

**The role of imaginative play in music therapy
sessions with two mainstream pre-school children:
A case study**

By

LISA WALDECK

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Department of Music

Faculty of Humanities

University of Pretoria

Supervisor: Mrs. H. Oosthuizen

Co-supervisor: Prof. M. Pavlicevic

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ABSTRACT

This study explores the concept of imaginative play within music therapy sessions with two pre-school children in a mainstream school. This is based on pre-existing material from my clinical work at a pre-school in 2008. My interest in the phenomenon of imaginative play that emerged within our sessions gave rise to this dissertation. I found that, within my sessions, imaginative play seemed to be particularly helpful in the development of the therapeutic relationship.

Thus, the aim is to explore how moments of imaginative play emerged within sessions, how the client and therapist interacted within these moments, and how this affected the therapeutic relationship and served to address therapeutic goals. This is addressed within the main research question. In addition to this, I look at the advantages and limitations of working with imaginative play in music therapy, and how music therapists can use their skills during these moments. This is addressed within the two sub-questions. This study aims to offer valuable insight about the phenomenon of imaginative play in music therapy, with particular focus on pre-school children.

The study is conducted within the qualitative research paradigm, and is exploratory in nature. It follows a case study design, where pre-existing data from sessions is analysed in detail. The data consists of three video excerpts. Two excerpts are taken from different points in one session with an individual client (D), and the third is taken from an individual session with another client (F), where I was the co-therapist. The data has been transcribed, coded, categorized and organized into themes, which highlight the use and implications of using imaginative play in music therapy sessions.

Findings indicate that imaginative play in music therapy sessions can be beneficial in promoting interaction, mutual participation as well as offering the client an alternative medium through which they can express different ideas and feelings where music did not seem to do so. It also provided an enjoyable experience for both the client and therapist, allowing for a more relaxed, therapeutic atmosphere and for the therapeutic relationship to develop.

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CHAPTER 1:

BACKGROUND AND CONTEXT

1.1. Background

During my first year of training as a music therapy intern, I was placed at a mainstream pre-primary school in Pretoria. My work involved sessions with two individual clients (aged four and six years), and one closed group of four children aged four to five years old. I also acted as a co-therapist for my colleague's sessions which included two individuals (aged 4 and 5 years) and a group. The children were referred for music therapy due to problems in socialisation, attention or behaviour. I began to notice that each week's sessions, particularly with our individual clients, incorporated increasing aspects of imaginative play. Working with imaginative play is not part of standard music therapy practice, and yet, due to our client-centred stance we felt it was important to engage with some of the children through this medium. Moments of imaginative play were either initiated by the children, or by the therapists when we struggled to find other ways of engaging with a child. Imaginative play seemed to be an important feature which influenced the therapeutic relationship.

As imaginative play forms an important part of pre-school children's development, this could be an area of interest to other music therapists who are working with pre-school children. In the South African context, it is particularly important to consider the possibilities and implications of incorporating imaginative play within music therapy sessions for a number of reasons. Firstly, issues in our country such as the high crime rate (Schönteich, 2000; Institute for Security Studies Africa, 2009: online), violence (such as the recent xenophobic violence) (Allen, 2009; Nduru, 2009; Stoppard, 2009) or high rates of illness such as HIV/Aids (UNAIDS, 2008; Machel, 2009: online) that can leave children orphaned at a young age create a huge need for therapeutic interventions. Whilst different children respond better to different kinds of therapy, music therapy may be the only option available to some. In such cases, it is the music therapist's responsibility to adapt their approach to meet the child's needs in the best way possible. This may involve working with imaginative play in sessions. Secondly, the diversity of our country (with eleven official languages, as well as refugees and foreigners with their own languages and cultures) suggests that many young children attend pre-schools where their own home language is not spoken, and are thus unable to communicate verbally with others and may be isolated as a result. Creative therapies that enable non-verbal work, such as music therapy, become paramount in working with these children. In this case, if a child who cannot communicate verbally chooses to engage with the

therapist through imaginative play, the therapist may need to draw from music therapy skills such as meeting and matching the child's gestures and movements in order to understand and make contact with this child.

I am therefore eager to explore the role of imaginative play within the music therapeutic relationship, and will be focusing on my own work, as therapist or co-therapist in music therapy sessions with these children.

1.2. Working definitions

1.2.1. Imaginative play

In this study, the term 'imaginative play' is used to describe children's play that involves imaginative methods such as fantasy, story-telling and role-play, which may hold symbolic meaning within the therapeutic context, and more often than not involves "interactive social dialogue and negotiation" (Bergen, 2002: 194). In music therapy sessions, a child may engage in 'imaginative play' in various ways, such as using musical instruments or other items in the room symbolically (for example, pretending an instrument is an animal). This may extend to assigning symbolic meaning to the different musical elements, for example, pretending that large, loud beats on the drum represent a monster approaching. The child may incorporate parts of a song or dance into the enactment of dramatic situations. Alternatively, the child may use the therapeutic space to play imaginative games that do not incorporate any musical elements.

Although working with 'imaginative play' may appear to diverge from the primary focus on *music* in music therapy sessions, it is a natural feature of pre-school children's development (Louw, Van Ede & Louw, 1998: 299). Thus, children may choose to engage in the therapeutic relationship through 'imaginative play'. Due to the non-directive, client-centred nature of music therapy sessions, the therapist may respond to the child's initiation of play by incorporating this into sessions. The therapist may also use aspects of imaginative play to promote engagement when the child perhaps refuses to engage musically, or to enhance musical experiences shared by the client and therapist.

1.2.2. Children in mainstream schools

Mainstream schools are defined as government or private schools that cater for children who do not require special needs education (The Scottish Government, 2007: online). This school environment provides "a low level of intensity of support to learners" (Di Terlizzi, 2007: 2; Education Rights Project, 2007: online) as opposed to medium or high support for those with special needs.

1.3. Aims

My aim for this study is to explore the phenomenon of imaginative play in music therapy sessions with pre-school children in a mainstream school. I wish to explore how moments of imaginative play emerged, how the therapist and client engaged within these moments, how this affected the therapeutic relationship and served to address therapeutic goals. As imaginative play is not part of standard music therapy practice I also aim to explore the implications of assimilating this as part of music therapy work, looking at the advantages and limitations of working with imaginative play and how music therapists can use their music therapy skills during these moments. My reason for exploring this topic was that, in my experience, I found imaginative play to be particularly helpful in the development of the therapeutic relationship. Through this study I aim to offer valuable guidelines about the phenomenon of imaginative play in music therapy for music therapists, particularly those who work with pre-school children.

CHAPTER 2:

CLIENT REPORTS

2.1. Introduction

This chapter offers details about the background of the chosen clients, as well as a report on the therapeutic process with each.

2.1.1. Client 1 (D)

The first two excerpts used for this research (Data source A and B) are from one session (session 6) of my work with a four year old boy (D). D was referred to music therapy by the headmistress as he had displayed aggressive and disruptive tendencies in the classroom. This included behaviour such as taking his peers' toys or work items away, or hurting other children by biting or hitting them. He also refused to participate in various classroom activities. D and his mother had recently moved in with his grandmother as she lived closer to the school. There was no mention of the whereabouts of his father.

D presented as a strong, assertive boy who often had a scowl on his face. He displayed a somewhat indifferent attitude in response to certain activities and often ignored both the co-therapist and myself in sessions. As sessions continued, he seemed to grow more comfortable with us, which seemed to lead to what I viewed as a more manipulative stance from his side. D was demanding, and seemed to crave attention, which he sought within sessions through behaviour such as attempting to take instruments away from the co-therapist or myself, or exclaiming loudly at random intervals during activities.

My initial goals were:

- To improve D's interaction and social skills (such as listening, waiting and sharing) through turn-taking and imitation
- To enable him to express this pent up aggression through music

I had a total of ten sessions with D. Sessions were held on a weekly basis, each session lasting from about 25 minutes to half an hour. In all sessions, D had to be prompted to participate in musical activities, and his choice of instrument almost always involved the percussive instruments such as the claves, wooden block and the hand-drum.

Activities included turn-taking, imitation and improvisation. During the first two sessions, D expressed disinterest as we started the session, rolling his eyes and sighing, avoiding eye-contact with us, yet engaged more when I introduced imitation and turn-taking activities on

the hand-drum. These activities had quite a playful aspect to them, with D attempting to catch me out with slight changes to vocalisations, which I would imitate.

From our third session onwards, D began to incorporate playful imaginative ideas into the activities, such as pretending to sleep, or that he was an animal. I would match him and reflect what he was doing through the music, for example, improvise a song about D's actions, or play soft, gentle chords on the guitar when he pretended to 'sleep' and louder, forceful chords when he pretended to 'attack' something.

Initially, I began to worry that there was too much imaginative play going on in sessions instead of music. I tried to firmly stick to music, or at least incorporate music into everything that D offered, as I was the music therapist. However, this was not always what D wanted, or rather needed, and instead of focusing on his engagement and extending these activities, I often missed important cues and responses from him. There were times though, when the client, co-therapist and I interacted and engaged playfully, and these resulted in moments of connection. After a few discussions with my supervisor and colleagues, I began to accept (with some resistance myself) whatever the client brought to the session, incorporating more imaginative play and less music at times. This in turn seemed to open up avenues of communication between the client and myself. The sessions seemed to become more relaxed, and D seemed to be enjoying himself more (which was also indicated in the way he increasingly refused to leave sessions each week).

The two excerpts chosen from session six offer a good example of how imaginative play was introduced within D's sessions, and how he interacted with the therapist and co-therapist during these moments. They also depict how set musical activities did not seem to gain the client's interest, and how he seemed to display more resistive behaviour during these activities.

2.1.2. Client 2: (F)

The third excerpt is taken from a music therapy session where I was the co-therapist. This involves a four year old boy (F) who was referred to music therapy by his teacher to improve his social and communication skills. F's parents had recently divorced, and this seemed to have a large impact on him, as he had become withdrawn and isolated himself from his peers. F's teacher described him as resistive and demanding, and hoped that music therapy would provide him with more structure, with regard to the changes that were happening in his life.

F presented as a shy and timid little boy, yet would display periods of hysterical behaviour such running around and/or screaming in a high-pitched tone, avoiding the therapist and throwing objects around the room. Alternatively, he would lie quietly and watch the therapist out of the corner of his eye, or focus his attention on an instrument or an object such as the beanbag.

F had a total of 11 weekly sessions, approximately 20 to 25 minutes each. Each week, he displayed resistance to come to sessions, often negotiating with the therapist that he would only attend sessions if he could build a puzzle instead of participate in music activities. Sessions often began with him lying on the beanbag and avoiding eye-contact with the therapist, sometimes communicating through gestures or speaking in a gruff voice. He displayed an interest in singing particular songs in a high-pitched voice and seemed to enjoy these, often holding an instrument in his hand, yet not attempting to play it. He showed little awareness of the co-therapist (me) and ignored her attempts of mutual playing or interaction.

Goals that arose from sessions included:

- To improve social skills
- To promote interaction
- To provide a space where F could express and experience the various emotions/feelings brought about from the changes in his life

In the sessions up to and including session eight, the therapist had not planned structured activities for the client, as she felt that more improvised and spontaneous music activities were more fitting to the client's behaviour. The sessions felt like they had become stuck, and the therapist was struggling to connect with the client. However, after the eighth session, she began to use more structured and directive activities, which also incorporated imaginative play. In these sessions, the imaginative play that emerged seemed to increase interaction and communication between the therapist, client and co-therapist. F began to contribute more within sessions, and although he still displayed resistive behaviour before and within sessions, he seemed to be more engaged and interested in activities.

I have chosen to use an excerpt from session eight with F, as it shows how he introduces imaginative play into the session, and how he engages with the therapist and co-therapist in a more interactive and playful manner.

CHAPTER 3: LITERATURE REVIEW

3.1. Introduction

The primary focus of creative music therapy involves active music making between client and therapist in order to address therapeutic goals. This music-making is exploratory and spontaneous (Pavlicevic, 2000) and tends to be non-directive and client-centred. A non-directive approach allows for “fluctuating changes of direction moment by moment” (Bunt, 1994: 136), where the therapist reflects, reinforces and works with the child’s musical behaviour and offerings as opposed to expecting the child to strictly adhere to the therapist’s session plans (Bean, 1995). This approach may offer the child an experience he/she may not have in another situation, such as the more structured educational setting.

This relates to the client-centred approach which focuses more on supporting the client in finding his/her own strength or potential. This is achieved through “an equal term relationship between the therapist and client and the development of trust” (Wigram, Pedersen & Bonde, 2002: 66). The therapist allows the client to steer the relationship, but supports or guides the client where necessary.

In maintaining this stance, the therapist adjusts his/her music and intentions to meet what the client offers within the session, often using playful musical techniques such as imitation, repetition, vocalisation, turn-taking and improvisation in order to promote or evoke communication and interaction. These musical techniques are similar to the playful actions or ‘techniques’ that children use when they play (Sweeney, 2001; Gold et al, 2007), and the explorations that take place within a music therapy session may therefore bear significant resemblance to the explorations that children partake in when engaging in play.

As play is a natural, spontaneous part of a child’s life (Hughes, 2003; Louw, Van Ede & Louw, 1998), some children may feel more comfortable engaging in music therapy through this more familiar medium than through music. If a child has chosen to initiate imaginative play in sessions, or does not engage through music, this medium may offer an important means to connect with the child. Thus it is important to consider the phenomenon of imaginative play in music therapy sessions.

In this literature review, the phenomena of play and ‘imaginative play’ are defined, the relationship between play and therapy is highlighted, and the relationship between music and play as well as the role of imaginative play within music therapy are discussed.

3.2. Play

The standard age for a child to attend preschool is usually from about two to five years. Louw, Van Ede & Louw (1998) describe certain developmental tasks that the child should complete during these preschool years. These include socialisation, gender-role identity, emotional control, language and communication skills, memory, locomotion, moral development and a more clearly defined self-concept. The child learns these skills mostly through playful interaction with others. Lefevre (2004: 333) states that “children rarely have the language or the cognitive development to process and convey their experiences solely through words, so spontaneously complement these with symbolic forms of expression and communication, such as play, metaphor and a variety of visual, auditory and kinaesthetic imagery.”

Play is as a voluntary, symbolic process in which children make sense of their world, stretch their boundaries and embrace change within their lives (Bratton et al, 2005; Pavlicevic, 1990). This may also include taking refuge or working through traumatic or confusing experiences during playful activities (Cattanach, 1994; Ablort-Morgan, 2003). Play is a pleasurable and tension-releasing experience (Ashiabi, 2007; Gordon, 2002), and according to Winnicott (1991: 50) is “a creative experience [...and] a basic form of living” which is immensely exciting for the child, as well as a vehicle for communication between the child and another (for example, the mother, a friend, a toy, or perhaps the therapist).

The characteristics of play change and become more advanced as the child matures (Schaefer, 1993; Van Rooyen, 2000). As the child develops, he/she learns new forms of play that evoke a certain reaction or response from their environment (Louw, Van Ede & Louw, 1998; Ashiabi, 2007). In literature on child development, play has been categorised into different types depending on how the child plays, what he/she is doing and whether he/she interacts with others. This can be divided into two categories, firstly, play that occurs as the child develops socially (where children begin playing on their own and gradually learn to socialise with others through negotiated play activities), and secondly that of cognitive development (where, for example, by engaging in play, the child’s attention, memory, creativity and planning skills are enhanced) (Louw, Van Ede & Louw, 1998). Imaginative play falls into both of these categories (Schaefer, 1993; Hyun, 1998; Louw, Van Ede, & Louw, 1998).

3.3. Imaginative play

Gomez & Andrade (2004) discuss how many authors have used different terms to describe the phenomenon of 'imaginative play' synonymously, yet leave space for contradiction and variation. These terms include 'pretend play' (Curran, 1999; Zelazo, 2000; Lilliard, 2001; Bergen, 2002); 'fantasy play' (Paley, 2004) or 'symbolic play' (Darnley-Smith & Patey, 2003; Lefevre, 2004).

For example, Zelazo (2000) and Lilliard (2001) use the term 'pretend play' to describe play in which the child treats an object as something else, or using objects in conjunction with make-believe actions (for example, pretending to sing into a microphone, which is actually a hairbrush, or using a stick as a horse), this forming an "increasing independence from the literal context, and an increasing reliance on imagination" (Zelazo, 2000: 156). Paley (2004) chose rather to use the word 'fantasy play', which included a broad range of play scenarios such as role-playing a superhero or acting out various dramatic stories. Lefevre (2004) used the term 'symbolic play' to describe how even the most basic children's games having a deeper meaning "representing aspects of young children's developing understanding of themselves and their relationships" (Lefevre, 2004: 334).

