

Mini-dissertation in partial fulfillment  
for the degree of MMus (Music Therapy)

Verbal processing in music therapy with sheltered  
adolescent boys: a case study

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## ABSTRACT

This qualitative research study explored how verbal processing occurred in music therapy work with adolescent boys living in a shelter in Pretoria. The study examined both how the adolescent boys and the therapist engaged in verbal processing. Three audio excerpts derived from the music therapy sessions were analysed through a process of content analysis. The data was coded, categorised and organised into themes. Results indicated that verbal processing was interrelated between the therapist and the adolescent boys, both making use of various techniques of verbal processing. This proved to be invaluable with the verbal processing facilitating the therapeutic process as the boys were afforded with a safe space where any ideas, feelings, thoughts, hopes and dreams could be expressed and shared with each other, and the therapist was able to gain greater insight into the boys' more intimate world.

I am unaware of any published literature of music therapy with adolescent boys living in a shelter, as music therapy is in its early stages in South Africa, especially with this specific client group. The majority of music therapy literature however, not surprisingly, focuses on musical exchanges during sessions. I would therefore like to explore how verbal processing was used in the music therapy process, after music listening and during song writing, with adolescent boys living in a shelter. This is in order to facilitate a greater understanding and openness towards the possibilities of including clinically informed verbal processing as part of music therapy work with this population group.

### **Keywords:**

Music therapy

Adolescence

Sheltered adolescent boys

Identity development

Music listening

Song writing

Verbal processing

# TABLE OF CONTENTS

<b>1. Introduction</b>	<b>1</b>
1.1 Background and context	1
1.2 Aims	1
1.3 Research questions	2
<b>2. Literature overview</b>	<b>3</b>
2.1 Introduction	3
2.2 Sheltered adolescents	3
2.3 Music in the lives of adolescents	6
2.4 Music therapy with adolescents	8
2.5 Music listening and song writing in music therapy with adolescents	9
2.6 The place of words in music therapy	10
2.7 Conclusion	16
<b>3. Methodology</b>	<b>17</b>
3.1 Research questions	17
3.2 Research paradigm	17
3.2.1 Research design	18
3.2.2 Subjectivity and bias	18
3.3 Data collection	19
3.3.1 Source: Audio excerpts	19
3.4 Data preparation and analysis	19
3.4.1 Transcription	19
3.4.2 Data analysis	20
3.4.2.1 Coding	20
3.4.2.2 Categorising	20
3.4.2.3 Themes	21
3.5 Trustworthiness	21

3.6 Ethical considerations	21
3.7 Conclusion	22
<b>4. Data Analysis</b>	<b>23</b>
4.1 Introduction	23
4.2 Contextualising and describing the audio excerpts	23
4.2.1 Excerpt 1	23
4.2.1.1 Contextualising the data	23
4.2.1.2 Summarising the content of the excerpt	24
4.2.1.3 Providing a section of the transcript	24
4.2.2 Excerpt 2	24
4.2.2.1 Contextualising the data	25
4.2.2.2 Summarizing the content of the excerpt	25
4.2.2.3 Providing a section of the transcript	25
4.2.2 Excerpt 3	26
4.2.3.1 Contextualising the data	26
4.2.3.2 Summarizing the content of the excerpt	26
4.2.3.3 Providing a section of the transcript	27
4.3 Codes	27
4.4 Categories	30
4.5 Themes	34
<b>5. Discussion</b>	<b>36</b>
5.1 Introduction	36
5.2 Addressing the research questions	36
5.2.1 Sub-research question 1	37
1. Questions	37
1.1 Questions as invitation for discussion	37
1.2 Questions as clarification	38
1.3 Questions to encourage personal expression	38
2. Statements	39

3. Reinforcements	40
3.1 Positive affirmations	40
3.2 Reassurance	40
4. Paraphrasing	41
5.2.2 Sub-research question 2	41
1. Statements	42
1.1 Statements as responses	42
1.2 Statements as continuing responses	43
1.3 Statements as agreement and disagreement	44
2. Questions	45
5.2.3 Main research question	45
1. Communication of a social message	46
2. Reflection of their past, present and future	48
3. Communication of individual and group identity	50
<b>6. Conclusion</b>	<b>53</b>
<b>References</b>	<b>54</b>
<b>Appendix I: Informed consent form</b>	
<b>Appendix II: Transcripts of audio excerpts</b>	
<b>Appendix III: Initial codes</b>	
<b>Appendix IV: Final codes</b>	
<b>Appendix V: List of categories and themes</b>	

## LIST OF TABLES

Table 1: Section of transcript A	24
Table 2: Section of excerpt B	25
Table 3: Section of transcript C	26
Table 4: Section of codes from transcript A	28
Table 5: Section of codes from transcript B	28
Table 6: Section of codes from transcript C	29
Table 7: Category one: therapist's techniques of verbal processing	31
Table 8: Category two: client's techniques of verbal processing	32
Table 9: Category three: boys' communication of a social message to their peers	32
Table 10: Category four: boys' reflection on past, present and future	33
Table 11: Category five: boys' communication of individual and group identity	34
Table 12: Themes with corresponding categories	34
Table 13: Statements as response	42
Table 14: Statements as continuing response	43
Table 15: Statements as agreement and disagreement	44
Table 16: Techniques used by the therapist	46
Table 17: Techniques used by the adolescent boys	46
Table 18: Boys' communication of a social message to their peers	47
Table 19: Boys' reflection on their past, present and future	48
Table 20: Boys' identification with lyrics of pre-recorded music	49
Table 21: Boys' communication of individual and group identity	50

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# CHAPTER 1

## INTRODUCTION

### 1.1 Background and Context

The context for this dissertation is a shelter situated west of Pretoria. The shelter caters for boys who have been living on the streets or have been removed from their homes due to abuse or neglect. These boys have been referred to the shelter by social workers. The shelter addresses the boy's basic needs, such as food, accommodation and clothing.

Music therapy was introduced at the shelter in January 2009 in the form of an internship for the Masters Degree in Music Therapy at the University of Pretoria. I was one of two music therapy students who worked at the shelter. We formed two music therapy groups based on the boys' ages. The research is based on my clinical work with the older adolescent boys, who are between fifteen and eighteen years of age.

Sessions included a variety of musical activities. I will be focusing on two such activities namely listening to pre-recorded music and song writing with specific focus on the verbal processing, which occurred as part of these activities. Verbal processing formed an important part of the sessions with these adolescent boys and took place through exchanges between the boys, in an African language or in English, or with myself as therapist in English. As music therapy research often focuses on musical exchanges during sessions, I became interested in exploring in more depth how verbal processing after music listening and during song writing was used as part of the therapy process and, although intricately linked, propose to explore how this verbal processing was used both by myself as the therapist and by the adolescent boys and the value thereof. Meaningful excerpts of verbal processing in these particular activities will therefore be analysed and this will be done through content analysis.

### 1.2 Aims

The aim of this study is to explore how both the adolescent boys and the therapist engaged in verbal processing after music listening and during song writing as part of the music therapy process at the shelter and the value thereof. This is in order to facilitate a greater understanding



and openness towards the possibilities of including clinically informed verbal processing as part of music therapy work with this population group.

### **1.3 Research Questions**

I aim to explore the following research questions in this study:

Main research question:

How does verbal processing after music listening and during song writing form part of the music therapy process with adolescent boys living in a shelter?

Sub-questions:

- How does the music therapist use verbal processing after music listening and during song writing with adolescent boys living in a shelter?
  
- How do adolescent boys living in a shelter use verbal processing, after music listening and during song writing?

Before considering these questions, I turn to review literature in chapter two, that will place this research in context.

## CHAPTER 2

# LITERATURE REVIEW

### 2.1 Introduction

Although verbal processing, particularly after music listening and during song writing, is the main focus of this proposed study, I will begin by exploring literature that contextualises this study with regards to the experiences and needs of adolescents who have been detached from their families. This will be followed by a review of literature that explores music in the life of adolescents and then, more specifically, music therapy with adolescents. Finally, literature related to verbal processing in music therapy sessions will be explored. Verbal processing in music therapy is defined in this study according to Nolan's definition of "talking that facilitates the therapeutic process during, and in response to, music making or music listening" (Nolan, 2005, p.18).

### 2.2 Sheltered adolescents

Although to my knowledge, no studies have been conducted specifically on adolescent boys living in a South African shelter, related available South African literature has explored the experiences of street children and the dynamics of foster care.

The group of adolescent boys involved in this particular study have either been living on the streets, or have been removed by social workers from their homes due to neglect or abuse. The Gauteng Street Children's Act (1998) defines children living in shelters as those who are separated from their families, or who remain in contact with their families but because of poor living conditions, poverty or abuse within the family have been removed from their families, or as those who have come from a homeless situation and seem at risk of returning to such an environment. Donald and Swart-Kruger (1994) explored the developmental and psychological implications of South African street children. They found that the biggest risks to which most street children are exposed are the lack of a substantial relationship with an adult caregiver, anxiety and depression. These risks often result in challenges regarding relating to and engaging with others and feelings of emotional insecurity, rejection and self-blame (Donald & Swart-Kruger, 1994). Donald and Swart-Kruger (1994) also discuss the range of consequences

for the street child when detached from their families and the consequential difficulties on the development of their social identity. They state that “street children are particularly vulnerable to a range of negative attributions. The most powerful of these is likely to be the position of ‘social reject’ to which, inevitably, they are relegated” (Donald & Swart-Kruger, 1994, p.9).

According to Pavlicevic (2002), a music therapist who has worked with many disadvantaged communities around the world, many South African children are exposed to or experience bleak circumstances such as poverty, abuse, neglect and abandonment, having never experienced warm and caring relationships. This in turn leads to them developing an incomplete sense of themselves which has a direct negative impact on the development and integration of their identity (Pavlicevic, 2002). Identity development has also been explored in relation to literature on foster care. Although in South Africa, shelters are not necessarily considered as foster care (Gauteng Street Children’s Act, 1998), in the United States children who are sheltered are considered to be in foster care. Foster care in the United States of America is defined as “a residence in a supervised setting outside the biological family as mandated by the social services or juvenile justice system” (Kools, 1997, p.263). Kools, an associate professor at the Department of Family Health Care Nursing at the University of California, in a study examining the influence of long-term foster care on adolescents in the United States, found that foster care may negatively affect adolescents’ identity development. Society’s stereotypical views of the foster child coupled to their diminished status, negatively affected the adolescent’s self-esteem as well as their self-confidence (Kools, 1997). According to Kools (1997, p.266) this can be through “depersonalization, the devaluation of one’s personal identity through impersonal treatment and lack of individual consideration and respect... and a disciplinary style of restrictiveness”. In a study of African American adolescents in foster care, (Halfon, Berkowitz & Klee, 1992, as cited in Kools, 1997), it was suggested that growing up in foster care has other negative consequences for the child, including problems relating to academic, emotional and behavioural development as well as problems regarding their health (Kools, 1997).

