

**Exploring the role of music therapy in enhancing protective  
factors for the resilience of youth at risk**

**by**

**Caley Samantha Garden**

**10097122**

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**Supervisor: Ms. Karyn Stuart**

**Co-supervisor: Mrs Andeline dos Santos**

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## Abstract

This study was designed to explore the role of community music therapy in enhancing protective factors for youth at risk, which are associated with, and predictive of resilience. Resilience is understood as adaptive behaviour when faced with adversity and threats to adaptation. This qualitative research utilised a case study of six learners from Heideveld Primary School, aged nine to eleven, who participated in nine group music therapy sessions. Video recordings of the sessions and portfolio entries created by the participants were analysed by means of thematic coding and categorising. Individual, relational, community and cultural protective factors, which can enable resilience, were observed in the music therapy space and were incorporated into eight themes that offered insight into the contextually pertinent factors that can promote resilience in relation to the types of adversity faced in the Heideveld ecology. It was also explored how these factors may be enhanced in a community music therapy process. The importance of affording experiences of safety and a nurturing support system in the music therapy space, as well as the ability of interactions within musicking to evoke and enhance protective factors, are highlighted.

## **Keywords:**

Resilience

Youth at risk

Protective factors

Risk factors

Community music therapy

Adversity

Heideveld

'Performed self'

Ecological model

Contextual specificity

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# Chapter 1

## Introduction

### 1.1 Background and context

Prior to my studies in music therapy, I did volunteer work for MusicWorks, a non-government organisation that provides music therapy services to communities around Cape Town. This afforded me the opportunity to assist and observe music therapists at various locations, including Heideveld Primary School. Heideveld, as part of the 'Manenberg zone' was one of six 'Zones of Poverty' identified by the City of Cape Town's Community Development Report on Urban Regeneration, 2000 (CCT, in Robins, 2002:687). The Manenberg zone was identified as being the worst-off in terms of poverty and dysfunctionality. Indicators of 'dysfunction', according to the City of Cape Town, were high levels of criminal and gang violence, tuberculosis, substance abuse, and prevalence of teenage pregnancy and domestic violence (Robins, 2002:675).

The Community Development Report on Urban Regeneration illustrated the general circumstances in which the children of Heideveld grow up and the types of adversity with which they are faced. Stressors, such as Heideveld's indicators of dysfunction, and exposure to adversity, such as low socioeconomic status or abuse, are statistical predictors of specific or broad-spectrum developmental problems in children, especially in the areas of psychopathology, psychosocial competence and health (Masten, 2001:228). The children of Heideveld are, therefore, 'at risk' of such outcomes. Yet, despite the hardships which they may face, within group music therapy sessions I observed many of the children as being motivated, enthusiastic, supportive of one another, hopeful for the future and having a positive outlook on life. Some of these qualities even seemed to be enhanced by the music therapy interventions. This made me curious as to what fuels such positivity in the children of Heideveld, despite the daily adversity that they face. I propose that it may be due to an "ordinary magic" (Masten, 2001:227) called resilience.

Becker, Cicchetti and Luthar (2000:543) define resilience as "a dynamic process encompassing positive adaptation within the context of significant adversity". Positive adaptation is both an internal and external process. External adaptation includes adjusting to one's environment, for example, achieving at school and getting along with peers. Internal adaptation involves maintaining internal integration and psychological well-being (Masten & Obradović, 2006:15). Factors that put children at risk can sometimes be prevented, but no child is invulnerable, and as such, factors that protect children from negative outcomes require nurturance. (Masten & Obradović, 2006:23). Pasiali (2012:38) has, therefore,

emphasised the importance of music therapists understanding resilience and its processes in order to minimise detrimental effects on childhood development. She has proposed that by providing a sociocultural and aesthetic experience, music therapy can have therapeutic and preventative outcomes in terms of resilience and that this may support the “process of, capacity for, or outcome of successful adaptation” (Pasiali, 2012:37).

Researchers have identified probable and general ‘protective factors’ related to community, family, culture and the individual, which predict or correlate to resilience across various situations (Masten & Obradović, 2006:14). These are “attributes of individuals, their relationships, or contexts particularly associated with positive outcomes or development in the context of risk or adversity” (Gerwitz & Masten, 2006:20). Protective factors, therefore, act as a buffer against the effects of adversity and allow resilience to occur (Rutter, 1985:600). These factors have been incorporated into an ecological model that views resilience as a bidirectional process by which individuals use their internal protective factors to gain health-sustaining resources provided by external protective factors (Ungar, 2008:225). Based on this model, my research utilised a community music therapy approach (hereafter CoMT) that understands music-making as a bidirectional process through which mutually-caring relationships and social bonds can be afforded, which promote health and well-being (Dos Santos & Pavlicevic, 2006:6).

It is common that the children who are faced with the greatest adversities do not have access to basic protective factors or opportunities and experiences that nurture their capacity to adapt to their environment (Masten, 2001:235). According to a grade five teacher at Heideveld Primary School, this is the case for many of her students. Some of the risk factors she defined in the community are poor parenting skills, single parenting, exposure to drugs in the immediate family environment and neighbourhood, HIV/AIDS, a high prevalence of road-deaths, and sexual and physical abuse. A child does not have the internal capacity to deal with such psychosocial hardship without external support (Theron & Theron, 2010:6). Guided by this statement, my study entailed a CoMT intervention at Heideveld Primary School, in which I worked in a resource-oriented manner, drawing on the protective factors that emerged in the music therapy environment. I identified these factors in music therapy sessions in order to help the children to use them, as well as to enhance them further to build the children’s capacity to adapt to hardship.

To date, there are no known resilience studies in the field of music therapy within a South African context, and a general lack of research that takes South Africa’s cultural and contextual roots of resilience into account (Theron & Theron, 2010:1). Such research is necessary in order to understand the pathways to resilience in South African youth.

Contextual insight into the resilience of youth at risk has the potential to equip local teachers, psychologists, service providers, communities, music therapists and other arts therapists with the skills and knowledge to promote resilience in South African youth.

This served as my motivation to conduct this study. Insight can be gained into the relationship between music therapy and resilience by exploring how protective factors of youth at risk are performed within music therapy sessions. This can hence guide future interventions in creating opportunities and experiences in which protective factors for resilience can be enhanced and, thus, negative outcomes reduced. This led to the generation of aims for my research study.

## **1.2 Research Aims**

The aim of this research study was twofold. Firstly, I aimed to explore what protective factors could be observed in CoMT sessions with youth at risk and, secondly, if protective factors can be enhanced within music therapy sessions and how this is achieved. From the observations of this study I hope to contribute insight to future music therapy interventions that aim to promote resilience of youth at risk in similar contexts.

## **1.3 Research Questions**

This study was therefore guided by the following research questions:

1. What protective factors can be observed in community music therapy sessions with a group of children at risk?
2. Can such protective factors be enhanced through community music therapy and if so, how?

## **1.4 Chapter overview**

This chapter has explained the background and context of the present study and has stated my research aims and research questions. The following chapter provides a review of literature regarding resilience, the importance of protective factors, youth at risk and resilience in relation to music therapy. Chapter three examines the research paradigm and methodology utilised in this study. The methods used for data collection and analysis are explained. Chapter four provides a detailed account of the data analysis process, and in chapter five the themes that emerged in this process are discussed in relation to the research questions. Chapter six notes the limitations of the study, and makes concluding remarks and implications for future research in this field.

## Chapter 2

### Literature Review

#### 2.1 Introduction

Although there is a wealth of literature in the field of resilience and its promotion, a significant gap was identified regarding the use of music therapy in this field. In this chapter, literature relating to this study will be reviewed in two sections. The first section explores resilience and its key concepts in greater detail, as it is necessary to clarify the theoretical framework and key terms used in this study. This includes reviewing the ecological model of resilience as a suitable theoretical framework for this study and exploring the importance of risk and protective factors in the development of resilience. The discourse surrounding ‘youth at risk’ is explored through the lens of positive psychology. The second section examines resilience in relation to music therapy. Links are made between music therapy and the ecological model of resilience and music therapy and empowerment philosophy. Arising from this, the community music therapy approach is then reviewed in terms of its applicability for this study, including its sociological stance of the performance of identity. This is followed by a review of literature regarding the relationships between music, music therapy and resilience.

#### 2.2 Defining Resilience

It is important to note that, among researchers worldwide, there is ambiguity in definitions of key terms relating to resilience, such as risk factors, protective factors, and even resilience itself (Ungar et al., 2005:5). The following section will deal with the definition of these terms in relation to the current study and provide a theoretical framework for the study of resilience.

Resilience is a complex and dynamic concept that varies across individuals, ecologies, cultures and developmental stages (Theron, 2011:3). There is thus little consensus as to a single definition of resilience. A widely accepted definition is that in order for an individual to be classified as ‘resilient’, two criteria are necessary: 1) There must be a significant threat, or severe adversity present; and 2) the individual achieves positive adaptation despite threats to their developmental processes (Becker et al., 2000:543; Masten & Obradović, 2006:15).

Positive adaptation is generally understood as meeting age-related standards and expectations of behaviour within a given social, cultural or historical context (Masten, 2001:230).

##### 2.2.1 The Ecological Model of Resilience

In more recent research into resilience, there has been a shift in the understanding of how resilience *works*. The definition of “positive adaptation within the context of significant adversity” (Becker et al., 2000:543) has been argued to be too specific and focused on individual abilities (Ungar et al., 2008). This has led to the formulation of the ecological model of resilience, by which researchers (Cicchetti, & Lynch, 1993:97; Harvey, 2007:22; Ungar, 2011:9) have conceptualised resilience as a bidirectional process in which the individual and their ecology are mutually influential. This is illustrated in figure 1:

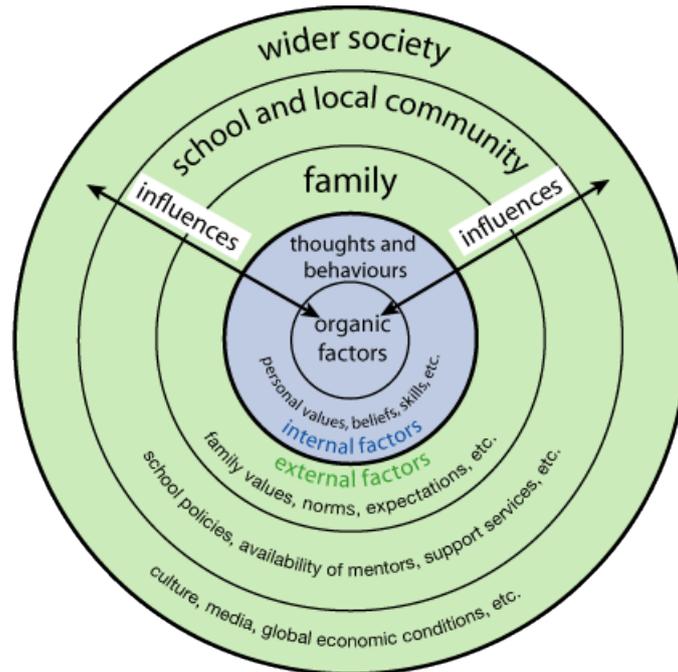


Figure 1: The ecological model of resilience (Mental Health Foundation of Australia, 2007).

Through the lens of this model, Ungar (2008:225) defines resilience as follows:

In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful ways.

Becker and his colleagues' (2000:556) critical evaluation of resilience literature stipulates that empirical research into resilience must be presented within a logical theoretical framework. This study has adopted the ecological model of resilience as its theoretical framework.

In an environment where many risk factors are present, a child depends on the multiple layers of their ecosystem to counteract the negative effects of adversity (Masten, Herbers, Cutuli & Lafort, 2008:76). An environment's ability to enable processes that promote adaptive development and protect against risk are vital if a child is to use their internal

protective resources and be motivated to overcome obstacles. Individual qualities of a child are important factors for resilience, but if their ecosystem does not offer opportunities for the performance and expression of these qualities, the child may have fewer opportunities to succeed (Ungar, 2013:328). Therefore, if a nurturing environment creates optimal conditions for the development of resilience, it can be hypothesised that the creation of a nurturing social ecology within music therapy could potentiate the development or enhancement of resilience.

Resilience is thus not something an individual possesses, but rather, a dynamic process that depends on culture, context and time; a “social ecologically dependent concept” (Ungar, 2011:4). A successful process of negotiation for resources (a child’s use of individual, inner resources to gain environmental resources), therefore depends on society’s construction of health and well-being for *that* individual (Ungar, 2004:325).

Leading resilience researchers (Ungar et al., 2008:168) have noted that resilience discourse lacks the influence of perspectives outside of Eurocentric culture. According to Dawes and Donald (2000:16), all communities have their own interpretation of what is ‘good’ for children and this may not reflect a particular researcher’s understanding of the same issue.

Resilience research, thus, needs to challenge the concept of homogeneity in health and rather view it through the lens of culture, gender and race. Amongst different cultures, alternative paths to success have been observed, and to utilise ecological benchmarks such as formal education or family structure to assess resilience could thus impose cultural hegemony (Ungar et al., 2008:169).

Patterns of ‘alternative’ adaptation, in cases where socially acceptable paths to resilience are obstructed, are called “hidden resilience” (Ungar, 2015:9). These processes redefine maladaptive coping as contextually specific means of coping that are not recognised as such in different cultures and contexts. Sharma and Sharma’s (1997:413) review of studies of at-risk youth in India, found that Western experiences of family cannot be applied in such minority circumstances. Physically distant families, single mothers and guardians within the community all provided a form of support and the children did not report antagonism towards, conflict with or detachment from their family. The children gained support from alternative forms of family and this moderated the effect of risk factors (Sharma & Sharma, 1997:413). Another example of hidden resilience can be seen in a child who undertakes the role of caregiver to their parents in cases where the parents are mentally ill or under economic stress (Ungar, 2015:9). In both of these cases, ‘appropriate’ social coping strategies are blocked and it is important not to overlook these patterns of resilience or view them as pathological.

Within an alternative discourse on risk and resilience, Ungar (2004:357) warns against the definition of all forms of deviant behaviour as functionally adaptive. One must respect, though, that in some situations, ‘problem’ behaviour, such as joining a gang to protect oneself from gang victimisation (Solis, 2003:21), helps some individuals experience themselves as resilient (Ungar, 2004:357).

As a researcher and therapist entering a context far-removed from my own culture, history and experience of childhood, I had to be reflexive in my thinking and interpretations, as well as gain an understanding of the community’s understanding of constructs of resilience. Thus, in my research, I continuously kept in mind the question: “What does resilience look like in *these* children in *this* context?”

