in general that you noticed in the music therapy sessions which did not manifest in the classroom situation? You mentioned now the social aspect... D: Yes... C: And the fact that they would take on leadership, and so on... But if there's anything else that you can think of that (either in</p> | <p>Learn to respect each other</p> <p>Everybody can do something in MT</p> <p>In class some can and others can't perform tasks</p> <p>Everybody can play a rhythm Everybody can be a leader</p> | <p><i>Learners listen to one another playing (music)</i></p> |
|--|--|---|--|



| | | | |
|-----|---------------------------------|--------------------------------|--|
| 437 | general or in individuals) | | |
| 438 | that you could see in the | | |
| 439 | mt situation that you did | | |
| 440 | not see in class. | | |
| 441 | D: Ya. Like quiet ones | Quiet learners participate | |
| 442 | would now do things which | more actively in MT | |
| 443 | in class – when they're in | | |
| 444 | a group – they would be | | |
| 445 | quiet. (gesture suggesting | | |
| 446 | moving back). | | |
| 447 | C: To shy away. | | |
| 448 | D: Ya. Now there (mt) | | |
| 449 | they would come out. | | |
| 450 | C: All right. You | | |
| 451 | mentioned after session 6 | Some learners wouldn't draw | |
| 452 | that some of the learners | prior to MT | |
| 453 | don't do drawings. They | | |
| 454 | simply refuse to do | | |
| 455 | drawing. | | |
| 456 | D: Ya, ya, ya. | | |
| 457 | C: Did you find any | | |
| 458 | difference during some of | | |
| 459 | the sessions during which | | |
| 460 | I tried to do art work with | | |
| 461 | them with the music? | | |
| 462 | D: Ya. Well I think they all | | |
| 463 | enjoy it. And they all do it, | All learners participate in MT | |
| 464 | because I think they ... " if I | activities | |
| 465 | refuse now, I will be out". | | |
| 466 | And in the end they | | |
| 467 | actually... they were so | Once learners try, they enjoy | |
| 468 | proud of their sketches | activities | |
| 469 | you know. Some of them | Learners proud of art | |
| 470 | even said they want to | | |



| | | | |
|---|--|---|---|
| <p>471 show it in the hall. 472 C: O, okay. 473 D: Ya. It's a fact. 474 Everybody does it. They 475 do it together – so if I don't 476 do it, I am out. And then 477 eventually they experience 478 it for themselves. I may 479 just as well experience it. 480 C: So it's a confidence 481 thing, would you say? 482 D: Ya. Definitely. 483 C: So, the fact is, as you 484 said, that there's no other 485 option. We all do it... 486 D: And then they 487 experience it's not so bad 488 after all. 489 C: Okay, and then you 490 also mentioned after one 491 of the sessions that they 492 can't think out of the box. 493 That's something you 494 struggle with. 495 D: Ya. Ya, ya. 496 C: Do you feel that mt in 497 any way perhaps just 498 slightly changed this for ... 499 or helped..? 500 D: Ya, ya ya. Now 501 suddenly they are forced 502 to think: "What shall I do 503 now?" They must think on 504 their feet, make a plan.</p> | | <p>Learners participate in groups in order to belong</p> <p>Learners could not think out of the box</p> <p>Learners now forced to think for themselves as opposed to spoonfeeding</p> | <p>By doing activities as a group – learners participate in order to be part of the experience</p> <p>Teacher considered jolly behaviour unwanted</p> <p>Learners follow/lead the group in music-making</p> |
|---|--|---|---|



| | | | |
|-----|-------------------------------------|-----------------------------|--|
| 539 | we do, because I'm not the | Teacher does not feel | |
| 540 | music teacher. I don't | equipped to do music | |
| 541 | know music at all. | activities in class | |
| 542 | C: Yes. | | |
| 543 | D: So it also let <i>me</i> think a | MT made teacher think | |
| 544 | bit. About how to do | about how to do things | |
| 545 | things. | | |
| 546 | C: To approach things. | | |
| 547 | Can you give me an | | |
| 548 | example? | | |
| 549 | D: Like I said: You come | After MT teacher gives | |
| 550 | to the front, and you can | learners more opportunities | |
| 551 | make them sing a tune or | and responsibility. | |
| 552 | Now that what you did | Teacher has more trust in | |
| 553 | would come out. You | learners' abilities. | |
| 554 | must follow them. Not | Teacher considers more | |
| 555 | only with music. I think in | possibilities in classroom | |
| 556 | any other.... Like if you | tasks | |
| 557 | make a drawing. "What do | | |
| 558 | you think we can do? How | | |
| 559 | do you think we can draw | | |
| 560 | this?" Anything. | | |
| 561 | C: Yes. It's not just in the | | |
| 562 | music, but you can apply it | | |
| 563 | in other areas? | | |
| 564 | D: Yes. The techniques. | Teacher uses technique as | |
| 565 | C: Thank you very much | applied in MT | |
| 566 | for your participation | | |

Appendix E1

Higher-order Codes

First interview

I. What is music therapy?

1. Teachers have little prior knowledge of MT

No knowledge of MT (A1 4)

Not much knowledge of MT (D1 3)

No experience of MT (A1 5) (D1 47)

2. Teachers' ideas of what MT might be

Unsure of longterm benefits of MT (D1 482)

Not sure if music affects learners beyond the actual experience of music (D1 110)

Therapy must be frequent to be effective (D1 503)

3. MT different to class music

MT different from class music – activities are therapeutic (A1 44)

Mt different from class music – not just singing (A1 40)

MT different form class music – includes movement (A1 41)

4. MT compared to Kindermusik

No personal knowledge of Kindermusik (A1 26)

MT similar to Kindermusik (A1 10) (D1 7)

Kindermusik advertised as therapy (A1 26) (D1 24)

KM effective in classes who have weekly sessions (D1 514)

No longterm benefits of KM experienced (D1 488)

Experience of Kindermusik (D1 4) (D1 21)

Learners had Kindermusik (D1 13)

Experience of Kindermusik with own children (D1 22)

Kindermusik not therapy (D1 31)

Kindermusik enjoyed by children (D1 32)

Kindermusik: learning about music (D1 33)

Skeptic about KM as being therapy (D1 37) (A1 23)

5. MT will be beneficial

Anticipates positive reaction towards MT (A1 451) (D1 463)

Music always a positive impact (D1 101)