Identity is the most important task of adolescence (Louw , Van Ede & Louw, 1998). According to Louw et al. (1998) this is because adolescence is a developmental stage when it is essential for specific tasks to be completed in order to become mature and respectable adults. These tasks refer mainly to the development of emotional and cognitive spheres such as behavior that is socially responsible, intellectual skills suitable for the establishment of morals and values, the development or understanding of the meaning of life as well as the preparation and formation

for a career (Louw et al., 1998). As adolescents define what direction they want to take in life as well as what is important to them, they begin to develop and shape their own identity (Louw et al., 1998). The task of identity development was found by Erickson (1968) to be the most important factor of the psychosocial development of adolescents. It is during adolescence where the majority of identity development occurs, even though the development of identity begins in infancy (Louw et al., 1998). This is due to physical, cognitive, sexual, moral and social development and the combination thereof is an essential task of adolescence, particularly with regards to the establishment of identity, as they influence the way adolescents' perceive themselves in relation to the world (Louw et al., 1998). According to Erickson (1968) adolescents need to recognise and acknowledge their abilities and limitations relative to their understanding of their past, present and future. By accepting past experiences and establishing future goals, adolescents integrate and form a realistic definition and perception of the self (Erickson, 1968). Hargreaves, Miell and Macdonald (2002), Ruud (1998) and Louw et al. (1998) refer to identity as an individual's perception or comprehension of himself or herself as independent and unique and distinguishable from others. Louw et al. (1998) further state that when adolescents experience a sense of achievement, fight for what they believe in, and make their own decisions they can develop confidence which allows them to display autonomy. This links with Ruud's description of self-confidence, which relates to the self-assuredness or belief in one's own ability or competence through which individuals can display autonomy (Ruud, 1998).

As previously stated, the adolescent boys at this particular shelter have been removed from their homes due to abuse or neglect. Ruud (1998) states that identity refers to our past or history to which we can relate and feel bound to, as well as where we come from referring specifically to the location we feel we belong and are devoted to. Trevarthen (2002) draws on literature that reports how negligence may impact on identity development. He reports that social isolation and neglect can weaken a child's sense of self-worth and self-confidence as well as spontaneous expression of feelings. This may have a severe negative impact on identity development as adolescents may blame others, become passive aggressive or even too accommodating and inevitably experience feelings of powerlessness. These emotional difficulties and problems with behavior can be extensive and can continue for a long period of time (Nieuwoudt, 2004). Nieuwoudt (2004) confirms that as children grow older and begin questioning the world, the more interested they are in establishing their identity but the emotional distress caused by neglect from their primary caregivers hampers this process.

## 2.3 Music in the lives of adolescents

McIntyre (2007, p.59) explains that because “music is so accessible to adolescents and their lives are centered on music, it is strongly indicated that conducting music therapy with these [boys] would have highly successful outcomes”. Packalen (2008), Campbell, Connell and Beegle (2007), Laiho (2004), and Tarrant, North and Hargreaves, (2002), confirm how adolescents’ lives are undoubtedly centered on music and explain that adolescents are very interested in listening to popular music which is very present in their daily lives as many view music as enjoyable and relaxing. Campbell et al. (2007) summarized studies of music and adolescents from 1978 to 2002 and formulated three over-arching reasons why adolescents are engaged in music, which are the fulfillment of emotional needs, distractions from boredom and the relief of tension and stress. According to Campbell et al (2007, p.221) “music was found to provide adolescents with a medium through which to construct, negotiate and modify aspects of their personal and group identities, offering them a range of strategies for knowing themselves and connecting with others.”

Campbell et al. (2007) conducted their own study with mostly Caucasian, middle and high school students in America, ranging in age from thirteen to eighteen years, and established four predominant themes of common reasons or motivations for why adolescents connect so deeply to various types of music. These are identity formation in and through music, emotional beliefs, life benefits and social benefits. With regards to emotional beliefs, it was found that almost half of the students referred to music as a coping mechanism, suggesting that without music they may not have been able to work through the challenges of family, school, friendships and social life (Campbell et al., 2007). The findings further suggest that these students experienced the song lyrics as able to convey messages of comfort that they do not have to feel isolated, but rather united as many others face the same struggles and challenges they too experience (Campbell et al., 2007). When considering life benefits, many commented that their involvement with music taught them skills, such as self-discipline and dedication, which ultimately builds character in relation to how they want to succeed in the world. Lastly, regarding social benefits, there were several examples offered based on music being able to distract the students from involvement in inappropriate social behaviours such as gang life, alcohol, smoking and suicidal behaviour. This was due to them feeling that music reached out to them and in so doing generated in them, feelings of belonging.

These studies, as well as other research (Tervo, 2005; Tarrant et al., 2002; Trevarthen, 2002; and Ruud, 1998) propose that music greatly appeals to adolescents. Their findings suggest that music facilitates exploration such as acquiring a set of values, enables the achievement of mature relationships with peers and encourages the engagement of socially responsible behavior. These developments occur due to music's ability to channel emotions thereby encouraging self-expression and to divert their interests from various inappropriate social behaviours.

However, these studies have only shown the positive effects of music on adolescents, while very little focus has been on the potential for engagement in music to have negative consequences. Arnett has, for several years studied adolescents from different ethnic groups in the United States with regards to various topics such as interests, common beliefs and risky behaviour. For one particular study however, with white male upper-middle class adolescents, Arnett (1991) found that several adolescents listened to heavy metal songs and after analysis of 115 songs, determined that 85% of them featured elements of sorrow, despair, anxiety and apprehension. Results showed that adolescents who preferred and enjoyed heavy metal music were engaged in risky sexual behavior as well as substance abuse and were known at school for their behavior problems, below-average grades and higher incidences of homicide and suicide. Whether directly or indirectly, these are dealt with, suggested or strongly implied in heavy metal genres. Arnett (1991) concluded that very often the lyrics in the heavy metal genres convey destructive messages, anger, frustration, hatred, sadness and powerlessness.

Took and Weiss (1994) conducted research which proposed that heavy metal music may be appealing for adolescents who struggle at school and thus achieve poorly academically. They suggest that as soon as children do not perform well academically, they end up feeling disheartened, inferior and unworthy and as they enter adolescence they are desperate to fit in and increase their self-esteem (Took & Weiss, 1994). Therefore according to Took and Weiss (1994) adolescents are very often drawn to heavy metal music due to it giving them a sense of power. The study concluded with a recommendation that if children with problems are helped when they are younger in terms of realising their potential and achieving mastery over their environment, they will not feel the need to seek an alternative for increasing their self-worth when they are older (Took & Weiss, 1994).

Ruud (1998) explains that music is in essence a vital contributor to identity formation as it serves as “raw material for building values and life orientations, as a way to anchor important relationships to other people, as a way of framing our situatedness in time and space, and as a way to position ourselves within our culture and thus make explicit our ethnicity, gender and class” (Ruud, 1998, p.46). He continues by saying that time and place are closely connected through the musical experience. According to Frith, as cited in Campbell et al. (2007, p.221), “identity formation is one of the main social functions of music and adolescents wear music as a ‘badge’”. In other words, music can act as “a vehicle for the projection of their inner self to the world” (Campbell et al., 2007, p.221). Ruud (1998) states that, “listening to, performing, and talking about music is not as much a reflection of identity as a way of performing ourselves, our identities” (Ruud, 1998, p.31). Ruud continues by saying that music can be used to encourage people to create memories within their own cultures because important people and events are very often encapsulated in musical experiences, thus increasing the possibility for therapeutic work in the music therapy session (Ruud, 1998).

## **2.4 Music therapy with adolescents**

“Of all the forms of therapy, music therapy holds a special place in supporting adolescent growth and development.”

- Tervo (2005, p.1).

Literature describing music therapy work with adolescents has focused on a number of aspects: adolescent psychiatry (McIntyre, 2007; Tervo, 2005) bereavement (Skewes, 2001), work with an adolescent with muscular dystrophy (Dwyer, 2007), group improvisations with adolescents (McFerren-Skewes, 2003) and music therapy with adolescents with Anorexia Nervosa (Robarts, 2000). To date, no studies that I am aware of have described the role of verbal processing in music therapy with adolescent boys living in a shelter. A number of studies have, however, been conducted regarding music therapy with adolescents in the South African context.

In her research regarding music therapy and adolescents at risk, Lotter (2003) refers to the music therapy process as a strength-based approach focusing on the whole person. Lotter (2003) states that the process of music therapy allows for adolescents to intricately process and comprehend both internal and external features of their world through an increased sense of belonging, which then gives them the resources to exert self-control and control over their

environments. Through clinical improvisations, the adolescents in her study began to communicate their inner world through music, thus experiencing themselves in relation to others in a new manner thereby mastering fundamental personal resources such as communication and self-expression (Lotter 2003).

Fouché & Torrance (2005), music therapists who work in the Heideveld community in Cape Town, wrote about their music therapy sessions with an adolescent group involved in gangsterism. According to Fouché and Torrance (2005), Heideveld is consumed with problems that impact on every aspect of life such as the breakdown of family systems, high levels of unemployment and crime and violence. Their music therapy process consisted of making music through unstructured improvisations and verbal processing. Although the music prompted the verbal processing, the boys did not specifically reflect on the music but rather offered stories and reflections of their life in this community. Verbal processing in music therapy provided the boys with an opportunity to process their different experiences as well as to verbally express areas of themselves and their lives, which they would normally not have disclosed (Fouché & Torrance, 2005). Music therapy provided these adolescents with an opportunity to relate to each other and express themselves. In turn, the therapists were able to learn about the intricate social networks and legacies on which these gangs were founded (Fouché & Torrance, 2005).

Finger (2006), a music therapy student from the University of Louisville, United States of America, writes in response to the article by Fouché and Torrance (2005) regarding their music therapy work with the adolescents. She agrees with Fouché and Torrance and adds clients should feel comfortable in the music therapy space to express their feelings or thoughts either verbally or musically. "It needs to be a place where the person will not be judged no matter what is expressed verbally" (Finger, 2006, p.2).

## **2.5 Music listening and song writing in music therapy with adolescents**

Bruscia (2007, p.16) defines receptive experiences in music therapy as "when the client listens to music and responds to the experience silently, verbally or in another modality. The music may be live or recorded improvisations, performances or compositions by the client or therapist, or commercial recordings of music of various styles". According to Dwyer (2007), a suitable way for adolescents to feel comfortable and supported in music therapy sessions is to listen to music familiar to or chosen by themselves. Familiarity and choice allow for musical preferences to be



discussed as well as ideas to be formed and negotiated through which both therapist and client share a part of themselves in a more relaxed environment (Dwyer, 2007). Ruud (1998) states that “music listening is a thoroughly social process guided by a set of interpretative moves. When we listen to a piece of music, we locate it in our cultural soundscape” (Ruud, 1998, p. 33 - 34).