### **2.2.2 Risk and protective factors**

Adverse circumstances and experiences such as disadvantaged socioeconomic status, urban poverty, community violence, maltreatment, parental mental illness and catastrophic life events are considered ‘risk factors’ in relation to resilience (Becker et al., 2000:544). These are individual or environmental factors that put a child ‘at risk’ of negative outcomes (Masten & Reed, 2002:76). For the purpose of this study, ‘at risk’ will be defined as being “in danger of negative future events” (McWhirter, McWhirter, McWhirter & McWhirter, 1998:7). Poor developmental outcomes in the areas of psychopathology, psychosocial competence and health are directly related to prolonged or cumulative exposure to adversity (Masten, 2001:228). Possible outcomes include depression, educational failure, unemployment and poverty (Camilleri, 2007:17). Despite the outcomes of exposure to risk factors, it has been found that repeated brief exposure to negative experiences in which one can cope successfully, may contribute to resilience (Rutter, 2013:474). The concept of resilience and evidence of positive adaption does not negate the need to assess risk. Resilience, by definition, requires adversity and risk (Rutter, 2013:472).

Adverse Childhood Experiences (ACE’s) have been studied by means of longitudinal studies at the Kaiser Permanente Department of preventative medicine. Information regarding the three categories of ACES, abuse, household dysfunction and neglect, was collected from 17 000 individuals. This cohort was followed for over 14 years. It was found that there is a “profound relationship between adverse childhood experiences and important categories of emotional state, health risks, disease burden, sexual behaviour, disability, and healthcare costs” (Anda & Felitti, 2010:82). ACE’s can therefore be considered risk factors and thus also serve as motivation for the enhancement of resilience.

Protective factors are qualities of individuals and their contexts that “modify, ameliorate, or alter a person’s response to some environmental hazard that predisposes them to a maladaptive outcome” (Rutter, 1985:600). These factors originate within an individual, their family, their community or culture (Becker et al., 2000:545).

Protective factors have been integrated by Masten and Obradović (2006:21) into a ‘shortlist’ (Table 2.1, below) of protective factors that are found across various contexts as predictors of resilience. The factors on this list emerged from diverse studies of resilience, which found recurring attributes of the individual, relationships and contexts as correlates and predictors of resilience. The elements included in the list have been accepted as global factors associated with resilience (Masten and Obradović, 2006:18).

High levels of protective factors have strong associations with more positive developmental outcomes (Masten, 2001:228). Additionally, in support of the ecological model of resilience, Conrad and Hammen (1993:66) found that many protective factors that predicted good outcomes in children were environmental and concluded that research needs to explore community factors such as social support and youth activities. Many resilience researchers have also stressed the vital importance of healthy attachments as a protective factor (Henley, 2010:298; Masten & Obradovic, 2006:21; Ungar, 2013:331). More recently studies have shown that different protective factors exert different levels of impact on resilience and coping, under different levels of adversity. Children exposed to extremely high levels of adversity depend more on protective factors within their environment, such as a supportive school environment or relationships with reliable adults, than on their personality or psychological protective factors (Ungar, 2015:8).

Shields, Nadasen and Pierce (2009:1192) conducted a study with children living in Cape Town on the relative effects on psychological distress of victimisation and witnessing violence in school and the neighbourhood. They discovered that, at school, victimisation has stronger effects on distress than witnessing violence. This is likely due to the high levels of violence in South African schools and the possibility that the perpetrator could be someone close to the child, like a teacher. In the neighbourhood, witnessing violence is more likely to cause distress (Shields et al., 2009:1203). Similarly, Savahl, Isaacs, Adams, Carels and September (2013:1) conducted a study with Cape Town youth that explored the relationship between community violence, hope and wellbeing. It emerged that hope is a stronger predictor of wellbeing than exposure to community violence. These studies demonstrate how one can examine a child’s well-being from different angles, with regards to risk and protective factors. Shields and her colleagues (2009:1192) examined the effects of adversity as risk

factors, while Savahl and his colleagues looked at how a protective factors can outweigh the effects of risk factors on a child's wellbeing.

<b>Adaptive Systems implicated in resilience research</b>	<b>Protective factors pertaining to each system</b>
Health and stress systems	Allostasis, normal immune and HPA function
Information and problem solving systems	Normal cognitive development, IQ
Attachment relationships with parents, friends and others	Secure attachment, connections to competent and caring adults, mentors, social support
Self-regulation, self-direction, response inhibition systems	Agreeable personality/temperament traits, conscientiousness, lower neuroticism or stress reactivity, effortful control of attention and impulses, executive functioning
Mastery and reward systems	Positive outlook on life, achievement motivation, self-efficacy
Spiritual/religious belief systems, practice and support	Believe life has meaning, attachment to spiritual figures, prayer or meditation, religious community support, religious rituals
Family systems	Close relationships with parents, authoritative parenting style, parental support of education, parental supervision, soothing rituals and routines
Peer systems	Friendships and romantic attachments with prosocial, well-regulated peers, positive peer networks
Schools	Opportunities for learning, mastery and relationships with prosocial adults and peers. Authoritative school and teacher styles, positive school climate, bonding to school.
Larger community and cultural systems	Opportunities for mastery and relationships with positive adults and peers, neighbourhood collective efficacy, cultural rituals and routines, bonding to organisations with prosocial values and positive role models.

Table 2.1: Shortlist of adaptive systems and their respective protective factors (Masten, 2007:926).

Different cultures have different constructs of health and healthy behaviour. It is important that resilience research interrogates these constructs and understands what different groups see as "health outcomes" in order to create indigenous knowledge of resilience (Ungar, Clark, Kwong, Makhnash & Cameron, 2005:5). The International Resilience Project (IRP)

(Ungar, 2008:218) sought to develop a culturally embedded methodology to study resilience. They constructed a list of conceptual domains of resilience (Table 2.2) gained from resilience research sites across the world. The list is, thus, a construct of different cultural understandings of protective factors for resilience (Ungar et al., 2005:5).

In 2005, the IRP collected data on youth resilience in Delft, an area just 10km from Heideveld, with a similar socioeconomic climate. The participants were found to have hopes and aspirations to gain employment and rebuild their communities in the future. The participants placed high importance on getting an education, and reported feeling safe with their family, being proudly South African and knowing how to behave in different social situations: all important protective factors for resilience. They rated low on protective factors such as knowing where to go in the community to get help, feeling free to talk to teachers and adults about their problems, having understanding and tolerance of their beliefs from the older generation and using fun and laughter to solve problems in life (Ungar, 2005:2). This study offers a picture of what resilience looks like in a particular South African context.

When comparing the IRP's list of constructs with Masten's (2007:926) 'short list' of protective factors, some similarities between protective factors on Masten's list and the IRP's list are apparent. The IRP's list has less emphasis on a Western individualist orientation and is divided more concisely into categories of "Culture", "Community", "Relationships" and "Individual", which fits comfortably into the ecological model of resilience. I have, therefore, used the IRP's list for the purposes of this study. I implemented it as the criteria of factors that I looked for in the participants' behaviour, their music, the music therapy environment, and their interaction within this environment and with the larger communities and cultures surrounding them. The IRP's list of resilience constructs can be found below, with the additional inclusion of definitions for each factor. These definitions were gathered from various relevant sources in order to clearly delineate the specific criteria and boundaries for the identification and interpretation of protective factors in the study.

## INDIVIDUAL FACTORS

Protective Factor	Definition
Assertiveness	Assertiveness is defined as the “direct, non-hostile, non-coercive expression of one’s thoughts, feelings, beliefs or desires” (Deluty, 1981:149). It lies on a continuum between submissive and aggressive behaviour; submissive being inhibited, self-denying behaviour and limiting contact with others. Aggressive behaviour, adversely, involves infringing on other’s rights through hostile and coercive acts. Rinn and Markle (1979) have delineated assertive behaviour into three categories: Self-expressive skills (accepting compliments and expressing one’s thoughts and feelings); Other-enhancing skills (praising others and agreeing with their opinions) and communicative skills (initiating and maintaining conversation).
Problem-solving ability	According to developmental tasks of middle childhood, problem solving in these participants should involve the ability to reason about problems in their environment, test hypotheses, organise, adopt a plan or goal for an activity, apply the plan and monitor their progress (Collins, 1984). Children of this age should gain an increased ability to apply logic and reason as well as focus their attention. They should be able to consider multiple perspectives, yet, may struggle to understand abstract or hypothetical concepts (Scholastic, 2016).
Self-efficacy	Self efficacy is defined as “people’s beliefs in their capabilities to produce desired effects by their own actions” (Bandura, 1997:7). It involves beliefs about one’s abilities to take control over one’s world and coordinate and organise skills and abilities in different situations. Self-efficacy can thus be observed by the amount of confidence, effort and persistence applied to a task. (Maddux, 2009:23).
Living with uncertainty	In anthropology, ‘living with uncertainty’ is concerned with how people deal with “indeterminacy in lived contexts” (Honkasalo, 2008:491). It relates to agency and practice when encountering adversity. How people go about living with uncertainty is not predictable or culturally determined, but may depend on a variety of factors including emotions, aims and values. Often, action is taken in attempt to take control

	<p>over a situation and other times uncertainty can be embraced and adversity lived with as a part of everyday life; enduring uncertainty. In all of these circumstances, 'living with uncertainty' implies using one's agency to live according to one's subjective idea of a "good life" (Honkasalo, 2008:501).</p>
Self-awareness	<p>Self-awareness in middle childhood comes with one's ability to recognise others' perceptions of them and integrate them into one's self-image. In middle childhood, a child should be able to directly evaluate themselves as well as compare themselves to others. Self-awareness is also an awareness of one's internal state: beliefs, moods and feelings. Self-monitoring is closely connected to self-awareness and instructs how an individual behaves according to the implied standards of their environment (Markus &amp; Nurius, 1984:151).</p>
Perceived social support	<p>This is the extent to which an individual believes that their social networks provide and fulfil their needs of support, information and feedback (Heller &amp; Procidano, 1983:2). These networks include friends, family and significant others who can provide emotional support, help, comfort, care, openness and assistance in decision-making (Dalhem, Farley, Zimet &amp; Zimet, 1988:35).</p>
Optimism	<p>Optimism reflects the degree to which individuals have positive expectancies for the future. Optimism and pessimism are broad forms of confidence and doubt, respectively, relating to life in general. In the face of adversity, optimists tend to be confident and persistent, while pessimists may be uncertain and doubtful. Even when things are difficult, optimists expect good outcomes, yielding positive feelings. Pessimists expect poor outcomes and thus may experience feelings of anxiety, anger, sadness or despair (Carver, Scheier &amp; Segerstrom, 2010:882).</p>
Empathy	<p>This is the ability to produce emotional responses to the situations of others that approximate their experiences and an awareness and identification of their emotions (Lieberman, 2007). Cognitive empathy entails an individual accurately sensing and representing another person's internal feelings and personal meanings. Affective empathy involves opening up to another's emotional experience and resonating with it, either through mirroring</p>

	<p>emotional displays in facial and vocal expressions and body language, or responding to an emotional stimulus or statement (Blair, 2006:2). In middle childhood, children increasingly gain the ability to empathise with a wide range of emotions and recognise that another's needs and perspectives may not be the same as their own. With this, comes a commitment to the social reciprocity of their local group. They may experience distress or concern for another's feelings but their own needs still take priority (Siefert, 2006:22).</p>
<p>Goals and aspirations</p>	<p>An individual with goals and aspirations can express their hopes and plans for the future. Long-term goals or aspirations fall into two categories: intrinsic and extrinsic aspirations. Intrinsic aspirations include affiliation, generativity and personal development goals. Extrinsic aspirations include wealth, fame and attractiveness. Greater health and well-being is associated with intrinsic goals (Deci &amp; Ryan, 2008:183).</p>
<p>Appropriate use of substances</p>	<p>It has been found that children who start to use substances before the age of fifteen are placed at a higher risk for antisocial behaviour, substance abuse and general maladaptation in young adulthood (Capaldi, Dishion &amp; Yoerger, 1999:175). Thus use of substances in the participants of this study is considered inappropriate and a risk factor.</p>
<p>Balance between independence and dependence on others</p>	<p>A child with a sense of independence will feel a sense of control over their actions and choices (Camilleri, 2007:54). According to Erikson's (1963) stages of childhood development, in middle childhood a child should start to interact outside of the home environment and must learn to move between different environments and gain a sense of competence and autonomy. Parents must support these experiences but children must know when to ask their parents for help.</p>
<p>A sense of humour</p>	<p>The majority of sense of humour scales focus on elements such as a propensity for laughter, smiling in different situations, light-heartedness, initiating cheerful interactions, entertaining others and placing value on situations and stimuli that make one laugh. The foundation of a sense of humour has been found to be playfulness, while individual qualities of a sense of humour</p>

	can be observed in individual differences in the fields of enjoyment of humour, laughter, verbal humour, finding humour in everyday life, laughing at yourself, and humour under stress (Carrell & Ruch, 1998:5).
A sense of duty to others and/or self.	Having a sense of duty for others implies a “concern for responsibility, acceptance of the propriety of giving, future orientation, focus on the commonalities people share [and and] ascetic outlook” (Levine, 1981:25). Having a sense of duty to oneself would therefore involve interest in one’s own rights, taking and receiving for oneself and a focus on differences among people (Levine, 1981:25).

## RELATIONSHIP FACTORS

Protective Factor	Definition
Quality of parenting meets child’s needs	Quality of parenting plays a pivotal role in childhood development. Important areas of parenting include child supervision, steady structure, discipline, parent attitude, active involvement and family communication patterns. Effective parenting also involves emotional expression, supervision outside of the home and developing their child’s social skills (Armstrong, Birnie-Lefcovitch & Ungar, 2005:274).
Social competence	Social competence involves an individual’s correct interpretation of a situation, their identification of the appropriate social skills for the situation and their motivation to apply these skills. Social skills include communication, problem-solving, decision making, peer and group interaction and self-regulation (Hanley-Maxwell & Kolb, 2003:163). Music-making is a fundamentally social act which applies social aspects such as cooperation, communication, positive peer interactions, peer collaboration, assertiveness, dependability, responsibility, attention, impulse control, delayed gratification and acceptance of consequences. Music-making can establish and maintain interpersonal relationships and thus aid social development (McClung, 2000).