The children love music (D1 469)

6. Variety in MT advantage

Active music making is therapeutic (D1 81)(A1 40)

Mt involves musical activities (A1 32)

Children will enjoy variety in MT (D1 465)

7. MT benefit: Music leads to silence

Music leads to silence (D1 117)

8. MT: Cognitive benefits

Calming leads to improvement of academic work (A1 61)

Calming leads to improved concentration (A1 63)

Teacher anticipates improved concentration in MT (A1 467)

Music to stimulate the brain (D1 10) (D1 60)

MT benefit: Improvement of concentration (A1 99)

9. MT benefit: Calming effect

MT beneficial: Calming effect (A1 58)

MT advantage: music calms down (D1 71) (D1 122) (D1 131)

Teacher values calm over restlessness(D1 70)(D1 131)

Music leads to silence (D1 117)

10. MT may improve behaviour

Improvement of behaviour problems (A1 74) (A2 97)

MT: positive impact on behaviour (A1 79)

11. MT may improve social skills

Teacher anticipates improvement of social skills in MT (A1 86)

Social skills may improve through interaction (A1 96)

MT benefit: improvement of social skills (A1 80)

Music compared to sport (D1 85)

Social skills are measured in terms of manners (D1 209)

12. Music releases stress

Music releases stress (D1 85)

Music helps forget problems and relaxes (D1 95)

13. Not many disadvantages of MT anticipated

Not many disadvantages of MT (D1 162)

MT disadvantage: overstimulation of hyperactive learners (A1 124)

MT disadvantage: exclusion from singing due to speech handicap (A1 164)

14. MT disadvantage: noise

Noise will upset sound-sensitive individuals (A1 121)

MT disadvantage: overwhelming noise (A1 148) (A1 120)

MT disadvantage: imitation of one another leading to overwhelmingly loud music (A1 139)

Music focused attention of learners in other classes (A1 148)

Disadvantages of MT: overwhelming noise to non-participants (D1 141)

Teacher values quiet over noise (D1 116)

15. MT disadvantage: discipline problems

MT disadvantage: discipline compromise (D1 178)

Disadvantage MT: some learners may misbehave or attract attention away from activity (D1 167)

Overstimulation of hyperactive learners (A1 124)

Disadvantage of MT: Disruptive behaviour (D1 193)

Teacher values calm over restlessness (D1 70)

Some learners labeled as naughty (D1 165)

Lack of concentration and attention regarded as possible obstacle to successful participation in mt (D1 168)

Disruptive behaviour considered problematic in MT (D1 177)

II. Perception of the learners

16. Learners described according to disabilities

Hearing sensitive learner (A1 190)

Learner lacks ability to read (D1 588)

Skill described in terms of “can” or “cannot” (D1 527)

Hyperactive learners (A1 191)

Mute learner (A1 189)

Learners get convulsions (A1 217)

Learners have social problems (A1 221)

Problems completing academic tasks: colours and shapes (A1 275)

Limited reading abilities (A1 279)

Communication skills immature (A1 292)

Learners have short attention-span (A1 339)

Social abilities slightly immature (D1 225)

Struggling learners participate less in verbal and cognitive tasks (D1 266)

Developmental delay defined by written tasks (D1 269)

Poor organization skills (D1 533)

Two learners can be trusted with organizational tasks (D1 534)

Two or three learners have potential (D1 576)

17. Language challenges

Communication described in verbal terms (D1 429)

Mute learner (A1 189)

Learners can't speak well (A1 19)

Learners can speak mother tongue (A1 195)

Some learners cannot speak languages spoken in class (A1 205)

Language problems: variety (A1 212) (A1 394)

Language problems: 6 languages (A1 213)

Learners can speak languages spoken in class (D1 434)

English second language: an understanding (D1 439)

Language challenges: second language taught at basic level (A1 434)

Language challenges: Slow language learning (A1 444)

18. Social challenges of learners

Most learners have social problems (A1 222)

Social challenges: cannot fit into normal lifestyle (A 221) (A1 231)

Social challenges: Lack of social awareness (A1 251)

Social abilities: immature (D1 219) (D1 225) (D1 228)

Lack of social skills: self-absorbed (A1 314) (A1 305)

Lack of social skills: unaware of each other (A1 246) (A1 307)

Lack of social skills: self-absorbed (A1 305)

Social problems: older learners don't interact with the younger (A1 322)

Social skills are measured to good manners (D1 208)

Learners have good manners (D1 209)

One learner is bad mannered (D1 211)

19. Communication skills

Lack of social skills –Communication not normal (A1 297)

Communication skills immature (A1 292)

Communication skills high functioning (D1 425)

Communication described in verbal terms (D1 428)

20. Developmental challenges

Age range: adolescent (A1 183)

Grade R-grade 1 level (A1 186)

Low functional (A1 185)

Biological challenges: 3 learners get convulsions (A1 217)

Developmental challenges: emotional development not parallel to physical development (A1 274)

Hearing-sensitive learner (A1 477)

Tactile defensive individual (A1 479)

Hyper-tactile individual (A1 480)

21. Focus on practical rather than academic skills to cope with impairments

Teacher's emphasis on self-help skills and basic academic tasks (D1 296)

No qualification due to intellectual impairment (D1 597)

Academic performance not emphasized (D1 409)

Teacher's worst concern is that learners will not learn basic academic skills (D1 592)

Learners low-functioning, therefore focus on practical tasks (A1 347)

Focus on practical tasks (D1 417) (D1 414)

Self-help routines (A1 341)

School not academically orientated (D1 334)

School practically orientated (D1 336)

Focus on basic life skills (D1 414)

Coping within society (A1 557) (D1 413)

Integration into social life (A1 569)

Practical life skills for future employment possibilities (A1 580) (A1 589)

Academic performance not emphasized (D1 409)

Some learners can write their names (A1 283)

Problem completing academic tasks: sign-reading (A1 279)

Problem completing academic tasks: colours and shapes (A1 275)

Repetitiveness of work to attain academic goals (A1 540)

Worksheets (A1 510)

Reports for personal reference (A1 525)

Parents receive feedback (A1 520)

No pressure due to academic goals (A1 537)

Other potential like handwork skills, gardening, wood-packing (D1 604) (A1 581)

22. Learners' cognitive challenges

Long term memory problems (D1 545)

Teacher's worst concern is that learners will not learn basic academic skills (D1591)