Another avenue of music therapy that has been used with adolescents is song writing. O’Callaghan (1997 in Dwyer 2007, p.2) refers to song writing as “the process of facilitating individuals or groups to write their own lyrics, melodies and often, accompaniments”. Dwyer (2007) states that when song writing is used in music therapy with adolescents, the adolescents are afforded the opportunity to reflect on their past, present or future, to confront contrasting emotions such as difficulties within their interpersonal experiences and relationships or positive growth in other avenues, and to transfer their feelings into music. Dwyer (2007) explains that the process of writing a song has several therapeutic benefits such as increasing self-confidence, enabling a greater understanding of the self in relation to others and increasing freedom of expression as well as feelings of achievement, all of which impact on, among other developmental processes, identity development (Kools, 1997).

Song writing incorporates both musical and verbal expression as elaborated on by Maranto (2003, in Dwyer, 2007, p.3) who states that song writing may involve clients, who according to their abilities, “may substitute one or more lyrics to a pre-composed song, may write completely new lyrics to a pre-existing melody, may write a new melody and/or harmony to pre-existing lyrics, or may compose an original melody with original lyrics”. The following section describes in more detail the nature and function of verbal processing as it may occur in activities such as music listening and song writing.

## **2.6 The place of words in music therapy**

Bruscia (1987) describes two over-arching perspectives regarding the use of words in music therapy. The first perspective is informed largely by Mary Priestley’s model of analytic music therapy and the second by Nordoff and Robbins’ creative music therapy. Priestley’s model is based on thoughts and emotions being symbolised or represented through and in music and then reflected upon or processed verbally. In creative music therapy, the music does not represent or refer to any other material and is not reflected upon or processed verbally (Bruscia,

1987). This has proven to be a valuable way of working with children or other clients who struggle to or cannot verbally express themselves or communicate with others. Ansdell extends this improvisational technique to music therapy with verbal adult clients and states that “words always point to something beyond themselves... In contrast music, rather than ‘having a meaning’ becomes *meaningful* as one or more people build a structure of rhythms, melodies and harmonies within an overall form” (Ansdell, 1995, p.26). In summary, and according to Stige (2003), Priestley’s perspective is based more on what is conventionally known as the referentialist position: music refers to other, non-musical content. In this approach, music in therapy would refer to emotions and unconscious material. Stige (2003) describes Nordoff and Robbins’ approach as being closer to the absolutist position, where the music in therapy refers only to itself and nothing else.

Pavlicevic (1997) complexifies Bruscia’s two perspectives and places the use of words in music therapy in relation to meaning on a spectrum. At the one end of the spectrum the clinical work is purely musical (and relating to Nordoff and Robbins’ perspective as discussed above). At the other end is the position that the musical event develops meaning which needs to be discussed, and until that meaning is processed, the therapeutic experience remains incomplete. In-between these two end-points, is a way of working in which the musical meaning is more than just musical, but does not necessarily need to be processed through words, as well as a way of working where the music is essentially therapeutic and even though the client and therapist do not reflect its meaning verbally, the therapist is expected to do so after the sessions.

When verbal exchanges do occur within specific music therapy approaches or perspectives, these exchanges can be divided into four categories of verbal techniques according to Bruscia (1987). The first refers to verbal techniques that come after musical experiences like music listening such as reacting and reporting. The second refers to verbal techniques that come before a musical experience for example enabling and experimenting. The third refers to verbal techniques that are used during a musical experience such as song writing. The fourth refers to verbal techniques that are separate from the musical activity (Bruscia, 1987).

Within music therapy with verbal clients, most interventions are either musical or verbal although there is often an interplay of music and words (Amir, 1999). Amir (1999) refers to this interplay as a “dance” (p.170), while Streeter (1999) speaks of a “negotiation” (p.15) between speech and music. Streeter (1999) maintains that the manner in which therapist and client

negotiate between words and music and the content of the music in relation to what is processed verbally, form two “inter-locking concepts” (p.15). We need words to “complement our musical impressions and frame them in interpretative understanding that leads us deeper into the mysteries that invest humankind with musical life” (Streeter, 1999, p.9). Odell-Miller (2001) refers to the use of music and words as equally important as they complement each other. When verbal and musical exchanges flow naturally and spontaneously, verbal processing seems to contribute most to the music therapy process (Streeter, 1999). Nolan, a music therapist and associate professor and director of Music Therapy Education at Drexel University in Philadelphia, mentions that verbal processing in music therapy can occur spontaneously with specific reference to a musical activity or in a more structured form, such as the lyrics in a song-writing exercise (Nolan 2005).

Although verbal processing used by the therapist and client cannot be viewed as two discrete processes due to the fact that they are interwoven and highly influenced by each other, a number of studies have nonetheless attempted to focus on the role of the therapist’s clinically informed verbal processing in particular. Such studies include O’Brien (2004), Amir (1999) and Wolfe, O’Connell and Epps (1998). Amir (1999) in her qualitative analysis of the manner in which six music therapists made use of verbal and musical interventions, states that “musical and verbal interventions make up the music therapy process” (p.169). However different both interventions are, they nonetheless complete each other with both being important means of communication and experience. The basic functions of verbal processing from the perspective of the therapist were outlined by Amir (1999, p.167) as being: “to open a space for understanding or awareness within the client’s mind; to get to the known, natural and familiar mode of communication; to make an interpretation; to bring clients back from an altered state of consciousness to regular consciousness, from fantasy world to reality; or to acknowledge and give meaning to the experience”. Whether in group or individual music therapy, Amir (1999) states that a therapist’s role or task is to make clinical interventions through supporting, guiding and encouraging clients.

Wolfe et al. (1998) concentrated on the types of processing that a music therapist used during group music therapy sessions with graduate music therapy students. Their research was aimed at observing and analyzing the types of verbalizations that were employed by the music therapist during several music therapy sessions and then categorizing them (Wolfe et al., 1998). These were music instructions, musical explanations, paraphrasing or clarifying, personal

reactions or observations, questions or directives and reinforcement (Wolfe et al., 1998). Below are definitions of the therapist's verbalizations (Wolfe et al., 1998, p.18):

1. Music Instructions

Verbal remarks from the therapist regarding how the session will proceed or how a specific activity will be conducted, how the music will be used and what is needed from each group member. These occur most often at the beginning or end of each session.

2. Musical Explanations

Examples or musical ideas given by the therapist with the purpose of providing additional information concerning the music listened to, created or performed in a session.

3. Paraphrasing or clarifying

Responses from the therapist that clarify, echo or reflect what has been said by the group members regarding the music that has been made or what has occurred musically within the group.

4. Personal reactions or observations

5. Comments made by the therapist concerning her own reactions to the music or music activity, or comments of observations of physical responses of group members to the music or group member verbalization.

6. Questions or directives

Verbalizations made by the therapist to elicit or prompt discussions from group members concerning various aspects of music.

7. Reinforcement

Responses from the therapist that support or encourage the members' comments or their personal feelings in relation to the music.

Through a process of content analysis, these definitions of the therapist's verbalizations were grouped into three higher-level categories (Wolfe et al., 1998). The first is continuing responses, where the therapist makes comments with the intention of encouraging the clients to continue verbally expressing themselves. The second is leading responses, in which the therapist asks questions or makes various statements in order to obtain more information from the clients. The third is a general category of personal self-disclosure, explanations, instructions and opening and closing remarks made by the therapists. Overall, Wolfe et al. (1998) found that a significant component of group music therapy was when the group members' participation was verbally

supported both during and before and after the musical activities. It would stand to reason that the therapist asked questions with the intention of providing different opportunities for group members to talk to each other and to the therapist, which would be followed by reinforcing statements by the therapist in order to encourage the talking to continue and to add new ideas to instigate further discussions as well we to verbally support what has been said. According to Wolfe et al. (1998, p.15), “not only does the therapist need to ask probing questions and reinforce ideas within the group but also she must be skilled in making content responses in which the therapist paraphrases, thereby attempting to clarify what members have said, in providing knowledge and personal comments related to the music/music activity, share personal experiences through self-disclosure when appropriate, and be astute at identifying members’ feelings not only through verbal content but also through nonverbal behaviour of group members.”

O’Brien, a music therapist in Australia, studied how a therapist and bone marrow transplant patient interacted with one another in a hospital while writing a song as part of the music therapy process. In an article written for *Voices*, an online music therapy journal, O’Brien focuses on the verbal, non-verbal and musical interactions used by herself as therapist as well as by the client (O’Brien, 2004). With regards to the verbal interactions, the therapist made use of humour as well as encouraging utterances such as ‘mmm’, ‘yes’ and ‘okay’ in order to establish rapport with the patient in the session. Questions were also used by the therapist to help the patient explore ideas. In so doing, the therapist provided space within the song writing process and developed, supported and acknowledged the patient’s verbal expressions (O’Brien, 2004). Verbal interactions as initiated by the client included responses to the music therapist with positive affirmations, but also at times, negative responses to suggestions offered by the music therapist (O’Brien, 2004). O’Brien concluded that whether musical or not, the interactions between therapist and client during the song writing process were “positive, self-affirming, enjoyable and expressive... and guided by the music and the expectation of the song” (O’Brien, 2004, p.8).

Gardstrom (2007) writes about whether the experience of group music making needs to be processed in any way, and comments on the role of the therapist. She believes that the role of the therapist can be envisaged as a continuum with two opposing poles. One the one end the therapist might be entirely nondirective, acting as an equal member of the group by contributing to the verbal processing without guiding or leading the content or the process. On the other end

the therapist might be entirely directive, leading the verbal processing by deciding on the focus thereof (Gardstrom, 2007).

Nolan (2005) focused on the use of verbal processing by the client in music therapy. He suggests that one purpose of verbal processing is to “allow the opportunity for an increase in the awareness of understanding in clients about internal events (thoughts, observations and feelings) and external events (within the music and interpersonal areas of experience)” (Nolan, 2005, p.19). Thus “verbal processing allows for the client to integrate non-verbal with verbal realms of experiences, such as when a client develops awareness, or a connection, between personal and interpersonal events experienced through the music therapy process and patterns that occur in his or her everyday world” (Nolan, 2005, p.18). Nolan goes on to say that “verbal interactions within, or following, the music can provide a shifting of ego states, heighten client connectivity with others, enhance reality testing, as well as provide the therapist with additional evaluative feedback of the effect of therapy” (Nolan, 2005, p.27).

The content of the verbal processing may contradict, or differ, with information acquired from musical experiences. Nolan (2005) states that because of verbal processing, both therapist and client are exposed to the possibilities of reentering the musical experience with new understandings and ideas as well as a more connected and sophisticated therapeutic relationship. Nolan (2005) further comments that when verbal processing flows naturally from the musical process, it provides a “concretization of diffuse affective material, personal insights or realizations, and enhanced communication between group members. For the therapist, it can actually provide a more attuned relatedness to the client during consequent musical process” (Nolan, 2005, p. 25-26). Gardstrom (2007) adds that once one member has shared personal thoughts and feelings, the group members express more empathy towards each other as they feel safer and more relaxed. This trust leads to an increase in understanding and compassion which leads to an increase in self-worth and thus an increase in self-esteem. According to Ruud (1998), self-esteem is the perception or evaluation of one’s worth including your beliefs and emotions and the decisions you make.