<p>Positive role models and/or mentors</p>	<p>Positive role models are people in a child's life who act as motivation and inspiration for children by exemplifying an ideal self and emphasising achievements that the child can strive for as well as highlighting the route that the child can take to achieve them (Jordan, Lockwood &amp; Kunda, 2002:854). A relationship with a mentor involves psychosocial functions such as trust, intimacy and interpersonal bonds. A mentor's actions can include the provision of acceptance, affirmation, counselling, friendship and role model behaviour. These actions can enhance a child's personal development, identity, self-worth and self-efficacy (Kram &amp; Ragins,2007:5).</p>
<p>Meaningful relationships with others that bring acceptance</p>	<p>Relationships are created and maintained through dialogue and constructing and sharing personal meanings. Meaningful relationships include the qualities of love, commitment, similarity and trust, amongst others (Duck, 1994). Acceptance is the degree to which a child is socially accepted and involves level of popularity and the ease with which a child can initiate and sustain relationships. Socially rejected children are inclined to aggressive, withdrawn or depressive behaviour (Clausen, Cole, Logan, Martin &amp; Stroher, 2003:471). Boulton and Smith (1994:315) found a relationship between bullying and social acceptance. Socially rejected children are found to be bullies and bullying victims more commonly than "popular" and socially accepted children.</p>

## COMMUNITY FACTORS

Protective Factor	Definition
<p>Opportunities for age-appropriate work</p>	<p>Children can learn responsibility, cooperation and skills for the future by means of age-appropriate chores and homework. (Da Silva, 2013:32). For a school-age child this could mean opportunities to learn useful skills for when they are older, such as cooking, working, and helping others (LeBlanc, Liebenberg &amp; Ungar, 2013:133).</p>

<p>Exposure to violence is avoided</p>	<p>Exposure to violence includes direct exposure (being a victim of intentional acts such as being threatened, chased, beaten, mugged, raped, or physically harmed) and indirect harm (being a witness to violent acts or even hearing violent events occurring). Exposure can even include violence in the media (Birdthistle, Buka, Earls &amp; Stichick, 2001:298).</p>
<p>Government plays a role in providing for the child's physical and psychosocial needs</p>	<p>Government provides for a child's health, safety, education, recreation, housing and jobs when older (Liebenberg &amp; Ungar, 2005:218).</p>
<p>Meaningful rites of passage with an appropriate amount of risk</p>	<p>Rites of passage are events or rituals that mark progression from development from one social or developmental stage to another. Children often turn to deviant behaviour when they want to achieve a higher social status but lack the opportunities to do so. The level of risk therefore needs to be 'appropriate' to the child's developmental progression (Dumond, Mcdonald &amp; Ungar, 2005:332).</p>
<p>Community is tolerant of high-risk and problem behaviour</p>	<p>Some children utilise "hidden resilience" (Ungar, 2015:9) in cases where socially 'appropriate' coping strategies are hindered. Resilient children seek out alternative paths to success that may seem risky or problematic but may be a means of navigating and negotiation to protective factors in their environment (Ungar, 2015:9).</p>
<p>Safety and security needs are met</p>	<p>According to Grotberg (1995:7), safety and security needs relate to a child having someone nearby that they can call on when they need help, having people who set limits so that they stop their behaviour before they are in danger or trouble and lastly, access to services independent of family on which the child can rely, including hospitals, schools, social services and fire protection services.</p>
<p>Perceived social equity</p>	<p>How a child perceives the level of equal treatment and social status of people (Fourie, Schuppert &amp; Wallimann-Helmer, 2015:7). It can also be related to having equal opportunities such as provision and accessibility, regardless of race, religion and other perceived differences (Floyd, 2003:67).</p>

Access to school and education	Equal opportunities to learn, admission and progression on schedule for age and grade, regular attendance, achievement relevant to the norms of the national curricula and prospects for education after primary school (Lewin, 2007:21).
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## CULTURAL FACTORS

Protective factor	Definition
Affiliation with a religious organisation	To be 'affiliated with' is to "officially attach or connect... to an organization" (Oxford, 2017). This could include attending a house of worship and following any beliefs and practices of their affiliated religion.
Youth and family are tolerant of each other's different beliefs	To tolerate is to "allow the existence, occurrence, or practice of (something that one may dislike or disagree with) without interference" (Oxford, 2017). Liebenberg and Ungar (2005:218) offer an example of beliefs surrounding gender roles.
Cultural change is handled well	Cultural change is the "modification of a society through innovation, invention, discovery, or contact with other societies" (Merriam-Webster, 2017). This process is a non-linear integration of old and new cultural characteristics (Hirst, 2005:4). A child that "handles" something well can "cope or deal" (Oxford, 2017) with the situation.
Self-betterment	Self-improvement. Having a desire to improve themselves and their community (Liebenberg & Ungar, 2005:218).
Having a life philosophy	A philosophy is a "theory or attitude that acts as a guiding principle for behaviour" (Oxford, 2017). A life philosophy relates to one's beliefs about opportunities in life and one's potential). (Ventegodt, Andersen & Merrick, 2003:1164).
Cultural/spiritual identification	Associating oneself with a cultural/spiritual group and internalising its core beliefs, values, myths, expressions and social structures into one's sense of self (Dosamantes-Beaudry, 1997:129).
Being part of a cultural tradition	Knowing where one comes from, and taking part in cultural traditions, rites and rituals that form a part of one's daily life and activities (Liebenberg & Ungar, 2005:218).

Table 2.2: Attributes of Resilience (Ungar et al., 2005:9).

### 2.2.3 Youth at risk

When discussing concepts such as ‘risk factors’, caution needs to be applied to the use of the term ‘at-risk’ and the connotations it can hold. Bottrell (2007:598) has described the term ‘youth at risk’ as a “label of deficit”. It inscribes already marginalised individuals with patterns of failure and, as such, could cause further marginalisation. The term is also associated with predictions of poverty, social issues and delinquency (Bottrell, 2007:600). Kelly (2001:25) describes how the term ‘youth at risk’ provides a technique and narrative for efforts to exert control over young people’s behaviour and attitude.

Young individuals who are assigned the label ‘at-risk’ are often found to engage in challenging or risk-taking behaviour, and this behaviour is then associated with their problematic social backgrounds and attempts made to regulate it. This behaviour, though, could also be interpreted as a protest against a prescribed identity; dealing with adversity and thus demonstrating agency (Bottrell, 2007:602). Resistance to institutional norms could be understood as a young person’s expression of identity and a search to find themselves within their current social conditions. Such behaviour could, therefore, actually be understood as resilient behaviour, and in some circumstances the label ‘at-risk’ could be replaced with ‘resilient’ (Bottrell, 2007:599). The conception that cycles of disadvantage, adversity and negative outcomes cannot be broken is a myth, as proven by longitudinal studies that have shown that resilience is *likely* to occur, regardless of the degree of exposure to adversity (Glantz & Sloboda, 1999; Rutter, 2001; Werner & Smith, 2001). This study therefore views its participants as having the potential for resilience, despite their exposure to risk factors. Whilst chronic psychological problems may be difficult to change, impacting a child’s internal capacities and their social and physical ecologies can enhance positive development (Ungar, 2015:14).

### 2.2.4 Resilience from the perspective of positive psychology

Following the understanding that resilience is a likely occurrence, this study views resilience from the perspective of positive psychology. According to Sheldon and King (2001:216) positive psychology is “the scientific study of ordinary human strengths and virtues”, focusing on humans that adapt in order to function efficiently, and even thrive, despite adversities. Resilience is understood herein as a common phenomenon that encapsulates both the processes and outcomes of basic human adaptation systems (Masten, 2001:227). Positive psychology aims to divert the focus of psychology from curing pathology to building and promoting positive qualities (Csikszentmihalyi & Seligman, 2000:5). Thus, despite the participants being ‘at-risk’, this study focuses on their potential for resilience, rather than

negative outcomes and aims to contribute insight to the promotion of resilience in youth at risk.

### **2.2.5 Resilience across the lifespan**

This study will focus on resilience in late childhood (ages nine to twelve). Resilience is not a stable trait and, therefore, is not determined in early childhood or attained in adulthood. It is an evolving process across the lifespan (Rutter, 2006:1). A child's ability to use various protective factors is influenced by his/her developmental and cognitive level (Alvord & Grados, 2005:239) as well as the degree of adversity that he/she faces (Werner & Smith, 2001). From findings based on childhood development in the Western psychology, it has been concluded that developmental tasks of a child in late childhood are centred on industry. A child focuses on mastering life skills with the goal of being successful and perceiving him or herself as being an achiever (Grotberg, 1995:10). Peer relationships and approval are also very important. Failure to achieve in these areas of development, or having a lack of the support required to do so, may have detrimental effects on a child's self-esteem, impacting his/her belief to succeed in the world and overcome difficulties, hence the importance of promoting resilience in this age-group (Grotberg, 1995:10). These findings are based on Western studies and are highlighted herein to indicate how different protective factors are more relevant to certain developmental levels of a child. In the context of Heideveld, childhood development may occur differently and thus children may need different protective factors at different times. This study did not apply any assessment of developmental levels or assess resilience in relation to these levels, so, at no point did I impose Western expectations of milestones or maturity on the participants. Rather, I assessed what protective factors were present and how music therapy could help them be utilised at the participants' contextually-specific stage of development. Pasioli (2012:47) has proposed that music therapy has the potential to enhance or alter the levels of individual and interpersonal factors, as well as to increase competence and focus on developing adaptive systems in children who are currently faced with adversity. This study aims to explore how this might occur.

### **2.2.6 Resilience and South African Youth and child care work**

Swanzen and Jadrijevic (2014:135) describe the facilitation of emotional resilience as one of the "key care functions of child and youth care workers to ensure the health and safety of children" in South Africa. This involves the creation of nurturing environments that contribute to a sense of hope for the future by meeting the child's needs for belonging, safety, autonomy and competence. Building attachments between the child and the child and youth care worker is important for the child to experience caring and supportive relationships (Swanzen & Jadrijevic, 2014:135).

Visser, Zungu, Ndala-Magoro (2015:1014) conducted a post-study evaluation on the effects of ISIBINDI, a child and youth care intervention designed to promote the physical and psychosocial wellbeing of orphans and vulnerable children (OVC) in South Africa. Community-based organisations recruited community members to be child and youth care (CYC) workers for OVC's under the age of 18 in their local communities. Based on a controlled questionnaire, it was found that the CYC workers afforded the OVC's increased self-esteem, problem-solving skills, decreased their HIV-risk behaviour and overall, increased their resilience (Visser, Zungu & Ndala-Magoro, 2015:1017).

Thumbadoo (2013:1) conducted a qualitative study on how child and youth care workers support child-headed households in South Africa. It is common in South African households for the burden of child and family care to be placed on children, due to the impact of the HIV/AIDS epidemic. It was found that CYC workers' presence in the daily life events of these children contributed to therapeutic services that were reflective of the African spirit of Ubuntu. This demonstrates the need for CYC workers to be acting parts of communities in which children head households Thumbadoo (2013:91). This reflects the ecological model of resilience, in that it is clear that children are dependent on multiple factors in their communities and ecologies and cannot depend on their intrapersonal resources alone.

While increasingly more emphasis is being placed on the importance of child and youth care workers focusing on resilience in South African youth, there is not enough information and evidence as to if and how this can be achieved. Theron and Theron (2010:7) argue that no youth-focused professional can ignore their responsibility of developing youth resilience. They recommend a transdisciplinary approach by which professional collaboration can enhance outcomes, especially in the South African context where there is a lack of health-promoting resources (Theron & Theron, 2010:7). Most importantly, professionals need to partner with communities in order to gain insight into the local specificity of resilience and work with all systems of the child's ecology (Theron & Theron, 2010:7).

## **2.3 Music Therapy and Resilience**

This section will start by reviewing the important roles that music can play with regards to resilience. Music and music therapy will then be conceptualised in terms of a social ecology, drawing connections to the ecological model of resilience. The community music therapy approach will be reviewed in order to validate its use in this study. Lastly, studies regarding the use of music therapy to build resilience will be explored.

### **2.3.1 How music can play a role in promoting resilience**

Hodges (2013:100) draws on evidence from anthropology, sociology, psychology, biology, education and medicine to argue for music's role as an agent of resilience. Music is a vital element of culture and meaning-making (both important protective factors) and also plays a role in the creation of individual and social identity (Hodges, 2013:103). Relationships and peer support are also important universal protective factors (Masten, 2007:926) and music is an effective medium for social interaction (Rabinowitch, Cross & Burnard, 2013:485). Making music in a group can entrain participants to one another's music and enable empathic reactions. Rabinowitch et al. (2013:485) call components of such musical interactions within groups, empathy-promoting musical components (EPMCs). Thus, music can afford empathic interactions between its participants and hence increase understanding of others' emotional and physical states (Rabinowitch et al., 2013:484).

Boehlig et al. (2008:216) found that stress is relieved during participation in active music-making. Saarikallio's (2009, 2007, 2011) investigations into music's role of self-regulation in children, adolescents and adults found that music is also commonly used across the lifespan as a means of coping with everyday life, and supports self-regulation, an important individual protective factor. Beegle, Campbell and Connell (2007:228), music education researchers, conducted a content analysis of 1155 high school students' essays, exploring the significance of music and music education in adolescents' lives. Central to half the references made to music's significant functions was its role in helping one to cope with the "pressures of study, family and the dynamics of friendship and social life" (Beegle, Campbell & Connell, 2007:228). Another prevalent response was that music assists coping with loss or abuse. Music can also aid self-actualisation and insight into oneself and others (Hodges, 2012:112). In the process of musical creation with peers and a music therapist, communication occurs and a supportive environment with supportive relationships is formed (Camilleri, 2007:67). Hodges (2012:117) argues that, overall, music "is a core ingredient of healthy, positive living" and offers clear benefits with regards to resilience. These benefits will be discussed further in the following section, with regards to resilience in the social ecology of music therapy.

### **2.3.2 The social ecology of music and music therapy**

According to Ansdell (2014:27), music, like resilience, is an ecological phenomenon; it involves a complex process of interactions between people, their actions and context, from which affordances can be appropriated. This concept of a musical ecology was informed by Christopher Small's (1998:2) conception of "musicking". Small argues that "[t]here is no such thing as music", but rather, music refers to an activity performed by humans. Musicking refers to one's active participation in the creation of music, in any capacity (Small, 1998:9).

Within this action, which occurs in context, music gives up offerings, or “musical affordances” (Ansdell, 2014:32). The personal and social context of the music enables one to interpret what is happening in the music and how one can musically participate. Thus, within this study, the music therapy environment is understood as a musical ecology in which musical affordances may be appropriated in the form of protective factors.

According to Rolvsjord (2004:100), music therapists are nurturers of human potential. The ecological process of resilience is analogous to the processes that occur within the music therapist-client relationship. Much like the collaboration between individual and ecology in adaptation, music therapy is a collaboration between client and therapist to enhance adaptive responses. The music therapist taps into the inner-resources and strengths of a client through music and supports them in a process of improving their ability to gain control over their lives and adapt to the demands of their environment (Pasilali, 2012:43).

An understanding of local protective factors can contribute to the development of therapeutic goals and interventions that can nurture resilience in South African youth (Theron & Theron, 2010:6). The protective factors that are activated or present within music therapy will depend on the ability of the music therapist and the music therapy environment to enable protective processes. Within this study I observed the bidirectional process of the child within the music therapy environment and the transactions that occurred based on the ecological model.

### **2.3.3 Music therapy and empowerment**

Key to the discussion of the enhancement of resilience through music therapy is empowerment. Procter (2001:6) asserts that music therapy should be centred on people’s ability and potential for wellness: empowerment. This involves nurturing and developing strengths and potentials, enabling individuals to participate in communities- especially individuals who are part of disempowering systems characterised by social inequality and risk factors.