As mentioned in my working definition, I chose to use the term imaginative play, which I defined as play that involves methods such as fantasy, story-telling and role-play, which may hold symbolic meaning within the therapeutic context. Imaginative play may be used in various ways by children in music therapy sessions such as pretending instruments are animals, or that the musical elements represent a certain character symbolically (such as an animal, monster, or person).

Lefevre (2004: 334) states that "symbolism, play and creativity are the processes by which internal experience is represented and begins to find a voice" and that even the most simple games have a deeper symbolic meaning, indicative of how children understand themselves as well as their relationships. Children use imaginative play for self-entertainment as well as absorbing and creating an understanding of the complexities of everyday life. Imaginative play also promotes interaction and development of social skills (Bergen, 2002).

Piaget suggested that the children need to adapt their world to suit their own terms, yet also need to "re-adjust to external events at the same time" (Swanwick, 1988: 49). Winnicott (1991) discussed play as something which enables the child to form connections between fantasy and reality within the transitional space. The transitional space is the hypothetical, "intermediate area of experience that lies between the inner world, or internal psychic reality, and the actual, or external reality" (Poulin & Diamond, 2001). This space is created through a

safe holding environment provided by the mother or therapist, which allows the child to explore and experience his inner and outer world (Abram & Hjulmand, 2007). Imaginative play “comes about through the successful negotiation of this intermediate area that is neither inside nor outside and lies between unison and separateness” (Abram and Hjulmand, 2007: 9). As Pavlicevic (1997: 149) states in her discussion on Winnicott, play “bridge[s] the gap between what is ‘there’ and what is ‘not there’ – we can pretend that the world is ‘there’ even when it is not.” Thus, imaginative play allows the child to manipulate reality within the realm of the fantasy world in his/her mind, enabling him/her to learn about and ‘test’ circumstances in a safe, containing space before generalising to the outside world (Singer, 1994).

Children’s imaginative play sometimes involves the manipulation of a transitional object. Elmhirst (1980: 373) discusses Winnicott’s definition of the transitional object as an object that “is inanimate, is endowed by the infant with special properties and is of value in the developmental task of acknowledging that Mother [...] is alive, is not a physical part of the baby, nor yet its external possession”. This ‘object’ could include anything from a teddy bear, a pacifier, a blanket, or babbling. It facilitates the transition from the baby regarding itself as part of the mother and in control (unity), towards a more separate and dependent entity. In other words, the transitional object helps the child adjust to the constraints of reality (Johns, 2006). The transitional object is any object that serves as a reminder that the world it represents will remain, even though the child is exploring the other world (Winnicott, 1991; Pavlicevic, 1997). In later childhood years, this may include toys such as a car or doll. In music therapy, this transitional object may be the music, an instrument, or even the therapist.

3.4. Play and therapy

Winnicott (1991) drew a close parallel between the phenomenon of play and psychotherapy, describing the therapeutic process as taking place within the “overlap of two play areas, that of the patient and that of the therapist. If the therapist cannot play, he is not suitable for work. If the patient cannot play, then something needs to be done to enable the patient to become able to play, after which psychotherapy may begin” (Winnicott, 1991: 63). Through play the therapist can provide opportunities to enable the client to challenge the boundaries between reality and fantasy, and explore the side of the continuum where they may not have gone before. This suggests that any kind of therapy almost always involves some kind of ‘playing’. Further, the spontaneity and explorative features of play thus fit comfortably within a therapeutic space.

Play therapy is one example where play is used directly in therapy with pre-school children (West, 1992; Schaefer, 1993; Cattanach, 1994; Gordon, 2002; Fine, 2003). In this type of therapeutic setting, play can offer insight into a child’s behaviour and the therapist can make

meaning out of themes and patterns that emerge (Fine, 2003). Play therapy involves providing a safe, adventurous space where the child can build a trusting relationship with the therapist through play, and where the therapist “is the audience, listener, commentator, and sometimes player of dramas with the child” (Cattanach, 1994: 2). In other words, through ‘guided’ play the child is helped to explore and express internal and external processes.

3.5. Imaginative play in music therapy

Music is a natural and spontaneous vessel of creativity which involves a form of playing - promoting playful exploration, expression and improvisation through music-making. In music therapy, there is a focus on the process rather than the end result, which is similar to the concept of play, which is also regarded to be process-orientated (Ansdell, 1995; Kowski, 2007).

Music, like play, also forms a large part within children’s lives and holds benefits for their development. “Children seem to make spontaneous connections with music as if it has always played a natural part in their development” (Bunt, 2002: 71). Music is also a form of communication and expression, just like play, and is a “positive activity that can be participated in by children of all cultures, ages and abilities” (Črnčec, Wilson, & Prior, 2006: 588). Music-making can be linked to developmental processes such as social, physical, and emotional development through techniques such as turn-taking, attention, listening-skills, imitation, repetition and so forth (Bunt, 1994). All of these musical techniques incorporate playful aspects of communication, hence it is no surprise that many music therapists discuss analogous patterns between mother-infant interaction (which is often considered the core of human communication), and the musical interaction between clients and music-therapists (Pavlicevic, 1997; Proctor, 1999; Ansdell, 1995).

Ruud (1998: 163) discusses how music shows similarities to play within the transitional space, in that it is a “kind of [expressive] language situated somewhere between gestures and verbal symbols” and suggests that musical improvisation, like play, can aid children to “master the borders between fantasy and reality”. Within this shared musical space in music therapy, an “intimate and dynamic intersubjective relationship” (Pavlicevic, 1997: 151) is formed through expression and playfulness between the client and the therapist. Tervo (2005) suggests that the transitional significance is not within the music or musical instruments themselves, but rather the fantasies produced through investment in them. He suggests that playing in music therapy stems from a sense of belonging as well as cooperation between the client and therapist, and that “playing is chiefly a psychic interaction with inner objects which can be expanded into an experience to be shared” (Tervo, 2005: online).

Music therapy sessions may also provoke the emergence of play that does not overtly involve musical interaction. As Darnley-Smith and Patey (2003: 119) point out, “playing in music therapy can involve more than playing the instruments. Children can use the freedom of the therapy room to play games and act out stories, both of which [may] involve using the instruments symbolically.” For children, this kind of imaginative play in music therapy sessions could be seen as a “sharing of therapeutic power” (Burke, 1991: 130), where play results in some control over their environment or circumstance. According to Hargreaves (1986: 65), it seems as though children “increasingly internalise their response to music, and employ it in the broader contexts of activities such as imaginative play, and forming social relationships”. As imaginative play is such a spontaneous and important part of children’s lives, it follows that it might aid the therapeutic relationship in music therapy.

Further there are times when any therapeutic relationship can become stuck, where the client continually responds in the same way, and the therapist sees little progress. In my work with pre-school children, I experienced children who resisted the relationship quite often. Nordoff and Robbins (1977 :182) describe how not all responses from the client are participatory and state that “resistiveness appears in many forms to impede, and in effect influence the development of relationship”. They further state that many clients display resistiveness before or after a progressive response has been established, and that the quality of resistiveness changes with the level of relationship the client is able to achieve with the therapist. These range from “shutting out the therapy situation, withdrawing from it, or actively rejecting it to [...] higher forms such as evasion, manipulation, assertiveness and expressions of competent independence” (Nordoff & Robbins, 1977:182). Therefore, resistance may not necessarily be a negative thing - it can be helpful for therapy, but when this shows no change, or the therapist is not sure of how to respond, it can hinder interaction and the relationship between the client and therapist.

A few authors note the phenomenon of imaginative play occurring in music therapy sessions. Sweeney (2001: 61) discusses how an eight year old client used instruments to represent people who had intimidated him, and acted out “a fantasy of retaliation” against them. The client also used role play to explore different situations as well as different ways of being. In a similar vein, Tyler (2002: 221) describes an eight year old client who “invented a game in which she was the punitive teacher of a class of unruly children. The percussion instruments were given the names of the other children in her class” and she seemed to project all her feelings onto the instruments. Tyler goes on to discuss how the client explored her relationships through symbolic play.

Aigen (1991) describes a case study of the music therapy process with an eight year old boy with behavioural problems. This therapy process involved a three month period in which there was a lack of music, due to a decreasing interest from the client. Whilst the therapist maintained a safe and supportive presence, the boy seemed to increasingly initiate playful interactions. Aigen (1991: 120) speculates that this diversion away from music may have been the child's way of managing "his environment and the relationship" with the therapist. The case study further notes that a significant portion of sessions was taken up with activities that involved playing out or narrating stories, either with or without music. This case study depicts how the child used fantasy play within the music to entertain and explore different roles and forms of expression, for example, exploring transformation while maintaining his identity (Aigen, 1991). The imaginative play within these sessions also allowed the child to explore the differences between concepts of 'good' and 'bad' within a safe and trusted environment. For example, during the fourteenth session, the client began to narrate a fantasy story about a place called "Trick Land". In this fantasy, there were 'good' characters, such as a pumpkin called "Pumpkinhead" and 'bad' characters in the form of witches and wizards who ate little children (Aigen, 1991: 116). He entertained the idea of transformation by turning the bad characters into dust. These characters then emerged as good characters. Aigen (1991: 119) felt this was an important theme, as the client usually presented with an "inflexible sense of himself" as a 'bad boy' that often hampered his progress in therapy. Therefore in this session, through imaginative play, the client explored other possibilities (Aigen, 1991).

"The many little transformations in the story act as a 'rehearsal' for the big transformation at the end. Certainly this mirrors the pattern of normal emotional development and explains why children often need to repeat stories, songs and other activities in therapy, and why the therapist must not only endure but embrace this repetition: It is what provides the child with the security to move forward" (Aigen, 1991: 119).

Bartram (1991) shares a case of her work with a five year old boy with physical and interpersonal problems. This client engaged with her through musical improvisation and play. She notes that "the overall trend was away from music-making, although each session contained at least some musical material" (Bartram, 1991: 142). Bartram (1991) begins her case study with an excerpt from one of her sessions with the client. The client is playing with a puppet and seems to be exploring different ways of being through imaginative play and interaction with the therapist. Bartram (1991:142) further mentions that most of the non-musical material involved "non-musical use of instruments and competitive games".

Burke (1991: 133) discusses briefly how one of her four year old clients “began to escape from his mazes [that he had drawn], talking himself through it: “Keep to the side here and wait till the monster doesn’t look here; the underground river has a bridge over it”. This depicts some of the symbolic meanings that can emerge through imaginative play in sessions.

Ruud (1998) describes a session with a seven year old boy with severe behavioural problems, who introduced fantasy play within a musical improvisation. This involved using the music to support his imaginative contributions. For example, after playing a musical phrase on the metallophone, the client announced that a bear was coming, following this with forceful beats on the drum. A short while later he imagined a bird at the door, accompanying this with a downward stepwise movement on the metallophone. Ruud (1998) speculates that the animals introduced may hold symbolic meaning for the client, either in relation to something within his school or home life, or a way of identifying with the different roles created. The music provides the atmosphere for imaginative play, as “it may illustrate the narrative, serve as a leitmotif, imitate movements, or characterise the psychological processes going on inside the characters” provided (Ruud, 1998: 177).

These case studies suggest that imaginative play can play a possibly valuable role within music therapy sessions with pre-school children. Depending on the child’s unique needs, imaginative play can serve many purposes. These include exploration of different roles or ways of being (good/bad, leader/follower, powerful/weak); experiencing change or transformation; as well as exploration and enhancement of expression. By playing out imaginative roles, the child may take a reflexive stance, reflecting his/her reality through the music. This may offer the child an exertion of control over the environment or therapist, enabling him/her to feel empowered. Sweeney (2001: 52) discusses play as the client’s way of testing the therapist’s response or way of handling material shared, and therefore “the therapist may be shown communications of a deeply emotional nature in a very indirect or playful way.” However, this exploration can only take place from a secure and trusting point between the therapist and client (Sweeney, 2001).

Although advantages of imaginative play have been discussed briefly in the above-mentioned case studies, no limitations of this manner of working have been discussed, and nothing has been addressed regarding how music therapists can use their skills to work with imaginative play in sessions. Further, only two of these case studies refer to children aged within the preschool range (Bartram, 1991; Burke, 1991).

3.6. Conclusion

Despite music therapy's primary focus on the medium of music, the literature has shown that moments of imaginative play (whether these include music-making or diverge from this altogether) can play an important role in music therapy sessions with pre-school children. Although there is little literature discussing the role of imaginative play in detail as it occurs in music therapy with pre-school children, this is an important phenomenon to consider as it could add to the therapeutic process. In maintaining the client-centred stance, it may be best to interact with children through imaginative play if they have initiated this within sessions, or if other means of engagement fail. This study will thus offer valuable information for music therapists, particularly those who work with pre-school children.

CHAPTER 4: METHODOLOGY

4.1. Introduction

This study aims to explore the role of imaginative play in music therapy sessions with pre-school children. This includes how imaginative play emerged, how the therapist and client engaged within these moments and how it served to address therapeutic goals. The advantages and disadvantages of this phenomenon will be explored, as well as how music therapists can incorporate music therapy techniques during these moments. These aims will be explored in depth as they appear in video excerpts taken from both my own as well as my colleague's sessions. The following chapter discusses the methodological process used in this study.

This study aims to address the following questions in a qualitative manner:

Main research question:

- What is the role of imaginative play in the development of a therapeutic relationship, and in addressing therapeutic goals in music therapy with two pre-school children in a mainstream school?

Sub-questions:

- What are the advantages and limitations of assimilating imaginative play as part of music therapy practice with pre-school children?
- How can music therapists use their skills to work with imaginative play in music therapy sessions?

4.2. Research paradigm

“Qualitative research involves the studied use and collection of a variety of empirical materials – case study; personal experience; introspection; [...] and visual texts – that describe routine and problematic moments and meanings in individuals’ lives. Accordingly, qualitative researchers deploy a wide range of interconnected interpretive practices, hoping always to get a better understanding of the subject matter at hand” (Denzin & Lincoln, 2005: 3-4).

A qualitative approach is most appropriate for this research, as the study is exploratory, and aimed “not to produce predictive generalisations, but rather a more concentrated and in-depth application of the findings” (Ansdell & Pavlicevic, 2001: 135). It focuses on a detailed analysis of the qualities of the relationship developed between two individual clients and the therapist, and is essentially interpretive, viewing social phenomena such as play and interaction holistically and in context (Marshall & Rossman, 2006).

This study takes an idiographic approach, in that it studies the behaviour of individuals and looks at factors that are specific to the individual, such as unique personal traits and circumstances (Whitley, 2002; Ashworth, 2003: 14). Although imaginative play is a universal behaviour amongst children, each child exhibits this in his/her own different way, yet these may still share a common aspect when placed in comparison.

4.2.1. Research design

I will be using a case study design, where I analyse naturally occurring data from the therapeutic process (Ansdell & Pavlicevic, 2001). Robson (1993: 146) describes a case study as a strategy which involves detailed observation of real life events of phenomena using a variety of sources. In this case, I will be studying the phenomena of imaginative play and the role it played within individual music therapy sessions, focusing on how it affected the relationship, as well as how it served to address therapeutic goals. The advantages of this design include “high construct validity [and] in-depth insights” (Mouton, 2001: 150) of the work, yet have the disadvantage of the time-consuming process of data collection and analysis.

4.2.2. Subjectivity and bias

The nature of this study could lead to bias due to the subjective viewpoint of the researcher (as I was also the therapist or co-therapist in the data excerpts used, and have my own preconceived ideas about the role of imaginative play in music therapy sessions with pre-school children). In order to ensure that the research remains trustworthy, I will remain close

to the original data to ensure that the research is credible. Research findings will be described in detail so that others can decide on the relevance these have for their own contexts, to ensure that this research is transferable. Further, I will ensure that this research is dependable by maintaining a critical speculative stance, with acknowledgement of bias, through regular supervision, use of multiple sources such as literature, and in this case, video excerpts and sessions notes (Ansdell & Pavlicevic, 2001).

4.3. Data sources

The data for this study is pre-existing and has been selected from my work as a first year music therapy intern at a pre-primary school in 2008. I decided to use this data as it offers clear examples of the phenomenon of imaginative play in music therapy sessions. It was also this data that sparked my interest in this topic. The data consists of three video excerpts. Two excerpts are taken from different points in one session with an individual client (D), where I was the therapist. The third excerpt is taken from an individual session with another client (F), where I was the co-therapist. Session notes from these sessions will also be used. The disadvantage of written descriptions is that one can lose focus on certain aspects that are happening within the session while centering attention on other aspects. The use of video recordings counters this, as they can be reviewed constantly and allow for a greater density of data (Bottorff, 1994).

4.4. Data analysis

“Content analysis is a procedure for categorisation of verbal or behavioural data, for purposes of classification, summarisation and tabulation.” (Hancock, 1998: 17). Hancock (1998) divides these into two levels, basic analysis where the researcher does not read too much into the data; and interpretive analysis which is concerned with meaning of response, and includes session notes. This second level of interpretive analysis will be used within the following research.