Academic: low-functioning (A1 286)

Low cognitive ability (A1 184)

Learner struggles with abstract concepts (D1 590)

Cognitive challenges due to short attention span (A1 326)

Problem completing academic tasks: colours and shapes (A1 305)

Problem completing academic tasks: colouring and writing (A1 333)

Academic tasks: some can write their names (A1 283)

Struggling learners participate less in verbal and cognitive tasks (D1 258)

Limited concentration span (D1 391) (A1 339)

Long term memory problems (D1 539) (D1 545)

Academic challenges due to memory problems (D1 549)

Can only manage simple tasks/struggle with colouring and writing (A1 332)

Memory and organizational skills: varying abilities (A1 379)

Cognitive challenges: memory problems (A1 388)

Varying cognitive abilities (A1 397)

No qualifications due to intellectual impairment (D1 597)

Concentration problems addressed through discipline and teaching methods (D1 394)

23. Teacher's flexible approach to cope with varying abilities in class

Teacher confident in dealing with varying abilities (D1 275)

Teacher focuses on practical tasks/basic life skills (D1 404) (D1 414)

Learners present with variety of developmental challenges (A1 541)

Concentration problems addressed through discipline and teaching methods (D1 394)

Academic tasks only early morning (A1 343)

Challenge: varying abilities -requires flexibility to adapt to individual levels (A1 495)

Varying cognitive abilities in class (A1 417)

Think differently when working with learners due to different abilities (D1 264)

Getting to know learners helps to deal with varying abilities (D1 277)

Dealing with diversity not very challenging (D1 285)

Working towards achieving individuals' potentials (A1 553)

Acceptance of varying abilities and developmental challenges (A1 542)

Varying abilities in class (D1 248) (D1 251)

Different work for different learners: differentiation (D1 267)

Teacher tries different didactic methods (A1 402)

Continuous assessment (A1 505)

Reports for personal reference (A1 485)

Working towards achieving individuals' potential (A1 553)

Repetitiveness of work to attain academic goals (A1 540)

Teacher keeps trying despite learners' inability to read (D1 585)

Academic performance not emphasized (D1 409)

Other potential like handwork skills and gardening developed (D1 604)

24. Learners help each other

Learners of varying abilities help each other (A2 410)

Learners ask each other for help (A2 410)

Teacher and learners' awareness of academic weaker and stronger learners in class (A2 413)

25. Learners lack motivation for attempting tasks

Lack of motivation to tackle problems (A1 372) (A1 342)

Learners lack self-confidence to tackle problems (A1 360)

26. Parents have high expectations

Pressure from parents for academic progress of learners (D1 309)

Unrealistic expectations from parents (D1 324)

Parents lack knowledge of school policy and routine (D1 342)

Parent expectations higher than teacher expectations (D1 291) (D1 316)

Parents expect children to change (D1 294)

Teacher's emphasis on self-help skills and basic academic tasks (D1 296)

Parents expect academic achievement: reading and writing (D1 318) (D1 321)

Parents have expectation that school will 'cure' children's difficulties (D1 349)

Parents want children's problems / impairments to go away (D1 360)

Second interview

27. MT different to other school programmes

Mt different to academic work (D2 17)

Mt different from usual programme (D2 18)

Mt different because of hello and goodbye song (A2 718)

MT experience totally new to learners (D2 245)

MT compared to other therapies (D2 209)

28. No perceived difference due to MT

Teacher didn't notice any change in learners due to MT (D2 336)

No difference in concentration span due to MT (D2 370)

No change in learners' communication (D2 380)

Teacher indicates that there was no academic progress happening in MT (D2 56)

Mt must be an ongoing process to see results (D204)

29. Teacher uncertain about effect of mt after 10 sessions

Uncertain how to describe mt (D2 6) (A2 9)

MT must be an ongoing process to see results (A2 204)

Teacher not convinced of value of MT after 10 sessions (D2 204)

30. Teachers expect learners to be serious in mt

Some learners did not take MT seriously (D2 320)

Teacher consider 'jolly' behaviour unwanted (D2 320)



31. MT is therapy through music

MT is therapy through music (A2 11)

Children learn about music (A2 82)

32. Teachers' perceptions of MT changed

MT not what teacher expected (A2 169)

Perception of MT changed after first-hand experience (D2 246)

33. MT flexible/adaptable

MT informal (A2 173)

Learners do their own thing (A2 179) (A2 188)

MT involves exploration of selves (D2 12)

34. Teacher optimistic about mt

MT can have an effect in the long term (D2 258)

MT would be welcomed by teacher once or twice a week. (A2 775)

Open towards MT in school (D2 91)

35. MT different to Kindermusik

MT not like class music (A2 172)

MT not like KM (A2 171)

Kindermusik different to MT (D2 238)

Exposed to instruments in MT – not in KM (D2 241)

36. Activities in MT

MT activities: movement valuable (D2 119)

Movement activities in MT (A2 43) (D2 53)

MT: own music-making (A2 54)

Use of musical instruments (A2 55)

Pre-composed songs taught to learners (A2 57)

Mt: different types of music used (A2 23) (A2 39)

37. Teachers' continued concerns with impairment

No academic progress due to MT (D2 56)

Teacher present at MT: teacher notices struggles (A2 786)

38. Teachers' perceptions of their learners with regards to academic performance

In class some can and others can't perform tasks (D2 409)

Learners usually remember songs well (D2 351)

39. Teachers gain insight into learners due to participation in mt sessions

MT benefits noticeable after 10 sessions (A2 234)

MT with teacher present allows teacher to notice learners' abilities (A2 784)

MT allows teacher to see how learners use their voices (A2 787) (A2 81)

Teacher experience learners discover their voices (A2 787) (A2 79)

Teachers see how they enjoy and achieve at various tasks (A2 785)

Succeeding in something new is uplifting to them (A2 466)

Everybody can play a rhythm (D2 411)

Everybody can be a leader (D2 412)

Learners remember songs quite well (D2 349)

40. MT advantage: Enjoyment of MT

Enjoyment of MT (A2 114) (A2 143) (A2 764) (D2 324)

Learners want more MT (A2 766)

41. Mt promotes individual progress (growth)

Teacher saw how certain learners developed in MT (D2 227)

MT calms Tourette's learner down (A2 619)

Mt leads to less swearing by Tourette's learner (A2 621)