A resource-oriented approach is required when aiming for empowerment. Rather than centring the work on an individual’s problems and pathology, as a medical model might, one looks at the client’s resources and potentials, building their experience of who they are and what they are capable of doing (Rolvsjord, 2004:104). By focusing on the protective factors that *were* present in the music therapy environment, and aiming to enhance them, this study utilised a resource-oriented music therapy approach (Rolvsjord, 2010).

Procter argues that “in order to help people respond to their circumstance and assert their individuality, we need to hear *as music* the potential and quality in their music-making with us” (Procter, 2001:6). At the centre of this is musicking. Musicking enables genuine

collaboration and mutual participation- integral elements of empowerment. In collaborative musicking, each participant is given a voice and is heard. This offers growth-enhancing relationships of mutual empathy and mutual empowerment (Rolvjord, 2004:106). Thus, through musicking, people can be enabled to discover their own potential, to be transferred to other environments in which they can establish goals and experience mastery, which are key elements of resilient behaviour.

Linked to empowerment, enablement is helping an individual achieve what is particularly important to *them*. According to Stewart (1994:248)

Enablement...is about helping people to respond to their circumstances; to assert their individuality and establish their goals. It is about establishing co-operative relationships. It is about removing barriers and creating opportunities which will help individuals to explore new areas, develop skills and gain mastery over their environment in keeping with their own aspirations.

Individuality, personal goals, co-operative relationships, skill development, mastery and aspirations are all integral elements in the discussion of resilience and thus, empowerment and enablement through music therapy has the potential to enhance vital protective factors for resilience.

#### **2.3.4 Community music therapy**

With the ecological model of resilience and empowerment theory as reference, community music therapy was utilised as an apposite approach for this study. The CoMT approach is in alignment with empowerment theory in that it focuses on participation in community through enablement, as described in the previous section. The CoMT approach complements the ecological model of resilience in that CoMT, too, is ecological. It conceptualises 'community' as a bidirectional process between self and society, in which both "evoke, define and contain each other" (Ansdell, 2004:76). This approach to music therapy, thus, considers the cultural, institutional and social context in which music is taking place. It also considers the health of the ecological unit and how this affects the health of its members (Ansdell, 2004:76; Ruud, 2008:2). CoMT understands the creation of music as a way of regulating one's psychological state and the demands of one's environment (Ruud, 2008:9). This could be interpreted as music facilitating adaptive behaviour. Music also facilitates 'health', through the lens of positive psychology, in that it provides vitality, develops agency and self-regulation, builds social networks, and provides meaning and coherence in life (Ruud, 2008:11), all of which are considered protective factors of resilience (Masten 2007:926). The bidirectional process of CoMT, therefore, has the potential to facilitate the bidirectional process of resilience. The

ecological transactions that occurred within in the music therapy sessions of this study enabled the observation and interpretation of protective factors for resilience.

There has been extensive debate as to a singular definition of CoMT as it can look very different in varied contexts. It aims to follow the needs of the clients, the context and the music made between them (Pavlicevic & Ansdell, 2004:22). Therefore, according to the client and institutional needs, CoMT may take the form of an individual session, a group session, creating music in a public space or even a performance. CoMT works along a continuum, holding various parties' needs in mind and entertaining the potential of the client and therapist moving between the private and public ends of the continuum (Pavlicevic & Ansdell, 2004:23). Group sessions, as were conducted in this study, can offer both a sense of belonging and opportunities to act autonomously (Thompson, 1998:27).

Stige and Aaro (2011:18) formulated "PREPARE" as a way to monitor and review one's CoMT practice. This acronym describes CoMT as "Participatory", "Resource-Oriented", "Ecological", "Performative", "Activist", "Reflective" and "Ethics-driven". This study utilised "PREPARE" as a criteria to review significance and relevance of my music therapy practice to the qualities of CoMT.

The resource-oriented nature of CoMT complements the positive nature of resilience theory. The therapist focuses on the clients' skills and resources and enables and empowers the client to use and develop them. This requires a reciprocal and egalitarian relationship between therapist and client (Rolvjord, 2010:44). This study is resource-oriented in nature, as it focuses on the participants' observed protective resources in music therapy, with the aim of understanding how they can be enhanced.

Relative to the sociocultural specificity of resilient processes, the CoMT approach is based on a sociological understanding of health and identity as 'performed' and as happening in qualities of interaction and activity within social contexts. Aldridge (2000:11) believes that "the process of living is performative". His ontological concept of the 'performed self' proposes that identity and health are a performance. In music therapy, when clients play music, they "perform their lives before us" (Aldridge in Ansdell, 2005:15). The music therapist promotes the performance of health within musical dialogue and allows the client to explore different ways of being. Therefore, the performance of resilient processes is inherent to the performance of health and identity and can potentially be observed through an embodied process in which the performer communicates both the music and who they are through body language (Davidson, 2002: 232). Newman (In Holzman, 1999:100) proposes that in musical performance we can "become who we are by...being who we are not". In this statement he is relating the individual in performance to Vygotsky's (1978:87) Zone of

Proximal Development in which children perform above their level of development. Thus, it was hypothesised that in performing music, the participants of this study could develop certain existing or new protective factors by performing “beyond themselves” (Newman in Holzman, 1999:129). This stands as justification for the possibility that music therapy can promote the performance of protective factors and that this performance can be observed through the participants’ behaviour in music therapy.

CoMT thus involves using music as an ecology of performed relationships between the individual and their ecologies (Stige, 2004:8). Within the music therapy ecology I have observed the participants navigate their way towards and negotiate for protective resources.

### **2.3.5 Studies on music therapy and resilience in children**

I identified a gap in the reviewed literature regarding the role of music therapy in promoting resilience in youth at risk. In this section I will discuss past studies relevant to this investigation.

I was unable to find any studies on music therapy and resilience in a South African context. Theron and Theron’s (2010:1) review of 23 studies of South African youth resilience calls for continued research in a local context, with specific focus on endemic cultural and contextual roots of resilience to equip adults and communities to promote youth resilience.

Pasiali (2010:22) conducted a study that focused on understanding how shared musical experiences between parents and children in music therapy could enhance parent-child relationships and, thus, promote resilience. Four families with a child aged three to five participated in family-based music therapy sessions on a weekly basis for eight weeks. All mothers participating had a self-reported history of depression and all families faced additional stressors and threats to adaptation. The results of the study found that music therapy as a family-based intervention can create a supportive environment that fosters resilience in children through parent-child interaction (Pasiali, 2010:211).

Punch (2015:81) describes techniques of resilience-based music therapy in the treatment of adolescents with eating disorders in acute paediatric hospitals. The aims of resilience-based music therapy are to aid the coping of patients during their admission and to offer skills and knowledge to patients that will enable them to continue to utilise music as a coping resource post-discharge. Punch describes how protective factors are important preventative resources in adolescents with low self-esteem who are victims of bullying and at risk of developing eating disorders. A case is described of a seventeen year-old girl with anorexia nervosa who struggled with anxiety and distress following meals. With the help of a music therapist, she created a ‘coping playlist’. It was found that intentional, active listening helped the client to

feel less overwhelmed and manage stress and anxiety after meals (Punch, 2015:86). It was also found that lyric analysis was an effective intervention to help this client with mental instability subsequent to anorexia nervosa. The lyrics utilised enabled her to feel validated and understood. Songs with 'positive lyrics' were then put on a CD and used as triggers to remind her of her own strength (Punch, 2015:90).

Burns et al. (2014:909) conducted a quantitative, randomised clinical trial of therapeutic music video intervention for resilience outcomes in adolescents undergoing hematopoietic stem cell transplants. Music therapy sessions were used to create music videos with the aim of decreasing illness-related risk factors, increasing protective factors of spirituality, social integration, family environment, courageous coping and hope-derived meaning, and increasing outcomes of self-transcendence and resilience. The authors of the study found that courageous coping was enhanced immediately post-intervention and protective factors of social integration and family environment were improved at 100 days post-transplant due to therapeutic music video intervention (Burns et al., 2014:913).

According to Pasiali (2012:50), "It is necessary to develop a conceptual framework that acknowledges the ways that music therapy interventions can penetrate and influence multiple contexts in children's development and adaptation to adversity." Music therapists need to understand processes involved in resilience to be able to design proactive interventions that can promote resilience. Interventions should encourage the development of adaptive skills and can be designed to impact relationships, social interactions and the child's larger environment (Pasiali, 2012:40). This study aimed to create space in music therapy for social interaction and relationships as well as encourage adaptive behaviour by enhancing protective factors. By exploring music therapy's role in achieving this, I hope to contribute to the conceptual framework of music therapy and resilience promotion.

## **2.4 Conclusion**

The literature reviewed herein indicates the importance of promoting resilience in youth at risk to help prevent negative outcomes, and the need for further research from an ecological perspective in order to understand the roots of resilience. My review of music therapy studies has indicated a gap in the research of this field. Before music therapists can promote resilience in youth at risk, deeper understanding is needed as to *if* and *how* music therapy can enhance protective factors across various systems in order to build a conceptual framework for the design of resilience-promoting interventions. The connections between the ecological model of resilience and CoMT, the relationship-building and nurturing capacity of music therapy, and the role of music as an agent of resilience all provide rationale for the use of music therapy to promote resilience. Using the concept of 'performance of identity', the

performance of protective factors will be observed through the participant's performances while musicking during music therapy sessions. As discussed earlier, the children of Heideveld are faced with many psychosocial stressors that they cannot deal with alone. This provides further rationale for this study's aim to explore music therapy's role in promoting resilience in youth at risk, particularly in a local context. The following section will outline the methodology that will be used to explore the issues raised herein.

## Chapter 3

### Methodology

#### 3.1 Introduction

In this chapter I will discuss the research paradigm and the design of this study. I will then explain the study methodology, including the participants, data collection, preparation and analysis and research quality. I will conclude the chapter with ethical considerations

#### 3.2 Research Questions

The research questions guiding this study are as follows:

1. What protective factors can be observed in community music therapy sessions with a group of children at risk?
2. Can such protective factors be enhanced through community music therapy and, if so, how?

#### 3.3 Research paradigm

A research paradigm represents a worldview and is the system that directs a researcher in how they carry out their research (Guba & Lincoln, 1994:107). A paradigm consists of three elements: ontology, epistemology and methodology. Ontology refers to the nature of reality and what can be known about it, while epistemology refers to the nature of knowledge and how the researcher goes about knowing the said reality. Methodology defines the practical ways in which a researcher will go about studying reality, including capturing and analysing data (Durrheim & Terre Blanche, 2006:6).

Generally, this study is grounded upon a positivist paradigm. This views the object of study as “out there” (Brewer, 2003:263. Objects are believed to have inherent meaning which can be discovered, independent of the researcher’s perception of it. Knowledge is discovered through observation or measurements of phenomena. The constituents of a phenomenon are explored in order to establish facts (Krauss, 2005:759). By using the factors in the IRP’s list of protective factors (Table 2.2) as a set coding frame, a positive stance was used to determine from the data which ‘universal’ protective factors were present in the current context.

Although this positivist stance is assumed, there are facets of the study that include interpretivist approaches as well. In qualitative research, interpretivist and positivist paradigms are rarely combined. Lin, (1998:162) argues, though, that these paradigms can be

an effective combination, as there is less chance of the occurrence of biases by which each approach is respectively affected. A positivist view on the data prevents the interpretivist stance from viewing a general case as too specific (Lin, 1998:164). Interpretivism draws on information that is organic to the context of the study and, thus, applying interpretivism can prevent positivist logic from falling back on assumptions, mistaken inferences and treating one context as representative of a generalised case (Lin, 1998:169). Therefore, in this study, a positivist stance was utilised to identify protective factors that could possibly be identified in other cases; protective factors found on the IRP's list. The interpretive stance was utilised in order to understand the cultural, relational and context-specific factors that were present in the data and to explore what resilience looks like in this specific case study.

According to the interpretive paradigm, there is inherent meaning in human action and interaction, which is created in certain social, cultural and relational contexts at a specific time. An interpretive researcher aims to understand how meaning is created by individuals in relation to their world (Schwandt, 2000:191). Thus, the focus is on individuals' "internal reality of subjective experience" (Durrheim & Terre Blanche, 2006:6). Within this study, detailed descriptions are provided of the participants' navigation, negotiation and actions within the music therapy space, which then facilitate in-depth interpretations of their actions and context as having meaning as protective factors for resilience.

Additionally, the data collection of this study was informed by phenomenology.

Phenomenology aims to understand the primary elements of human experience. It involves exploring how people make sense of their experience of a phenomenon, including how they talk about it, describe it and perceive it (Ghetti, 2015:770). Within the sessions, such information was gained from the participants by means of informal interviews about their drawings, general discussion in sessions about the Heideveld ecology and their contributions to a song-writing intervention. Through this, the relationship between the participants and their environment could be analysed to gain further understanding of risk and protective factors present in the music therapy environment and broader ecological systems of the participants.

A researcher's epistemology refers to the nature of knowledge and how the researcher goes about knowing a particular reality. An epistemology is reflected in the nature of the relationship between the researcher and the subject of the research (Durrheim & Terre Blanche, 2006:6). A discussion of epistemology can be particularly complex in relation to a qualitative study that is explicit about how an overarching interpretivist intent is also underpinned by positivist views. Within positivism the world is regarded as objectively 'knowable'; an object that can be studied without the effects of researcher bias. This is

reflected in how I sought the presence of pre-delineated factors of resilience. An interpretivist epistemology, contrary to objectivism, is transactional and subjectivist. This requires “empathic identification” (Schwandt, 2000:192) with the subject of a study and involves the researcher’s understanding of the participant’s subjective consciousness and intentionality, with regards to the actions being explored (Schwandt, 2000:192). The investigator and investigated are linked through interaction and the values of the investigator have an inevitable influence over the research (Guba & Lincoln, 1994:110). This interpretivist epistemology was reflected in how I additionally explored factors of resilience in context-sensitive ways, and also in the empathic, involved, and subjective manner in which I engaged with participants, analysed data, and interpreted the findings.

### **3.3.1 Qualitative methodology**

A study’s methodology is guided by the researcher’s epistemology. Within an interpretive paradigm the typical methodology utilised is qualitative. As this study also draws upon a positivist stance, it is important to note that positivist research is not always only quantitative, but can be qualitative as well (Lin, 1998:162). A qualitative researcher is faced with the task of “the construction of meaning” (Krauss, 2005:763). This requires the researcher to engross themselves in a process of learning about social phenomena in which new knowledge is attained. Qualitative research, therefore, can facilitate learning and alter perspectives and actions when such new knowledge is used to generate new levels of meaning. This gives qualitative research the potential to be a powerful transformative tool through its function of meaning making (Krauss, 2005:764).

A qualitative researcher aims to understand human experiences and actions through the perspective of those they are studying. It focuses on ‘qualities’ of individuals’ experiences (Dolan, Donnelly, & Hogan, 2009:4). It is vital, then, that understanding and learning is an emergent process through engagement and interaction with participants. Research design, data collection and analysis methods should, therefore, be flexible in order to obtain a deeper understanding and valid illustration of the participants’ actions and experiences (Sidani & Sechrest, 1996:297).