According to Streeter (1999), if the client himself or herself is able to communicate verbally in therapy and able to gain insight through verbal processing, then the connection between music and inner experiences and personal feelings should be encouraged. This way of working “allows links to be made between musical expression, emotions, thoughts, words and insights – often

resulting in the client being able to create for himself or herself the shared experience he or she needs in order to move forward” (Streeter, 1999, p.18). Streeter (1999, p.14) maintains that verbal processing “need not deflect the client away from musical expression but, in certain circumstances, may deepen music’s therapeutic effect”.

## **2.7 Conclusion**

Based on literature regarding music therapy and adolescents, it is clear that music therapy may act as a platform for adolescents to form, alter and adapt their individual and collective identities, and to express themselves constructively, musically or verbally, in relation to others. Further research is necessary in order to understand how this takes place in music therapy with sheltered adolescents in particular. Research also indicates the value of incorporating clinically informed verbal processing in music therapy work with verbal clients. The majority of music therapy literature however, not surprisingly, focuses on musical exchanges during sessions and I would therefore like to explore how verbal processing was used in the music therapy process with adolescent boys living in a shelter. This study would therefore facilitate a greater understanding of the possibilities and value thereof of including verbal processing as part of the music therapy process with this population group.

## CHAPTER 3

# METHODOLOGY

### 3.1 Research questions

This study will be guided by the following research questions:

Main research question:

How does verbal processing after music listening and during song writing form part of the music therapy process with adolescent boys living in a shelter?

Sub-questions:

How does the music therapist use verbal processing after music listening and during song writing with adolescent boys living in a shelter?

How do adolescent boys living in a shelter use verbal processing, after music listening and during song writing?

### 3.2 Research paradigm

This study takes into account the interaction between the researcher and the participant and therefore a qualitative research paradigm has been chosen (Wheeler, 1995). Wheeler (1995) further states that qualitative research appeals to many music therapists because they are interested in additional information about what occurs during the creative process. Ansdell and Pavlicevic (2001) add that qualitative research investigates the qualities of human behavior. This contrasts with the quantitative paradigm which according to Bruscia (1995) focuses on a broad phenomenon using deductive analysis with the intention of searching for specific facts. Qualitative research in the contrary, allows “the focus and design to emerge and change while collecting the data, or even afterwards” (Bruscia, 1995, p.390). I am unaware of any published literature of music therapy with sheltered adolescents and so this study is unique and is directed at the process of my own completed clinical work.



### 3.2.1 Research design

A case study design (Robson, 1993) was utilized in this study, as data collected from music therapy sessions with one group of adolescent boys at one particular shelter was analysed. However, the conclusions drawn of case studies are not generalizable which is a limitation of this design. The findings of qualitative studies are, according to Ansdell and Pavlicevic (2001) and Wheeler (1995) context bound and reflect what occurs during music therapy and not the outcomes thereof. Despite this, each study, including this case study, contributes by expanding and developing the knowledge in this area. This research is a post-facto study (Bruscia, 1995) as the music therapy groups have already taken place and the clinical materials thereof – namely audio recordings – were studied and analysed, rather than the group sessions themselves as they occurred.

### 3.2.2 Subjectivity and bias

The data was collected during my clinical internship as a student therapist working with these sheltered adolescents. I shifted to the role of researcher with the selection of data and the analysis thereof. According to Bruscia (1995), qualitative research is a personal experience for the researcher as it is difficult to separate himself or herself from the process. My experience with the sheltered adolescents was unique, creative and subjective and it is because of this that my personal stance influenced the meanings constructed from the data, which could generate valuable data (Ansdell & Pavlicevic, 2001). In qualitative research, “subjectivity is not considered the enemy of truth, but the very thing that makes it possible for us to understand personal and social realities empathically” (Blanche, Durrheim & Painter, 2006, p.277). A disadvantage of subjectivity is that the researcher’s perceptions take precedence over the realities presented by the clients (Bruscia, 1995). Bruscia (1995) further states that self-exploration is a fundamental key in qualitative research as the researcher must continue to analyse and interpret his or her own experiences in order to minimize the potential for subjectivity to result in distortion or bias.

## 3.3 Data Collection

Data was collected from audio recordings of twelve weekly music therapy sessions conducted with adolescent boys living in a shelter.

### 3.3.1 Source: Audio excerpts

As is standard music therapy practice, the music therapy sessions were recorded in audio format. From these recordings, three excerpts, which show meaningful moments of verbal processing either after music listening or during song writing, were chosen through supervision. The first and second excerpts are from session four and are three and five minutes respectively. Both show verbal processing after a music listening activity. The third excerpt is taken from session six, is twelve minutes long and shows verbal processing during song writing. These excerpts provide detailed data regarding the verbal processing of both the therapist and clients (as these are best described in conjunction with each other) (Schurink, Schurink & Poggenpoel, 1998). Using audio recordings has the advantage of being unobtrusive to the clients or research participants (Schurink et al., 1998) in comparison to video recording for example. Another advantage is that the data can be reviewed by the researcher as often as necessary (Schurink et al., 1998). However, audio recordings can also be seen as limited as it is at times difficult to interpret the content thereof and very difficult to generate a holistic picture of the audio recording as the context within which it was recorded is not present (Schurink et al., 1998).

## 3.4 Data Preparation and Analysis

### 3.4.1 Transcription

The audio excerpts were transcribed as thick descriptions. Transcription is the analytic process of describing in words what was observed and identified in another modality, such as audio recordings (Ansdell & Pavlicevic, 2001). Ansdell and Pavlicevic (2001, p.149) add that “the purpose of describing is to preserve and share knowledge so that individual perceptions can be integrated into the larger framework of a story or theory”. This part of the research process does not include the researcher’s personal feelings.

### 3.4.2 Data analysis

The content of the transcriptions was analysed using content analysis (Krippendorff, 2004). According to (Krippendorff, 2004) content analysis involves the researcher making conclusions from the transcriptions with guidance from the research questions. Krippendorff further states that content analysis stimulates new ideas and insights and contributes to the researcher’s

comprehension of events present in the data (Krippendorff, 2004). The first step of analysing the data was to code the transcriptions of the audio excerpts.

#### 3.4.2.1 Coding

Ansdell and Pavlicevic (2001) refer to coding as a specialised term for labeling in an analytic manner. Codes are assigned to segments of data in the form of names, labels or tags (Henning, van Rensburg & Smit, 2004). Codes can either overlap or they can be embedded within each other (Coffey & Atkinson, 1996). Coffey and Atkinson (1996) state that the process of coding can be coupled to the simplification of data and the main purpose thereof is to assist with obtaining sections of data with identical codes. Coffey and Atkinson (1996) further state that coding is often thought of as a way of relating our related knowledge of the research or specific subject matter to the data, allowing us to formulate new ideas and levels of interpretation. Henning et al. (2004) mention that the purpose of assigning labels is to attach meaning to the various sections of data. The related codes that have been assigned to the various sections of data are then grouped together or categorised (Henning et al., 2004).

#### 3.4.2.2 Categorising

Categories are formed by examining and analysing the codes and deciding on the general or over-arching topics (Aigen, 1995). For this study, each code only formed part of one category, making each category mutually exclusive. This allowed for proper comparisons to be made (Ansdell & Pavlicevic, 2001). According to Coffey and Atkinson (1996), categorising enables one to be creative and think about the data in terms of patterns, commonalities and differences. The process of content analysis meant that as researcher, I was often required to experiment with the different categories through speculation and interpretation, by revising and re-categorising because of new ideas constantly being formed (Ansdell & Pavlicevic, 2001). Through analysing the data in this manner, themes emerged.

#### 3.4.2.3 Themes

Themes are larger units of meaning created from categories with their corresponding codes yielded from the data. The two themes that emerged in this particular study will be discussed in relation to the literature presented in the literature review.

### **3.5 Trustworthiness**

According to Lincoln and Guba (1985) researchers need to evaluate their research in order to make it credible thus ensuring trustworthiness. This research made use of peer debriefing and supervision, “a process of exposing oneself to a disinterested peer or supervisor ... for the purpose of exploring aspects of the inquiry that might otherwise remain only implicit within the inquirer’s mind” (Lincoln & Guba, 1985, p.308). A main purpose of peer debriefing is establishing credibility (Lincoln & Guba, 1985) and I therefore met with my supervisor and peers. This stimulated critical thinking and allowed me to clear my mind of emotions and beliefs that could have clouded good judgment. This does however pose dangers as the researcher may be influenced by outside opinions and in the event of constant criticism, may become discouraged (Lincoln & Guba, 1985). Another way of ensuring trustworthiness is by the researcher providing detailed descriptions necessary to enable others to make logical comparisons with data from similar contexts (Lincoln & Guba, 1985).

### **3.6 Ethical Considerations**

Ethical considerations within this study included using existing clinical data that had been recorded only after informed consent had been obtained from the caretaker at the shelter (Appendix I) granting me permission to conduct and record music therapy sessions as well as to use the clinical material for research purposes. Confidentiality, anonymity and privacy were ensured through using initials instead of full names of participants in all written material. Data from this research will be kept in safe storage at the University of Pretoria for fifteen years and then destroyed.

### **3.7 Conclusion**

In this chapter, I have discussed the methodology used in this study. I now turn to chapter four which will present the data analysis.

# CHAPTER 4

## DATA ANALYSIS

### 4.1 Introduction

As noted in the methodology chapter, the audio excerpts were analysed through a process of content analysis. The excerpts were transcribed and the transcripts then coded. Codes were arranged into groups to form categories. Through the process of forming categories, themes emerged upon which the discussion of the research questions is based.

### 4.2 Contextualising and describing the audio excerpts

The following presents a contextualisation and description of the data. Each audio excerpt was transcribed verbatim. Below are sections from the three transcriptions. The entire transcript (Appendix II) and coding of these transcripts (Appendix III and IV) are included. These transcripts were segmented according to the speaker. The participants in all the data sources are referred to as:

- T = Therapist
- P, K, Me, E, Mo, W = The initials of the boys' first names
- G = Group response

#### 4.2.1 Excerpt 1

##### 4.2.1.1 Contextualising the data

This excerpt is taken from an audio recording of the fourth music therapy session with the adolescent boys living in the shelter. The therapist had played a piece of pre-recorded music, the 'Pata Pata' song, by a late South African artist, Miriam Makeba, to the boys. After listening to the piece of music, the therapist asked the boys to verbally reflect on whether they liked or disliked the music and from this a discussion developed. There were six boys present in the session, however only four participated in the verbal processing. The excerpt begins as the verbal reflection commences.

#### 4.2.1.2 Summarizing the content of the excerpt

The therapist begins the verbal processing by asking the adolescent boys what the music reminds them of. The adolescent boys responded by reminiscing about their families and the message the song communicated to them. The therapist probed about their families and the message of the song and the boys spoke about feelings they believed belonged to their culture and they also shared personal reflections.