4.4.1. Transcription and coding

The video excerpts will be transcribed in detail, therefore “freezing in time the complex events and aspects of interaction in categories of interest to the researcher” (Edwards, 1993: 3). The data obtained from these transcripts, will then be coded and categorised. Coding involves labelling of data in order to compare findings and extract key points relevant to the research study (Hancock, 1998). These codes serve to generate, summarise and classify observations made of the data (Seidel, 1998: 4).

Codes will then be sorted into categories. Categories are larger groups of related data, that help to manage the data. Through this process, I will take note of emergent themes that will then be described in detail and interpreted in order to answer the research questions.

4.5. Ethical Considerations

In order to take ethical considerations into account, informed consent was obtained from parents or guardians before sessions commenced, which covered aspects such as video recording of sessions (Please refer to Appendix A). A letter was also received from the school indicating permission to use the data in research (This has not been included in this public copy due to reasons of confidentiality). Pseudonyms will also be used to protect the anonymity and confidentiality of the clients. All data sources used will be stored at the University of Pretoria for 15 years and then destroyed.

4.6. Conclusion

By taking a qualitative stance, the researcher will explore the phenomenon of imaginative play as it occurred in music therapy sessions with two individual children. This research will contribute towards a more in-depth view of the role of imaginative play within the music therapeutic relationship. This could benefit music therapists who wish to extend their options within sessions with pre-school children.

CHAPTER 5: DATA ANALYSIS

5.1. Introduction

This chapter discusses in detail the process of analysing the research data in order to address the research findings. Existing data in the form of video excerpts was carefully observed and transcribed into thick descriptions, with a focus on all actions of and interactions between the client, therapist and co-therapist in the music therapy sessions. These transcripts were coded and categorised in order to discover emergent themes that address the research questions. I had planned to analyse session notes (that record subjective thoughts and feelings of the therapists directly after these sessions) in conjunction with the video data in order to offer a wider understanding of the phenomenon of imaginative play within sessions. However, when analysing the data, I noticed that the therapists' reflections in these session notes were too general, and did not highlight particular thoughts about imaginative play within these sessions. Therefore, this data was not seen as helpful in adding to the research, and was not included.

5.2. Data Sources: Video Excerpts

5.2.1. Description of video excerpts

As mentioned previously, the data analysed for this research consisted of pre-existing video excerpts, obtained from work a colleague and I completed during our clinical internship at a pre-school in 2008. The three excerpts were selected as they offered clear examples of the phenomenon of imaginative play occurring in music therapy sessions. These excerpts also depict moments where engaging with the client purely through music does not work, and where either the client or the therapist initiate imaginative play as a result. The excerpts are good examples of how the therapist and client are able to engage more easily through imaginative play. What follows is a description of each excerpt.

5.2.1.1. DATA SOURCE A: Video excerpt 1 (3 minutes 75 seconds)

The first excerpt I chose to analyse begins with a greeting song that is sung every week by the therapist. The co-therapist, D and therapist are sitting in a semi-circle on chairs, and the therapist is playing the guitar while she sings. The co-therapist is playing the castanets with a handle, whereas D has chosen to play a pair of regular castanets (ie. without a handle). D seems to struggle to play the castanets, and shows disinterest in the musical activity. He eventually preoccupies himself by playing with one castanet, moving it near the therapist in a

motion that suggests he is pretending it is biting her. He tells her that the castanet is going to eat her, and the therapist makes vocal sounds to support his play. The therapist then returns to singing the greeting song, and D pretends to sleep by leaning his head to the side, closing his eyes and yawning. The therapist and co-therapist attempt to engage him both verbally and musically, but he ignores them, gets up and walks away from the circle. He then approaches the co-therapist and takes her instrument (a handle castanet) away from her. He returns to his game of clicking the handle castanet in a 'biting' motion near the therapist or co-therapist, then drops this to pick up his regular castanets once again. As he does so the co-therapist imitates his 'biting' motion, clicking her instrument near him. D pretends to be surprised or frightened, by vocalising a brief "hah!" and pulling away quickly from the co-therapist. He then interacts with the co-therapist as they pretend that their instruments are biting each other. The therapist supports this musically by matching their actions both vocally and on the guitar. At one point, D vocalises a high-pitched squeal and runs away from the co-therapist who beckons him playfully. D states that he is not a crocodile, but a toy, but then returns to the 'biting' game with the co-therapist before dropping his instrument and telling the therapist that it is dead.

After the above-mentioned excerpt, the client stands up and starts to walk around the room in a marching fashion, with the therapist musically matching his actions on the guitar. The therapist then tries to engage the client in a 'counting and colours song' (which involves counting how many items of one colour the client can see in the room). The client sits down, and it is from this moment that the second excerpt begins.

5.2.1.2. DATA SOURCE B: Video excerpt 2 (4 minutes 98 seconds)

This excerpt is of the same client (D) described above, taken from about 6 minutes after excerpt 1. Once more, D seems disinterested in the musical activity initiated by the therapist, who is singing to him in a questioning manner, asking him how many yellow items he sees in the room. D picks up his chair and places it behind the co-therapist and then attempts to take her chair away. The co-therapist does not allow this and tells D to listen to the question the therapist is asking. D steps away from the co-therapist and approaches the therapist, making loud roaring noises as the therapist sings. He begins to play with a few instruments on the floor. The therapist directs her question about the yellow objects in the room towards the co-therapist who begins to answer. D interrupts her with a loud vocalisation before moving closer towards the therapist and putting his hand over hers on the guitar. D strums the strings in different ways as the therapist changes the chords and sings. D is engaged and focused, and plays the guitar gently and calmly.

D then stands up and marches away from the therapist, picking up more chairs and saying: "Make a train!" The therapist tells him that they will do so the following week. D refuses and emphasises his intention by sitting down on one of the chairs. The therapist concedes and asks him if he is going to drive. The therapist, co-therapist and D move the chairs together and the therapist places a djembe drum next to the chairs. D walks away and the co-therapist approaches him. In response, he runs away and vocalises motor/engine sounds. The therapist sits down and D runs and jumps in front of the row of chairs. The therapist exclaims that the train is going to run over him, and she begins to vocalise "choo choo" while she strums the guitar. D stands up excitedly and is indecisive as to which chair he wants to sit on. He then sits down and pretends to drive. The co-therapist offers him a tambourine as a steering wheel. D ignores this offer and instead stands up and starts to run away from her. The co-therapist chases him and he shouts: "It's the police!" The therapist and co-therapist support his play musically by making vocal siren sounds, and the client smiles, relaxing his body as he laughs with the therapist and co-therapist. He sits down and the co-therapist pretends that the 'train' is now a police car and they are driving away. The therapist musically matches the co-therapist and D's actions on the guitar. D tells the therapist that he is getting out of the car. He sits on the floor to fiddle with an egg-shaker. The therapist returns to the 'train' theme, singing and beating a djembe drum. She asks D to show her how to play on the drum. He sits down in front of the therapist and looks back at her, using large arm movements to beat the drum, which the therapist imitates. The therapist and co-therapist continue D's rhythm as he stands up and walks away from them. The therapist calls his name and he squeals excitedly, shouting: "The police!" The therapist tells him that they are not the police, they are riding on the train.

After this excerpt took place, the client returned to the 'police' game, pretending to arrest the co-therapist and therapist and placing them in the jail (beanbag), while he patrolled the room.

5.2.1.3. DATA SOURCE C: Video excerpt 3 (9 minutes)

The third excerpt is taken from a music therapy session where I was the co-therapist. This excerpt is from session 8 with client 2 (F). It begins shortly after the therapist has sung the greeting song and has tried to engage verbally with F, who has just attempted to leave the room. The therapist has suggested that they pretend they are on a boat (as she has done in previous sessions) and has placed a variety of instruments on the floor next to the two beanbags in the middle of the room. The excerpt starts with F pushing himself off the beanbag on which he has been lying. F has not responded to the therapist's suggestions that they are on a boat, and instead pulls another beanbag over himself, in this way hiding from the therapist and co-therapist. The co-therapist attempts to interact with him by pushing an

egg-shaker through an opening in the beanbags. F moves slightly then lifts the beanbag up to look at the therapist and co-therapist, who vocalise a high “whooh!”, pretending to be surprised. F hides back under the beanbag, making high-pitched vocal sounds which the therapist attempts to match by whistling. The therapist asks F whether he is a baby bird, and he responds, “now the cat wants the egg”. The therapist contributes to this imaginative initiation musically by singing “the cat is searching for the nest”, and vocally supports this by meowing. The co-therapist pushes another egg-shaker through the gap in the beanbags, and F pushes it out. The therapist acknowledges this action musically by singing “something jumped out of the nest!”. F mumbles something that sounds like “throw him with the egg...shell...” while pushing the top beanbag off himself and towards the co-therapist, who gently throws an egg-shaker onto the beanbag on which he is sitting. F picks it up and throws it onto the floor.

F starts to tap different instruments on the floor and the therapist asks him which instruments he would like to play with. He shakes his head and turns away from the therapist and co-therapist, ignoring them while they attempt to engage him musically. He then rolls onto his back, picks up a beater and then lets it fall to the ground. The therapist asks F if he wants to sing a song, and the co-therapist offers him the hand-drum. F takes the drum from the co-therapist and throws it on the floor. The therapist matches this action vocally. This initiates a game where F picks up different instruments to throw out of what the therapist calls ‘the nest’. F eventually picks up three instruments simultaneously and drops them on the floor next to him. The co-therapist offers him a clave, which he holds up above his head. The therapist asks him what he is going to do with the stick, and suggests that he scares the cat away with it. This initiates an imaginative game which involves the co-therapist pretending to be the cat, while F pretends to be the bird. He wriggles excitedly on the beanbag, and tells the therapist that he is going to throw a big rock on the cat. He pushes the beanbag towards the co-therapist, who pulls it over herself and lies still. The therapist tells F that the cat is dead and asks him how he feels about that. The client does not respond, and the co-therapist lifts her head. F notices and giggles. The co-therapist pretends to chase the client slowly, and he crawls away from her. He tells the therapist and co-therapist that the bird is sitting on a branch. The therapist sings “birdie come back, the cat is away”, and the co-therapist pretends to be a bird with F. The client pretends to fly back to the beanbag nest and says, “this birdie fell from the sky...now he fell from the nest”. The therapist and co-therapist make vocal sounds to support his actions. F then suddenly kneels with his back towards the therapist and makes short vocal sounds through a kazoo, which the therapist imitates.

*This excerpt is quite lengthy, as it involves one game that continues to unfold. There are many moments where little activity happens, which were transcribed with less detail. These

moments, however, still included important moments of imaginative play, thus could not be excluded from the excerpt.

5.2.2. Transcription of video excerpts

The first step in the analysis of the video excerpts was to observe the excerpts in micro-detail, and transcribe the events and interactions between the therapist, client and co-therapist within the session along a timeline, as illustrated in Table 5.1. (For thick descriptions of all excerpts, please see Appendix B).

Table 5.1. DATA SOURCE A: Client 1 (D)

Block	Time	Description
A2	01:04:06 – 01:04:17	The therapist says the client’s name, and repeats the phrase of the greeting song. The client stands up and marches on the spot with his legs spread apart on the floor. He marches in time to the music, and the therapist and co-therapist match him by stamping their feet as they sit. The client takes a step to his left, towards the therapist and examines the castanets in his hands, playing them softly. The therapist repeats the melodic phrase of the greeting song she has been singing and the client sits down sideways on his chair, leaning his head to the left as if he is pretending to sleep.
A3	01:04:18 – 01:04:26	The client moves one castanet towards the guitar strings with a snapping motion that suggests he is trying to ‘bite’ the strings, close to the therapist’s strumming hand. He then does the same with the other castanet, saying “It’s going to eat you”. The therapist vocalises fast repetitive “nyum nyum” sounds as though the castanet is eating the guitar. The client then lifts his right hand and clicks a castanet close to the therapist’s nose. The therapist says “let’s sing hello to [co-therapist]”. The client leans back and rests his head against the back of the chair, as if sleeping.

As one can see in the table, I have described the events just before a moment of imaginative play occurs (when the client pretends to ‘bite’ the guitar strings). This is in order to discern how or why moments of imaginative play emerged in sessions. I have also described events after the imaginative play has been introduced, as this helps to discern how imaginative play influences the relationship and interactions between the therapist and client. In these in-

depth descriptions I remained as close as possible to the actual video data and simply offered descriptions of what occurred without interpreting too much at this stage. However, at times interpretive words were used in order to describe mannerisms, facial expressions and actions, for example, “the client leans back and rests his head against the back of the chair, *as if sleeping*” (Table 5.1. Block A3). Such interpretations were used to enhance the verbal descriptions of the visual data.

Time frames of approximately 10 seconds were selected for description from data source A and B. As data source C was a longer excerpt, the time frames chosen were approximately 25 seconds in length. In some instances, very little with relevance to the study occurred and hence the time frame was increased. At other points, shorter time frames were described in detail in order to capture moments where a lot of activity with high relevance for the research occurred. For example, in the table above, Block A3 describes the moment where D first initiated imaginative play in the session. As this is of particularly importance for the research, the 8 seconds in which this occurred have been selected and described separately in detail.

In contrast, the 25 seconds depicted in the table below (Block A5) illustrates a moment where the therapist is attempting to engage with the client by asking him various questions to which he does not respond. There is not much happening within this clip that holds high significance for the research and thus the time frame has been lengthened.

Table 5.2. DATA SOURCE A: Client 1 (D) – Lengthened time frame

A5	01:04:37 – 01:05:02	The co-therapist asks the client “who am I then?” The client sits silently while the therapist and co-therapist wait. The therapist strums soft chords on the guitar while they wait. The therapist points to the co-therapist and asks the client “Who is that?” The client does not respond, and puts the castanets down on the floor. The therapist asks him “what’s your name?” He stands up, straightening his body slowly. He starts to walk behind the therapist, nodding his head. The therapist asks him the question again, and he does not reply, but carries on walking towards the beanbags to the side of the room. The therapist matches his manner of walking with guitar and voice. She sings “doo doo... [client] come here”.
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5.2.3. Coding the data

The next step was to code the data. Ansdell & Pavlicevic (2001: 150) describe coding as “a technical term for analytic labelling” where the researcher labels events or characteristics that pertain to the research questions. I first highlighted sentences or phrases in the thick descriptions with particular relevance to the research. Each highlighted phrase was then coded, and each code was assigned a number as illustrated in Table 5.3. (For full document, please see Appendix C). Please note that acronyms were used to describe certain codes. These included C (Client), CT (Co-therapist) and T (Therapist).

Table 5.3. DATA SOURCE B: Client 1 (D)

Block	Time	Description	No.	Code:
B17	01:14:31 – 01:14:36	The client <u>gets up excitedly</u> and is indecisive on which chair he wants to sit on, <u>jumping</u> between the different options. The therapist remains in her seat and <u>vocalises “get on the train”</u> in a descending glissando. The co-therapist fetches a tambourine from the instrument box.	31 5	C makes excited movements T attempts to engage C
B18	01:14:37 – 01:14:39	The client eventually chooses to sit on the chair in the front of the ‘train’. He looks forward and <u>holds his arms up as if driving</u> and then moves them <u>in fast, excited movements,</u> <u>vocalising “brrrr” as he does so.</u> Behind him, the therapist stands up to move closer to him, and the <u>co-therapist starts to walk towards him with the tambourine.</u> The client stands up.	 54 31 50 46	 C pretends to drive C makes excited movements C vocalises motor/engine sound CT approaches C

Codes that recurred within the three excerpts were assigned the same number. For example, the code ‘*C makes excited movements*’ was coded as 31 (recurs in Table 5.3. above, block B17, and B18).

Descriptive phrases or sentences with no relevance to the research, for example ‘*the co-therapist fetches a tambourine from the instrument box*’ (Appendix C, Data Source B17) were not coded. Codes that described the manner of the client’s actions or theme of their play such as the above-mentioned ‘*client pretends to drive*’, retained details specific to this play. Thus, the code ‘*client pretends to drive*’ was kept separate from the code ‘*client pretends to be a bird*’ (See Appendix B, Data Source C22, code 77). The reason for this was to separate different examples of imaginative play that might denote different expressions, play various roles or hold different, significant meanings within the therapeutic relationship. For example, a client pretending to drive a car may be expressing a need for control, whereas a client pretending to be a bird may be expressing something very different, such as the feeling of being small, or a desire to escape (fly away).

5.2.4. Referencing of codes and thick descriptions

The codes from all three excerpts were listed along with the data references in table form for each excerpt, as illustrated by Table 5.4. (For full document, please see Appendix C). This enabled me to observe codes that occurred frequently (such as code no. 5 in the example below, ‘*T/CT attempts to engage C*’), as well as notice any codes that were similar. Listing the codes along with their data references also enabled me to observe whether certain codes occurred more in one excerpt than others. This may suggest that certain features were part of work with one client and not the other, whereas other features were repeated across excerpts.