Ansdell and Pavlicevic (2001:136) define qualitative research by means of certain characteristics. Firstly, qualitative research is personal. This study stemmed from my own interest in, experiences with, and perceptions of youth in the Heideveld community. This personal aspect had the potential to introduce researcher bias, which needed to be managed by means of reflexivity. I maintained a critical stance throughout the research process by making use of bracketing (Fischer, 2009:583). This entailed the identification of personal values, assumptions, cultural factors, personal experience and ideologies that could

influence how I interpreted the data of this study. Bracketing aims to set aside subjective factors such as these for the duration of the study. This was maintained throughout the data analysis process as my findings emerged and new assumptions and understandings were brought to my awareness. My bracketing process is discussed further in the section on research quality.

Ansdell and Pavlicevic's (2001:136) second definition of qualitative research is that it is descriptive. The 'truth' in qualitative research is viewed as having many layers of meaning, as opposed to a single, indisputable truth (Bruscia, 2005:67). I therefore aimed "to demonstrate a valid perspective that will be useful to others' thinking and practice" (Ansdell & Pavlicevic, 2001:139), rather than prove a theory.

Qualitative research aims to "establish understanding rather than casual explanation" (Coyle, 2007:14) and is, therefore, appropriate for this explorative study. The literature on resilience reveals much contention on how to conceptualise and measure resilience. Theron and Theron (2010:6) urge local researchers to embrace a qualitative approach in order to fully understand the interpersonal transactions that nurture resilience in South African youth at risk. In order to account for the sociocultural context in which resilience occurs, Ungar (2003:85) strongly advocates for the use of qualitative design in resilience research. He believes that it can resolve this shortcoming of resilience research in the following ways:

- The lived experiences of participants can be more deeply explored and, thus, unnamed protective factors can be discovered.
- Thick descriptions of events in very specific contexts can be provided.
- Minority voices can be expressed, heard, and empowered, and localised definitions of positive outcomes can be understood.
- Transferability of results, rather than generalisation can support tolerance for these localised constructions.
- Researchers are held accountable for biased perspectives.

In this study, I provided thick descriptions of phenomena that occurred within the music therapy environment. I observed and made interpretations of protective factors in music therapy sessions and within the participants' behaviour. In this, I aim to offer insight into how music therapy may enhance *these* protective factors in *this* sociocultural context.

### **3.4 Research and intervention design**

The design used for this study is a qualitative case study. A case study is characterised by its focus on a single unit of analysis over a period of time. This design allows for in-depth,

focused and detailed descriptions (Robson, 1993:147; Willig, 2008:75). This specific case was a group of learners from Heideveld Primary School in Cape Town.

An exploratory and descriptive case study has been utilised, using the data collected from nine music therapy sessions with a group of six grade four children. An exploratory case study investigates a novel situation, without the foundation of previous work or the aim to prove a theory (Robson, 1993:149). A descriptive case study (Willig, 2008:78) provides detailed accounts of a phenomenon in its context. This design is therefore well matched to the ecological model of resilience that views the pathways to resilience as context specific.

Due to the limited generalisability of case studies (Willig, 2008:86) and the contextual nature of resilience, this case study takes an idiographic perspective and, as such, aims to gain a deep and holistic understanding of a small sample of the population, rather than general knowledge about large categories of people (Ansdell & Pavlicevic, 2001:139). I maintained an idiographic focus by presenting detailed accounts of the performed behaviour of the members of the music therapy group. Insights gained from these detailed accounts may generate new understanding of the investigated phenomenon, with the hope that the results herein will guide future interventions in this field and context.

Nine music therapy sessions of between 45 minutes and an hour in duration were conducted over a period of nine weeks. Five weekly sessions were followed by a two week break owing to my travelling to Pretoria for academic lectures. The final four sessions were held twice a week. In South Africa there are limited resources available for music therapists to conduct long-term work. There is limited access to music therapy services and there are not enough music therapists to service all who are in need (Fouché & Pavlicevic, 2014:63). It is therefore important to conduct research that explores what short-term therapy can afford clients in this context. This study was conducted within the time-constraints of school terms and nine was the maximum number of sessions that could be conducted within the third school term.

According to Bruscia (1995:391), qualitative research is “non-linear”, and as explained earlier, needs to be flexible. This means that the initial research plan should not be strictly prescribed and responding in an intuitive manner is often required. Ansdell and Pavlicevic (2001:135) explain that qualitative research is therefore “appealing” to music therapists, “because of the parallel emergent focus in the creative process”. According to Creswell (2007:47), “the key idea behind qualitative research is to learn about the problem or issue from the participants and engage in the best practices to obtain that information”. The session plan for this research was, therefore, emergent. This was based on participant response, emergent creative processes led by the group and interventions that required more time and attention.

The focus of the nine sessions was primarily on music-making. So as not to approach the study with any expectations or perceptions that might influence the data, the initial interventions were not designed with any protective factors in mind. As certain protective factors arose, or a lack thereof was observed, some interventions were designed to explore these deeper and gain insight from the children themselves about their own individual experiences and perspectives. Each session started and ended with greeting songs, composed specifically for this group. In these songs, each child was greeted individually by the group and given a chance to play a solo, either on a djembe drum or another instrument of their choice. The rest of the sessions included various activities and interventions, as outlined in the table below. Although some interventions explored specific protective factors present in the children's ecologies, I applied bracketing and put aside any expectations of what would emerge in the sessions. I aimed to observe and discover any number of protective factors in each intervention.

Session	Interventions
1	Individual drum beats to introduce each member and describe their personality, Drumming call and response (Each member takes a turn to lead). Sonic sketch (Group drawing to musical excerpts of various styles). Improvisation based on insights from sonic sketch. Discussion on musical tastes and favourite songs. Sentence completion while listening to music: "I am special because..."
2	Pass-the-sound (Each child creates a sound and accompanying movement and these are passed back and forth between members in a mirroring and memory game). Singing, playing instruments and improvising to "Hakuna Matata" (John & Rice, 1994). Drawing personal life timelines while listening to music. Discussion of timelines. Free instrumental improvisation/turn-taking on instruments.
3	Drumming call and response (Each member takes a turn to lead). Writing while listening to music: "Things that build me up & break me down" Group body sculpture and sounds depicting insights and feelings of above intervention. Two themed, instrumental and vocal improvisations, based on insights from previous intervention: Good and bad feelings.
4	Drum circle (Children divided in pairs to play unique rhythms, then put together as a group composition).

	<p>Drum and vocal call and response (Each member takes a turn to lead).</p> <p>Animal sounds song using “Super Animal” cards (Each child has to vocalise and dramatise the animal on their card, within the song).</p> <p>Discussion of roles in different layers of their own environments, using animal cards for insight.</p>
5	<p>Vocal call and response: Funny, angry, happy sounds.</p> <p>Culture circle intervention: “My world” improvisations exploring different layers of their environment and the relationships with each.</p> <p>Discussion of intervention exploring insights and perspectives.</p>
6	<p>Empathy intervention: Drumming together to a montage of their favourite songs with the aim of playing the same thing together throughout without talking or selecting a leader.</p> <p>Song-writing: “What makes you strong?”; “What is difficult in your life”; What message can you give to other children going through hard times?”</p>
7	<p>Continue with song-writing.</p> <p>Practice the song: “These are the things that make me strong”.</p> <p>Improvisation on instruments to the song they wrote.</p>
8	<p>Free instrumental improvisation: Turn-taking; drummer leads the group.</p> <p>Practice their song.</p> <p>Record the song on iPad to be put on CD.</p> <p>Homework task: Hand out pages to design their own CD covers.</p>
9	<p>“I Believe I Can”: Song about what they want to be when they grow up.</p> <p>Free improvisation, follow the drummer.</p> <p>Sing their song, play instruments to song.</p> <p>Turn-taking to strum the guitar along to their song.</p> <p>Vocal call &amp; response of “How music makes me feel” (Turns to lead).</p>

Table 3.1 Outline of interventions used in each session

### 3.5 Participants

A group of six children was selected from all of the grade four classes at Heideveld Primary School, with permission from the school’s principal and the children’s parents/guardians. This group size was deemed appropriate as it was large enough to gain contrasting perspectives from each participant, and thus a wealth of data, yet also small enough to manage the group, give each member individual attention and build intersubjective relationships with each member. The participants were between nine and eleven years old. Heideveld Primary was selected as an appropriate site to conduct this study based on social factors within the environment where the school is situated that put children at risk of negative outcomes. The

age-group was selected based on the important developmental tasks of this stage of life, according to a Western understanding of childhood development. At the ages of nine to eleven, children should be engaged in mastering life skills and building peer relationships (Grotberg, 1995:26). Success in these areas may dictate the child's belief in their ability to overcome difficulties and succeed in the world. Music therapy has the potential to assist in the development of these important protective factors (Pasiali, 2012:47). Although the age-group was chosen for this reason, I suspended any expectations or assumptions relating to development and maturity when working with the participants. Protective factors observed in the process can offer insight into the resilient mechanisms and needs of children at this age in *this* context.

Based on the high levels of indicators of dysfunctionality and the socio-emotional stressors characteristic of the Heideveld environment, such as unemployment, crowded living conditions, domestic violence, drug and alcohol abuse and ongoing gang violence (Fouché, 2010:68), there is the potential for all resident children to be 'at risk'. This study was undertaken from a framework of positive psychology and believes that all individuals have the potential for resilience and that resilience is, in fact, probable (Glantz & Sloboda, 1999; Rutter, 2001; Werner & Smith, 2001). The sample was, thus, randomly selected, as any grade four pupil may be at risk, and all also have the potential for resilience and positive outcomes. Random sampling was not for methodological purposes. This was an exploratory, qualitative study and generalisation to a population was not the intention, so rather, it was for purposes of ethical fairness. Conclusions drawn from such a small sample may not be generalisable to other contexts, especially due to the dynamic and context-specific nature of resilience, but the insight gained into how music therapy may enhance protective factors for youth at risk may be transferred to and applied in future resilience studies and interventions in this context.

I explained to all the learners in each grade four class, in age-appropriate terms, that each child had an equal chance of participating in the study. The random sample consisted of three boys and three girls. They came from diverse socio-economic backgrounds and family structures. Their first languages were English, Afrikaans or isiXhosa, but all were competent in English, as it is the first language of instruction at their school. Assent forms (Appendix C) were signed by the participants after I explained to them the purpose of the study, what we were going to do in the music therapy sessions and that they were allowed to withdraw at any point. Consent forms (Appendix B) were signed by the participants' parents before the commencement of sessions.

### **3.6 Data Collection**

In a transactional epistemology, meaning is generated on two levels: through a participant's experience of a phenomenon and by means of the researcher's interpretations (Schwandt, 2000:192). I gathered data at both of these levels for the current study in order to ensure triangulation. Triangulation allows the researcher to gain a fuller account of the studied phenomenon by exploring and comparing perspectives (Greene & Hill, 2005:16). This potentiates the discovery of multiple layers of reality. I employed triangulation by means of the data sources explained in the following section.

#### **3.6.1 Data source A: Video recording**

All music therapy sessions were video recorded, from which I selected three excerpts for analysis based on the occurrence of pertinent instances of the phenomenon under investigation; namely, the performance of protective factors as occurring in music therapy. Excerpts were selected with the assistance of my research supervisor. The music therapy process was split into three phases: early (sessions one-three), middle (sessions four-six) and end (sessions seven-nine). One excerpt was chosen from each phase, so that any enhancement or emergence of protective factors could potentially be traced. The requirements for the selected excerpts were: a large amount of social and musical interaction between group members, examples of musicking, instances of musical cohesion, moments of individual and group participation and discussions related to the participants' lives and ecosystems. These criteria were chosen so as to maximise the different circumstances in which protective factors could be observed.

Through these video excerpts, I analysed the participants' behaviour, interactional patterns, verbal material, emotional expression, body language and music. An advantage of video recording is that the researcher can view and review an excerpt from any point in time in the recording, allowing for more detail to be gained from the content. This finer detail offers greater opportunities to analyse and understand the behaviour and interactional patterns performed by the participants (Bottorff, 1994:258). The shortcomings of video recording must, however, also be noted. Microphones may not pick up all audio cues and details of action. Video recording does not enable the viewer to understand the subjective, contextual or historical nature of participants' actions and experiences. Therefore, despite its density of data, video recording does not create a complete record (Heath & Luff, 2012:260). The presence of cameras may also constrain participants' natural behaviour. I took time in the first session to familiarise the children with the camera. This involved verbal discussion of the camera's purpose. The group showed no evidence (that I was aware of) of being affected by the presence of the camera in sessions.

### 3.6.2 Data source B: 'Music therapy portfolios'

Greene and Hill (2005:8) warn that, in research with children, certain considerations must be taken into account to understand the child's subjective experience as fully as possible. Methods must be suited to the child's level of understanding, knowledge and interests (Greene & Hill, 2005:8). Writing and drawing are dominant forms of communication in middle childhood (Barker & Weller, 2003:46). Employing structured activities that utilise these methods enables children to be active research participants, eliminates the uncomfortable interview setting and lessens the power imbalance between child and researcher, as the interaction is primarily between child and paper (Punch, 2002:22). For these reasons I compiled a portfolio for each participant throughout the music therapy process. This allowed insight into and documentation of adversity encountered in the children's daily lives, and individual, relational, community and cultural protective factors from the participants' points of view. The portfolio included pictures drawn by the participants (a sonic sketch and a life timeline), from which I extrapolated information by asking the children open-ended questions about their drawings. This was transcribed from the video recording of the session. The portfolio also included sentence completion tasks, exploring positive and negative elements of their environments, and lyrics from a song-writing intervention. The content of the portfolios was also an emergent process, and was dependent on the unfolding of the therapeutic process and the contribution of each child. Using varied data collection methods with children is effective as it prevents boredom and sustains interest (Punch, 2002:24). Activities were set prior to each session, depending on the insights gained in previous sessions.

With supervision, I selected three portfolio entries from each child to be analysed as data. Three contrasting modes of portfolio entries (namely drawing, writing and lyrics) were chosen to explore children's lived experience and perspective. The entries chosen for analysis needed to include as much information about the participants' environments and their subjective experiences of them as possible. The life timeline offered insight into the events and aspects of the participant's lives, which were significant to them. The writing exercise highlighted experiences that they perceived as bad and good in their own lives. Lastly, the song lyrics were chosen as they dealt with issues in the participants' collective lives and environments, but also their self-perceptions and elements in their environments that offer support. The data extrapolated from the portfolio content was incorporated into that from the video excerpts in order to enhance and contribute to the emergent data of this explorative study.