Tourette's learner finds other ways to express herself in MT– therefore less swearing (A2 615)
(A2 630)

Learner developed love for music because of MT (D2 290)

Learners become aware of their abilities in MT (A2 485)

Mt helps learner to regulate impulsive behaviour in order to participate (A2 575)

Distractive/impulsive learner's behaviour can be channeled through musical activity (A2 595)

42. Learners realize potential in MT

Learners become aware of alternative solutions and ways (D2 514)

MT: personal development (D2 42)

Learners become aware of their abilities (A2 485)

Mt enables learners to experience themselves as individuals (A2 17)

MT reveals new insights about self (D2 14)

MT involves exploration of self (D2 12)

MT personality development (D2 35)

43. Inclusion of all learners possible in MT

When learners participate, they enjoy activities (D2 467)

Impulsive learner can participate in MT (A2 583)

Mt makes inclusion of impulsive learner possible (A2 602)

Impulsive learner can be included in MT activities through turn-taking (A2 588)

Teacher helps learner to participate in MT (A2 580)

Everybody can do something in MT (D2 406)

Everybody can be a leader (D2 413)

Everybody can play a rhythm (D2 412)

All learners participate in MT activities (D2 463)

Quiet learners participate more actively in MT (D2 441)

Hearing-sensitive learner feels heard and part of group when others follow his music (A2 703)

Learner's preference for soft music is acknowledged by the others' music (A2 693)

Fairness: Each person gets a chance (A2 289)

Each person gets a chance (A2 281) (A2 287)

Learners come out of shell (D2 40)

Passive learner participates in MT (D2 312)

Learners participate in visual art activities during mt

44. MT facilitates self-expression

Music helps learners recognize emotions (D2 258)

MT involves expression of feelings through music (D2 23)

MT: music used as release of emotions (D2 274)

MT: emotions evoked in MT (D2 244)

MT: a new world to explore (D2 21)

MT: learners release frustrations (A2 69)

Hearing-sensitive learner gets opportunity can express himself his through soft music (A2 685)

Learners express creativity (A2 314) (A2 194)

Learners express creativity through art forms (A2 46)

Learners express themselves through movement with music (A2 43)

MT allows self-expression (A2 46)

Learners express themselves creatively in MT (A2 314)

No mistakes in MT nurtures creativity (A2 314)

Learner uses voice in explorative way in MT (A2 507)

Learner with Tourette's expresses herself through drawings and drumming in mt (A2 630)

Tourette's learner releases anger through drumming (A2 64)

Learners express themselves creatively through art forms (A2 210)

45. MT disadvantages: noise

Mt disadvantage: hearing-sensitive learners affected by noise – must be adapted to suit their needs (A2 153)

Mt disadvantage: noisy (A2 125)

46. MT disadvantage: distraction

Mt distracts other classes (A2 104)

A music centre required for MT (A2 99)

Learners kept on singing MT songs after sessions (D2 164)

47. MT Disadvantage: raised energy leads to discipline problems

Discipline problems only during sessions (D2 146)

Undirected musical expression considered unwanted (D2 146)

Teacher places high value on calm behaviour – MT may go against this (D2 153)

Spontaneous drumming considered 'naughty' (D2 148)

MT excites learners and causes discipline problems (D2 131)

MT disadvantage: instrumental activities raises energy levels (D2 178)

Learner' over-excitement considered unwanted behaviour (D2 131)

Mt disadvantage: learners have to be calmed down after MT sessions (D2 152)

Teacher negative about jolly mood (D2 167)

Playing music can stir learners up (D2 178)

48. MT offers freedom/flexibility within structure

MT adapted to accommodate hearing-sensitive learner (A2 681)

Routine and structure in MT sessions established through music (A2 727)

Learners do their own thing (A2 179)

Mt freedom within musical and activity structures (A2 182) (A2 425)

Creativity emerges because of freedom in MT (A2 189)

MT allows freedom within structure (A2 400) (A2 425)

Mt advantage: structure provides sense of security (A2 404) (A 423)

Learners have a need for structure (A2 413)

Learners dare in MT because of freedom (A2 434) (A2 438)

Learners' realization: not only one way of doing things (D2 517)

Learner feels free to express himself through music after participating in MT (D2 296)

49. MT improves social skills

Learners work together in MT (D2 358)

Learners play rhythms together (A2 262)

MT advantage: social skills improved (A2 240)

Group work in MT improved social skills (A2 242)

Learners get to know each other through mt group activities (A2 244)

Learners lead in MT (A2 267)

Learners have to listen to each other in MT (A2 255) (A2 285)

Individuals get opportunity to conduct the group while they follow the leaders' instructions (A2 656)

MT activities different group combinations (A2 274) (D2 390)

MT advantage: social development (D2 117)

Learned to respect each other in MT (D2 403)

Children sometimes ignored now heard in MT (D2 401)

Learners participate in groups in order to belong (D2 475)

Learners follow/lead the group in music-making (D2 486)

By doing activities as a group, learners participate in order to be part of the experience (D2 476)

50. MT improves cognitive skills

MT improved cognitive skills (A2 348)

MT improved concentration (A2 356)

MT improved concentration in class due to mt (A2 364)

Teacher observes improved attention and concentration in mt sessions (A2 372)

Excitement encourages improved attention (A2 384)

Mt: element of anticipation leads to improved attention (A2 390)

MT enables teacher to get more work done in class (A2 741)

No change in cognitive abilities noticed (D2 336)

No difference in concentration span (D2 370)

Lack of concentration considered “naughtiness” (D2 371)

51. MT improves thinking skills

Mt: learners now forced to think for themselves as opposed to spoon-feeding (D2 501)

MT improved thinking skills: learners become aware of alternative solutions and ways (D2 513)

Learners could not think out of the box (D2 492)

Mt: improved thinking skills (D2 521)

Learners make plan in MT (D2 513)

Problem solving is a life skills (D2 516)

52. MT builds confidence, motivation

Learners proud of art works done in MT (D2 469)

Once learners try, they enjoy activities (D2 467)

Learners dare in MT (A2 446) (A2 439)

Mt advantage: learners explore (A2 445)

MT advantage: learners try and do (A2 446)

MT helps learners to dare beyond MT sessions (A2 459)

Teacher experiences learners’ new attitude of trying and daring (A2 449)

MT advantage: increased sense of exploration also in classroom due to MT (A2 462)

Succeeding is uplifting (A2 466)