Table 5.4. DATA REFERENCES

No.	Code	Block from data source:
1.	C chooses instrument never seen before	A1
2.	C struggles to play instrument	A1
3.	C attempts to take CT’s instrument	A1, A7
4.	Refusal from CT/T	A1, A7, B6, B10, B13, B22
5.	T/CT attempts to engage C	A1, A4, A10, B17, B19, B 22, B23, B27, C1, C3, C10, C11, C12, C15, C16
6.	T/CT asks C question	A1, A5, A7, A8, B1, B2, B3, B4, B19, B25, B26, C1, C3, C4, C7, C8, C9, C12, C13, C16, C18, C20, C22
7.	T continues activity	A2, A3, A4, A7, A12, A14, A16, B16, C1, C6,

		C10, C11, C19
8.	C marches on spot to music	A2
9.	T/CT matches C's actions physically	A2

In the process of listing the codes, I discovered that some codes used different words to describe the same behaviour or event. I decided to give such codes one label, so that the data could be more easily managed. For example, instead of having a separate codes such as 'client moves away from therapist', 'client marches away from therapist' and 'client walks away from therapist', these were merged into the code '*C moves/marches away from T*' (Appendix C: 17). However, there were some codes that, although similar, were kept separate as they held a slightly different meaning. For example, '*C runs/crawls away from T playfully*' (Appendix C: 33) infers that the client was playfully avoiding the therapist. This playfulness was a form of engaging within the sessions, opposed to the client's resistance when he moved away from the therapist, denoted by codes such as the above-mentioned code '*C moves/marches away from T*' (Appendix C: 17), or '*C turns/looks away from T/CT*' (Appendix C: 30). Thus, these codes were kept separate.

5.2.5. Categorising the codes

Once coded the data was then placed into categories. Categories can be described as a "higher-level organisation" (Ansdell & Pavlicevic, 2001: 151) that offers a comprehensive definition of the data which enables the researcher to make logical comparisons between different codes. This was done by placing codes that were similar to each other together into small groups or clusters. After this the grouped codes were assigned a category label that seemed to best describe them (For categorisation of all codes, please see Appendix D). For example, for the category *Attempt to engage*, the following codes were grouped together (Table 5.5.):

Table 5.5. EXAMPLE OF CODES UNDER CATEGORY

T/CT attempt to engage C	5	T/CT attempts to engage C
	6	T/CT asks C question
	35	T/CT beckon C playfully
	42	CT tells C to listen to T
	45	T/CT offers suggestion for play

	46	T/CT approaches C
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This category included actions from the therapist and co-therapist that were an effort to engage, connect with, or evoke a response from the client. The clients' attempts to engage with the therapist or co-therapist are categorised separately due to the differing roles of the therapists and clients within the session.

The category, *Collaboration through imaginative play* refers to interaction and engagement between the client and therapist/co-therapist through imaginative play. This included playful reactions from the client in response to the therapist such as *C acts surprised as part of game* (Appendix B, Data Source A10 & 13, code 28), *C runs around T & CT* (Appendix B, Data Source A16 & 17, code 34), and *C hides away from T/CT* (Appendix B, Data Source B20; Data source C17, code 56). Codes that depicted the therapist's engagement, collaboration with or support of the client's actions or contributions through play were also included in this category. These included codes such as *T/CT vocalise train sounds* (Appendix B, Data Source B16, Code 54), *CT pretends to drive* (Appendix B: Data Source B21, Code 61), *T/CT vocalise cat sound* (Appendix B, Data Source C5, 7, 18 – 20, Code 70), *CT pretends to be a bird* (Appendix B, Data Source C18, 19, 21, Code 76). These specific codes had to be analysed carefully, as they could have been placed under the category *Attempt to engage*, yet when viewed in light of the events, these seemed to occur in conjunction with the client's playful behaviour, thus depicting a two-way 'collaboration' as opposed to a one-sided attempt to engage the client.

Please note that *C struggles with beanbag* (Data source C, Block C2 & 17, Code 65) was included under this category, as it involved a form of collaboration where the co-therapist helped him hide away by covering him (Data source C, Block C2 & 17, Code 66).

All codes were mutually exclusive, and most fell clearly into a category, with the exception of one or two codes. This meant making some decisions about certain codes. For example, the code '*C & CT pretend instruments are biting each other*' (Coding: Data references, no 29), could have been assigned to both categories of *Collaboration through imaginative play* and *Imaginative play – object substitution*. This code indicates collaboration from the client, yet also substitution of an instrument as an animal (sometimes without collaborating with the therapist or co-therapist). However, I decided to place this code under *Collaboration through imaginative play* as the code '*C pretends instrument is going to bite T*' (Appendix C: 13) is already included under *Imaginative play* and code 29 refers more to the fact that the therapist and client are engaging in the activity together.

The following table (Table 5.6.) depicts the list of categories derived from the data as well as a short description of each:

Table 5.6. DESCRIPTIONS OF CATEGORIES

1. Matching/acknowledgement	This category includes codes that relate to the therapist's acknowledgement of the client's actions through physically or musically matching him (which includes making vocal sounds to support play).
2. Resistance from C	This category refers to behaviour displayed by the client that indicated a challenge or testing of the therapist/co-therapist by engaging in actions contrary to what was either expected or asked within the session.
3. T/CT do not adhere to C's intentions	This refers to when the therapist does not allow the client to perform a certain action/ engage in a certain manner. It also includes moments where the therapist/co-therapist do not acknowledge the client's contributions.
4. Musical participation from C	This refers to instances where the client specifically participates through music-making.
5. Positive response from C	This category describes instances where the client makes a change in a positive direction (making progress in terms of therapeutic goals) in the session, for example participating eagerly, laughing or relaxing his body stance.
6. C engages with T/CT	This includes moments where the client chooses to engage with the therapist in a manner other than music or play, for example verbal or physical interaction.
7. Attempt to engage	This category includes attempts from the therapist or co-therapist to interact with or evoke a response from the client.
8. Collaboration through	This involves instances of working together,

imaginative play	contributing towards an activity by cooperating and sharing through imaginative play.
9. Imaginative play - Role play/acting out	The client engages in play which involves pretense or acting as something (for example an animal) or someone.
10. Imaginative play - Object substitution	The client uses an object within the room as something else.

There are certain categories within this list that may sound similar, yet have been separated into different headings. For example, categories 8 – 10, *Collaboration through imaginative play*, *Imaginative play through role play*, and *Imaginative play through object substitution* could have been placed under a general category of ‘Imaginative play’, yet this would have lost particular detail with regard to moments when the therapist, client and co-therapist worked together, or the particular manner in which the client engaged with the therapist and co-therapist. The last two categories of imaginative play (*Imaginative play through role-play*, and *Imaginative play through object substitution*) are particularly focused on how the client engaged with imaginative play in order to express personal ideas or experiences, as opposed to how the client used imaginative play to engage with the therapist or co-therapist. In contrast, codes included in the category *Collaboration through imaginative play*, focus on the quality of relating between client and therapist/co-therapist during moments of imaginative play.

5.2.6. Forming themes

During the process of coding, two main themes emerged from the data. Most of the categories seemed to be focused on the quality of interaction in the client-therapist relationship, whereas the remaining categories seemed to deal with the idea of imaginative play as an alternative medium for expressing various ideas. Therefore, the two main themes that arose are:

- Quality of interaction
- Imaginative play as an alternative medium for expression or exploration of different experiences and emotions

The theme '**Quality of interaction**' includes behaviour or actions of the client or therapist, that encourage, support or elicit or hinder interaction or communication. This also includes categories that describe the quality interaction between the therapists and clients. The categories in this theme include *matching/acknowledgement*, *attempt to engage*, *musical participation*, *C engages with T/CT*, *resistance from C*, *T/CT do not adhere to C's intentions*, *positive response from C*, and *collaboration through imaginative play*.

The categories *matching/acknowledgement* and *attempt to engage* indicate moments where the therapist or co-therapist tries to make contact with the client. *Musical participation* and *C engages with T/CT* are categories where the client responds by choosing to participate. The categories *resistance from C* and *T/CT do not adhere to C's intentions* show moments where the therapist or client oppose or challenge one another. *Positive response from C* and *Collaboration through imaginative play* show moments of 'growth' in the client/therapist relationship, where the therapist and client are able to work together and respond well to the music therapy process. Together, all these categories help to describe the quality of interaction between client and therapists that enables or hinders the development of a therapeutic relationship. This is important, as it is through this relationship that therapeutic goals can be addressed. The findings in this theme suggest that when music activities failed to encourage sustained or helpful interaction between C and T, imaginative play offered this opportunity – so enabling the growth of the therapeutic relationship.

The theme '**Alternative medium for expression or exploration**' involves the idea that imaginative play offered a space for children to explore and express experiences and emotions that they found difficult to express, or expressed in inappropriate ways through music activities. The theme includes moments where the client engaged in imaginative play through using instruments or objects in the room to represent something else, or pretended to take on different roles. This theme includes the last two categories of *imaginative play through role play* and *object substitution*.

The above themes will be discussed in detail in the chapter that follows in order to answer the research questions.

CHAPTER 6: DISCUSSION

6.1. Introduction

This chapter discusses the literature, client profiles and data from the research in order to address the following research questions:

Main research question:

- What is the role of imaginative play in the development of a therapeutic relationship, and in addressing therapeutic goals in music therapy with two pre-school children in a mainstream school?

Sub-questions:

- What are the advantages and limitations of assimilating imaginative play as part of music therapy practice with pre-school children?
- How can music therapists use their skills to work with imaginative play in music therapy sessions?

Two main themes emerged from the data. These themes are:

1. Quality of interaction
2. An alternative medium for expression or exploration of different experiences and emotions

I will address the main research question by discussing each theme in turn, and will then address the sub-questions separately. In my discussion of the main research question I will remain close to the data and findings. The discussion of the sub-questions will involve some interpretation of these findings.

6.2. Discussion of themes

As discussed in the literature, the process of play is symbolic and voluntary, allowing children to communicate and explore relationships and boundaries between themselves and others (Winnicott, 1991; Pavlicevic, 1990; Bratton et al, 2005). This experience is enjoyable and cathartic, and children often subconsciously express their fears or confusion through symbolic use of play (Cattanach, 1994; Ablort-Morgan, 2003). These ideas link to the emergent themes, which will each be discussed in detail.

6.2.1. Quality of interaction

This theme describes how working with imaginative play in music therapy sessions promoted sustained interaction between the therapist and the client at times when music did not seem to do so. Promoting interaction is important in any therapeutic process as it is through the development of a therapeutic relationship that goals of therapy can be addressed.

In all three excerpts, there are moments in which the therapist or co-therapist attempts to engage with the client musically. This includes singing the client's name, asking the client questions within a song structure, or offering the client various instruments while maintaining a continuous musical baseline (through playing guitar or singing). The therapist also attempts to interact with the client by musically matching any musical or physical ideas that the client initiates, such as stamping feet and matching the music to that action or rhythm (For example, Appendix B, Data Source A2).

Both clients resisted responding to these attempts, either by completely ignoring the therapists, or more actively resisting by changing their activities abruptly. As Nordoff and Robbins (1977) state, although resistance (or resistiveness) can often be a helpful part of the therapeutic process, as it shows a growing independence on the part of the client, continued resistance from the client can hinder the development of a relationship.

In F's case, his response to the therapist's attempts to engage with him was to pull the beanbags over himself (Appendix B, Data Source C1). One could say that he may have been displaying withdrawal from the music therapy situation within this moment by hiding away from the therapist, the music and remaining 'invisible'. Other interpretations could include that his actions are an attempt to indicate his disinterest or unwillingness to participate with the therapist (active rejection). Alternatively, the client could be indicating that he wants to engage with the therapist in a different manner other than music, namely play, which he might find easier or a more familiar mode with which to communicate. In D's case, the client behaved in a more assertive, resistive manner, physically attempting to take items away from the co-therapist (Appendix B, Data source A1 & A7; B1 & B2), or using larger body movements to indicate his intention, for example, marching away from the therapist (Appendix B, Data source B9). This could be an example of evasion or manipulation through assertive actions from the client or as mentioned above, these actions might have been an attempt to communicate with the therapist.

When these actions were not acknowledged by the therapist or co-therapist, the client would disengage from the activity and not respond to the therapist, or would continue with resistive behavior such as refusing to participate, demanding items from the co-therapist (Appendix B,

Data Source A6 & A7; B2) or moving away from the therapist (Appendix B, Data Source A5; B3). Although this active resistance was a form of interacting within the relationship as opposed to a client who does not respond at all to activities, the therapist struggled to find ways to work with this, and so often ignored the client, thus resulting in little interaction.

The clients would sometimes engage in inappropriate behaviours such as throwing instruments, which the therapist could not allow, and therefore she would not adhere to the client's intentions, in the interim providing him with boundaries in the session. There were also moments where the therapist may have missed what the client was doing, and thus did not pick up on subtle cues that could have taken the session in a different direction.

As mentioned by various authors (Bunt, 1994; Bean, 1995), a non-directive approach refers to reflecting, reinforcing and working with what the child offers instead of expecting the child to follow set activities. Music therapy is a client-centred stance, and therefore this means that the therapists should adjust their intentions and music to meet the client. Although the music therapists intended to work with their clients in this way, the data shows their initial difficulty in even making contact with the clients, which hampered their ability to work mutually with them. A possible reason for this struggle may be that the therapists, who were first year students, grappled with feeling the need to be in control and directing the musical activities (as they needed to prove their abilities as therapists), or alternatively were simply too focused on perfecting newly written songs, or newly learnt guitar chords instead of working in a non-directive, client-centred manner. As inexperienced therapists, they may have also struggled to understand or work with what the client was trying to express in sessions.

In the excerpts, there were moments where most of the musical attempts made by the therapist or co-therapist were focused on trying to get the client to pay attention or follow the therapist's activity, as opposed to developing an activity together on a mutual level. A clear example of this is where the therapist is singing a song about yellow objects in the room (Appendix B, Data source B1 – 4). During this activity, the client never once responds to the song but engages in various other actions, thus attempting to give the therapist cues as to how he may want the activity to evolve. However, the therapist simply continues to sing the song, even though this is not meeting the client in any way.

The client's resistance may have been a response to the therapist's failure to acknowledge him. However, this resistance may also have been an expression of frustration at the client's own inability to play musical instruments in comparison to the ability of the therapists. D struggled to play certain instruments in the beginning of the session, and seemed unsure of how to participate. There were moments of musical contribution from the client, yet these were fleeting, and may indicate that the client was feeling unskilled in comparison to the

therapist, or what Ansdell (1995: 109) discusses as the perceived “‘skill discrepancy’ between the client and the therapist”.

One can argue that D’s endeavour to play the guitar (Appendix B, Data Source B5) was an attempt to gain some mutuality within the activity. Through this close interaction, with the therapist holding the chords and the client strumming softly, there were moments of connectedness and focus within the music (Appendix B, Data Source B8), albeit for a short period of time.

Within this excerpt it is evident that there was some mutual participation through the music, but this was minimal. The freedom to explore personal and emotional ideas and concepts in music therapy relies on a sense of belonging, as well as mutual participation between the therapist and client in order to reach certain goals (Tervo, 2005). This mutual participation does not occur immediately, but develops through various interactions between the client and therapist. This may involve moments of friction, where one or both partners mismatch each other or one partner resists contact, but moves towards moments where therapist and client are able to share intentions and meaning mutually. In the data, there seemed to be more interaction and collaboration between the therapist, client and co-therapist during moments of imaginative play that were introduced within the session, with all three participating in, creating and expanding on the games or stories that emerged. For example, when D and the co-therapist pretend to bite each other with the castanets and the therapist matches this action on the guitar (Appendix B, Data source A18); or when F crawls away from the co-therapist who is pretending to be a cat, and the therapist asks him if he is flying away. F then extends the activity by saying “now the bird is sitting on the branch”, to which the therapist and co-therapist respond by participating in the fantasy/story (Appendix B, Data source C20 and C21). These ideas were negotiated between the three, as opposed to music-making activities where the client was expected to follow the therapist’s activity. In playing a mutually negotiated game together, the client, therapist and co-therapist were similarly ‘skilled’, thus for the client, this could have offered a sense of sharing the influence of the therapeutic situation, and therefore some control over his environment (Burke, 1991). Therefore, imaginative play enabled the three to communicate on a mutual level, and contribute equally towards the activity.