### 3.7 Data Preparation

I prepared the data from data source A by writing thick descriptions of the three video excerpts. Thick description provides a detailed description of an event, including contextual information, to inform the diverse range of possible interpretations of the phenomenon (Emerson, 1988:24). This includes musical descriptions of improvisations within sessions and contextual information of the music and group process to aid understanding of deeper meanings within the music (Stige, 2002:267). Data source B has been arranged in various formats according to the content of the portfolio entry. This includes a thick description of a video recording of discussions of drawings, tables of answers from the written activity and a table of song lyrics.

### 3.8 Data Analysis

After preparing the collected data, both the thick descriptions from data source A and entries from data source B were analysed by means of Gibb's (2007:38) method of thematic coding and categorising. The purpose of this was to identify consistencies, recurrences and themes in the data (Bruscia, 2005:323). In this case, three levels of coding were utilised for this analysis. The first and second levels of codes were concept-driven, as opposed to data-driven (Gibbs, 2007:44), meaning that codes and categories were predetermined based on the protective factors listed in Table 2.2, included in the literature review. Level one codes indicate a *lack* of the protective factor, whilst level two codes indicate a *presence* of protective factors. The definitions, gained from literature, for each factor in Table 2.2 acted as criteria for code assignment. A third level of codes emerged to incorporate other factors that arose in the analysis which were not included in Table 2.2. This allowed for a more context-specific account of resilience in this case study. Each code, in all of the three levels, consisted of two parts. For levels one and two, the first part of the code was drawn directly from the list in Table 2.2. For level three, the first part of the code was *not* from Table 2.2, but was drawn directly from the data. For all three levels, the second part of the code was a descriptor, based on subtleties in the performance of the protective factors, offering additional nuanced information.

By means of the Gibbs' method of analysis, I utilised line-by-line coding throughout the thick descriptions from data source A (the video excerpts) and data source B (the portfolio entries). Each excerpt and portfolio entry was analysed individually. The texts' lines were numbered and each code was assigned a descriptor of a line number and level of code, thus creating an index to the data. Through rigorous comparison of codes within each excerpt, I explored possible relationships between them. By means of this analysis of relationships between different factors and phenomena, codes were organised into categories. These

categories were reviewed many times and ultimately, categories were organised into themes in order to address the research questions. Data from each excerpt and entry was coded and categorised individually as opposed to immediately grouping all the codes from all the excerpts and portfolio components into categories collectively. It was necessary to supplement Gibb's method of analysis with this approach, inspired by interpretative phenomenological analysis (IPA) (Smith & Osborne, 2007:53), as it enabled me to identify how each excerpt was "similar, yet different from one another" (Smith & Osborne, 2007:73). Hence, I explored how different interventions can enhance different, or similar protective factors, as well as track the emergence or development of protective factors over the course of therapy. This will be discussed in more depth in the following chapter.

### **3.9 Research Quality**

This section will elaborate on the core elements affecting the quality of qualitative research and will explain how the current study has addressed and maintained quality and integrity. The predominant indicator of quality in qualitative research is trustworthiness. According to Lincoln and Guba (1985, 290), trustworthiness is required to ensure the reader of a study that they can have confidence in the truth of the findings, and the neutrality of the researcher.

Ansdell and Pavlicevic (2001:202) offer the criteria of transferability, dependability and confirmability to evaluate trustworthiness in qualitative research. More recently, Stige, Malterud and Midtgarden (2009:1507) have conceptualised the EPICURE approach as a practical way to evaluate a study's trustworthiness. According to this approach, the trustworthiness of a study is inherently linked to its situatedness, which affords the creation of descriptive and interpreted accounts of a particular context. Linked to this affordance is the ability of these accounts to facilitate change. Elements from both of the above criteria will be herein addressed.

The first element of the EPICURE criteria is 'Engagement'. This involves continuous interaction and the development of relationships with the phenomenon under study, as well as reflexivity regarding the engagement and the type of impact it can have on the studied phenomenon (Stige et al., 2009:1508). Over the time I spent at Heideveld Primary, I developed trusting relationships with the participants and their teachers. I also became more familiar with the contextual environment of the participants, and, became able to detect any personal distortions or biases that I may have held. I conducted the sessions without any background information on the participants, and only asked teachers about the participants' family backgrounds after the completion of the nine sessions. This allowed me to enter sessions without any perceptions of the participants' experiences and levels of risk, or expectations as to what protective factors they may have or lack. My childhood experience

differs vastly from the experience of these children, and I aimed to avoid applying my interpretation of positive adaptation and health to their subjective experiences. Exploring their backgrounds and life experience only after I had insight into which protective factors they had in place gave me a clearer understanding of how these factors help them cope with adversity. It was especially important to me to show the participants that their input in the process was important and, thus, that they had the ability to take control within their environment.

'Processing', the second part of EPICURE, requires thorough and systematic effort in working through the data (Stige et al., 2009:1509). According to Robson, (1993:406), following one's methodology in a "clear, systematic, well-documented" way can ensure dependability of the research. I persistently observed the participants before, during and after sessions, and video recording analysis allowed me to "identify those characteristics and elements in the situation that are most relevant to the problem or issue being pursued" (Guba & Lincoln, 1985:304). By means of my literature review, I aimed to provide as much detail of my field of enquiry as possible to contribute to the credibility of the study and, therefore, demonstrate that my research questions were appropriate and well-founded. Utilising two methods of data collection allowed triangulation. By gaining insight from different sources, there is potential for further credibility. I described my research process and my reasoning behind research decisions as thoroughly and reflexively as possible in order to demonstrate that it was rational and systematic. In the procedure of 'Interpretation' (Stige et al., 2009:1509), I carefully described my process of generating meaning from the data. I included thick descriptions and code sheets as appendices to illustrate my research process and thus aimed to demonstrate the details and rigour of my processing and confirm dependability. In order to address the confirmability of the results of my research, I aimed to ensure that my findings emerged from my data. In order to do this I kept a reflexive journal to monitor my process of interpretation and analysis, and solicited supervision regarding my decisions and interpretations.

Transferability refers to whether the findings of a study can be transferred to other situations or contexts. Qualitative studies, being idiographic, aim to describe and interpret an observed phenomenon, rather than prove that the results can be generalised to larger populations. It is rather the user of the research who concludes the transferability of qualitative research to other situations (Ansdell & Pavlicevic, 2001:204). Stige and his colleagues (2009:1511) refer to the 'Usefulness' and 'Relevance' of the study, including the extent to which the knowledge gained can be implemented, whether it offers enhanced understanding of a phenomenon and if it contributes to the development of the field or discipline. I have ensured that my

subject of enquiry is given an accurate and in-depth description, thus enabling readers to apply the findings to their own context, where relevant.

Overall, I have aimed to respect the situatedness of this study, through in-depth description of the observed phenomena and context. I hope that the knowledge gained from this research can facilitate change in the lives of youth at risk by means of music therapy to enhance their resilience. The next section will address the final element of the EPICURE approach: 'Ethics'.

### **3.10 Ethical considerations**

In order to protect the rights and wellbeing of participants, the ethical considerations of this study were guided by the principles of autonomy, non-maleficence, beneficence, justice, autonomy and respect for the dignity of its participants (Wassenaar, 2006:67).

Parents or guardians of the children selected to participate in the study were provided with a participant information sheet (Appendix A), followed by an informed consent form (Appendix B). These delivered clear information regarding the research purpose and process and their child's involvement. Consent forms included the permission for recording of video material. Assent forms (Appendix C) were provided for the randomly selected children in order to ascertain whether they were interested and willing to take part in the study. All communication with participants was done in such a way that each individual clearly understood what they would be taking part in. This upholds the principle of autonomy and respect for the dignity of the children. Participation was voluntary and no child was coerced into participating in music therapy. It was made clear to parents and children that they were free to withdraw from the study at any time. I have respected the privacy of the participants at all times. All participant information has been treated as confidential and pseudonyms have been used.

A letter of informed consent was also provided for the principal of Heideveld Primary School (Appendix D), containing all of the above information. Permission for conducting the study at Heideveld Primary School can be found in Appendix E, signed by Mr Desai, the school principal. This consent was gained after permission was granted by the Western Cape Education Department to conduct this research study at Heideveld Primary School (Appendix F).

In order to advocate the principle of non-maleficence, I conducted the research in a way that would ensure that no harm or wrongdoing is caused to the participants as a direct or indirect consequence of the study. To uphold the principle of beneficence, I aimed to maximise the advantages of taking part in the study, and it is likely that participants benefited from music

therapy activities that were designed to enhance their well-being. A standard of justice was upheld through the fair, random selection of research participants and it was ensured that all participants were treated equally throughout the process.

This research study involved my holding the dual-role of researcher and therapist. This dual-role requires acknowledgement of having potential ethical implications. This divided my responsibilities between collecting the necessary data and being a competent therapist who put the participants' wellbeing first. The juxtaposition of such priorities had the potential to impact the research process in ways both enhancing and problematic. Aigen (1993:21) has suggested that this dual-role can be beneficial to the research process. A therapist's professional qualities such as intuition, insight, the ability for immediate analysis of a phenomenon, and emotional and intellectual judgements, can enhance sensitivity and add subtlety to the research and outweigh any disadvantages of the dual-role, such as bias. Acknowledgement of potential implications of this role required me to conduct the study in a reflexive, non-manipulative manner. I monitored my work by means of reflexivity, both introspectively and through intersubjective reflection with my research supervisor (Ansdell & Pavlicevic, 2001:103).

Data collected will remain in the possession of the University of Pretoria and will be securely stored for 15 years. It will only be used for educational and academic purposes. Findings of the study were only used for this dissertation, and a journal article that will be submitted for possible publication. Consent will be required from the participants' parents for any further research projects that wish to utilise the data generated in this study.

### **3.11 Conclusion**

In this chapter I explained my integrated use of a positive and an interpretive paradigm. Details of the methodology used to design and conduct this research study were explained, and the methods I used to ensure research quality were discussed. Lastly, ethical considerations were included. The following chapter will give an in-depth account of the data-analysis of both sources, including the process of coding, categorising and the emergence of themes.

## Chapter 4

### Analysis

#### 4.1 Introduction

This chapter describes the process of data analysis that took place for this study. I will provide an overview of the procedure of data collection and its preparation for analysis. The coding process will be described and illustrated, followed by an explanation of how codes were organised into categories. The themes that emerged from this process will be described briefly and expanded upon in chapter five.

To create a clearer picture of the data analysis that follows, I will introduce the group that took part in this study with a brief description. The initial music therapy group in sessions one and two consisted of five members: three girls and two boys. For purposes of protection of privacy, I have given the members pseudonyms. The initial members were Fiona, Kiara, Lelethu, Rasheed and Gavin. Tyson joined in session three, as the original sixth participant was not given consent from his parents and I was under pressure to start sessions due to time constraints. Fiona was absent for the final two music therapy sessions.

#### 4.2 Data collection and preparation

As mentioned in the previous chapter, data were collected from two sources: video recordings of sessions and activities completed by the group members within sessions which formed a 'music therapy portfolio' for each of them. A description of the collection and preparation of each of these data sources follows below.

##### 4.2.1 Data source A: Video recordings

Nine music therapy sessions of between 45 minutes and an hour were held on Friday mornings in the music room at Heideveld Primary School. The aim of the sessions was to observe the performance of protective factors within music therapy. There were occasionally some group discussions about certain protective factors, life-events and the participants' communities, but the emphasis of sessions was generally on 'musicking' (Small, 1998), rather than speaking. The interventions mostly involved improvisation, call-and-response and songs, but different components were introduced each week as the group developed socially and individually. The process culminated in a song-writing process, exploring the group's strengths, difficulties and their advice for other children going through 'tough times'. Most weeks, the children created an entry for their music therapy 'portfolios', which was usually a written activity, drawing or a discussion.

All the sessions were video recorded and three excerpts were chosen on the basis of the occurrence of pertinent instances of the phenomenon under investigation: the performance of protective factors and their enhancement in music therapy. An excerpt was chosen from the beginning, middle and end phases of the process, to track any developments or shifts in protective factors within different interventions and throughout the music therapy process. In the following section, each of these excerpts will be briefly described.

#### **4.2.1.1 Video excerpt descriptions**

##### **Video excerpt A (Session 2, 43:00-47:45)**

At this point in the session, the children have just finished the 'Life Timeline' intervention for their portfolios. Each child drew a timeline with pictures of important moments in their life so far, while listening to orchestral arrangements of popular songs from Disney films<sup>1</sup>.

*The therapist sits with each child individually and asks them questions about their timeline. The children grow restless during this process and by the time the therapist sits with the last child, the group is disordered. At this point, the therapist sets up a circle of instruments (bells, tambourine, two djembe drums, a xylophone and maracas) on the ground and gathers the group together. She has to ask them to join her at the circle a few times before they listen to her. Kiara and Lelethu sit at the drums with excited anticipation, waiting for the others to join them. The group sits in a circle, each child at a different instrument. To the music therapist's right is Fiona, then Kiara, Gavin, Rasheed and finally Lelethu completes the circle to the music therapist's left. The therapist explains that they are going to play music together "like a band" and the person on the bigger of the two djembe drums is going to start the beat for the improvisation. When she shouts "change!" they must each move to the instrument to their right and thus each group member will have a turn to start the beat. She asks Lelethu to start them off.*

The purpose of this intervention was to give each child a chance for leadership and to be heard and validated by the group, as well as to explore member roles within the group and enhance the development of group cohesion through musicking. Through free group improvisation I aimed to offer opportunities for creativity, spontaneity, social interaction and risk-taking in a safe space.

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<sup>1</sup> In retrospect, this choice of music was inappropriate, especially with regards to the context-specific nature of this study. Using this genre of music enforced Western hegemony and applied my subjective bias of what I thought the group would enjoy or feel contained by. In order to be more sensitive to the context I should have gained more information directly from the children as to what music they listen to or are familiar with.

This excerpt was chosen for analysis as it demonstrates how each member uses different protective factors to negotiate this new, unfamiliar space of free improvisation. It also shows social interactions between members, the start of development of member roles, formation of sub-groups and moments of musical cohesion. The performance of protective factors, and a lack thereof were particularly clear in this early-stage intervention.

### **Video excerpt B (Session 5, 10:50-31:50)**

After the greeting song in this session, a warm-up intervention was facilitated in which the children took turns to lead call-and-response for silly, angry and happy vocal sounds. Some of the children had been taken out of a particularly fun class activity to come to the session and they were agitated, impatient and eager to return to class.

*The therapist has drawn a chalk diagram of five circles on the floor. The group stands spread out around the outer circle. In the middle circle is the label “me”. Around that is “family”, which is surrounded by “school and community”. The outer layer is “society”, which includes “culture and religion”. The music therapist explains the layers to the group; that this is “our world” and tells them that we are going to “explore this world together”, with music.*

The aim of the culture circle intervention was to use instrumental and vocal improvisation and discussion to explore how the children negotiate their way to the protective factors in their ecologies as well as potentially enhance their ability to do so, by giving them a symbolic and musical experience of negotiating their way around the layers of their ecologies. Both solo and group improvisations were used to explore the significance of each layer and how the group members navigated and negotiated their way to protective factors in each layer.