MT advantage: Learners generally try more new things (A2 474)

Learners try because of increased confidence (A2 485)

Children not shy or scared to make mistakes in MT (A2 305)

No mistakes in MT nurtures creativity (A2 314)

No mistakes: nurtures confidence (A2 322)

53. MT uplifts learners

MT uplifts learners (A2 12)

MT cheers learners up (D2 166)

Succeeding in something new is uplifting to learners (A2 466)

Upliftment of sad learner through MT (A2 672)

54. MT promotes physical development

Physical development through movement (D2 53)

MT activities: movement valuable (D2 119)

55. Teacher positive towards mt at school

Teacher open/positive towards MT at school (D2 91)

School flexible to new possibilities (D2 101)

MT must be part of routine once a week (A2 110) (A2 119)

56. MT offers alternative forms of communication

No change detected in learners' communication (D2 380)

Mt helped mute learner use voice to communicate (A2 507) (A2 539)

Mute learner uses her voice after exploring it in mt (A2 513)

Mute learner communicates with her voice in class after using it in MT (A2 514)

Teacher can now build on work with communication skills of mute learner (A2 539)

Learner uses voice in explorative ways in MT (A2 538)

Non-verbal communication is also communication (A2 551)

MT improved communicative skills of mute learner. (A2 547)

Listen to non-friends in MT (D2 387)

Children sometimes ignored, now heard in MT (D2 401)

Teacher: Non-verbal communication is also communication (A2 551)

Non-verbal communication in MT (A2 551)

57. MT changes teacher's approach in classroom

Mt changed teacher's approach (D2 537)

Teacher considers more possibilities in classroom tasks (D2 554)

Personhood recognized (A2 326)

MT helped teacher think about how to approach things (D2 543)

58. After mt teacher more learner-centered approach

Teacher now gives learners more opportunities – more trust in their abilities (D2 549)

Teacher considers more possibilities in classroom tasks (D2 554)

More learner-centered approach (D2 556)

59. Teacher incorporates mt activities in class

Teacher uses music to uplift mood (A2 753) (A2 724)

Teacher uses music to calm down or uplift learners (A2 753)

Teacher used techniques as applied in MT (D2 564)

Greeting songs used in classroom (A2 722)

Greeting songs provided structure in the classroom (A2 729)

Teacher chooses recorded music to calm learners down in class (D2 192)

60. Teacher's limitations to using MT skills

Teacher does not feel equipped to use MT activities in the class (D2 278)

Teacher not willing to use music to release emotion (D2 278)

61. MT affects mood

Difference in perception of emotions/energy levels after experience

Children have high energy levels during drumming and instrumental play (D2 178)

Playing music can stir learners up (D2 178)

Smooth movements with music can calm down (D2 182)

MT: music used as release of emotions (D2 174)

MT creates awareness of emotional response to music (D2 349)

62. MT process entails a variety of activities

Learner discovers new ways to express himself by listening to music and singing (D2 296)

Learners act as conductor for their class mates (A2 265) (D2 393)

Learners play rhythms together (A2 262)

Everyone can play their own rhythm (A2 307)

MT: use of instruments (A2 55)

Learners listen to each other playing (D2 404)

Learners express themselves through movement with music (A2 43)

Learners express themselves creatively through art forms (A2 209) (D2 451)

Learners listen to different types of music (A2 23)

Learner uses voice in explorative ways in MT (A2 507)

Impulsive learner can be engaged through instrumental turn-taking activities (A2 596)

Appendix E2

Higher order codes

Interview 1

Knowledge of mt

1. Little prior knowledge of mt
2. Teachers' ideas of what mt might be
3. MT different to class music
4. MT similar to Kindermusik
5. MT will be beneficial
6. Variety in MT advantage
7. MT activities reach others in school
8. MT has cognitive benefits
9. MT benefit: calming effect
10. MT may improve behaviour
11. MT may improve social skills
12. Music releases stress
13. Few disadvantages of mt for individuals
14. MT disadvantage: noise
15. MT disadvantage: discipline problems

Perceptions of learners

16. Learners described according to disabilities
17. Language challenges
18. Social challenges of learners
19. Communication skills varies
20. Developmental challenges
21. Focus on practical rather than academic skills to cope with impairments
22. Cognitive challenges
23. Teachers' flexible approach to cope with varying abilities in class
24. Learners help each other
25. Learners lack motivation to attempt tasks
26. Parents have high expectations

Second interview

27. MT different to other school programmes
28. No perceived difference due to mt
29. Uncertain about effect of mt after 10 sessions
30. Teacher expects learners to be serious in MT
31. MT is therapy through music
32. Perceptions of mt changed
33. MT is flexible/adaptable
34. Teachers optimistic about MT
35. MT is different to Kindermusik
36. Activities in MT
37. Teachers cope with impairment
38. Teachers' perceptions of their learners (add to code at interview 1)
39. Teachers gain insights of MT due to participation in MT sessions
40. MT advantage: enjoyment of MT
41. MT promotes individual progress/growth
42. Learners realize (become conscious of) their potential in MT
43. Inclusion of all learners possible in MT
44. MT helps with self-expression
45. MT disadvantages: noise
46. MT disadvantages: distraction
47. MT disadvantage: raised energy leads to discipline problems
48. MT offers freedom/flexibility within structure
49. Group MT improves social skills
50. MT affects improves cognitive skills
51. MT improves thinking skills
52. MT builds confidence and motivates
53. MT uplifts learners
54. MT promotes physical development
55. Teachers positive towards MT at school
56. MT offers alternative forms of communication
57. MT changes teachers' approach in classroom



58. After mt more learner-centered teaching approach
59. Teacher incorporates mt activities in class
60. Teachers' limitations to using MT skills
61. MT affects mood
62. Learners have potential other than academic