Further, there were moments where D clearly indicated that he would only engage in the session through imaginative play. In the first excerpt of D (Appendix B, Data Source A), the client pretends that his instrument (castanet) is biting the strings of the therapist’s guitar. The therapist then makes vocal sounds to support his play, and he responds by pretending that his instrument is biting her nose (Appendix B, Data Source A3). The therapist does not

continue with this acknowledgement of the client's actions, and returns to the greeting song, to which the client responds by leaning his head on the chair. He is disengaged and seemingly disinterested until the co-therapist interacts with him in the same manner, pretending that her instrument is biting his (Appendix B, Data Source A10 & A11). The therapist matches this musically and the client interacts in a more engaged manner. The client clearly conveys his willingness to interact with T/CT through play, but not through the music activity. In keeping with a client-centred stance, it was thus important for the therapist to acknowledge D, and to allow him some say in the therapy process. In this case, it meant that the therapist needed to incorporate imaginative play into the session. When the therapist began to engage with D playfully, the music therapy session became something enjoyable for the client.

Enjoyment is important for music therapy, because when children are having fun they are able to express themselves and explore important ideas freely, as well as engage with the therapist, therefore promoting the therapeutic relationship. Children use imaginative play for self-entertainment as well as absorbing and creating an understanding of the complexities of everyday life (Bergen, 2002). In both excerpts, the clients seemed to relish the playful activities. Their resistance to participation in the beginning of the sessions may have been due to them not enjoying the activities or music-making with the therapist. Perhaps it felt more like a task in which they were expected to participate, and they expressed their feelings towards this accordingly. For example, D's action of leaning his head back against the chair could have been an indication of boredom (Appendix B, Data Source A3).

However, both clients participated during the imaginative play, were engaged with both the therapist and co-therapist, and showed positive responses such as laughing (Appendix B, Data Source B20; C19), becoming excited (Appendix B, Data Source A3; B17; C17) or relaxing in their stance towards the therapist (Appendix B, Data Source B20) The therapists were also able to relax and enjoy themselves with the client, therefore promoting interaction and enabling important issues to be explored more freely.

When the therapist used certain music therapy techniques such as matching, mirroring and reflecting the client's playful actions musically (both in D and F's case), this opened up an opportunity for a more participatory response or connection from the client. For example, in the excerpt of F, the therapist reflects what the client is doing by singing "F is hiding underneath the bag" (Appendix B, Data source C2). At first this does not gain the client's attention, and the co-therapist initiates a playful action of pushing an egg-shaker through a gap in the beanbag, which gains a response from the client. This response is then acknowledged musically by the therapist and co-therapist (on the guitar and vocally), which

then elicits a vocal response from the client. The therapist then imitates the client's response, and the client keeps still once again. The therapist then attempts to engage the client by asking him a question which suggests imaginative play - "the therapist asks the client if he is a baby bird" (Appendix B, Data source C3). This in turn promotes more interaction from the client, who contributes to the play or story - "Now the cat wants the egg..." (Appendix B, Data source C4). This suggests that using music as a backing for imaginative play can enhance this by offering a commentary of what is happening, or providing structure to playful activities through the structure of a song.

Therefore, in both cases, the initiation of imaginative play seems to promote the client's engagement, increasing both verbal and non-verbal communication, for example, conversing with the therapist by contributing to the story or theme (Appendix B, Data source C7), and hiding or running away from the therapist in a playful manner (Appendix B, Data Source B19 & B20; C8). This imaginative play, when matched or acknowledged promotes contact between the three, strengthens the therapeutic relationship and allows for further interaction and contribution from the client. Importantly, the quality of engagement during imaginative play was also mutual, which is important for the therapeutic relationship.

6.2.2. An alternative medium for expressing or exploring different experiences and emotions

In order to explore difficult ideas and to express himself fully, the client needs to feel safe and comfortable to share his experience with the therapist. In the creative therapies, the various forms (play, music, dance, art) are seen as a medium through which the client can safely present and deal with various feelings and ideas. In these cases, the music did not seem to offer this to the clients, and they did not seem comfortable with making music. D tried to engage musically, but struggled to express himself on the instruments, and F displayed no interest in playing the instruments in a musical manner. Therefore, it seemed that in these instances the children were perhaps not "ready to use music" as described by Gold et al. (2007: 586). Therefore, because the clients struggled to express their ideas through music, they turned to the medium of imaginative play, which provided them with the safety they needed.

Imaginative play offered the clients a means of expressing difficult feelings such as aggression and frustration in an appropriate manner. During music therapy sessions the clients, especially D, often displayed resistive behaviours which could be seen as a testing of the therapist's response or boundaries of the relationship. Examples of this would be when the clients dropped or threw their instruments within an activity (Appendix B, Data Source A9;

C12). At times the therapists were able to match or acknowledge these behaviours, indicating their acceptance of the clients' intentions, as well as offering them containment in which they could explore and extend these activities.

However, whilst resistive behaviours displayed by the clients (such as taking the co-therapist's instruments away, or dropping or throwing chairs and instruments in a manner that could break or damage them) may have been a direct expression of how they were feeling, or even an attempt to gain the therapist's attention, these were inappropriate ways of expressing these feelings. Therefore the therapist could not allow the client to express himself in these ways, and thus these resistive behaviours were not helpful within the relationship.

The clients' use of imaginative play through both role-playing and object substitution could be seen as an alternative way of expressing their feelings. By pretending to be an animal that bites the therapist (Appendix B, Data Source A3), D perhaps indicates a need to express aggression or frustration towards the therapist. This has a direct link to his referral for music therapy, which included aggression and disruptive behaviour which was negatively directed towards his classmates. Within music therapy sessions he was able to channel these feelings into a more positive manner through imaginative play, without harming anyone in the process. When the therapist matched this musically and the co-therapist responded in the same manner, it initiated a playful interaction between the three, enabling the client to feel heard and free to continue to express and explore difficult feelings such as aggression in this manner.

Whilst F often withdrew from making music together with the therapists, through play he found a safe space where he was able to explore his feelings in more depth. As the therapist maintained a safe, supportive musical structure, this offered the client a containing space in which to extend and express his ideas. F's imaginative play could be indirectly related to his home situation, where his parents had recently divorced and his brother seemed to receive more attention than he did from his mother. The bird within his play could have been a subconscious representation of his feelings of insignificance and isolation (F: "the egg is now off the nest and he doesn't know where the nest is" – Appendix B, Data Source C4), whereas the nest represented the family or home where he felt excluded, as indicated by his actions of throwing the eggs out of the nest (Appendix B, Data Source C13). The 'cat' could have symbolized a threat to his safety, which he then confronted by throwing a 'rock' (beanbag) at it (the co-therapist). Through this imaginative play, F is indicating a need for containment, protection or safety, which is provided within the therapeutic space.

The above are good examples of a safe, appropriate way to express difficult feelings which the clients may not have been able to do in other contexts. The client's internal experiences were represented through the processes of imaginative play (Lefevre, 2004). As mentioned in the literature, Piaget had suggested that children re-adjust their worlds in order to understand them in their own terms, yet they also need to adapt to other, external events (Swanwick, 1988). This means that the children need to find a connection between their inner and outer world through engaging in a way they know how (Winnicott, 1991). Imaginative play offered both F and D this opportunity.

Overall, imaginative play influenced the therapeutic process by providing the client with a means of communicating with the therapist in an alternative manner, as well as a means of connection between the therapist, client and co-therapist. Further, imaginative play offered the client a space to explore and express experiences that he was unable to express through music. Music and music therapy skills were used to support this play, resulting in a more mutual collaboration between the three.

6.3. Advantages and limitations of assimilating imaginative play as part of music therapy practice with pre-school children

6.3.1. Advantages

As addressed in the main part of the discussion, the role of imaginative play in music therapy sessions seems to be advantageous when working with pre-school children, in that it promotes interaction, enjoyment and collaboration, as well as provides an alternative medium for expression of ideas. In many cases, music therapy can take on these roles. However, at times the client may refuse to engage within musical activities, or may initiate imaginative play activities themselves. In keeping with the client-centred stance, the therapist then needs to find ways of creatively working with imaginative play in therapy sessions.

For new clients who may be very nervous about the concept of making music, or to whom the instruments are all foreign and perhaps frightening, the use of imaginative games may offer something that they are all familiar with, and therefore help them to relax. For example, F does not seem to want to engage with the therapist musically and begins to throw instruments off the beanbag (which could indicate a physical representation of his unwillingness to play). He then makes a game out of it, slowly opening up to the therapist and forming a 'story' together with her (Appendix B, Data Source C11 – 13). In a similar sense, if therapy becomes too intense, or the therapy progress moves through difficult

stages, the inclusion of moments of imaginative play may perhaps offer the client a 'break' from the 'hard work' of music therapy.

As a music therapist, it is always good to incorporate various options in order to keep creative, and to adapt to various clients' needs. Imaginative play offers music therapists more options instead of using just music within sessions. This therefore broadens the way we think about our skills, and can therefore be beneficial for music therapy practice. It also then remains close to the client-centred approach in that the clients, who are young children and who engage in play naturally, are met by the therapist who adapts her skills to what they offer.

6.3.2. Limitations

However, incorporating imaginative play into sessions may lead to a tendency to move away from the medium of music, and may become stuck in a certain pattern that is not beneficial for the client. As Gold et al (2007: 586) state, "it is important to be aware that over-reliance on other media may occur because one of the participants [that is, either the client or therapist] is avoiding the medium that is most central to this type of therapy". For example, in both of D's cases, he would use imaginative play to move away from the music activity, changing from one imaginative idea to another as soon as the therapist introduced some form of music. At times, therefore, it appeared that D used imaginative play to resist the therapeutic process. This made it difficult for the therapist to work consistently on therapeutic goals.

For some children, a move towards imaginative play by the therapists may lead them to feel 'less' safe, as it moves them away from the predictability and thus safety of knowing what to expect during music therapy sessions. In other words, a child coming to music therapy will be expecting to partake in some form of music, and a sudden shift to a completely new way of working may be unsettling for him/her.

A further limitation includes the fact that we, as music therapists, may not have the professional skills to adequately work with all themes or ideas that children work with in imaginative play, as we are not 'play therapists' or drama therapists. Thus we must be careful to remain within our professional boundaries. Therefore, music therapists can incorporate moments of imaginative play, but need to continue to work predominantly through the medium of music.

6.4. Using music therapy skills and incorporating imaginative play in sessions

This study has focused mainly on play within music therapy sessions, and therefore the question arises whether there are differences in the way a music therapist would use play in a session compared to how a play therapist or psychologist would.

One of the main skills of a music therapist is to musically interpret the client's movements, actions, vocal inflections and so forth, and to clinically adapt their playing in a way that suits the client's needs. This mostly involves spontaneous improvisation (which include skills such as imitation, repetition, turn-taking), as well as techniques such as mirroring, matching and reflecting, such as the therapist did when D began to walk away from her. She matched his manner of walking musically by playing the rhythm on her guitar and supporting it with her voice (Appendix B, Data Source A5).

Music therapists can use some of these skills when working with imaginative play. For example, music therapists are able to read a child's intentions and emotional quality of his/her actions by reading the musicality with which they move or speak. A child may show their sadness by moving across the room slowly, dragging his/her feet with a heavy motion, or may indicate joy by getting up quickly and speaking with short, sharp phrases. Therefore, when children play, music therapists can interpret their actions and respond to these in appropriate ways, guiding the direction of play towards addressing therapeutic goals. By musically matching the urgency in F's fast movements within the 'cat and bird' game, the therapist was able to reflect the client's feelings back to him, just as she was able to reflect feelings of suspense using longer spaced, slow chords to represent the cat approaching the nest musically (Appendix B, Data Source C17 -19). One of the therapeutic goals set for F was to allow for expression of feelings brought about by his parents' recent divorce. Often feelings like this are scary to deal with, and difficult to pinpoint, especially for a young child. By musically reflecting the feelings F expressed through play, the therapist enhanced F's awareness of these feelings, offering him an opportunity to explore these feelings within a playful atmosphere. Also, in reflecting the child's actions, the therapist shows his/her involvement and interest in what the child offers, and therefore the child's behaviour is valued.

Music therapists are expected to be able to spontaneously adapt their music to what the client brings to the session. The same spontaneity that is used within musical improvisations can thus be used when children turn to play. Therapists can find ways of meeting and

working with this play, of following the movements and changes within a game, whilst being able to draw the child toward a familiar playful theme.

Music can provide structure to a child's imaginative play, which is helpful when the child has problems with boundaries or struggles to concentrate. For example, when D was distracted and changed from one activity to the next, the therapist gave him a chance to be in control by offering him the djembe drum to beat while they were on "the train". By playing with him on her own drum and singing "We're driving in the train today", she offers him a basic rhythm which he follows for a short while (Appendix B, Data Source B26). This offered D a point of stability, predictability and sameness within his fluctuating, unsustained and unpredictable playful ideas. Alternatively, music can provide a certain setting or mood to the child's imaginative play, helping the client to reflect his/her emotions. The use of a song structure may help a child to reflect on important aspects of his/her play, and therefore be beneficial within addressing therapeutic goals (as illustrated in the example with F above).

6.5. Conclusion

This research has shown that imaginative play within music therapy sessions can help to promote interaction and mutual participation, provide a safe space for exploration and help the child to express different ideas and feelings, as well as provide an enjoyable experience for both the therapists and the clients. This was particularly helpful when merely making music led to minimal interactions and development within the therapeutic relationship.

Further, using imaginative play in music therapy sessions can be advantageous in that it offers alternatives for working with pre-school clients with whom the therapist may feel stuck or struggle to find a point of contact. This in turn, promotes working creatively with pre-school clients, and calls for a broadening of music therapists' skills, which is beneficial for the practice of music therapy.

However the limitations of using imaginative play include becoming over-reliant on the medium of play, and therefore undermining our field of work. As music therapists, our skills of meeting, matching, imitation, repetition, turn-taking and mirroring fit well with work with imaginative play as children use similar skills when playing. Our skills of musical interpretation, spontaneity, and adaptation further enable us to adjust sessions to suit the client's needs - however, we do not necessarily have the skills that enable us to interpret and work with a child's imaginative play on the same level as that of a play therapist, and therefore must be careful to remain within our professional boundaries.

CHAPTER 7: CONCLUSION

7.1. Summary

This study explored the use of imaginative play within music therapy sessions. Findings from this research indicate that imaginative play has advantages for both the client and therapist, as well as for the development of the therapeutic relationship. Imaginative play enables contact, interaction and participation at times when sessions seem to be stuck, or when one participant struggles to communicate with the other. It promotes creative thinking on behalf of the music therapist, who has to adapt her methods to what the client offers. However, one must keep in mind the professional boundaries between music therapists and play therapists, and be careful not to overstep these in the process.

7.2. Limitations of the study

This study focused specifically on two single cases, in which both clients were boys, at the same pre-school, and one must not overlook the unique character of each of the clients (as well as the therapists) which contributed towards the direction of the sessions. As mentioned in Chapter 3, the process and findings have been described in detail (in Chapter 5 and 6) for others to decide on the relevance of the study in their own contexts. However, studies with a larger sample could add more insight into the research.

Another limitation is that, because the data was from pre-existing clinical work, the therapist at the time of sessions did not record session notes in as much detail as she could have regarding imaginative play. This is opposed to a situation where she may have focused more on the topic if the study were conducted in order to discern such findings.

7.3. Personal comments

In conclusion, I have found the process of writing this mini-dissertation invaluable. It provoked me to think more deeply about my initial thoughts of imaginative play in music therapy sessions with pre-school children, as well as enabled me to consider this within a more theoretical framework. As this was written in my second year of training as a music therapist, I was able to think more broadly than I had done previously in my first year, and thus was able to provide broader possibilities of why certain events may have occurred.

As far as I am aware, there is very little literature that has been published with specific focus on imaginative play in music therapy with pre-school children. This is even more so in South Africa, where music therapy is still relatively new as a profession. I hope that this discussion

may contribute to the ever-growing body of knowledge surrounding music therapy, and perhaps enable music therapists to think more broadly and creatively when conducting sessions with pre-school children.

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APPENDIX A: CONSENT FORM

FACULTY OF HUMANITIES

DEPARTMENT OF MUSIC

Music Therapy Unit

Tel: 012 420 5372

Fax: 012 420 4517

musictherapy2@up.ac.za

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



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Date:

MUSIC THERAPY SESSIONS: PERMISSION FOR ATTENDANCE AND TO RECORD

I _____, give my permission for _____ to receive music therapy sessions with students enrolled in the Masters of Music Therapy Degree Program of the University of Pretoria (UP) from to 2008 at Hatfield Montessori Pre Primary School.

I also grant permission for sessions to be recorded onto video and/or audio tape. I understand that this recording will be used only for clinical, research and educational purposes, as part of the music therapy students' training, for supervision purposes with their supervisors, and as part of their clinical case study presentations for their examinations. Visual and audio recording during music therapy sessions is standard practice as is used to clinically analyze sessions and in turn to give direction to the ongoing therapy process. All efforts to protect privacy, anonymity and confidentiality will be adhered to, in line with standard clinical practice. At the end of the students' training, tapes will form part of the training archives and will become the property of the Music Department, University of Pretoria. Upon request, tapes may be listened to/viewed by parents.