This excerpt was chosen for analysis, as it includes information that comes directly from the children about protective and risk factors in their ecologies. It also shows how they express these factors in a symbolic way through improvisation, and thus it can be observed how individual protective factors are performed in relation to the community, relational and cultural factors included in Table 2.2. An image of the culture diagram can be viewed below in figure 4.1.



Figure 4.1: “Culture circle intervention”, session 5

**Video excerpt C (Session 8, 34:00-41:00)**

This excerpt begins near the end of session eight. The group has sung a song in which they each express what they want to be when they grow up. They have also practiced the song which they wrote, each having a turn to strum the guitar while the group sings and the music therapist changes the chords.

*The therapist asks the group to choose instruments. She explains that the person on the drum is the musical conductor. If the conductor begins to play softly, everyone must follow, and so forth. At the end of each conductor’s improvisation, the group each pass their instruments to the right.*

This intervention was a development of excerpt one. I offered more explicit direction as to how the group should follow the leader (doing exactly what the leader does). This progress in the type of interventions used and musical instructions given was enabled by the development of the participants’ capacity for musical expression, group trust and self-efficacy within the improvisation space.

The aims of this intervention were for each member to act with assertiveness, for cohesive interactions to take place and to create opportunities for self-expression, validation and positive group interactions. Having the group reflect the leader’s music in this way offered the conductor opportunities for enhanced self-awareness and offered the group an alternative experience of being by following another’s self-expression. By this stage of the process, the

group was responding in a much more cohesive manner and had seemed to have taken ownership of their group identity.

#### 4.2.1.2 Thick descriptions

After the excerpts were chosen, I viewed them multiple times. I prepared this data by writing thick descriptions of the excerpts. Full thick descriptions are included in Appendix G. Table 4.1, below, shows a short extract from a thick description, taken from Excerpt C.

<b>Thick description</b>
<p>Kiara leads next. She starts fortissimo, on a complex, rapid rhythm. She almost immediately plays <i>subito piano</i> and then makes a crescendo again. She repeats this pattern a few times and the group mostly follows but her changes are fast and they do not always keep up. Rasheed puts his tambourine on the ground and stands inside of it, with his hands in his pockets. Tyson indicates to the music therapist with his arm that they should do another round of leading. Kiara leads confidently and the music therapist and Lelethu match her but the boys are getting distracted. Gavin plays scales on the glockenspiel at his own tempo. Eventually Rasheed sits down with the tambourine again and shakes it in a dance-like manner. Kiara ends her improvisation quite suddenly and passes the drum to Lelethu. Lelethu starts a similar, equally complex beat to Kiara. She plays confidently and with high energy. She and Kiara lock eyes and Lelethu raises her eye-brows at Kiara. They play totally in-synch with one another. Lelethu plays <i>forte</i> and <i>presto</i>, then <i>subito piano</i>. The boys do not notice this change and continue playing their own tempos and volumes.</p>

Table 4.1 Example of a thick description, Video Excerpt C

Each line of the thick descriptions was labelled and numbered. For example, the sixth line of thick description A was labelled as such: TDA-6.

#### 4.2.2 Data source B: Music therapy 'portfolio' entries

The interventions in this data collection method were not conducted in all sessions, as they took up a lot of time. When such interventions were facilitated, music was always incorporated into the process, interpretation, or discussion. Entries were chosen for analysis based on their high level of relevance to the research questions and depth of data that they offered.

##### Portfolio entry A: Timeline descriptions

This intervention was conducted in session two. The children were given A2 sheets of paper and the concept of a life timeline was explained to them by the therapist. They were given time to draw while listening to orchestral arrangements of Disney songs. I chose these songs

as I thought they would create a gentle, holding environment so that the children could relax and feel safe in the space as they drew. As discussed above, I should have chosen something more culturally appropriate, as this would have created a more familiar, accepting and holding environment for the participants. I then sat with each child and asked them questions about their timelines. These discussions were captured on the video recordings of the sessions. The questioning was then transcribed in an interview format, with additional thick descriptions of embodied interactions and contextual descriptions.

### **Portfolio entry B: “Things that build me up / Things that break me down”**

This intervention was conducted in session three. The group members were each given an A4 page that was folded in half. On one side of the page they were asked to write down things that build them up and make them feel good. On the reverse they were asked to write the opposite, things that break them down and make them feel bad. Two excerpts of contrasting pieces of music were played while the children wrote. The first, “She was here” by Rachel Grimes (2013) accompanied the group as they wrote ‘bad’ things. It is a gentle, holding piano piece with a slightly dark mood chosen to hold the space of reflection over ‘bad’ things. The second piece that played while the group wrote down ‘good’ things was “Keep” by Nils Frahm (2011). This is also a gentle piano piece but in contrast, it is warm with an uplifting mood. This was chosen to contrast the space of reflection over bad things and create a warm, held space for reflection. An example of one participant’s answers is given in Figure 4.2, below. The group then split up into sub-groups and were asked to make body sculptures of a good thing and a bad thing from each member’s list, accompanied by vocalisations and body percussion. To integrate these two polarities, we then did a free vocal and instrumental improvisation that expressed both types of emotions, moving between the two. This was followed by a brief discussion of how the good things can help the participants cope with the bad things. The aim of this intervention was to explore the subjective experiences of protective and risk factors in their ecologies and then for the group to explore these deeper through embodiment and sound, giving each other different perspectives of experiences. It was also important to reflect on how these factors can interact and how the children can use the good things in their lives to help them cope with the bad things. To prepare this video/audio recording of this activity, I put each child’s answers into a table and lines were numbered for coding purposes. An example of this table can be seen below, in Table 4.2 and whole portfolio entries can be seen in Appendix H.

	<b>Bad things</b>
PEB-1	When it's fire back with my ( <i>handwriting indiscernible</i> ) and the smoke come through my back.
PEB-2	In school they bullying me, so I cry
PEB-3	So I go tell my teacher
PEB-4	So I bring them in my class then my teacher hit them all
	<b>Good things</b>
PEB-6	I save a small child in a fire
PEB-7	So they say to me you are a super child

Table 4.2: Portfolio Entry B (Gavin)

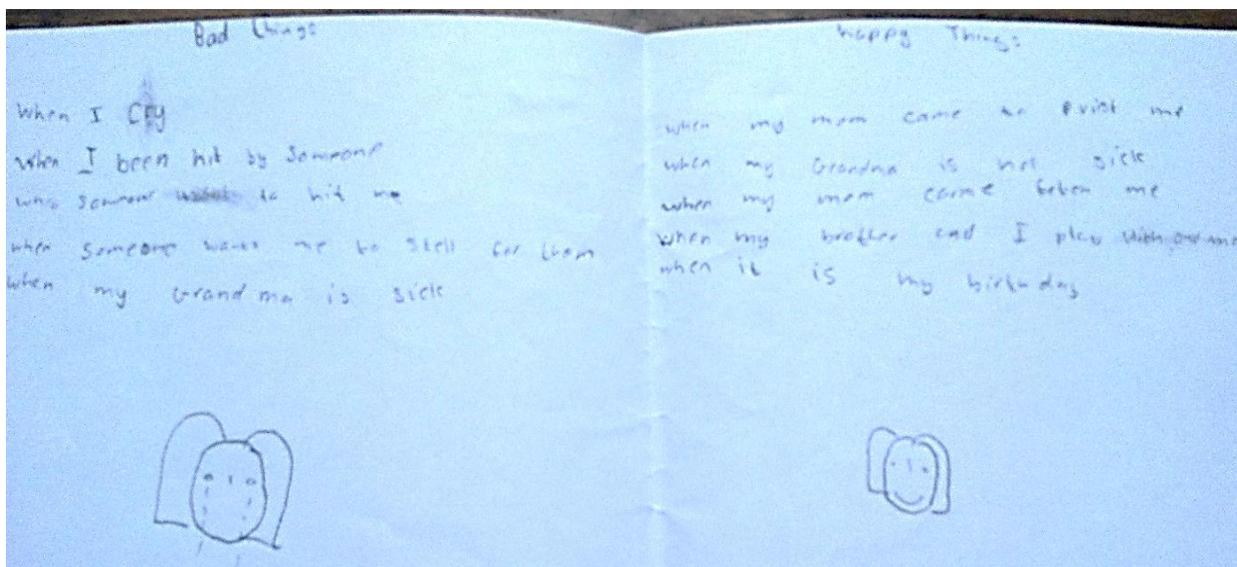


Figure 4.2: Portfolio Entry B (Kiara)

### Portfolio entry C: Song lyrics

The culmination of the discussions throughout the music therapy process regarding the difficult things that the participants face in their lives and the things that help them cope were incorporated into a song-writing intervention in session six. I planned the song in three verses, each with prompting questions for the group to guide the lyrics. As the children answered, I wrote the lyrics on a large sheet of paper, checking with the group if they were satisfied. The plan for verses of the song was as follows:

Chorus: What makes us strong?

Verse one: What are some of the tough things in our lives?

Verse two: What helps us to cope? What advice can we give other children who are going through tough times?

Once the lyrics were written, I asked the group how they would like their song to sound. We explored different ideas and I worked on two different melodies and guitar accompaniments at home, based on what the group had suggested. I then performed both for the group in the next session and they unanimously picked one. A recording of the song can be heard at <https://www.dropbox.com/s/skty6h7qbs27i6u/These%20are%20the%20things%20that%20make%20me%20strong.m4a?dl=0>. The song lyrics written by the group are as follows:

**Song lyrics: These are the things that make me strong**

*Chorus:*

These are the things that make me strong (x2)

My muscles make me strong

My heart makes me strong

These are the things that make me strong

*Verse 1:*

It's tough when people bully me

It makes me sad when people hit

I'm angry and sad when people get shot

I cry and I cry when people die

*(Chorus)*

*Verse 2:*

When people don't have money, share with them

It makes me happy when my mom says sorry

If someone bullies you, tell your parents

You are very strong, so don't worry

Each portfolio entry was organised in a table and, like the thick descriptions, were labelled with 'PE' (portfolio entry) and numbered. For example, the 6<sup>th</sup> line of portfolio entry A was labelled PEA-6. The complete entries can be viewed in Appendix H.

### 4.3 Coding

After the completion of data collection and preparation, the coding process began. Thick descriptions of the excerpts and the portfolio entries were organised in tables, with descriptors and line numbers in a column on the left. The coding process involved the identification of meaning units in the data that were most pertinent to the questions of the study (Ansdell & Pavlicevic, 2001:150). Specifically, this was the observation of the performance of protective factors and their possible enhancement in music therapy. Each excerpt and portfolio entry was coded separately. Concept-driven codes (Gibbs, 2007:44) were employed. The protective factors in Table 2.2 were utilised as the criteria by which the data would be coded. Codes were assigned to each line of the text. The codes were made up of two parts: a concept-driven code from Table 2.2 was applied where this feature was present in the data, and a data-driven code or descriptor was included to offer further descriptive nuance. As an example, in the code *Self-efficacy: Confident initiation of the music*, “Self-efficacy” is the concept-driven code, taken from the “Individual” section of Table 2.2. “Confident initiation of the music” is the data-driven descriptor, explaining the context of the performed self-efficacy.

As I worked with the data I noticed that other relevant features were emerging too, and not only the lack and presence of the protective factors exclusively found in Table 2.2. For example, I observed and interpreted “Self-expression”, which is not included in Table 2.2. This was a commonly performed element in sessions and I felt it important to explore what *other* factors could emerge in music therapy that might also assist in resilient behaviour. Due to this I decided to organise the codes on three levels, instead of two:

1. Lack of protective factors
2. Presence of protective factors
3. Other factors

Level three utilised open coding (Gibbs, 2007:50), allowing codes to emerge directly from the data and not only in relation to factors listed in Table 2.2. This added richness and contextual specificity to the factors being observed in the excerpts. An example of coding can be seen in Table 4.3, below. For complete coded transcripts, please see Appendix I (Video excerpts) and Appendix J (Portfolio entries).

	<b>Thick description</b>	<b>Level 1: Lack of protective factor</b>	<b>Level 2: Presence of protective factor</b>	<b>Level 3: Other factors</b>
TDC-1	The therapist asks the group to each choose an instrument. T takes a drum, R a triangle. G the		Social competence: Decision-making	
TDC-2	lap harp, K a tambourine and L has the			
TDC-3	glockenspiel. The MT has the sleigh bells. F is		Assertiveness: Expressing self through song	Self-expression:
TDC-4	absent today. R sings their self-composed song		Sense of humour: Playful singing	Spontaneous singing
TDC-5	in a comical manner at the top of his voice and K		Empathy: Matching playfulness and spontaneity	
TDC-6	answers with the second phrase. R answers in		Mentor: MT explains	
TDC-7	return with the next phrase, singing in a cartoon-like, nasal tone. The MT gets the group to raise			
TDC-8	their hands for silence. She explains, "The person			
TDC-9	on the drum is the leader: if they go loud, we go			
TDC-10	loud, if they go soft, we go soft, okay?" She says,			
TDC-11	"T is going to bring us in". K sings their song			Self-expression:
TDC-12	softly throughout this explanation. T immediately		Self-efficacy: Confident initiation of music	Spontaneous singing
TDC-13	starts a steady, forte beat on the djembe. R starts			
TDC-14	tapping the triangle at the same time and K	Social competence:	Assertiveness & sense of duty to others: Standing up for others. Perceived social equity: Ensuring everyone gets a turn	
TDC-15	shouts "No!" at R. Everyone joins in, playing	Interrupting another's turn		
TDC-16	somewhat at T's dynamic. After a few bars, he			
TDC-17	makes a decrescendo. The group follows and the			
TDC-18	general dynamic is now <i>mezzo piano</i> . T almost			Self-expression:
TDC-19	immediately crescendos and the group follows.			Musical variety
TDC-20				
TDC-21				

Table 4.3 Example of thick description coding, Video Excerpt C

#### 4.4 Categorising codes

The next step of data analysis was to organise codes into categories. Categorisation allows “detailed definition and logical comparison” (Ansdell & Pavlicevic, 2001:151). This process enabled the codes from each excerpt to merge into smaller descriptive units, making it significantly more manageable for analysis. The procedure required many trials and revisions to determine the most effective way in which to compare and contrast the data from the three video excerpts and the three portfolio entries.

The protective factors I was utilising for analysis were already neatly organised into the broad categories of “Culture”, “Community”, “Relationships” and “Individual” by Ungar and his colleagues (2005:9). My aim though, was to explore how resilience was experienced by *these* children in *this* context. This required a more fluid investigation into protective factors to discover more about the intricacies of resilience within this music therapy environment. Thus, I created my own more specific categories. This required me to continuously return to my research questions and literature review to extract the most important information from the codes and understand what was happening within the music and the participants in terms of the performance of protective factors. Keeping an open level of coding, “Other factors” also allowed a more context-specific analysis of *these* children in *this* context.