#### 4.2.1.3 Providing a section of the transcript

T	Ok, how can you describe the music? What does this music make you think of?
P	This song, eish, it reminds me of a lot of things. When I hear this music I understand it. This song has a cultural thing, it brings us together as one.
T	Ah-ha.
P	Even back at home, they listen to this music. It reminds us of that time together, you know when we were all together around the fire. It reminds us of a lot of things.
T	Wow, that's awesome.
P	It reminds us of a lot of things.
T	Can you talk more about the things it reminds you of?
P	Uh, when we were young children, we used to always be together. Even our grandmothers and grandfathers were there. When I see them, they are dancing to the music.
K	Ja, and this music, culturally, I understand it.
T	Yes, what is she singing about?
K	I think it means to turn, ja, I think it means to turn.
T	It has such a lovely melody and rhythm.
G	Ja.
T	Ok, anything else? Anybody who did not like the music?
Me	Ah, no one, we all like it. This is our kind of music we listen to.

**Table 1: Section of transcript A**

## 4.2.2 Excerpt 2

### 4.2.2.1 Contextualising the data

This excerpt is also taken from an audio recording of the fourth music therapy session. After the first piece of music discussed in 4.2.1 was played, the therapist asked the boys if they had any pre-recorded music that they would like to play for everyone to listen to. One boy, P, fetched a CD from his room and played a piece of music, “Remember Me”, by a late South African artist, Lucky Dube. After listening to the piece of music, the therapist asked the boys to verbally reflect on what this song reminded them of, or what the song made them think about, and from this, a discussion developed. Again only four out of the six boys present in the music therapy session participated in the verbal processing. This excerpt also begins as the verbal reflection commences.

### 4.2.2.2 Summarizing the content of the excerpt

The therapist again begins the verbal processing by asking the adolescent boys what the music reminds them of. The adolescent boys responded with what the song means to them and what message the singer, Lucy Dube, conveys. Here the boys linked their past with their present and even idealized about the future. At times they again shared thoughts about feelings that they believed belonged to the group, and at other times, individual reflections.

### 4.2.2.3 Providing a section of the transcript

T	Ok, what does this song make you think of?
P	Eish, this song is like, actually it is talking about a family. Like when a father is with us. When we are all together and my mother is also there. All together. It is a message to all of us. A message that tells us to be a family. Many of us we do not have a family, but this song it tells us to have a family.
T	Ja.
P	and so this song is a message. We want to be fathers to our children, we want to love them like this song says. Our families they never cared about us children. The family is very important, we need to love each other. We don't have a family, but we want to have a family when we grow up. We, uh, want to be a father and have a mother for the children. This song is a message for us. This song is about a man that never cared about his family.

T	Oh ok.
P	Everything this man did, now he writes about it. He wants to tell us to be strong for our families and to not forget about them like he did. This song is very powerful. You know what, the children must mean a lot to the family so we must look after them. We must not leave them on the streets. This song is a very powerful message.
T	Wow hey it's very powerful.
P	Yes it is very powerful, we want to remember him [the artist].

**Table 2: Section of transcript B**

### 4.2.3 Excerpt 3

#### 4.2.3.1 Contextualising the data

This excerpt is taken from an audio recording of the sixth music therapy session. The therapist afforded the boys an experience to write their own song. The boys negotiated the content and message of the song as well as what instruments they would use in the song and whether they would use a combination of instruments and movement to convey their message. The song was written over five music therapy sessions and the song was then performed at a concert held at the shelter at the end of the music therapy process. This excerpt is taken from the first of these five sessions, where the negotiation of the song's message takes place and begins where the therapist explains the notion of song writing to the boys.

#### 4.2.3.2 Summarizing the content of the excerpt

The therapist explains the negotiation and performance of the song that the boys will write and then suggests ideas as to what the boys can write about. The adolescent boys decide to write a song to their peers and begin suggesting several ideas such as writing a song that addresses challenges faced. The therapist and the adolescent boys began formulating the lyrics, which was mostly based on morals and values that the boys felt were important to adhere to. Throughout this transcript there is more of a negotiation of ideas as the boys would often comment on each other's statements, and in so doing, the therapist did not always direct the verbal processing, but rather facilitated it.



#### 4.2.3.3 Providing a section of the transcript

P	You know, we face a lot of, we face a lot of things. Because sometimes we grow up, maybe because, sometimes, you know like if you grow up as a good child, then you see things outside, then you want to change them.
T	Ok, so what do you guys want to tell those people when they face these things from outside? What is your message to them?
P	What I will say, I will say this, we have to like like, face the right way.
Me	They have to take care of themselves, no going the wrong way.
P	Yes.
T	Ok, so what would you call the wrong way?
Me	The wrong way...
P	Stop drugs.
W	Drugs, alcohol and smoking.
T	Ok, so if we look at the wrong way, we have no drugs and alcohol, smoking... And what did you say K?
K	Dagga (laughs).
Mo	They must stop joining crime.
T	No crime. Anything else? What else do you guys see as...

**Table 3: Section of transcript C**

### 4.3 Codes

As I began the process of coding, I felt that I needed to code the full transcriptions entirely in terms of the mechanics of verbal processing that took place. My first attempt at coding therefore entailed codes such as 'question', 'response' and 'prompt' (see appendix III for initial codes). However, through supervision, I realised that I was losing relevant layers of meaning by excluding the content of what was being said by either the boys or me as therapist. Through coding the full transcriptions I was also including sections of data that were not directly relevant to my research questions. I decided therefore not to code the entire transcriptions but rather to select meaningful and relevant sections of data to be coded. I then began to expand my codes, offering more codes for each section, coding elements of content as well as how the verbal processing took place (see Appendix IV for final codes). The new coding process allowed me to add several codes to one segment of data and each code was numbered for future reference.

The relevant segments of data were then numbered according to their transcription, either A, B or C, as well as the speaker, whether therapist (T) or boys (B), and the segment number, for e.g. A = A 1:

- A = Transcript A
- T = Therapist
- 1 = segment 1

Provided below, are tables from each transcript, providing examples of the corresponding codes. The first table illustrates how the transcript of excerpt A was coded.

		NO.	CODE
<b>T</b>	Ok, how can you describe the music? What does this music make you think of?	A – T1	2 Prompts boys about musical association
<b>P</b>	This song, eish, it reminds me of a lot of things. When I hear this music I understand it. This song has a cultural thing, it brings us together as one.	A – T2	3 Personal musical meaning 4 Collective identity 5 Music unifies and connects people and places 6 Boys complexify 7 Boys interpret 9 Music evokes memories
<b>T</b>	Ah-ha.	A – T3	33 Positive affirmation by therapist
<b>P</b>	Even back at home, they listen to this music. It reminds us of that time together, you know when we were all together around the fire. It reminds us of a lot of things.	A - B4	5 Music unifies and connects people and places 6 Boys complexify 7 Boys interpret 9 Music evokes memories
<b>T</b>	Wow, that's awesome.	A – T4	33 Positive affirmation by therapist
<b>P</b>	It reminds us of a lot of things.		
<b>T</b>	Can you talk more about the things it reminds you of?	A – T5	11 Probe boys to explore memories

**Table 4: Section of codes from transcript A**

The second table illustrates how the transcript of excerpt B was coded.

		NO.	CODE
T	Ok, what does this song make you think of?	B – T1	2 Prompts boys about musical association
P	Eish, this song is like, actually it is talking about a family. Like when a father is with us. When we are all together and my mother is also there. All together. It is a message to all of us. A message that tells us to be a family. Many of us we do not have a family, but this song it tells us to have a family.	B – B2	6 Boys complexify 7 Boys interpret 4 Collective identity 5 Music unifies and connects people and places 27 Music embodies split adverse present /past life and future idealised family life 28 Lyrics as symbol of hope for change
T	Ja.	B – T2	33 Positive affirmation by therapist
P	and so this song is a message. We want to be fathers to our children, we want to love them like this song says. Our families they never cared about us children The family is very important, we need to love each other. We don't have a family, but we want to have a family when we grow up. We, uh, want to be a father and have a mother for the children. This song is a message for us. This song is about a man that never cared about his family.	B – B3	4 Collective identity 27 Music embodies split adverse present /past life and future idealised family life 28 Lyrics as symbol of hope for change 30 Music as bridge to idealised family life

**Table 5: Section of codes from transcript B**

The third table illustrates how the transcript of excerpt C was coded.

		NO.	CODE
P	We are giving, um, we give good message.	C – B3	41 Probe therapist for clarification
T	Yes.		
P	Ok, like to change the others?		

T	If you want. You guys must decide what you want to write about.	C – T4	29 Therapist encourages collective identity
P	You know, we face a lot of, we face a lot of things. Because sometimes we grow up, maybe because, sometimes, you know like if you grow up as a good child, then you things outside, then you want to change them.	C – B5	6 Boys complexify 7 Boys interpret 28 Lyrics as symbol of hope for change
T	Ok, so what do you guys want to tell those people when they face these things from outside? What is your message to them?	C – T6	16 Prompts boys about lyrics as message 29 Therapist encourages collective identity
P	What I will say, I will say this, we have to like like, face the right way.	C – B7	6 Boys complexify 7 Boys interpret 17 Lyrics as message for morals / values 39 Lyrics as message for challenges faced
Me	They have to take care of themselves, no going the wrong way.	C – B8	6 Boys complexify 7 Boys interpret 17 Lyrics as message for morals / values 39 Lyrics as message for challenges faced

**Table 6: Section of codes from transcript C**

#### 4.4 Categories

Once each of the transcriptions had been coded, all the codes were collected together and categorised. Five categories emerged. Below I name the different categories, providing brief descriptions of each as well as their corresponding codes.

<b>CATEGORY ONE: Therapist's techniques of verbal processing</b>
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Codes were placed in this category that described how the therapist used verbal processing through the employment of particular techniques. By techniques I am referring to how the therapist directed the verbal processing after music listening and during song writing, making use of instructions, clarifications, personal reactions, questions or reinforcements. There were twenty codes in total in this category, from all three transcriptions, and they are provided in the table below.

CATEGORY	CODES
<b>Therapist's techniques of verbal processing</b>	1 Therapist invites discussion 2 Prompts boys about musical association 8 Clarifies interpretation 11 Probe boys to explore memories 16 Prompts boys about lyrics as message 18 Probes boys to expand interpretation 19 Offers new idea 21 Therapist probes idealised aspirations 24 Therapist encourages individual identity 26 Encourage boys' dignity, self-respect and self-pride 29 Therapist encourages collective identity 31 Probe boys for personal meaning 33 Positive affirmation by therapist 34. Grateful acknowledgment 35 Explain negotiation and performance of song 37 Clarifies boys' message 42 Offers reassurance regarding differences 44 Probe boys to clarify interpretation 45 Therapist's response as clarification 50 Therapist tolerating differences

**Table 7: Category one: Therapist's techniques of verbal processing**

**CATEGORY TWO: Clients' techniques of verbal processing**

Codes were placed in this category that described how the adolescent boys used verbal processing also through employing certain techniques. Most verbal responses were in response to questions or probes from the therapist after music listening and during song writing, regarding their feelings or thoughts. The boys answered such questions, providing insight into their worlds, or else either agreed or disagreed with what was said by the therapist or by each other and at times offered new ideas, allowing the verbal reflection to continue. There were nine codes in total in this category, from all three transcriptions and they are provided in the table below.