Name and relationship to child

MMus (Music Therapy) Student

Ms Shan Ellis, Hatfield Montessori Pre School

Clinical supervisor, Music Therapy Programme

APPENDIX B: THICK DESCRIPTIONS

DATA SOURCE A:

- D (EXCERPT 1 SESSION 6)

DATA SOURCE B:

- D (EXCERPT 2 SESSION 6)

DATA SOURCE C:

- F (EXCERPT 3 SESSION 8)

DATA SOURCE A: Client 1: D (EXCERPT 1 SESSION 6)

	Time	Description		Coding
A1	01:03:57 – 01:04:05	The co-therapist, client and therapist are sitting in a semi-circle, with the client in the middle. The client has chosen to play a pair of castanets (which he has never seen before), while the co-therapist has chosen the handle-castanets. The therapist begins the greeting song, strumming the guitar in a lively manner, slapping the strings on every second beat. She sings a simple melodic phrase in D major, greeting the client. The client plays, looking at the castanets as he plays. His beats are slightly offbeat and random, and he seems to struggle to play the castanets. He tries to take the co-therapist's handle castanets, but she shakes her head and points at his instrument. The therapist calls his name and says "come", asking him if he is going to sing the greeting song with them.	1. 2. 3. 4. 5. 6.	C chooses instrument never seen before C struggles to play instrument C attempts to take CT's instrument CT/T refuses T tries to engage C T asks C question
A2	01:04:06 – 01:04:17	The therapist says the client's name, and repeats the phrase of the greeting song. The client stands up and marches on the spot with his legs spread apart on the floor, making him look oddly balanced. He marches in time to the music, and the therapist and co-therapist match him by stamping their feet as they sit. The client takes a step to his left, towards the therapist and examines the castanets in his hands, playing them softly. The therapist repeats the melodic phrase and the client sits down sideways on his chair, leaning his head to the left as if he is going	7. 8. 9. 10. 11.	T continues activity C marches on spot to music T and CT match C physically C explores instrument C pretends to sleep

	Time	Description		Coding
		to sleep.		
A3	01:04:18 – 01:04:26	The client uses one castanet to try and “bite” the strings on the guitar, holding it close to the therapist’s strumming hand. He then does the same with the other saying “It’s going to eat you”. The therapist vocalises fast repetitive “nyum nyum” as though the castanet is eating the guitar. The client then lifts his right hand and clicks a castanet close to the therapist’s nose. The therapist says “let’s sing hello to [co-therapist]”. The client leans back into ‘sleeping’ position, leaning his head to the left, against the back of his chair.	12. 13. 14. 7. 11.	C pretends instrument is going to bite guitar C pretends instrument is going to bite T T makes vocal sounds to support C’s play T continues activity C pretends to sleep
A4	01:04:27 – 01:04:36	The therapist starts to sing to the co-therapist in the same key and melodic phrase, and uses the same strumming pattern as before. The co-therapist plays the handle-castanet on every second beat, leaning forward slightly and shaking the instrument in front of the client, who has now turned slightly towards her. He is looking at his hands, but once he notices the co-therapist’s actions, he looks at the co-therapist and says “I’m not [co-therapist]”. The therapist finishes the melodic phrase while the co-therapist responds to the client’s statement by saying “I am [co-therapist].” The client mumbles “no” and looks down at his lap, repeating “no” one last time in time with the last note sung by the therapist, as well as the same note.	7. 6. 15.	T continues activity CT tries to engage C Verbal interaction between C and CT
A5	01:04:37 –	The co-therapist asks the client “who am I then?”. The client sits silently while the therapist and co-therapist wait. The therapist strums soft	6.	CT/T asks C question

	Time	Description		Coding
	01:05:02	chords (minims) on the guitar while they wait. The therapist points to the co-therapist and asks the client “Who is that?” The client does not respond, and puts the castanets down on the floor. The therapist asks him “what’s your name?”. He stands up, straightening his body slowly. He starts to walk behind the therapist, nodding his head. The therapist asks him the question again, and he does not reply, but carries on walking towards the beanbags to the side of the room. The therapist matches his manner of walking with guitar and voice. She sings “doo doo... [client] come here”.	16. 17. 18.	C does not respond C moves/marches away from T T matches C musically
A6	01:05:03 – 01:05:10	The client vocalises a low, forced “huh!”, which the therapist imitates and incorporates into a short vocal melody accompanied by guitar. The client walks towards the therapist, then stops next to her and grabs the handle-castanet from the co-therapist who allows him to take it. He holds it in his left hand sits down, picking up an egg shaker with his right hand, briefly shaking it while looking at the co-therapist. The therapist pauses.	19. 20. 21. 22. 23.	C responds vocally C approaches T C takes instrument away from CT C picks up more instruments C looks at T
A7	01:05:11 – 01:05:22	The therapist starts to strum in 4/4 rhythm, slapping the strings on every second beat. The co-therapist picks up a maraca - the client moves the egg shaker into his left hand with the handle castanet and tries to take the maraca away from the co-therapist. She holds it close to her and says “it’s mine”. The client says “no” and looks down at the floor, leaning forward between his knees to pick up the two castanets	3. 4. 24. 22.	C attempts to take CT’s instrument Refusal from T/CT C disagrees with CT C picks up more instruments

	Time	Description		Coding
		from the floor with his right hand. The therapist carries on strumming the same rhythm, with the co-therapist shaking the maraca on every second beat. The therapist starts to sing “What are you going to play today?” playing a simple I-IV-V progression on the guitar.	7. 6.	T continues activity T asks C question
A8	01:05:23 – 01:05:33	While the therapist sings, the client drops the handle-castanets with disinterest, then holds the egg shaker in his lap while he attempts to place his fingers (right hand) through the elastic bands of the castanets. The therapist and co-therapist pause. The client manages to get his index finger through the elastic band of one of the castanets. He holds the other castanet in the same hand, then takes the egg shaker from his lap with his left hand, and picks up the handle castanets at the same time. The therapist exclaims “Oooh, now what are you doing, hmm?” and the client shakes the instruments once with effort.	25. 10. 22. 6. 10.	C drops instrument C explores instrument C picks up more instruments T asks C question C explores instrument
A9	01:05:35 – 01:05:47	The therapist maintains the same manner of strumming as before, and vocalises “clicky click” in an attempt to match the client’s playing. She pauses and repeats this phrase, and the client looks at the co-therapist’s maraca, holding the handle castanet out towards her with his right hand and pretending it is some sort of wild animal. He vocalises gruff, raspy growling sounds as holds it close to the co-therapist. He allows it drop out of his hands, and the co-therapist says “boom” softly, which the therapist repeats in a louder, higher pitched	14. 26. 27. 25. 18.	T makes vocal sounds to support C’s play C pretends instrument is animal C makes growling sounds C drops instrument T/CT match C’s actions musically

	Time	Description		Coding
		voice.		
A10	01:05:48 – 01:05:50	The co-therapist then picks up the handle castanet and imitates the growling sounds made by the client, and holds the instrument close to his face. The client jerks his body away quickly, as in surprise or 'play' fright. The therapist strums the guitar in fast, very soft strums as the client turns towards the co-therapist.	5. 14. 28. 18.	CT attempts to engage C CT/T makes vocal sounds to support C's play C acts surprised as part of game T matches C musically
A11	01:05:51 – 01:05:58	There is playful interaction between the co-therapist and client – the co-therapist holds the handle castanets in such a manner that she can click them together with her fingers. The client holds his castanet between his fingers, and they both pretend that their castanets are "biting" each other, clicking them closed at the same time. The therapist matches this "biting" action by strumming a minor chord on the guitar and vocalising "Hyum" as they click together. The client holds his castanet up in the air, and the co-therapist starts to click in faster beats. The therapist remains in a simple 2/4 rhythm which seems slightly lagged.	29. 18. 14.	C and CT pretend instruments are biting each other T matches C musically CT/T make vocal sounds to support C's play
A12	01:05:59 – 01:06:06	The client looks at the co-therapist, then at the therapist, and crawls off his chair to the left. He kneels on the floor next to the therapist. The therapist carries on vocalising "Hyum", strumming on the first beat and muting the strings on the second, while looking at the client. The co-therapist leans forward on every second beat and clicks her castanets.	23. 20. 7. 16.	C looks at CT/T C approaches T CT/T continues activity C does not respond/disengages

	Time	Description		Coding
		The client looks down at the floor, then plays with a castanet. The therapist sings “I’m going to eat you” alternating minor thirds.	30.	C looks away from CT
A13	01:06:07 – 01:06:13	The client looks up at the therapist and moves forward on his knees towards her. He straightens up tall, still on his knees, and looks at the co-therapist, who leans forward and clicks the castanet in time with the therapist’s playing. The client responds to one of the co-therapist’s clicks by leaning back and vocalising “Hah!”. He sits on his haunches and says “You’re not a crocodile”. The therapist pauses as he does so.	20. 23. 19. 28. .	C approaches T C looks at CT/T C responds vocally C acts surprised as part of game
A14	01:06:14 – 01:06:27	The client starts to crawl forward on his knees, maintaining eye contact with the co-therapist. The therapist starts sings in minor thirds, using the words “Big crocodile”. The client and co-therapist return to their ‘biting’ game with the castanets, with the co-therapist clicking from the top, and the client from the bottom. The therapist returns to “Nyum”, playing fast strums in E minor as she repeats the vocalisation. The co-therapist clicks her castanet in short fast beats, with the client responding with one short click.	20. 7. 29. 18. 14.	C approaches CT T continues activity C and CT pretend instruments are biting each other T matches musically T makes vocal sounds to support C’s play
A15	01:06:28 – 01:06:33	The client gets up and sits back on his chair. He presses his hands into his lap and turns his body slightly away from the co-therapist, while keeping his head turned towards her. He vocalises a high pitched, excited squeal. The co-therapist shakes the handle castanet and the client plays his one castanet in a ‘frantic’ or excited manner, wriggling	31. 23. 33.	C makes exited movements Looks at CT/T C runs away from CT playfully

	Time	Description		Coding
		his arms up and down before vocalising another high pitched squeal and runs away from the co-therapist. The therapist has returned to playing on the guitar, strumming, then slapping the strings on every second beat while vocalising “No crocodile!” in a high tone.	32. 19.	C vocalises high pitched squeal T matches C musically
A16	01:06:34 – 01:06:46	The client runs around the therapist and co-therapist. They remain seated, and watch him. The therapist carries on playing, and the co-therapist leans forward in a playful ‘pouncing’ stance, holding the castanet up in the air and clicking it when the therapist slaps the strings on the guitar. The client stops running and the therapist and co-therapist pause. The co-therapist beckons the client in a mischievous voice, saying “come here so I can bite you”. She plays the castanets to the rhythm of her verbal phrase.	34. 7. 35.	C runs around T and CT T continues activity CT beckons C playfully
A17	01:06:47 – 01:07:05	The therapist strums in A minor, and begins to sing “there was a crocodile in the river”. The client is focused on the co-therapist, pretending to bite her instrument with the castanet, then runs back and forth while smiling at the co-therapist. He stops, then looks at the therapist (who has paused playing) and says “I’m not a crocodile, I’m a toy!” He plays the two castanets together simultaneously in a simple 4/4 rhythm.	18. 29. 34. 23. 36. 11.	T matches C’s actions musically C & CT pretend instruments are biting each other C runs around CT and T C looks at T/CT C pretends to be a toy C explores instrument
A18	01:07:06 – 01:07:16	The therapist acknowledges this, matching the client’s rhythm, but then returning to her previous slapping pattern, singing “D is a toy, walking around”...the client sits down...”now he’s sitting down”. As she finishes	18.	T matches C musically

	Time	Description		Coding
		the phrase, the client turns to the co-therapist and clicks his castanet once near hers, making a loud “HUM!” vocalisation. The co therapist imitates him in return. The therapist carries on playing a 4/4 rhythm on the guitar, singing “HUM” on every second beat. The client turns to her and uses his castanet to ‘bite’ the guitar.	29. 12.	C and CT pretend instruments are biting each other C pretends instrument is going to bite guitar
A19	01:07:17 – 01:07:31	The therapist leans forward slightly, and strums faster strums, singing the client’s word/phrase repeatedly “humumumumum”. The client holds one of his castanets close to the therapist’s face and clicks once (which the therapist matches), before doing the same to the co-therapist. He returns to playing with the co-therapist, both of them using their castanets to bite the other’s castanet at the same time. The therapist matches this on her guitar and using voice.	14. 18. 13. 29.	T makes vocal sounds to support C’s play T matches C’s actions musically T pretends that instrument is going to bite T C and CT pretend instruments are going to bite each other
A20	01:07:32 – 01:07:42	The client drops the castanet that the co-therapist ‘bit’ with her castanet, and says “It’s dead”. The client then drops the other one and picks up a tambourine.	25. 37.	C drops instrument C pretends instrument is dead

DATA SOURCE B: Client 1: D (EXCERPT 2 SESSION 6)

	Time	Description	No.	Coding
B1	01:11:49 – 01:11:53	The therapist is sitting on a blue chair to the right, the client on a green chair in the middle and the co-therapist on a red chair to the left. The therapist strums in C major, within a simple 4/4 rhythm and starts to sing to the client, asking him how many yellow things he sees in the room. The client picks up the green chair that was placed out for him and walks up next to the co-therapist, dropping or rather half-throwing the chair, letting it land on its legs with a thud behind the co-therapist. The therapist pauses.	7. 17. 40. 21. 41.	T/CT asks C question C does not respond/disengages C picks up chair to elicit response from T/CT C approaches CT/T C drops chair to elicit response from T/CT
B2	01:11:54 – 01:12:06	The therapist repeats the question, and the client looks up at her while trying to take the co-therapist's chair from under her. He looks at the co-therapist and says "Give me". He looks at the therapist, who repeats the musical question. Halfway through the therapist's phrase, the client looks away and says "I'm doing that" while tugging at the co-therapist's chair. The co-therapist points to the therapist and tells the client listen to the question the therapist is asking. The therapist pauses and speaks to the client, telling him that she is asking him a question.	7. 42. 43. 31. 44.	T/CT asks C question C attempts to take CT's chair C demands chair from CT C looks away from T/CT CT tells C to listen to T
B3	01:12:07 - 01:12:14	The client looks at the therapist and takes a step backwards, vocalising "ooh". The therapist starts to repeat the question, and the client runs towards her, vocalising a roaring sound as he swings his arms in large, circular movements. The co-therapist imitates him, matching his voice and movements. The client kneels on the floor while the therapist finishes her sentence.	18. 7. 21. 45. 33.	C moves/marches away from CT/T T/CT asks C question C approaches T/CT C makes roaring sounds C makes excited movements

	Time	Description	No.	Coding
			19.	T matches/acknowledges C's actions musically
B4	01:12:15 - 01:12:20	The client picks up a small shaker and starts to gently tap the tambourine which is lying on the floor. The therapist repeats the phrase once again. The client taps two beats in time with the therapist's strumming. The co-therapist begins to respond, saying "I see..one chair..." and the client stops tapping the tambourine and turns his attention to the therapist, vocalising "bah!" before moving forward on his knees towards her	11. 7. 20. 24. 21.	C explores instrument T/CT asks C question C responds vocally/musically C looks at T/CT C approaches T/CT
B5	01:12:21 - 01:12:27	The client gently holds his right hand over the therapist's hand on the fretboard and begins to strum the strings with his left hand. The therapist starts to sing, acknowledging the co-therapist's reply. The client starts off with a soft, exploratory strum, then starts to use faster, excited strums, allowing his hand to tap the body of the guitar after it hits the lower E string. The therapist changes the chords while the client plays and tries to match the client's playing with her singing.	47. 11. 19.	C holds his hand over T's hand C explores instrument T matches/acknowledges C's actions musically
B6	01:12:28 – 01:12:33	As the therapist changes the chords, the client looks at the tuning keys of the guitar and uses his right hand to try and turn one of them. The therapist shakes her head gently, and the client turns his attention to the left and plays the strings in a gentle, soft manner. The therapist carries on singing the song, but matches it to the client's playing.	11. 5. 19.	C explores instrument Refusal from T/CT T matches/acknowledges C's actions musically
B7	01:12:34 – 01:12:40	The client plays two fast, slightly agitated strums with his left hand, then mutes the strings with his right hand. He then allows his right hand to run over the strings softly. He strums, moving his hand up the fretboard and exploring the different sounds it makes.	11.	C explores instrument
B8	01:12:41 – 01:13:04	There is an intimate moment where the client is absolutely focused and intrigued by the guitar. He looks at the therapist's hand and the tuning keys, and touches the neck of the guitar as he strums tenderly. The client then	48. 11.	C focused on playing instrument C explores instrument