Appendix E3

| Categories | Higher-order codes |
|--|---|
| I. Teachers' limited descriptions of MT before participating in 10 sessions of MT with their learners | 7. Little prior knowledge of MT 8. Teachers' ideas of what MT might be 9. MT different to class music 10. MT similar to Kindermusik 11. MT will be beneficial |
| II. Teachers' continued struggle to define music therapy after 10 sessions of participation in MT sessions | 27. MT different to other school programmes 29. Uncertain about effect of MT after 10 sessions 31. MT is therapy through music 32. Perceptions of MT changed 35. MT is different to Kindermusik 36. MT involves a variety of activities 60. Teachers' limitations to using MT skills 61. MT affects mood |
| III. Teachers' able to provide broader descriptions of the MT process when discussed in context of their learners' experience | 48. MT offers freedom within structure 44. MT helps learners with self-expression 56. MT offers alternative forms of communication |
| IV. Anticipated value of MT | 8. MT has cognitive benefits 9. MT benefit: calming effect 10. MT may improve behaviour 11. MT may improve social skills 12. Music releases stress |
| V. Perceptions of what the MT process afforded their learners after participating in 10 sessions of MT | 34. Teachers optimistic about MT 55. Teachers positive about MT at school 40. MT advantage: enjoyment 49. Group MT improves social skills 50. MT improves cognitive skills |



| | |
|--|---|
| | <p>51. MT improves thinking skills 52. MT builds confidence and motivates 53. MT uplifts learners 54. MT promotes physical development</p> |
| VI. Teachers' anticipated disadvantages of MT before participating in MT | <p>13. Few anticipated disadvantages of MT 14. MT disadvantages: noise 15. MT disadvantage: discipline problems</p> |
| VII. Teachers experience of disadvantages of MT in the school | <p>45. MT disadvantages: noise 46. MT disadvantages: distraction 47. MT disadvantage: raised energy leads to discipline problems</p> |
| VIII. Prior to participating in 10 sessions of MT, learners were described in terms of disabilities and presenting problems | <p>16. Learners described according to disabilities 17. Language challenges 18. Social challenges of learners 19. Communication skills vary 20. Developmental challenges 22. Cognitive challenges 25. Learners lack motivation to attempt tasks</p> |
| IX. More holistic view of learners after participating in MT with learners | <p>38. Teachers' changed perceptions of their learners with regard to academic performance 39. Teachers gain insight into learners due to their participation in MT sessions 42. Learners become aware of their potential in MT</p> |
| X. Music therapy can contain variety in special needs schools/classes | <p>6. Variety in MT an advantage 43. Inclusion of all learners possible in MT 33. MT is flexible/adaptable 41. MT promotes individual growth</p> |
| XI. Teachers' approach in classroom before MT focused on academic tasks, practical skills and behaviour | <p>21. Focus on practical rather than academic skills to cope with impairments 23. Teachers' flexible approach to cope with varying abilities in class 24. Learners help each other</p> |



| | |
|---|---|
| XII. Change in teaching approaches after 10 sessions of MT | 57. MT changes teachers' approach in classroom 58. After MT more learner-centred approach 59. Teacher incorporates MT activities in class |
| XIII. Limitations of MT at the school for intellectually impaired learners | 30. Teachers expect learners to be serious in MT 26. Parents have high expectations 37. Teachers' continued concerns related to learners' intellectual impairment |

Appendix F

Participant A: interview 2

14 July 2011

C: Thank you very much for participating in this. This is our final interview. Please don't hesitate to give your honest opinion and any ideas that may come up.

C: The first section of the interview will be about mt and what you know about music therapy after attending the 10 group music therapy sessions? I will give you a few probe questions to give us some direction.

C: How would you define/describe the process of music therapy after you have attended music therapy sessions?

A: uhm mmm.....

C: Now that you have had first-hand experience.

A: Okay..... Uhm mmm..... It's therapy through the music to.... uplift... or what can I say? Uplift.... uhm... kids with special needs.

C: Okay. In what sense would you say "uplifted"?

A: Uhm mmm... Experience... uhm... their own individualism.

C: Experience their own individualism. Okay. In...

A: In many ways. In uhm mmm... Through... uhm mmm... different kinds of music, different sort of music.

C: Okay. So different kinds of music is used. Through the process, the children are individually uplifted.

A: Yes, yes.

C: Can you explain a little bit more about how the music is used. How did you experience the use of music?

A: Okay, the music. There was different types of music. Loud music, soft music... with a beat, without a beat... and they must do some movement or some activities according to the music... to express themselves.

C: Okay, to express themselves. Is it only recorded music?

A: No.

C: So it's not just recorded music.

A: Not recorded music. They would make their own music with drums, instruments as well as songs that you listen, songs you teach them...

C: So already... pre-composed songs.

A: Yes.

C: What, in your opinion, could be achieved with music therapy in a school for intellectually impaired children, if any?

A: Could be achieved?...

C: At this school. If you would bring in mt on a more permanent basis - in a school for intellectually impaired children – what do you think can be achieved? What do you think would the benefit be?

A: Uhmhhh.. People can... Kids can get rid of ... their own frustrations... through the mt...

C: Do you experience that the children in this school specifically with learners...

A: Yes... uhmhhh ... correction. When they feel sad, they become uplifted, happy. They also learn their own voices. They learn to sing and to use their own voices. They learn music.

C: They learn about music itself.

A: They rhythm, the beats, loud and softness, ...

C: Okay, if music therapy was introduced at this school, how would it best fit in? ... Meaning how would the programme accommodate that?

A: Mmmmm

C: Do you think it could work?

A: It could work, but then you must have a music centre. A centre, because it's very loud and noisy.

C: Okay, so...

A: It distracts the other classes.

C: That is very interesting. That brings us to the next point. While we're at it: What could the possible disadvantages of music therapy be in this context? This would be the first one: That it distracts the others.

A: Uhm... and it must be on a specific time. Like in the mornings or in the afternoons. After break.

C: After break. Once.... or more regularly... or?

A: My kids enjoyed it a lot, so I think once.

C: A week?

A: Once in a seven day– once a week, yes.

C: So on a regular basis.

A: A regular basis, yes.

C: Can you think of other disadvantages maybe?... That once you bring this in – that might be a problem?

A: No, I don't think there are others. The noises – that's all.

C: The loudness, the noise: Does it only influence the other classes around or does it have any influence on the children themselves – who make the noise and the sounds?

A: I think when one is hearing-sensitive, hearing sensitive, that's also a problem for kids that are hearing-sensitive. Then you must adapt to that.

C: Okay, those who are not hearing sensitive, ...

A: They loved it...

C: Did you not experience that it caused any problem?

A: No, no.

C: Okay. Initially you did not really know what mt was as you said in our first interview. But maybe just to clarify: How did your perception of music therapy as an intervention change during the course of the 10 sessions you observed?

A: Mmmmm....