CATEGORY	CODES
<b>Clients' techniques of verbal processing</b>	6 Boys complexify 7 Boys interpret 20 Boys response as clarification 38 Assertive rejection of new idea 40 Boys tolerating differences 41 Probe therapist for clarification 47 Boys validate new idea 48 Boys encourage individual identity 49 Boys encourage collective identity

**Table 8: Category two: Client's techniques of verbal processing**

**CATEGORY THREE: Communication of a social message**

Codes were placed in this category that described the content of the song that the boys wrote to their peers through the facilitation of the therapist. The boys decided on writing the song to "everyone out there, facing challenges everyday." The content of the message was negotiated and the boys had similar ideas as to the message they wanted to convey. The boys communicated ideas regarding "facing the right way" and "turning away from the wrong way". Their statements contained information regarding socially responsible behaviour, social attitudes and beliefs and morals and values. There were five codes in total in this category, from all three transcriptions and they are provided in the table below.

CATEGORY	CODES
<b>Communication of a social message</b>	15 Lyrics as voice for retaining innocence 17 Lyrics as message for morals / values 36 Lyrics instructing socially responsible behaviour 39 Lyrics as message for challenges faced 43 Lyrics as message for confident self-regard

**Table 9: Category three: Communication of a social message**

<b>CATEGORY FOUR: Reflection on past, present and future</b>
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Codes were placed in this category that described how discussions took place in sessions through which reflection on the past, present and future occurred. The lyrics of the pre-recorded music served as a platform for discussion. In some instances, the boys used the lyrics of the song to reflect on their past, connecting the music to family that they could remember. In other instances, the boys reflected on the legacy that both artists, Miriam Makeba and Lucky Dube left, since both the artists had passed away. The boys began to identify with what they would like to be one day in order to leave a legacy as well. There were six codes in total in this category, from all three transcriptions and they are provided in the table below.

CATEGORY	CODES
<b>Reflection on past, present and future</b>	5 Music unifies and connects people and places 9 Music evokes memories 23 Boys express idealised aspiration 27 Music embodies split adverse present and idealised future family life 28 Lyrics as symbol of hope for change 30 Music as bridge to idealised family life

**Table 10: Category four: Reflection on past, present and future**

## CATEGORY FIVE: Communication of individual and group identity

Codes were placed in this category that described how verbal processing took place concerning feelings and thoughts around being individuals as well as being part of a group. Personal meaning was created and expressed, through exploring how the music made them feel as individuals. At times a boy would speak on behalf of the group, acting as a spokesperson, expressing feelings and thoughts that potentially belonged to everyone in the group. There were ten codes in total in this category, from all three transcriptions and they are provided in the table below.

CATEGORY	CODES
<b>Communication of individual and group identity</b>	3 Personal music meaning 4 Collective identity 10 Music encourages self-expression 12 Music inspires imagination 13 Collective musical meaning 14 Ownership of music 22 Individual identity 25 Boys voice need to be heard 32 Music as comfort / familiarity 45 Music as expression of desire

**Table 11: Category five: Communication of individual and group identity**

### 4.5 Themes

As I examined and reflected upon these five categories, it was clear that the first two categories referred to how the therapist and clients used verbal processing through the employment of various verbal techniques. The last three categories referred more to the content of the verbal processing and the value thereof for the clients. What was notable was that even though the therapist and clients were using verbal processing as opposed to musical processing in the excerpts that were analyzed, it was the music that served as a foundation for this verbal processing to take place. The music inspired, stimulated and grounded the verbal exchanges. In



other words, the data revealed two chief perspectives in relation to the research questions which inquire how the therapist and clients used verbal processing: through the employment of various verbal techniques and through using the music as a platform upon which to engage in a verbal exchange.

Two themes therefore emerged. The first theme, techniques of verbal processing, refers to the therapist's and clients' use of various (interrelated) verbal techniques. The music therapist used verbal processing through techniques such as questions, statements, reinforcements and paraphrasing. The adolescent boys used verbal processing through the techniques of statements and questions. The second theme, music as a platform for verbal processing, refers to how the data revealed how music functioned as a platform for this verbal processing to take place. This theme reveals how music used or created in the music therapy sessions prompted or inspired verbal processing, whether through reflecting or collaborating, instructing or negotiating.

My first theme, techniques of verbal processing, includes categories one and two. My second theme, music as a platform for verbal processing, includes categories three, four and five. The table below provides a synopsis of the emerging themes with corresponding categories.

<b><u>Theme</u></b>	<b><u>Corresponding categories</u></b>
<b>Techniques of verbal processing</b>	1 Therapist's techniques of verbal processing 2 Clients' techniques of verbal processing
<b>Music as platform for verbal processing</b>	3 Communication of a social message 4 Reflection on their past, present and future 5 Communication of individual and group identity

**Table 12: Themes with corresponding categories**

In the following chapter I discuss these themes in relation to literature and this forms the basis from which I will offer answers to the research questions by describing how verbal processing was used after music listening and during song writing in music therapy sessions and the value thereof.

# CHAPTER 5

## DISCUSSION

### 5.1 Introduction

In this chapter I discuss the emerging themes from the data analysis in relation to the research questions. Herewith a reminder of the research questions:

Main research question:

How does verbal processing after music listening and during song writing form part of the music therapy process with adolescent boys living in a shelter?

Sub-questions:

- ❑ How does the music therapist use verbal processing after music listening and during song writing with adolescent boys living in a shelter?
- ❑ How do adolescent boys living in a shelter use verbal processing, after music listening and during song writing?

### 5.2 Addressing the research questions

It is important to note that the therapist's and adolescent boys' verbal processing after music listening and during song writing respectively cannot be separated, as reflected in the main research question. However, although intricately linked, for the purposes of this dissertation's data analysis, I will firstly discuss these separately, as set out by the sub-questions of the main research question. In addressing these sub-questions I will refer to the first theme, the techniques of verbal processing. I will then secondly discuss the main research question, through a brief reference again to the first theme and then through a thorough discussion of the second theme, music as a platform for verbal processing. When reflecting on the music therapy process at the shelter, and the verbal processing that formed an integral part of it, I again refer to how verbal processing is defined in music therapy by Nolan as "the talking that facilitates the

therapeutic process during, and in response to, music making or music listening” (Nolan, 2005, p.18).

### **5.2.1 Sub-research question 1: How does the music therapist use verbal processing after music listening and during song writing with adolescent boys living in a shelter?**

This will be discussed in relation to the first theme, techniques of verbal processing, while referring to category one under this theme, that of the therapist’s techniques of verbal processing. As stated in the previous chapter, the music therapist employed several techniques of verbal processing with the adolescent boys at the shelter. By techniques I am referring to how the therapist directed the verbal processing. The data revealed four key techniques utilized by the therapist, namely questions, statements, reinforcements and paraphrasing. These techniques were used after the music listening activities as well as during song writing activities.

#### **1. Questions**

Throughout the music therapy process, the therapist asked the adolescent boys questions, which requested information. According to a study conducted by Wolfe, O’Connel and Epps (1998), music therapists use questions in sessions with the intention to elicit or prompt discussions from group members concerning various aspects of music. In this study, the therapist also made use of questions and three types were identified.

##### **1.1 Questions as invitations for discussion**

These questions were both open and closed-ended. I begin with an example and I quote from music listening transcript A, where the music had just finished playing and the therapist asked, “do you guys like the music?” This question was a closed question and therefore the boys were likely to respond with ‘yes’ or ‘no’. The boys all responded with ‘yes’ and so the therapist continued asking, making use of open-ended questions such as “ok, how can you describe the music?” and “what does this music make you think of?”

From the example above, it can be seen that closed-ended questions did not typically begin discussions. However, when the therapist made use of more interrogative words such as “what”

and “how”, the adolescent boys were enticed to provide content answers such as their musical associations, on which discussions were based. It was here where the boys began linking the music with their cultures, with their past life experiences as well as with their families. These links stimulated exploration of ideas as well as the recounting of heartwarming memories, which served an important and valuable role in the music therapy process. We notice here that although the therapist invited the discussion, the adolescent boys’ responses determined the direction of the discussion, which will be discussed under the second sub-question.

### 1.2 Questions as clarification

Clarifying occurred when the therapist was unsure of what the boys had said. This could have been due to the therapist not hearing the boys as there was often an energetic discussion taking place between the group members, or due to the therapist not understanding the meaning or content of what was said. Clarifying enabled the therapist to gain better insight into the meaning created and expressed verbally by the boys, which informed her next clinical intervention.

### 1.3 Questions to encourage personal expression

The therapist also asked questions which created opportunities for the boys to disagree with each other, thus encouraging the potential for authentic self-expression. An example of this is, “ok, anything else? Anyone who did not like the music?”

Although there was no one that expressed dislike of the music, the reason for questioning differences was so that the boys realised that they did not all have to agree and were allowed to be honest. In the example above, the therapist portrayed to the group that the music therapy space was one in which differences were tolerated and accepted. Kools (1997, p.266) found that foster care may negatively affect adolescent’s identity development through “depersonalization, the devaluation of one’s personal identity through impersonal treatment and lack of individual consideration and respect... and a disciplinary style of restrictiveness”. Questions to encourage personal expression used by the therapist at the shelter provided the boys with an opportunity to listen, to wait and to take everyone into consideration and to express an alternate opinion, thereby encouraging the expression of their personal identity. This opportunity contrasts many of their experiences in an institutional setting where, as mentioned by above by Kools (1997), the child in foster care is not often seen as an individual.

These questions were also used when the adolescent boys spoke about their future aspirations. Once the therapist had asked questions about what the boys would like to be or do one day, the boys replied with various career options. The therapist then probed to find out more information such as when one boy stated that he would like to be a soccer player one day and the therapist replied with, “a soccer player, that’s exciting. Who is your favourite soccer team?”

Louw, Van Ede and Louw (1998) state that as adolescents define what direction they want to take in life as well as what is important to them, they begin to develop their own identity. Due to economic turmoil, many South African children, such as the boys at the shelter, are exposed to or experience bleak circumstances such as poverty, abuse, neglect and abandonment, which in turn leads to them developing an incomplete sense of themselves which has a direct negative impact on the development and integration of their identity (Pavlicevic, 2002).

## 2. Statements

At times during the music therapy process, the therapist made use of statements that offered information to the adolescent boys and these were mostly in the form of opening and closing remarks intended to explain an activity. With regards to opening remarks, this offered the adolescent boys a clear understanding of what was expected of them. Regarding the closure of an activity, the therapist often thanked the boys for their contribution through, for example, grateful acknowledgement, which signalled the end of the activity.

According to Finger (2006, p.2) the music therapy space “needs to be a place where the person will not be judged no matter what is expressed verbally”. The opening and closing of activities or sessions proved to be vital in terms of setting the scene, offering the right platform for discussion. This was achieved through developing trust and encouraging free expression, thereby establishing rapport. The therapist also made use of humour as a form of establishing rapport. Kools (1997) mentions that adolescents in foster care often experience social isolation in the form of depersonalization, however, the experience of acceptance fostered by a trusting therapeutic relationship offered during music therapy, was a shared experience, which transcended the barriers of social depersonalization, so often experienced by those who have been neglected, such as the adolescent boys at the shelter.