	Time	Description	No.	Coding
		holds his right hand over the strings while strumming with his left hand, producing a muted sound. The therapist starts to sing “D is playing the guitar today”.	19.	T matches/acknowledges C’s actions musically
B9	01:13:04 – 01:13:15	The client stands up and walks towards the other guitar in the room. He uses a marching motion, swinging his arms back and forth alternatively. He starts to pick up the other guitar and the co-therapist stands up while the therapist suggests that he plays hers. The client responds by shaking his head and repeating the words “no, no, no, no, no” in a low voice, which the therapist imitates in the same tone and quality.	18. 23. 50. 51.	C moves/marches away from T/CT C picks up instrument CT approaches C Refusal from C
B10	01:13:17 – 01:13:24	The client picks up a green chair and places it behind the red chair that the co-therapist was sitting on previously. He says “Ja, make a train!”, and the therapist replies that they will make a train “next week”. The client says “no” in an abrupt, low tone. The therapist imitates this and a turn-taking ensues between the two of them. The client voices a sforzando “no!”, sitting down heavily on the green chair as he does so, emphasising his intention and ending the conversation.	40. 52. 76. 5. 25. 16.	C picks up chair to elicit response from T/CT C/T/CT rearrange chairs/beanbags C contributes to play Refusal from T/CT C disagrees with T/CT Verbal interaction between T/CT & C
B11	01:13:25 – 01:13:37	The therapist asks the client if he is going to drive, and he replies “yes” in the same low tone. The therapist says “Ok” and stands up to put down her guitar. The client watches the therapist and rocks on his chair. The co-therapist utters “quick quick”, and the client says “I’m not a quick quick” to the therapist. While this is taking place the co-therapist goes to fetch the yellow chair from the other side of the room.	49. 53. 25.	T/CT offers suggestion for play C agrees with T C disagrees with CT
B12	01:13:38 – 01:13:51	The co-therapist asks the client if he wants the chair she is holding – he says yes and she asks him what colour it is, and he replies “yellow”. He then says	16.	Verbal interaction between T/CT & C

	Time	Description	No.	Coding
		“you copy me!” in a low, rounded tone. The co-therapist puts it down, then suggests that they place the chairs in another direction (in order to face the camera).	49.	T/CT offers suggestion for play
B13	01:13:52 – 01:14:10	The client helps the therapist and co-therapist move the chairs into a straight line. The therapist places a drum next to the ‘train’ and asks the client if she can put it there for him to play when he drives. The client walks away from the therapist silently and starts to fiddle with a drumset in the corner of the room. The therapist tells him that the drums are not theirs, and so he must leave them.	52. 49. 18. 17. 11. 5.	C/T/CT rearrange chairs/beanbags T/CT offers suggestion for play C moves/marches away from T/CT C does not respond/disengages C explores instrument Refusal from T/CT
B14	01:14:11 - 01:14:13	The co-therapist walks up to the client and he responds by running away from her and around the chairs while vocalising a gruff, “hgggm” or “brrrm” sound.	50. 35. 54.	CT approaches C C runs away from CT playfully C vocalises sound of motor/engine
B15	01:14:14 – 01:14:19	The therapist says “I’m sitting at the back of the train”, she takes her guitar and sits down on the green chair placed at the back. The client ends his running by jumping in the air and landing with a soft thud on the carpet in front of the line of chairs, raising his legs in the air as he does so.	55. ??	T/CT engages in play C jumps in front of chairs
B16	01:14:20 – 01:14:30	The therapist calls the client’s name and says “oooh the train is going to run you over!”, and the co-therapist makes a high pitched “too too” sound of a train. The therapist starts to strum the guitar in A major, playing in an upbeat, lively manner, slapping the strings on every second beat. She also vocalises a downward major third as she plays. The client lifts his head and exclaims “Who’s that?!”, and the therapist pauses. The client repeats the phrase and the therapist says “it’s the train, it’s coming!” and vocalises “doo doo” in another downward major third.	55. 56. 15/ /57 76.	T engages in play T pretends that train is going to run over C T/CT make vocal sounds to support C’s play / T/CT vocalise train sounds C contributes to play (Or C asks question?)

	Time	Description	No.	Coding
				T continues activity
B17	01:14:31 – 01:14:36	The client gets up excitedly and is indecisive on which chair he wants to sit on, jumping between the different options. The therapist remains in her seat and vocalises “get on the train” in a descending glissando. The co-therapist fetches a tambourine from the instrument box.	33. 6.	C makes excited movements T attempts to engage C
B18	01:14:37 – 01:14:39	The client eventually chooses to sit on the blue chair in the front of the ‘train’. He looks forward and hold his arms up as if driving and then moves them in fast, excited movements, vocalising “brrrr” as he does so. Behind him, the therapist stands up to move closer to him, and the co-therapist starts to walk towards him with the tambourine. His actions do not last long and he stands up.	58. 33. 54. 50.	C pretends to drive C makes excited movements C vocalises motor/engine sounds CT approaches C
B19	01:14:40 – 01:14:50	The client runs to the instrument box and beats on a drum. The therapist asks him where he is going, and the co-therapist offers him the tambourine as a steering wheel. He ignores them both, even when they say his name. The co-therapist walks up to him shaking the tambourine slightly. The client watches the co-therapist out of the corner of his eye, and runs away squealing in a high pitch as she gets closer. The co-therapist goes in the opposite direction and meets him halfway around the train. She gets ready to sit down on the front chair and tells him that she is going to drive.	7. 6. 49. 17. 24. 50. 35. 34. 49.	T/CT asks C question T/CT attempt to engage C CT offers suggestion for play C does not respond/ disengages C looks at T/CT CT approaches C C runs away from CT playfully C makes high pitched vocal sound CT offers suggestion for play
B20	01:14:51 – 01:15:11	The client points at the co-therapist and shouts “it’s the police!” The therapist and co-therapist imitate his phrase in unison. The co-therapist shakes the tambourine. The therapist plays a minor chord and vocalises the sound of a siren (“wee woh”) repetitively in downward minor thirds. The client runs behind the co-therapist and tries to remains out of her sight. As she turns	60. 15. 61. 35.	C pretends T/CT are police T/CT make vocal sounds to support C’s play C hides from T/CT

	Time	Description	No.	Coding
		around, the client squeals in a high pitch and runs away from the co-therapist. She chases him while shaking the tambourine. The therapist remains seated and plays minor chords while repeating the phrase “it’s the police!” The therapist laughs and the co-therapist smiles, and the client smiles at them, his body language changing to a more relaxed stance.	62. 19. 63. 64.	C runs away from T/CT CT chases C T matches C’s actions musically T/CT/C smile/laugh/giggle C relaxes
B21	01:15:12 - 01:15:18	The client pretends to pant softly and walks towards the chairs, slumping down on the red chair in front of the therapist. The therapist matches his movement by vocalising a relieved sigh. The co-therapist says “now you’re in the police car and we’re driving away”. She sits on the blue chair in front and pretends to be the driver, moving the tambourine from left to right in a rhythmic manner as the therapist plays the guitar and vocalises. The therapist plays in a major key, once again in a playful, lively manner, slapping the strings on every second beat.	65. 19. 49. 66.	C pretends to pant T matches C’s actions musically CT offers suggestion for play CT pretends to drive
B22	01:15:19 – 01:15:30	The client stands up and runs around the row of chairs to the other side, saying “I’m getting out”. The therapist and co-therapist tell him that he can’t get out because they are still moving. There is a pause. The client stops and looks at the therapist and she motions for him to sit down, saying “come” softly and tapping the djembe drum next to her lightly. She starts to sing the same lively phrase in major key, and beats the djembe drums on either side of her alternatively on every second beat. The co-therapist joins in, tapping the tambourine on the same beats. The client sits down and picks up an egg shaker, shaking it softly with short movements, repeating the phrase “you’re the po-lice!”	76. 5. 37. 60.	C contributes to play Refusal from T/CT T/CT beckons C playfully C pretends T/CT are police
B23	01:15:31 – 01:15:48	The therapist invites him to join her and the co-therapist. He puts the egg shaker down and stands up. He moves towards the chairs and moves the second chair backwards so that he can sit down with a djembe in front of	6. 23.	T attempts to engage C C picks up instrument

	Time	Description	No.	Coding
		him. The co-therapist gets up and stands next to the client a little way from him.		
B24	01:15:49 – 01:15:56	The client starts to beat the drum, first with two soft beats, followed by a steady rhythm with clear intent. The therapist starts to sing immediately, using the phrase “we’re driving in the train today”. The client plays with his right hand, producing a sharp, focused 2/4 rhythm. The therapist plays with him on her own drum and the co-therapist does the same on the tambourine. The client looks back at the therapist.	68. 19. 24.	C plays instrument T matches C’s actions musically C looks at T
B25	01:15:57 – 01:16:04	The therapist asks the client if she must put a djembe in front of her, and he tries to move one of the chairs out of the row. The therapist puts her guitar down and helps him, asking him if it is okay if she puts the chair behind her. She moves the djembe in front of her and the co-therapist says “I’ll sit at the back”, and moves to the chair the therapist has just moved. The client watches keeps his body turned back towards the therapist.	7. 24.	T/CT asks C question C looks at T
B26	01:16:05 – 01:16:10	The therapist asks the client to show them how to play, and the client turns back to the front, lifting both his hands in the air and beating the drum with his right hand, in a moderately fast, 4/4 rhythm. The therapist starts to sing the same phrase as before (“We’re driving in the train today..”) and watches the clients body movements in order to play on the same beat as he does.	7. 20. 19.	T/CT asks C question C responds musically/vocally T matches C’s actions musically
B27	01:16:11 – 01:16:33	The client looks to his right and stops playing. He stands up and walks towards the drums in the corner. The therapist and co-therapist remain seated and continue to play his rhythm. The therapist sings the client’s name and “come back to the train”, but he stands in the corner with his back to her. The therapist and the co-therapist pause, and the therapist sings the client’s name softly while tapping gently on the drum with her fingertips. The	18. 6. 17.	C moves/walks away from T/CT T attempts to engage C C does not respond/disengages

	Time	Description	No.	Coding
		therapist whispers the client's name, and he vocalises "oh!" The therapist tries to gain his attention by singing a different tune, but the client hops to the other side of the room.		
B28	01:16:34 – 01:16:47	The client looks at the therapist and squeals in a high pitched voice, using repetition of the phrase "the police!" The therapist and co-therapist start to beat their drums in a more complex rhythm, which has a driving quality or forward motion, almost like a train. They both vocalise soft "chooka choo" sounds as they play. The client carries on repeating the phrase "the police!", but the therapist does not acknowledge this. Eventually the client raises his voice and repeats the phrase again. The therapist tells him that they aren't the police, they are on the train.	24. 60. 15. 70. 71.	C looks at T C pretends that T/CT are police T/CT make vocal sounds to support C's play T does not acknowledge C C raises voice

DATA SOURCE C: Client 2: F (EXCERPT 3 SESSION 8)

	Time	Description	No.	Coding
C1	00:00 – 00:20	The client gets off the beanbag, but remains sitting on the ground as he turns away from the therapist and co-therapist, then towards the purple beanbag. The therapist maintains a musical structure by singing the client's name repeatedly as he stands up and pulls the beanbag towards the other. The client sits back on the black beanbag and pulls the purple one over himself. The therapist asks the client "are you sleeping now? Is that your cover?" but he does not reply.	30. 5. 7. 56. 6. 16.	C turns/looks away from T/CT T attempts to engage C T/CT continue activity C hides away from T/CT T/CT asks C question C does not respond/disengages
C2	00:20 – 00:57	The client seems to be struggling to get the beanbag in the desired place, and he wriggles from side to side while pulling it. The co-therapist helps him pull it so that it covers him entirely. The therapist sings the client's name in downward major thirds, in an anticipatory manner. She then sings "[client] is hiding underneath the bag". The client remains still under the beanbag. The therapist changes to A minor, and repeats the client's name. The co-therapist picks up an egg-shaker and pushes it gently through a gap in the beanbags. The client moves slightly, then lifts the beanbag up in order to look at the therapist and co-	65. 66. 18. 61. 24. 75.	C struggles with beanbag CT helps C cover himself with beanbag T matches/acknowledges C's actions/contributions musically C hides away from T/CT C looks at T/CT T/CT pretend to be surprised

	Time	Description	No.	Coding
		therapist. The therapist and co-therapist pull surprised faces and the therapist sings “hello [client]!” in a moderately high voice, while the co-therapist vocalises “oooooh!” while shaking another egg-shaker.		
	Time	Description	No.	Coding
C3	00:57 – 01:18	The client hides back under the beanbag and starts to make extremely high-pitched vocalisations, which the therapist matches by whistling and vocalisations. The client keeps still, and the therapist picks up a kazoo, vocalising something similar to what the client just offered. The client coughs. The co-therapist stands up to close the door properly. The therapist asks the client if he is a baby bird.	61. 34. 19. 17. 6. 7. 49.	C hides away from T/CT C makes high-pitched vocal sound T matches C’s actions/contributions musically C does not respond/disengages T attempts to engage C T/CT asks C question T/CT offers suggestion for play
C4	01:18 – 01:52	The client responds in a muffled voice “now the cat wants the egg”. The therapist replies “you’ve got one egg?”. The co-therapist sits back down, as the client repeats his sentence. The therapist says “the cat?” and asks the client where the cat is. The client responds “the cat is now...uh...the egg is now off the nest and he doesn’t know	76. 7. 16. 19.	C contributes to play T/CT asks C question Verbal interaction between T and C T matches C’s actions/contributions musically

	Time	Description	No.	Coding
		where the nest is". The therapist sings "oh, the cat is searching for the nest". The co-therapist takes an egg-shaker and shakes it through an opening in the beanbags. The client does not seem to have noticed this.	55.	T/CT engages in play
C5	01:52 – 02:13	The therapist starts to strum a simple 4/4 rhythm in A minor, and sings "where could the nest be.." and meows. She repeats this phrase again, and the co-therapist shakes the egg-shaker softly in 4/4 time. The therapist sings "I can see the nest from here...who's in the nest?" and meows.	7. 15/78 77.	T/CT asks C question T makes vocal sounds to support C's play/T/CT vocalise cat sound T contributes to play
	Time	Description	No.	Coding
C6	02:13 – 02:37	The client shifts slightly under the beanbag. The therapist pauses and then sings "where is the nest?" The co-therapist pushes the egg-shaker through the beanbags towards the client and waits. The client pushes the egg out while mumbling something inaudibly. The therapist and co-therapist feign surprise and the therapist sings "something jumped out of the nest!", while the co-therapist claps her hands and sings a descending glissando.	55. 75.	T/CT engages in play T/CT pretend to be surprised
C7	02:37 – 02:58	There is a pause, and the therapist then vocalises another "meow", which the co-therapist imitates. The client starts to move the top beanbag and starts to mutter something	78/15	T/CT vocalise cat sound / T makes vocal sounds to support C's play C contributes to play

	Time	Description	No.	Coding
		which sounds like "...throw him with the egg..shell". He pushes the beanbag between himself and the two therapists, still remaining hidden. The therapist asks him "what's happening with the eggshell?...Is it breaking?"	76. 79. 7.	C pretends beanbag is eggshell T/CT asks C question
C8	02:58 – 03:08	The co-therapist starts to pull the purple beanbag towards her and the client giggles while trying to hold on to it. The therapist and co-therapist vocalise a high "who!" The therapist also pulls the beanbag until it is eventually resting on the co-therapist's lap. The client makes some excited movements and rolls off the beanbag, lying on the floor in a crouching manner, peering over the beanbag. The therapist sings "F in the eggshell!"	7. 63. 15. 33. 61.	7. T/CT asks C question C/T/CT smile/laugh/giggles T/CT make vocal sounds to support C's play C makes excited movements C hides from T
	Time	Description	No.	Coding
C9	03:08 – 03:35	The co-therapist softly throws an egg shaker onto the black beanbag, to which the client responds by taking it, sitting back on the beanbag and throwing the instrument quite defiantly out on the floor. The therapist sings "[client] is throwing the eggs". The client lies over the beanbag towards the instruments and picks up a bell, hitting it against the other instruments. The co-therapist moves the beanbag off her lap while the therapist sings "what shall we	55. 26. 19. 7. 11.	T/CT engages in play C throws instruments T matches/acknowledges C's actions musically T asks C question C explores instrument