C: Going back to what you thought mt maybe could be: in your first interview you said that it's different to class music because here you had instruments, or it may be a bit like Kindermusik. Is there any way in which your idea of mt changed or was there anything added to what you thought mt was – after experiencing it yourself?

A: Ya, it's definitely not what I thought it was. It wasn't like Kindermusik and it wasn't class music. It's very informal,...

C: Okay.

A: And... it's uhmmm...

C: Why is it not Kindermusik, for instance?

A: Because kids can do their own thing, as they want to do. They are free on doing anything according to the music and the instruction...

C: Within certain limits?

A: Within certain limits.

C: So, within certain limits they are free to do...

A: To do their thing. So their own... uhm... creativity comes to ...

C: Because they get the freedom to do their own thing...

A: And to express their own creativity.

C: That can be different from a class music session..

A: Ya.

C: So that's - to you - the big difference.

A: The big difference.

C: Not so much the instruments that we talked about, but it's almost the sense of freedom within limits...

A: Ya, and they express it through the music and on paper and the different.... they express them through the instruments, through music and through paper – through the art.

C: So they express themselves through the art forms.

A: The art forms, yes.

C: Okay, so am I right if I say it's very different to what you thought it was?

A: Ya ya. Ya ya.

C: Okay. I think we can move on to the next section which falls under this question: What have you noticed about your learners' development and/or dynamics in the group generally over the last 10 weeks? How did the individuals (if indeed you saw) change? Or maybe things that you hoped would change and didn't. Or in the group as a whole. Is there anything that you experienced through the mt? This means that it could have been either something that has improved through the mt or it may be something that you only noticed because of the mt setting which allowed you another glimpse of a child.

C: Let's start by perhaps looking at their social skills. What is your experience of their social skills?

A: Okay, there's or there was an advantage. It is better after the 10 sessions.

C: So, you think it improved.

A: It improved, yes.

C: In what sense?

A: They – during sessions – we put non-friends together in groups, so they learned the other one better.

C: Okay. They got to know each other better.

A: Yes. Know each other better.

C: But that.... Did any other activities we did have the same effect? What in the mt...

A: They are forced to listen to each other. When one says: "Stop", they must listen.

C: And can you just explain how they said: “Stop”.

A: Ya, if they play a rhythm, if they are in charge they now say: “Stop”, and they must all listen to the leader.

C: So someone gets the opportunity to lead and they listen to the leader.

A: They listen to the leader, yes.

C: Okay. And they would be in different groups each time, and they would be in different formations – different grouping. But still for the activity to happen, they had to ...

A: They had to listen to each other. And then each and every one gets a chance.

C: Okay.

A: So when it’s my chance, the others must listen. If it’s the other one’s chance, I must listen. So there’s a way of ... regverdigheid....

C: Fairness?

A: Fairness! Fairness to each and every one.

C: You said each child gets a chance. Can you perhaps just say a little bit more about this – why it would be different than in your classroom situation. If you would give each child in class a chance to do something, do you get the same effect?

A: Uhhmm... Not every time.. If one is shy... to make a mistake... And in this music group, there is no mistake. Everyone plays his own thing, his own rhythm. No one makes mistakes.

C: No one makes mistakes. That which each child...

A: Expresses his own creativity. It doesn’t.... no one... *knows* that it’s wrong.

C: Okay, so there’s no barrier....

A: There’s no barrier for them... to do wrong... and that’s uplifting. That is very uplifting for themselves.

C: Okay. As a person.

A: As a person.

C: All right. Let's continue with the second part of the interview which is all about the learners development and dynamics in the group that you've noticed over the last 10 weeks. We talked about your experience of their social skills and maybe concentrate a little bit on your experience of your learners' cognitive abilities. With this I'm referring to aspects such as attention, concentration, organizational skills, memory and sequential skills and problem-solving.

A: I think mt made a positive change to their cognitive abilities... like ... uhm... a lot of them are ADHD.

C: Okay. So the problems that you experience in this area are...

A: ADHD – concentration. Their concentration span was longer than normal.

C: During the session itself?

A: Ya, ya.

C: Did you find any difference outside the mt situation? In the normal class – were they just the same as usual?

A: No, I think that is. That also improved, but not as much as *during* the mt class.

C: So during the mt session you could clearly see the children's longer stretches of concentration.

A: Ya. Then ...mmm... attention, such as you do something, then they must do that afterwards so they must attend to you and do. They do that also very well.

C: Okay.

A: They pay attention... of the next thing that's coming up in the class.

C: O, okay.

A: So they were excited. Of the next phase or the next part that's coming up.

C: Okay, okay. So, there's an element of anticipation.

A: Yes, yes. They anticipate... to see what will come next. And that was – I think that was – *why* they paid attention.

C: Okay.

A: Anticipation, yes. And then organizational skills. The music therapist...uhmmm...music therapy is organized, but free. So they also learn that after this instrument, or after this song, the next thing is going to be, and so on and so forth. They also learn the organizational skills, and as a child they want to be organized.

C: Okay.

A: They don't want to be left in the dark. They want... Every morning before we start, they want a 'day programme'. So they want to be in their [indicates square shape with hand gestures]

C: Structure?

A: Structure. It gives them secureness. So the mt also gives that to them.

C: Okay.

A: The structure and the secureness... because they are free, but they know what is coming.

C: Okay, okay.

A: And then.... sequential skills...

C: This is a bit what we talked about...

A: The same.

A: Problem-solving. I think within the freedom they have the ability or the chance to... to... emmm... "waag"

C: To dare.

A: To dare, to dare. They can go and take any music instrument that they don't know yet... And now they play with that. They listen to the sounds and they listen to the different sequences, and they *try and do*.

C: Okay.

A: Try and dare...And that they didn't do before. So that's also big.

C: Something that you...

A: Something that / experienced.

C: In the music therapy?

A: In the music therapy.

C: And outside the music therapy?

A: Yes, because they want to do something they don't know. They want to try some new puzzles or they want to try some new games, or they want to try something new.

C: Okay. So you think it's carried over to

A: Yes, yes, yes.

C: Okay.

A: And when they get something correct that they didn't know before, it's uplifting for them.

C: O okay.

A: It's got a positive... uhm... influence on their behaviour.... And of the whole.... They try it. So they try something new that they wouldn't try before.

C: And what do you think it is that they have now. Why would they do it, and why wouldn't they do it before?

A: In the music therapy they try and they see: Oh, I can make... I can do it.