### 3. Reinforcements

The therapist used reinforcements, which were verbal cues or statements that affirmed what the adolescent boys said, and these can be sub-divided into two sections.

#### 3.1 Positive affirmations

The therapist used positive affirmations as a form of reinforcing what the boys had said, such as, “ah-ha” and “ah I know it’s really terrible”. Here the therapist supported the boys’ comments and emphasised the content of what was said. This signalled to the group that as therapist, she heard what they said, thereby validating and acknowledging them, which often prompted further discussions. The therapist therefore recognised and accepted what the boys had to offer. This is valuable when taking the boys’ backgrounds into consideration and when contextualising their needs in terms of their developmental phase.

#### 3.2 Reassurance

Taking into consideration that the therapist felt it important to promote the acceptance of differences, the therapist also had to offer the adolescent boys statements of reassurance. For example, one of the boys made a statement to which another commented with disbelief and the therapist responded with “you can disagree, this is what this group is about. If you don’t like it, you may say so.”

Through encouraging more authentic self-expression and individuality as well as acceptance of each other, the therapist allowed for different ideas to be shared. Donald and Swart-Kruger (1994) observed that street children are often faced with emotional insecurity. When the therapist at the shelter encouraged self-expression through offering reassurance that it was acceptable to disagree, the adolescent boys were being offered security and validation regarding freedom of expression.

The role of the therapist with regards to reinforcement was that of establishing rapport and a feeling of sympathetic understanding amongst group members. Through verbally reflecting the boys’ comments, the therapist consequently also affirmed their self-expression. Kools (1997) found that adolescents placed in an institutional structure such as that of a shelter or foster

home, experienced low self-esteem and low-self confidence. In the current study, where the therapist at the shelter provided verbal reinforcements during the music therapy sessions, the adolescents were able to experience positive evaluation and security, which in so doing had the possibility to increase their self-esteem, and self-confidence, which is very significant in terms of encouraging identity development in adolescents.

#### 4. Paraphrasing

Verbal responses by the therapist often echoed or reflected what the boys said. Paraphrasing occurred when the therapist summarised some of the boys' statements. Using the song-writing transcript C as an example, the adolescent boys had just mentioned various ideas that were grouped under the heading 'the wrong way', where after the therapist responded with, "ok, so if we look at the wrong way, we have no drugs, alcohol and smoking". These paraphrased summaries were then offered back to the group to either be accepted or rejected. This proved to be beneficial as there were often several ideas being discussed and at times not everyone's comments were heard. If the therapist missed out on someone's comment, the boys would repeat their statement, and all the ideas were then heard. The therapist here acted as a facilitator, grouping the information for the boys into meaningful sections or verses for their song.

Throughout the music therapy process, the therapist's main task was to make clinical interventions, by supporting, guiding and encouraging the adolescent boys. This was initially done in a more directive role, with the therapist largely determining the focus of the verbal processing.

I have discussed how the therapist used verbal processing as part of the music therapy process and I now turn to how the adolescent boys used verbal processing as part of the music therapy process, while referring to the second category within theme one, namely the client's techniques of verbal processing.

## **5.2.2 Sub-research question 2: How do adolescent boys living in a shelter use verbal processing, after music listening and during song writing?**

Most techniques of verbal processing that the adolescent boys employed were in response to questions from the therapist regarding their feelings, thoughts or beliefs. They then answered, either agreed or disagreed with what was said by the therapist or by each other and at times offered new ideas, allowing the discussion to continue.

When referring to the second category of my first theme, the clients' techniques of verbal processing, I have summarised the techniques used after music listening and during song writing into two sections, statements and questions.

### **1. Statements**

Throughout most of the music therapy process, the adolescent boys made use of statements in the form of sharing information with the therapist, and these can be sub-divided into three sections.

#### **1.1 Statements as responses**

The boys' statements were mostly in response to questions or probes from the therapist. This could have perhaps been due to lack of confidence based on the adolescent boys struggling to relate to others (Donald & Swart-Kruger, 1994). When the therapist probed the boys to make associations with the music for example, the boys responded with interpretive statements. This interpretation indicated that the boys made sense of the question in their own way, while assigning their own meaning. The boys' statements then channelled the content and direction of the verbal processing and this was their role throughout most of the music therapy process.

However, the ways in which the boys responded differed in relation to the role of the therapist, which was either directive, which will be discussed now, or nondirective, which will be discussed in the next section. When the therapist was in a more directive role, the boys responded to questions asked or statements made and the therapist then prompted each boy individually as shown in the example below, taken from transcript A. Here the group talks about their hopes



and dreams for the future. Notice how the boys respond individually, after being prompted by the therapist.

No.	Transcription quotes
A – T16 Therapist	What would you guys like to do one day, or be one day, for people to remember you?
A – B17 (Boy 1)	<b>Me, I would like to be a singer</b>
A – T22 Therapist	Ok, M, E, what would you like to be one day?
A – B22 (Boy 2)	<b>I want to be an artist</b>
A – T24 Therapist	And you E?
A – B24 (Boy 3)	<b>Maybe a doctor or something like that</b>

**Table 13: Statements as responses**

There was very little spontaneous interaction between the boys. When one boy had finished speaking, the therapist then prompted the other boys for their opinions and comments. Here the boys were involved in the discussion in responding only to the therapist and not to each other. Although the boys were aware of each other's comments, they did not respond. This could have been due to the boys not wanting to comment, or not feeling the need to comment. I speculate that since the adolescent boys have only been exposed to their schools where they are taught to answer when spoken to, they possibly viewed the therapist as a more authoritative figure, thus waiting to be addressed first. Nonetheless, this could also be seen as a form of respect towards the therapist.

### 1.2 Statements as continuing responses

Here the therapist was, in a nondirective way being facilitator, with the boys responding to each other's comments. This created an unstructured interchange of ideas, which was especially evident in the song-writing transcript and examples are shown in the table below.

No.	Transcription quotes
C – B43 (Boy 1)	<b>Listening</b>
C – T43 (Therapist)	Listening. Yes!
C – B44 (Boy 2)	<b>Yes I also wanted to say listening to one another</b>

**Table 14: Statements as continuing responses**

These statements can be seen as continuing responses and only occurred in transcript C, which was later in the music therapy process. Trevarthen (2002) draws on literature that reports that social isolation and neglect experienced by street children can weaken spontaneous expression of feelings. This was evident for the boys at the shelter, as they were not spontaneous in the beginning of the music therapy process and it was only through the establishment of trust with the therapist through the therapeutic relationship and through their growth in confidence, that the boys began to verbally express themselves more freely, sharing feelings, thoughts and beliefs, which will be discussed further under sub-question two. This proved to be valuable for the music therapy process at the shelter and it is hoped that the boys would continue expressing themselves freely and confidently in their later adult years.

### 1.3 Statements as agreement and disagreement

Verbal interactions initiated by the boys included responses expressing agreement with the music therapist as well as, at times, responses expressing disagreement. Below is an example of both the positive and negative responses by two boys, taken from transcript C.

No.	Transcription quotes
C – T15 (therapist)	So what can we call these things? Dangers?
C – B16 (boy 1)	<b>Dangers, yes</b>
C – T17 (therapist)	We can call them bad things
C – B18(boy 2)	<b>No, dangers is good</b>

**Table 15: Statements as agreement and disagreement**

The comment made by the first boy was one of agreement. The therapist then suggested another idea and the other boy disagreed. This was done very assertively and demonstrated

how the boys stood up for themselves and for what they believe in. Referring to Louw et al. (1998), doing things for themselves, fighting for what they believe in and making their own decisions, can develop confidence in adolescents and allow them to display autonomy. Trevarthen (2002) reports that social isolation and neglect, as in the case of the adolescents at the shelter, can weaken their sense of self-worth. The verbal processing as part of the music therapy process allowed the boys to confidently express themselves through exerting control over their environments. This can be linked to Ruud's description of self-confidence, which relates to the self-assuredness or belief in one's own ability or competence through which individuals can display autonomy (Ruud, 1998). Through verbal processing at the shelter, the boys were able to express their beliefs with regards to each other and themselves.

The above example of agreement and disagreement is a representation of a mutual discussion that took place, with statements from both the therapist and the boys. I use the term mutual because there were no specific leaders but rather an interspersed collection of ideas being shared. This can be contrasted with the classroom situation that I speculate the boys so often experience and also contrasts how they expressed themselves at the beginning of the music therapy process as described above.

## 2. Questions

There were times after music listening and during song writing that the adolescent boys made use of questions. Although not used as often as by the therapist, the purpose of questioning by the boys was to request information, which was in the form of clarification when they did not understand such as, "what is envy?" and "oh, so you are like confused?" Again the verbal processing facilitated a process of instilling confidence in the boys, as they were not shy to expose themselves as vulnerable, which could have been the case had the boys not felt safe enough. This implies that the boys had developed a meaningful, open relationship with a significant other, something they have not often experienced before.

I now discuss my main research question, "how does verbal processing after music therapy and during song writing form part of the music therapy process with adolescent boys living in a shelter" by integrating the two sub-questions addressed above as well as referring to my second theme, music as a platform for verbal processing.

### 5.2.3 Main research question: How does verbal processing after music listening and during song writing form part of the music therapy process with adolescent boys living in a shelter?

The data revealed that the therapist and client used verbal processing as part of the music therapy process through employing particular verbal techniques (as reflected in theme one). Also, as reflected in theme two, music was used as a foundation for this verbal processing which served a number of purposes within the therapeutic process, namely communication of a social message (category three), reflection on past, present and future (category four) and communication of individual and group identity (category five).

Briefly, with regards to the first theme which has already been discussed in detail in relation to the sub-questions, summaries of the verbal techniques used by both the therapist and clients are provided below.

**Table 16: Techniques used by the therapist**

1. Questions	1.1 As invitation for discussion 1.2 As clarification 1.3 To encourage personal expression
2. Statements	
3. Reinforcements	3.1 Positive affirmations 3.2 Reassurance
4. Paraphrasing	

**Table 17: Techniques used by the adolescent boys**

1. Statements	1.1 As responses 1.2 As continuing responses 1.3 As agreement and disagreement
2. Questions	

As the second theme emerged from the data, it became clear, as mentioned, that the verbal discussion in sessions (in which these techniques were employed) were instigated by the music that the boys had either listened to or were about to write. It became evident that music served as a platform for verbal processing. Within these music-inspired discussions, the therapist verbally facilitated the boys' verbal processing which they used in order to engage with various aspects of their lives – as revealed in categories there, four and five. I will now discuss music as a platform for verbal processing according to these corresponding categories: communication of a social message, reflection on past, present and future, and communication of individual and group identity.

### 1. Communication of a social message

This theme relates mostly to the song-writing excerpt and therefore refers to verbal processing that was used during song writing. The boys decided on the content of the message of the song and they had similar ideas as to the message they wanted to convey. Their statements contained information regarding socially responsible behaviour, social attitudes and beliefs and morals and values, and I include some in the table below.