	Time	Description	No.	Coding
		play with..." and suggests a few instruments – "the bell maybe?... the tambourine?" the client shakes his head and starts to fiddle with various instruments (the claves, a beater, egg shakers).		
C10	03:35 – 03:52	The co-therapist picks up the hand-drum, which the therapist taps once lightly with her hand. The co-therapist offers the client the hand-drum, tapping it softly with the beater. The client rolls the egg shakers under his hand and looks away from the therapist and co-therapist. He pushes himself up onto his arm and turns his body away from them, looking away to the corner of the room. The therapist strums in a 6/8 pattern with emphasis on the 1 st and 4 th beats, giving the music a Spanish feel. The co-therapist plays on hand-drum with the beater, also emphasising the same beats as the therapist.	6. 17. 31. 8.	T/CT attempt to engage C C does not respond/disengages C turns/looks away from T/CT T continues activity
	Time	Description	No.	Coding
C11	03:52 – 04:19	The client lies back down on his stomach with his hands tucked underneath him and looks at the instruments on the floor, then looks at the therapist, then co-therapist. The therapist and co-therapist carry on playing. The co-	24. 8.	C looks at T/CT T/CT continue activity

	Time	Description	No.	Coding
		therapist offers the client the beater, placing it gently in his hands. The client does not grasp the beater, and lets it fall on the ground. The therapist carries on strumming and starts to sing the client's name. The client starts to roll over, lifting his hand in the air. He then picks up the beater and drops it behind his back using a large 180 degree motion with his arm. The therapist carries on strumming and singing in the same manner.	6. 17. 26.	T/CT attempt to engage C C does not respond/disengages C drops/throws instrument
C12	04:19 - 04:35	The therapist sings "[client] do you want to sing a song?" using a ritardando. The client tucks his hand back underneath his body, and turns his head away from the therapist and co-therapist, he moves slightly so that the hand nearest the co-therapist is visible. The therapist sings "what about..." and starts to sing a song familiar to the client. The co-therapist holds the hand-drum near the client's hand and moves it so he taps it slightly. The client looks up at the co-therapist and lifts his hand, beating the underside of the drum before sitting up and taking it from the co-therapist, throwing it on the floor. The therapist responds to this with a vocalisation "boom!".	6. 7. 31. 17. 24. 26. 15.	T/CT attempts to engage C T/CT asks C question C turns away from T/CT C does not respond/disengages C looks at T/CT C throws instrument T/CT make vocal sounds to support C's play
	Time	Description	No.	Coding

	Time	Description	No.	Coding
C13	04:35 – 05:05	The client leans forward and picks up the box of egg-shakers. He opens it and throws the eggs out onto the floor. The therapist matches this vocally. The client says “now we’re throwing all the eggs out of the nest” and throws the box on the floor as well. The therapist repeats the end of the client’s phrase “out of the nest” and starts to sing “we’re throwing the instruments out of the nest...” the client picks up a tambourine and the therapist sings “what will you throw next [client]?” The client fiddles with the tambourine, lying in his back and holding it above his face. He then stands it on floor, holding it up, then eventually letting it fall to the side. The therapist points at the tambourine and asks “what was that?... (client sighs)... “you must say what you’re throwing out of the nest [client].”	26. 76. 19. 81. 7. 23. 11. 82	C throws instrument C contributes to play T matches C’s actions/contributions musically C pretends beanbag is a nest T asks C question C picks up instrument C explores instrument C sighs
C14	05:05 – 05:15	The client picks up some bells and holds them above his face like he did with the tambourine. He places his arm through the handle and allows the bells to slip down his arm. The therapist picks up the tambourine and says “tambourine”. The client takes no notice of the therapist and examines the bells.	23. 11. 17.	C picks up instrument C explores instrument C does not respond/disengages

	Time	Description	No.	Coding
	Time	Description	No.	Coding
C15	05:15 – 05:32	The therapist then suggests that the co-therapist should hand instruments to the client to throw out of the nest. The client drops the bells and the co-therapist starts to hand him different instruments which he quickly drops on the floor next to him. The therapist acknowledges this through the music, singing “out with the [instrument]”. The client eventually takes three instruments (tambourine, claves and bells) without waiting for the co-therapist to hand them to him, and he drops them on the floor. The therapist tells the client to throw them one by one.	26. 19. 49.	C drops/throws instrument T matches/acknowledges C’s actions musically T offers suggestion for play
C16	05:32 – 05:44	The co-therapist moves the instruments away from the client and passes him a clave, which he moves to the other pile of instruments he has dropped on the floor. The co-therapist moves another clave closer to him and he picks it up, holding it above his head. The therapist asks him “what are you going to do with that stick?” then suggests that he scares the cat away with the stick.	7. 77.	T asks C question T contributes to play
C17	05:44 –	The therapist starts to strum in fast minor chords and says “oooh the cat is coming!” The client taps the purple	77.	T contributes to play

	Time	Description	No.	Coding
	06:02	beanbag (next to the one he is sitting on) with the clave then attempts to pull it. The therapist and co-therapist vocalise cat sounds, and the client starts to wriggle and taps the clave on his beanbag. The co-therapist helps the client pull the beanbag over himself.	33. 72. 73. 61.	C makes excited movements C struggles with beanbag CT helps C cover himself with beanbag C hides from T/CT
	Time	Description	No.	Coding
C18	06:02 – 06:37	The co-therapist sticks her hand through a gap in the beanbags and meows. The therapist pauses. The co-therapist leans forward and lifts the beanbag slightly, vocalising “meow”. The client giggles from under the beanbag. The therapist sings “the cat is in the nest”. The client pushes the beanbag off himself towards the co-therapist, saying “big rock!..(giggles)..now he’s thrown a big rock on the cat”. The therapist and co-therapist vocalise high pitched “oooooh!” and the co-therapist pulls the beanbag over herself, while lying back on the floor. The client smiles and giggles. The therapist sings “the cat is dead...what now [client]?” The client sits up and looks in the co-therapist’s direction. The co-therapist lies still. The client rolls around on his beanbag while the therapist says “are you going to bury the cat?...Ah, I’m sad, the cat is	55. 78/1 5. 76. 83. 63. 7. 24 17. 55.	CT/T engages in play CT/T vocalise cat sound / T/CT make vocal sounds to support C’s play C contributes to play C pretends beanbag is a rock that falls on cat T/CT/ C smiles/laughs/giggles T asks C questions C looks at T C does not respond/disengages CT engages in play

	Time	Description	No.	Coding
		dead...aren't you sad [client]?" The client doesn't respond.		
C19	06:37 – 07:01	The co-therapist lifts her head and peeps over the beanbag at the client. The client giggles, and the co-therapist vocalises "meow". The client giggles loudly. The co-therapist sits up and the client wriggles on the beanbag. The therapist sings "here comes the cat again for you" strumming her guitar in a major key in a slow 4/4 rhythm. The co-therapist moves in time to the therapist's strumming, moving closer to the client, who vocalises a high pitched "whoooooa" sound.	78./1 5 55. 63. 33. 8 & 19 34.	T/CT vocalise sound of cat/ T/CT make vocal sounds to support C's play T/CT engages in play T/CT/C smiles/laughs/giggles C makes excited movements T continues activity and T acknowledges C's actions musically C vocalises high-pitched vocal sound
	Time	Description	No.	Coding
C20	07:01 – 07:09	The client rolls off the beanbag away from the co-therapist, then crawls away. The therapist says "are you flying away birdy?" The client crawls away from the co-therapist by putting both hands on the floor and dragging his knees along. The co-therapist crawls after him, vocalising cat sounds as she does so. The therapist sings "fly away birdy! The cat is coming for you!"	35. 62. 19.	C runs/crawls away from CT playfully CT chases C T matches/acknowledges C's actions musically
C21	07:09	The client stops, looks at the therapist and says "now the	76/85	C contributes to play / Pretends to be a bird

	Time	Description	No.	Coding
	– 07:41	bird is sitting on the branch”. The co-therapist stops as well, a few feet away from the client. The therapist sings “the bird is sitting on the branch”. The client moves and says “now he’s sitting on another branch”, which the therapist acknowledges vocally. The co-therapist stands up while the therapist sings “birdy come back, the cat is away”. The co-therapist flaps her arms in slow, flowing movements, telling the client that she is another bird, and beckoning him to join her.	19. 55.	T matches/acknowledges C’s actions/contributions CT engages in play
	Time	Description	No.	Coding
C22	07:41 – 08:12	The client runs next to the co-therapist, but does not flap his arms. The therapist sings “the bird is flying back to the nest”. The client falls onto the beanbags and lifts his legs in the air. He says “this birdy fell from the sky”- the therapist acknowledges this vocally. The co-therapist asks “but is he in the nest though?” The client does not respond and lies still, before pushing himself over the edge and saying “now he fell from the nest”. The therapist and co-therapist match this action with a vocalisation “boom!”	76. 85. 19. 7. 17.	C contributes to play C pretends to be bird (that fell from nest) T matches/acknowledges C’s actions musically T/CT asks C question C does not respond/disengages

	Time	Description	No.	Coding
C23	08:12 – 09:02	The therapist sings “the bird is almost dead...I can see the bird”. The client sits up and picks up the castanets. He sits just next to the therapist, but with his back turned towards her. The therapist sings “[client] is playing on the castanets” to the tune of “Head shoulders knees and toes”. The client picks up a kazoo and vocalises short phrases which the therapist imitates.	77. 31. 23. 11.	T contributes to play C turns/looks away from T/CT C picks up instrument C explores instrument

APPENDIX C:

CODING & DATA REFERENCES

No.	Code	Block
1	C chooses instrument never seen before	A1
2	C struggles to play instrument	A1
3	C attempts to take CT's instrument	A1, A7
4	Refusal from T/CT	A1, A7, B6, B10, B13, B22
5	T/CT attempts to engage C	A1, A4, A10, B17, B19, B22, B23, B27, C1, C3, C10, C11, C12, C16
6	T/CT asks C question	A1, A5, A7, A8, B1, B2, B3, B4, B19, B25, B26, C1, C3, C4, C5, C7, C8, C9, C12, C13, C16, C18, C20, C22
7	T/CT continues activity	A2, A3, A4, A7, A12, A14, A16, B16, C1, C10, C11, C19
8	C marches on the spot to the music	A2
9	T/CT match C's actions physically	A2
10	C explores instrument	A2, A8, B4, B5, B6, B7, B8, B13, C9, C13, C14, C23
11	C pretends to sleep	A2, A3
12	C pretends instrument is going to bite guitar	A3, A18
13	C pretends instrument is going to bite T	A3, A19
14	T/CT makes vocal sounds to support C's play	A3, A9, A10, A11, A14, A19, B3, B20, B28, C8, C12, C22
15	Verbal interaction between T/CT and C	A4, B10, B12, C4
16	C does not respond/disengages	A5, A12, B1, B13, B19, B27, C1, C3, C10, C11, C12, C14, C18, C22
17	C moves/marches away from T	A5, B3, B9, B13, B27

18	T matches/acknowledges C's actions musically	A5, A9, A10 A11, A14, A15, A17, A18, A19, B3, B5, B6, B8, B20, B21, B26, C2, C3, C4, C9, C13, C15, C19, C20, C21, C22,
19	C responds vocally/musically	A6, A13, B4, B26
20	C approaches T/CT	A6, A12, A13, A14, B1, B3, B4
21	C takes instrument away from CT	A6
22	C picks up instrument	A6, A7, A8, B9, B23, C13, C14, C23
23	C looks at T/CT	A6, A12, A13, A15, A17, B4, B19, B24, B25, B28, C2, C11, C12, C18
24	C disagrees with T/CT	A7, B10, B11
25	C drops/ throws instrument	A8, A9, A20, C9, C11, C12, C13, C15
26	C pretends instrument is an animal	A9
27	C vocalises growling noises	A9
28	C acts surprised as part of game	A10, A13
29	C and CT pretend instruments are biting each other	A11, A14, A17, A18, A19
30	C turns/ looks away from T/CT	A12, B2, C1, C10, C12, C23
31	C makes excited movements	A15, B3, B17, B18, C8, C17 C19
32	C makes high pitched vocal sound	A15, B19, C3, C19
33	C runs/crawls away from CT playfully	A15, B14, B19, B20, C20
34	C runs around T and CT	A16, A17
35	CT/T beckon C playfully	A16, B22
36	C pretends to be a toy	A17
37	C pretends instrument is dead	A20
38	C picks up chair to elicit response from T/CT	B1, B10
39	C drops chair to elicit response from T/CT	B1

40	C attempts to take CT's chair	B2
41	C demands chair from CT	B2
42	CT tells C to listen to T	B2
43	C vocalises roaring sounds	B3
44	C holds hand over T's hand	B5
45	T/CT offers suggestion for play	B11, B12, B13, B19, B21, C3, C15, C16
46	CT/T approaches C	B9, B14, B18, B19
47	Refusal from C	B9
48	C/T/CT rearrange chairs/beanbags	B10, B13
49	C agrees with T	B11
50	C vocalises sound of engine/motor	B14, B18
51	T/CT engages in play	A16, B15, B16, C4, C6, C9, C18, C19, C21
52	T and CT vocalise train sounds	B16
53	C asks question	B16
54	C pretends to drive	B18
55	C pretends CT/T is 'police'	B20, B22, B28
56	C hides away from T/CT	B20, C1, C2, C3, C8, C17
57	CT chases C	B20, C20
58	C/T/CT smiles/laughs/giggles	B20, C8, C18, C19
59	C relaxes	B20
60	C pretends to pant	B21
61	CT pretends to drive	B21
62	C plays instrument	A8, A17, B8, B24

63	T does not acknowledge C's contributions OR T/CT ignore C?	B28
64	C raises voice	B28
65	C struggles with beanbag	C2, C17
66	CT helps C cover himself with beanbag	C2, C17
67	T/CT pretends to be surprised	C2, C6
68	C contributes to play	C4, C7, C13, C18, C21, C22
69	T/CT contributes to play	C5, C16, C17, C23
70	T/CT vocalise sound of cat	C5, C7, C18, C19, C20
71	C pretends beanbag is an eggshell	C7
72	C pretends beanbag is a nest	C13
73	C sighs	C13
74	C pretends beanbags is a rock which he throws on cat	C18
75	CT pretends to be dead	C18
76	CT pretends to be a cat/bird	C18, C19, C21
77	C pretends to be a bird that falls from nest/sky	C21, C22

APPENDIX D:
CATEGORIES AND RELEVANT CODES

Category	Code no.	Code
Matching/acknowledgement	9	T/CT match C's actions physically
	14	T/CT make vocal sounds to support C's play
	18	T matches C's actions musically
Resistance from C	3	C attempts to take CT's instrument
	11	C pretends to sleep
	16	C does not respond/disengages
	17	C moves/marches away from T/CT
	21	C takes instrument away from CT
	24	C disagrees with T/CT
	25	C drops/throws instrument
	30	C turns/looks away from T/CT
	38	C picks up chair to elicit response from T/CT
	39	C drops chair to elicit response from T/CT
	40	C attempts to take CT's chair
	41	C demands chair from CT
	47	Refusal from C
64	C raises voice	
73	C sighs	
T/CT do not adhere to C's intentions	4	Refusal from T/CT
	7	T continues activity
	63	T does not acknowledge C's contribution
Musical participation from C	1	C chooses instrument never seen before
	2	C struggles to play instrument
	8	C marches on spot to the music
	10	C explores instrument
	19	C responds vocally/musically
	22	C picks up instrument
	62	C plays instrument
'Positive' response from C	31	C makes excited movements
	58	C/T/CT smile, laugh, giggle
	59	C relaxes
C engages with T/CT	15	Verbal interaction between T/CT and C
	20	C approaches T/CT
	23	C looks at T/CT
	44	C holds hand over T's hand
	49	C agrees with T/CT
	53	C asks question
Attempt to engage	5	T/CT attempts to engage C
	6	T/CT asks C question
	35	T/CT beckon C playfully

	42	CT tells C to listen to T
	45	T/CT offers suggestion for play
	46	T/CT approaches C
Collaboration through imaginative play	28	C acts surprised as part of game
	29	C & CT pretend instruments are biting each other
	33	C runs/crawls away from CT playfully
	34	C runs around T & CT
	48	C/CT/T rearrange chairs/beanbags
	51	T/CT engages in play
	52	T/CT vocalize train sounds
	56	C hides away from T/CT
	57	CT chases C
	61	CT pretends to drive
	65	C struggles with beanbag
	66	CT helps C cover himself with beanbag
	67	T/CT pretends to be surprised
	68	C contributes to play
	69	T/CT contribute to play
	70	T/CT vocalize cat sound
	76	CT pretends to be a cat/bird
Imaginative play – role play/acting out	27	C vocalizes growling noises
	32	C makes high-pitched vocal sounds
	36	C pretends to be a toy
	43	C vocalizes roaring sounds
	50	C vocalizes motor/engine sounds
	54	C pretends to drive
	55	C pretends T/CT are police
	60	C pretends to pant
	77	C pretends to be bird falling from sky
Imaginative play – object substitution	12	C pretends instrument is going to bite guitar
	13	C pretends instrument is going to bite T
	26	C pretends instrument is an animal
	37	C pretends instrument is dead
	71	C pretends beanbag is an eggshell
	72	C pretends beanbag is a nest
	74	C pretends beanbag is rock which he throws at cat