C: I can.

A: I can, I can. Ya. I can try this out.

C: Okay, does it have anything to do with confidence?

A: Ya.

C: Okay.

C: All right. Problem-solving? That relates with what we said before.

A: Ya, ya.

C: Okay, we can get back to this if we want. Then, let's look at communication. What is your experience of your learners' ability to communicate verbally and/or non-verbally?

A: Ya. One, N is...uhm... she's uhmmm...a non-verbal child, so she can't speak anything. And during the mt, we allow her to *make* a sound... Uh!... And now she can hear. So now she hears her own voice. In *class*, she wants to call me and she said: Uh uh uh! So I can hear her. She wants my attention, where she didn't do that before.

C: Okay, so she didn't use her voice at all?

A: She didn't. No, no.

C: Why is she mute? Does she have a ...

A: She has cerebral palsy.

C: So it's not selective mutism?

A: No.

C: All right, so she would (I just want to make sure that I understand), she would not try and communicate?

A: No.

C: But after she did use her voice in mt,

A: Ya, ya...

C: ... she is now confident to ...

A: ...confident to use it and now I teach her to say: "Uh!" Yes' "Uh-uh!" No. And that she does now. So she can talk to the others and can say "Uh-uh" (shake head), or she can say "Uh!": Yes. And that's from the mt.

C: Okay, the...

A: The communicative skill.

C: Okay. Even if it's non-verbal.

A: Even if it's non-verbal. It doesn't matter, because she knows now she can "Uh!" – she can use her voice.

C: She can use whatever she has to ...

A: She can use her voice... And she *has* voice.

C: Yes.

A: Uhhmm... Then the other one, J is also screaming. I think he has got that syndrome... no, no that's G. J is just screaming... uhhmm... unintentionally.

C: Okay.

A: Or intentionally. "Hy skree net soos maar"

C: Almost impulsive?

A: Ya, ya. Almost impulsive, yes. And through the mt he can learn now (and he also has ADHD) – and he also learns that he must be structured. And I in one session (he's also very tactile) ... So I massaged his upper body [hand gestures suggest shoulder massage], so he became calm and he participated.

C: Okay.

A: And the other thing is, he is also distractive, so if it is his turn, we also include him.... in taking part. So that's why we can....

C: Can you give an example of how you can include him?

A: Ya, when we see he is out of control, we give him a chance. Then it's his turn to beat on the drums, or shake the shaker or...

C: Okay, and you feel that that helped to...

A: To... uhm... let him calm down and *be part of*. Otherwise he is just wandering around.

C: Right. Or screaming.

A: Or screaming, as I said. Ya.

C: You said after one of the sessions...

A: There's also G.

C: G?

A: G is also just swearing, or uhmm... G, I think, has got Tourette's Syndrome. It's just swearing also without control. So after that sessions, she also took part, and I also think there is some of anger that she's got – in her body. So through the music it's calming her down. Uhmmm... She's swearing a lot less, and then... uhm...

C: Did you find that in the sessions where we did “calming” activities that she *did* swear less?

A: Ya. Definitely. She did swear less during calmer activities, and also she can express herself. So then the swearing becomes less.

C: How can she express herself?

A: Like the papers [suggests drawing with hand gestures], with the crayons?

C: Drawings?

A: The drawings. And then when she hit the drums it was very hard and she expressed her anger through that.

C: Okay... okay.

A: And the other one?

C: You said after one of the sessions that T was very upset....

A: Ya, T is a difficult case. He travels a 100km per day to come to the class, to school. So when he's late, he's very aggressive. He doesn't feel part of the class, because when we start with the day, T's not here. So that is building up now for weeks. And now through the sessions... One session, he was very down and very uhmmm.... sad, and through the mt through his getting his chance – “Wait, it's T's turn” – to do things, he became actually smiling... And he was joyful. So that I also noticed.

C: So it has an emotional ...

A: It has got an upliftment of him...

C: Okay. Are there any other of the children that you'd like to say something about?

A: J is very ear-sensitive. He's got a he's very... ear-sensitive. So we adapted to that and put him a little bit further away from the hard and noisy sounds. But when it's his turn, he comes in and he actually plays softly. So that is how *he* wants it to be – not for them to be loud. So that's his theme. He actually loves the soft music.

C: Yes, yes.

A: So the other kids, they want to have hard music can't have it, because J wants the soft music.

C: So if he demonstrates...

A: ... the soft music, the others do as well.

C: And he gets the feeling that he is heard.

A: Ya. And he also gets satisfaction out of that. So that he didn't feel out.

C: Okay. Okay. Just as a final question: Were there any aspects displayed by individuals or the group in general that you noticed in the music therapy sessions which did not manifest in the classroom situation?

C: It's basically a summary of this. Did you experience anything else, anything more, anything less, anything different in the mt sessions.

A: I think what more or less makes the mt different from the other therapies and all aspects like the singing – the singing of a hello song, singing of a goodbye song – we now implemented it in class. So in the mornings we sing hello to everyone, everyone's smiling and feeling happy. And when we leave, we sing goodbye. They also get into the structure of hello and goodbye, it's now the end of the day.

C: Okay, so you could apply some of this from the mt sessions?

A: Ya.

C: Were there any other aspects that changed or changed your approach in teaching, or that you found helpful?

A: I think the..I mentioned the... attention span is longer now. So we can do more.

C: And as a person or as a teacher – is there any difference in ?

A: I can use also the different types of music when they do some activities.

C: Okay.

A: Or when I see they are very tired, I can uplift them... with some music. Or when they are very uplifted, I can calm them down a bit – in class when we do activities.

C: So you can use the music like that.

C: Okay, is there anything else that you can think of, or?

A: I think the kids enjoyed it a lot. They want it to be implemented. They want it to be.... once or twice a week.

C: Mmm. And would it suit you, or do you think that it would be a schlep for a teacher – having to send their children away?

A: Mm-mm [shake head]. I would suit me. Once or twice a week, depends on the programme.

C: Ya. And the fact that the teacher is with them? Do you think that is useful?

A: Ya, ya. Because you know now some things are... what are their abilities, and you also see that some kids learn their voices better, learn to sing, learn to use voice and they love it.

C: And ya, you can see that they enjoy it, and also see what they can ...

A: Ya. ...achieve and not achieve... yes.

C: Thank you very much for you time. It is much appreciated.