No.	Transcription quotes
C – B7	What I will say, I will say this, we have to like like, face the right way.
C – B12	They must stop joining crime
C – B28	Stand up for what you believe in
C – B39	Learn from your mistakes
C – B46	Take care of yourself, take care of one another
C – B47	Be happy for yourself
C – B48	Be proudly South African

**Table 18: Communication of a social message**

The lyrics or the message of the song that the adolescents wrote at the shelter was written to “everyone out there, facing challenges everyday”. Tervo (2005), Tarrant, North and Hargreaves (2002), Trevarthen (2002) and Ruud (1998) suggest that music greatly appeals to adolescents. Their findings suggest that music facilitates exploration such as acquiring a set of values, enables the achievement of mature relationships with peers and encourages the engagement of

socially responsible behavior. According to Ruud (1998), music is in essence a vital contributor to identity formation as it serves as “raw material for building values and life orientations, as a way to anchor important relationships to other people, as a way of framing our situatedness in time and space, and as a way to position ourselves within our culture and thus make explicit our ethnicity, gender and class” (Ruud, 1998, p.46). The song writing as part of the music therapy process at the shelter provided an opportunity for the adolescent boys to verbally express what they felt was important to them, both individually and as a group. Coupled with this were the instructions directed to their peers that formed part of their message: instructions for socially responsible behaviour as well as for confident self-regard. The boys had a clear message that they wanted to convey and they projected this message into lyrics of the song.

When linking this to literature on foster children, Kools (1997) states that foster care can have a negative impact on adolescent’s identity development. The verbal processing as part of the music therapy process at the shelter provided the boys with an opportunity to express and develop their identity and through the lyrics their feelings, thoughts and beliefs were captured in their own words. The group experience of song writing allowed for the adolescents to unite while each person’s contribution was validated. This can be correlated to research by Dwyer (2007), who explains that the process of song writing in music therapy has several therapeutic benefits such as an increase in self-confidence, a greater understanding of the self in relation to others, an increase in freedom of expression as well as feelings of achievement.

## 2. Reflection on past, present and future

The lyrics of both pieces of pre-recorded music served as a catalyst for discussion. In some instances, the boys used the lyrics of the song to reflect on their past, connecting the music to family that they could remember. The following excerpt is from the music listening activity where the boys reflected on their lives.

No.	Transcription quotes
A – B4	Even back at home, they listen to the music. It reminds us of that time together, you know when we were all together around the fire.
A – B6	Uh, when we were young children, we always used to be together. Even our grandmothers and grandfathers were there.

**Table 19: Reflection on past, present and future**

In other instances, the boys reflected on the legacy that the artist of the pre-recorded music, Lucky Dube left, since he had passed away. The boys began to identify with what they would like to be one day in order to leave a legacy as well. One boy said he would like to be a singer and another, an artist, while the other two boys said they would like to be a soccer player and a doctor respectively.

The boys also connected their past with their future and made comments such as, “we don’t have a family but we want to have a family when we grow up.” Here the adolescent boys expressed how the music was a symbol of hope for change and what the music provided was an embodiment of the boys’ split adverse present or past life and their future idealised family life. The music also facilitated an opportunity to unify and connect people and places, mostly from the boys’ past. This coincides with Ruud’s (1998) statement that music can be used to encourage people to create memories embedded within their own cultures because important people and events are very often encapsulated in musical experiences, thus increasing the possibility for therapeutic work in the music therapy session.

Campbell, Connell and Beegle (2007) state that song lyrics were seen as conveying messages of comfort that they do not have to feel isolated, but rather united as many others face the same struggles they too experience. The boys at the shelter were able to identify with the lyrics of the songs played during the music therapy process and examples are given below.

No.	Transcription quotes
B – B3	And so this song is a message. Our families they never cared about us children. This song is about a man that never cared about his family.
B – B4	Everything this man did, now he writes about it. He wants to tell us to be strong for our families and to not forget about them like he did. This song is very powerful.

**Table 20: Identification with lyrics of pre-recorded music**

Here the adolescent boys verbally expressed how powerful the song was. The music served as a bridge to their idealised family lives, one in which they want to be fathers and have mothers for their own children; one in which the children form an integral part of the familial system and are not left on the streets. What the boys are seemingly trying to change or hope for, is a future very different from their past. Ruud (1998) states that identity refers to our past or history to

which we can relate and feel bound to, as well as where we come from referring specifically to the location we feel we belong and are devoted to. He continues by saying that time and place are closely connected through the musical experience (Ruud, 1998).

Erickson (1968) states that adolescents need to recognise and acknowledge their abilities and limitations in relation to their understanding of their past, present and future. By accepting past experiences and establishing future goals adolescents integrate and form a realistic definition and perception of the self (Erickson, 1968). The adolescent boys at the shelter used the music as a platform to build their own characters by acknowledging their past, working in the present by validating and accepting others, as well as setting goals for their futures. The boys at the shelter used verbal processing to shape a broader sense of themselves through expressing who they are and how they might succeed in the world, something that they might never have experienced elsewhere.

### 3. Communication of individual and group identity

The task of identity development was found by Erickson (1968) to be the most important factor of the psychosocial development of adolescents. This is due to physical, cognitive, sexual, moral and social development and the combination thereof is an essential task of adolescence, particularly with regards to the establishment of identity, as they influence the way adolescents' perceive themselves (Louw et al., 1998). Verbal processing as part of the music therapy process at the shelter allowed the adolescent boys to create and express the way that they identified with the music. This was prompted by the therapist asking the boys how the music made them feel as individuals, at times evoking memories. This fostered the continued construction of their personal identities, which is seen according to Ruud (1998) as our own perception of who we are. This links to Campbell et al. (2007, p.221) who from their study determined that "music was found to provide adolescents with a medium through which to construct, negotiate and modify aspects of their personal and group identities, offering them a range of strategies for knowing themselves and connecting with others." This is because "music is so accessible to adolescents and their lives are centered on music..." (McIntyre, 2007, p.59).

There were also times however when the boys spoke on behalf of the group, expressing feelings and thoughts that they felt belonged to everyone in the group and I provide examples in the table below.



No.	Transcription quotes
A – B8	This is <b>our</b> kind of music <b>we</b> listen to.
A – B11	<b>We</b> must unite. <b>We</b> must be good to our children. <b>We</b> must love one another. <b>We</b> must not fight. Yes, no fighting. This song is very, uh, it means a lot to <b>our</b> culture.
B – B3	<b>We</b> uh want to be a father and have a mother for the children.

**Table 21: Communication of individual and group identity**

Here the boys began to explore ideas as a group thus facilitating the development of a collective identity, a sense of who they are as a group. Ruud (1998) states that “music listening is a thoroughly social process guided by a set of interpretative moves. When we listen to a piece of music, we locate it in our cultural soundscape” (Ruud, 1998, p. 33 - 34). Music listening with the adolescent boys at the shelter, allowed for them to locate the music culturally, identifying with the music on a collective cultural level. This can be linked to Ruud’s (1998) statement that music can empower people within their own cultural contexts.

The verbal processing after music listening and during song writing at the shelter proved to be very valuable as it provided the adolescents with a medium through which to negotiate and modify aspects of their personal and group identities, which offered them a range of strategies for knowing themselves and connecting with others. Ruud (1998, p.31) states that “listening to, performing and talking about music is not as much a reflection of identity as a way of performing ourselves, our identities”. At the shelter, verbal processing afforded the boys an opportunity to perform themselves both as individuals and as a group.

In answering the main research question regarding how verbal processing after music listening and during song writing formed part of the music therapy process with adolescent boys living in a shelter, it is clear that verbal processing occurred as an interrelated exchange between the therapist and the adolescent boys by means of various techniques. It facilitated and added value to the therapeutic process as the boys were afforded a space where feelings, thoughts, hopes and dreams could be expressed and shared with each other, and the therapist was able to gain greater insight into the boys’ internal worlds with greater potential for understanding their needs. What emerged was humour, acceptance of each other and tolerance of differences related to individual and collective beliefs. Both the therapist’s and the boys’ verbal processing

developed into interactive moments of sharing and connecting, something that does not happen often, if at all, in this sheltered environment.

In conclusion, considering that research has shown that adolescents who grow up in a foster care environment such as the boys at the shelter, may have a diminished sense of self (Kools, 1997), it is notable that the adolescent boys in this study used verbal processing to recognise their capabilities and limitations, their likes and dislikes, their hopes and dreams, their feelings, thoughts and beliefs, as well as to relive their memories. This allowed the boys to express themselves in different ways, which opened the doors for deeper reflection and for connections to be created between who they are and what they would like to achieve one day.

Far from detracting from the importance of the music in the music therapy sessions, verbal processing allowed the boys to make links between musical expression, emotions, thoughts, words and insight, thus deepening the music's invaluable therapeutic effect.

This concludes the discussion chapter and I move on to chapter six, where I make some concluding remarks in taking leave of this study.

## CHAPTER 6

# CONCLUSION

This research dissertation has explored how verbal processing after music listening and during song writing formed part of the music therapy process with adolescent boys living in a shelter, highlighting the value and potential of incorporating verbal processing within music therapy sessions with verbal clients, especially adolescents. Verbal processing in music therapy at the shelter involved an interrelated process between the therapist and the adolescent boys as both parties employed various verbal techniques in a music-inspired process that provided opportunities for several aspects of the adolescents' lives to be explored. Verbal processing facilitated the therapeutic process as the boys were afforded a space where feelings, thoughts, hopes and dreams could be expressed and shared with each other in a non-judgmental atmosphere and the therapist was able to gain greater insight into the boys' intimate worlds with greater potential for understanding their needs. The therapist made use of verbal processing to facilitate and encourage, prompt and reinforce the adolescent boys' verbal processing in order to offer links between musical expression, emotions, thoughts, words and insight.

Limitations to this study include the overall focus not solely being music therapy but rather an avenue of music therapy interrelated with verbal processing. It is however hoped that by focusing on a small part of the whole, it will facilitate a greater understanding and openness towards the possibilities of including clinically informed verbal processing as part of music therapy work with adolescents. Another limitation is that the results in this study cannot be generalised to all adolescent music therapy groups.

Nonetheless, findings do suggest that verbal processing can be valuable in sessions with verbal clients as a form of:

- ❑ reconnecting with the past, clarifying the present and facilitating connection to the future
- ❑ conveying a message to their peers. The self-expression and performance of a song written by them for the public, leads to them finding their 'voice' through formulating their ideas, needs and hopes for others in the form of lyrics in a song
- ❑ performing individual and group identity

Far from detracting from music's therapeutic effect in music therapy sessions, verbal processing in this group of sheltered adolescent boys appeared to deepen the music's therapeutic effect. Results indicated that what emerged was humour, acceptance of each other and tolerance of differences related to individual and collective beliefs. Both the therapist's and the boys' verbal processing developed into interactive moments of sharing and connecting, something that does not happen often, if at all, in this sheltered environment.

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