I started the categorisation process by noting patterns in the codes. I used a process of colour-coding to organise codes that seemed similar to one another. I noted that protective factors that were categorised in broader terms by Ungar and his colleagues (2005:9), such as “Individual”, could be broken down into smaller categories, and the same protective factor could belong to different categories, due to the two-part nature of the codes. For example, Self-efficacy could now fall under the category “Initiative” (Self-efficacy: Confident initiation of music) as well as “Confidence” (Self-efficacy: Playing with confidence and effort).

Finalising categories was complex, as many codes seemed to belong to more than one category, while others seemed to stand alone and could not fit into a broader category. I repeated the process many times until I had a final 45 categories. I categorised each excerpt and portfolio entry separately. This enabled me to compare and contrast protective factors within interventions and explore what was happening both over time and within excerpts, as well as understand more about the children’s contexts and their negotiation for protective resources. Table 4.4 below shows an extract from a categorised excerpt.

CATEGORY	CODE
<b>Supportive peer relationships</b>	TDC-16-2 Assertiveness & sense of duty to others: Standing up for others TDC-17-2 Perceived social equity: Ensuring everyone gets a turn TDC-26-2 Perceived social support and living with uncertainty: Leading in trust that the group will follow TDC-56-2 Perceived social support and living with uncertainty: Leading in trust that the group will follow TDC-71-2 Meaningful relationships that bring acceptance: Interpersonal connection through music TDC-82-2 Perceived social support and living with uncertainty: Leading in trust that the group will follow TDC-90-2 Sense of duty to others: Helping others TDC-96-2 Assertiveness & sense of duty to others: Standing up for others TDC-108-2 Perceived social support and living with uncertainty: Leading in trust that the group will follow TDC-115-2 Social competence: Peer collaboration TDC-117-2 Perceived social support and living with uncertainty: Leading in trust that the group will follow
<b>Group cohesion</b>	TDC-22-2 Empathy: Group matches the leader TDC-34-2 Empathy: Group matches musical expression TDC-48-2 Social competence: Group cohesion TDC-50-2 Social competence: Group collaboration TDC-87-2 Empathy: Group matches musical expression TDC-89-2 Social competence: Group cohesion TDC-122-2 Social competence: Group cohesion TDC-124-2 Social competence: Group ends together

Table 4.4: Extract from a categorised excerpt, Video Excerpt C

The final lists of categories were then displayed in a single table for comparison and analysis of all of the data selected from the complete music therapy process. Appendix K shows the tables of categories for each excerpt and portfolio entry. Appendix L incorporates all of the excerpts and their corresponding categories into one table. These categories were combined into a final list. The list of categories is as follows:

1. Music therapist's musical role
2. Music therapist's extra-musical role

3. Initiative
4. Relationship with music therapist
5. Group cohesion
6. Enhanced confidence
7. Lack of confidence
8. Music
9. Supportive peer relationships
10. Confrontational peer interactions
11. Expression
12. Synchronous physical experiences
13. Synchronous musical experiences
14. Rites of passage
15. Impatience
16. Communication
17. Acting in self-interest
18. Uncertainty
19. Enduring uncertainty
20. Experience of music
21. Humour
22. Non-compliance
23. Leadership
24. Executive functioning
25. Lack of executive functioning
26. Experience of self
27. Supportive family relationships
28. Lack of supportive family relationships
29. Independent participation
30. Spirituality
31. Safety
32. Creativity
33. Prosocial responses
34. Risk factors
35. Future orientation
36. Altruism
37. Exposure to violence
38. Avoidance of violence
39. Opportunities to play

- 40. Service access
- 41. Supportive community relationships
- 42. Social status
- 43. Aggression
- 44. Bullying
- 45. Confidence

#### **4.4.1 Category descriptions**

The categories in the above list will now be briefly explained, using the codes included in each category to assist description:

##### **1. Music therapist's musical role**

This category includes codes that describe the music therapist's role as a mentor or positive role model within the music.

##### **2. Music therapist's extra-musical role**

The codes herein describe the music therapist's role as a mentor or positive role model within sessions, external to musical activity.

##### **3. Initiative**

The codes in this category describe participants acting before others, taking charge to start the music, or volunteering to go first.

##### **4. Relationship with music therapist**

These codes describe participant-therapist interactions and the nature of what occurs between the two of them.

##### **5. Group cohesion**

The codes herein describe instances in which all members of the group participate in a synchronous musical experience, not through compliance, but through interdependence and group musical collaboration.

##### **6. Enhancement of confidence**

These codes describe occurrences in which an increase of confidence is apparent in a participant's performance of self, based on confidence levels within an excerpt prior to the occurrence of this code.

##### **7. Lack of confidence**

These codes describe demonstrations of a lack of confidence, apparent in submissive or inhibited behaviour within and external to the music. This is interpreted by means of speech, body-language and musical expression.

## **8. Music**

The codes within this category are descriptors of the quality of the music being improvised at a certain point in an excerpt, either by an individual or the whole group.

## **9. Supportive peer relationships**

These codes are moments within the excerpts in which participants interact positively, show support and trust for one another and perceive one another as supportive.

## **10. Confrontational peer interactions**

These codes demonstrate an opposite of the above, including behaviours such as laughing at others or fighting with one another.

## **11. Expression**

These codes describe instances of the participants expressing themselves in individual, spontaneous ways, through modalities such as dance and vocalisation.

## **12. Synchronous physical experiences**

These are instances in which participants demonstrate empathic intuition on a physical level, by producing physical responses that approximate and represent the feelings and expressions of others. This includes mirroring facial expression, body language and movement.

## **13. Synchronous musical experiences**

The codes herein describe instances in which two or more participants engage in a synchronous musical experience in which the musical expression of the partner is matched and the energy and emotion of the improvisation is shared.

## **14. Rites of passage**

Codes within this category include events or rituals that mark a significant progression or achievement in the participants' life.

## **15. Impatience**

Codes were designated to this category in which participants show a lack of patience and a desire for instant gratification, especially in terms of waiting their turn to play an instrument or lead in a musical intervention.

### **16. Communication**

These codes demonstrate communication between participants on a non-verbal level through eye contact, body language or music.

### **17. Acting in self-interest**

The codes in this category describe participants acting on a sense of duty to themselves and their rights and standing up to others who infringe on these rights.

### **18. Uncertainty**

Codes herein describe participants' agency being diminished when faced with uncertainty within the unfamiliar space of improvisation.

### **19. Enduring uncertainty**

These codes show the opposite of the above: participants show agency and resourcefulness in order to take control over a situation and endure uncertainty.

### **20. Experience of music**

These codes are the participants' description of the significance of music in their lives, as well as their subjective experiences of music and their evaluations of such.

### **21. Humour**

Codes herein are instances of participants demonstrating a sense of humour within the excerpts, including laughter, playfulness, entertaining others and interacting cheerfully.

### **22. Non-compliance**

These codes are instances of participants not following the guidelines and boundaries set out by the music therapist or not following her directions within sessions.

### **23. Leadership**

Herein are codes that demonstrate participants' taking on leadership roles within sessions. This includes confidently leading or directing other group members and those members following their lead.

### **24. Executive function**

The codes herein describe the performance of executive functions. These are mental processes that include focusing attention, remembering instructions, filtering distractions, making decisions, solving problems and controlling impulses (Harvard University, 2017).

### **25. Lack of executive functioning**

The codes in this category indicate a lack of the above behaviours in instances where they were required. This especially includes a lack of attention. Importantly, this does not mean that the participant lacks the skills involved in executive functioning, but rather, they respond in alternative ways.

### **26. Experience of self**

These codes are descriptors of the participants' subjective experiences and self-evaluations of their own competencies and significance in their ecologies, as well as their self-belief that enables them to express these.

### **27. Supportive family relationships**

These codes indicate participants having family members on whom they can rely on, perceive as supportive and with whom they have meaningful relationships in which they feel accepted.

### **28. Lack of supportive family relationships**

This category indicates a lack of the qualities described above. These codes may include actions performed by family members that are unsupportive to participants and potentially harmful.

### **29. Independent participation**

This paradoxical category describes the agency and will-energy used by participants to separate themselves from the group collaboration, while still participating in their own, individual way.

### **30. Spirituality**

The codes within this category are indicators of spirituality as a relevant factor in the participants' lives. This includes spiritual beliefs, following a religion, attending places of worship and identification with a religious group.

### **31. Safety**

All of the codes in this category relate to the participants' experiences of safety in different layers of their ecologies, including experiences within the music therapy environment.

### **32. Creativity**

Codes within this category describe instances in which participants' responses showed originality and creativeness.

### **33. Prosocial responses**

These codes are designated to the participants' reported responses and actions when faced with risk factors such as bullying and drugs.

### **34. Risk factors**

The codes herein are ecological factors that could put the participants of this study at risk of negative outcomes.

### **35. Future orientation**

These codes include the participants hopes and goals for the future, as well as their having optimistic outlooks.

### **36. Altruism**

These codes show instances in which participants demonstrate a selfless concern for others or act in ways that serve others without any self-gain.

### **37. Exposure to violence**

These codes describe instances in which the participants have been exposed to different forms of violence, either as observers or direct victims.

### **38. Avoidance of violence**

These codes describe instances in which participants use their judgement and agency to avoid being exposed to violence.

### **39. Opportunities to play**

The codes herein are assigned to the participants' opportunities and experience of play, external to music therapy.

### **40. Service access**

The codes in this category are assigned to the participants' description of services in their community that provide for their needs, such as healthcare and schooling.

### **41. Supportive relationships in the community**

Codes herein describe instances in which members of the community are perceived as supportive and trustworthy.

#### **42. Social status**

These codes are instances in which the participants have referred to social status as being important to them. This includes wealth and material possessions.

#### **43. Aggression**

The codes in this category refer to instances of participants responding with aggression within music therapy sessions. This aggression could be directed at others, or channelled into the music or a musical instrument.

#### **45. Bullying**

The codes in this category are drawn exclusively from Portfolio Entry B, in which the participants refer to their experiences of bullying and how it presents them with adversity in their daily lives.

#### **46. Confidence**

The codes herein refer to instances in which the participants acted confidently within the excerpts, or their reported actions in their portfolio entries displayed confidence. This category implies the pre-existence of confidence in the participants, as opposed to the category 'Enhancement of confidence', in which confidence seems to be enhanced as a result of music therapy.

### **4.5 Emergent Themes**

To identify themes, I colour-coded categories that had commonalities and I then attempted to organise them under headings. This was a process of trial and error. I found that some categories applied to different headings and others stood on their own. I arranged and rearranged the categories until I could identify clear themes that emerged from the data. Some categories were found to be present in various contexts and to play different roles with regards to the music therapy environment and the larger ecologies of the participants. This is congruent with the nature of resilience as being a dynamic process of navigation and negotiation between different layers of one's social ecology. Therefore, some categories are present in more than one theme. This will be explored further in the discussion chapter that follows.

As explained by Ansdell and Pavlicevic (2001:150), the data *and* the study should be emergent processes. Pressure should not be placed on one to shape the other, based on

what one hopes to discover from one's research question. With reflexivity and supervision, I held my research questions as a guide and allowed my data to speak for itself. I also had to keep in mind the dynamic nature of resilience and note that protective factors external to music therapy, as reported by the participants, are not isolated from the interactions that take place within music therapy. Resilience is an emergent, negotiated process between the layers of a child's ecosystem. Thus, as far as was possible, I tried not to separate themes into factors 'internal' and 'external' to the music therapy environment. Although the theme 'Affordances of the music therapy environment' implies internal factors, relationships between themes will be explored in relation to the negotiated process of resilience.

The themes that emerged as I reviewed the categories were:

- Affordances of the music therapy environment
- Musical expression of the self
- Autonomy
- Belonging
- Sense of purpose
- Adversity
- Alternative adaptation
- Social resources

Table 4.5 contains the themes and their corresponding categories:

THEME	CATEGORIES
<b>Affordances of the music therapy environment</b>	Music therapist's musical role Music therapist's extra-musical role Relationship with music therapist Synchronous musical experiences Synchronous physical experiences Safety Supportive peer relationships
<b>Musical expression of the self</b>	Creativity Expression Communication Music Humour Confidence

<b>Autonomy</b>	Enhanced confidence Leadership Enduring uncertainty Initiative Independent participation Avoidance of violence Acting in self-interest Executive functioning Prosocial responses
<b>Belonging</b>	Supportive peer relationships Supportive family relationships Supportive community relationships Group cohesion Experience of self
<b>Sense of purpose</b>	Spirituality Altruism Future orientation
<b>Adversity</b>	Risk factors Bullying Exposure to violence Lack of supportive family relationships
<b>Alternative adaptation</b>	Uncertainty Lack of executive functioning Impatience Aggression Non-compliance Lack of confidence Confrontational peer interactions
<b>Social resources</b>	Service access Opportunities to play Rites of passage Experience of music Safety Social status

Table 4.5: List of themes

These themes will be explained in a concise manner below and in more detail in the following chapter.

### **1. Affordances of the music therapy environment**

While keeping in mind my first research question throughout the organisation of this data, it became apparent that many of the codes and my interpretations of performed protective factors were affordances of the elements present in the music therapy environment. These were new affordances in the lives of the participants, such as the role that the music therapist played and the relationship built with the therapist. Within group musicking, there were instances where supportive peer relationships developed out of what was occurring between participants. In improvisations the participants were engaged in synchronous experiences and experienced a sense of group cohesion. The music therapy environment also offered safety in different ways, which will be explained in the next chapter.

### **2. Belonging**

It was clear from the data that certain relationships with family, peers and community members offered the participants meaning, affirmation and a sense of belonging. This theme incorporates relationships internal and external to the music therapy space. Supportive peer relationships primarily refer to those offered by the music therapy environment that developed and offered each member acceptance into the group. A sense of belonging to the music therapy group was enabled as group cohesion developed and participants took on a group identity. Within interventions, the children offered accounts of peer, family and community relationships that made them feel safe and accepted, affording them a sense of belonging in different layers of their ecologies. Experience of self is included herein as the codes in this category refer to the participants' self-perceptions. These perceptions are created in relation to others; the people around whom they surround themselves and who offer them a sense of self and belonging within society. If a child is made to feel they belong in an environment, they will potentially feel important and valued.

### **3. Autonomy**

The performance of autonomy offers a child opportunities for independence. Within the data, I recognised an increasing number of instances of the participants' ability to act of their own will and the demonstration of certain leadership qualities. Enhanced confidence levels were observed in the participants. This enabled them to take charge of themselves, influence others, stand up for themselves and act with agency in situations of uncertainty. Group members increasingly showed initiative in the music and in group discussions. Some of the participants acted in self-interest at times when other participants infringed on their rights.

Participants also used a sense of autonomy when it seemed they wanted to assert their independence from the group. Avoidance of violence is also included in this theme as this required autonomous decisions as to who one wants to associate with. Lastly, executive functioning herein involves using one's autonomy to make decisions and pay attention within sessions.

#### **4. Musical expression of self**

Within music therapy sessions, improvisation was used as a departure point to communicate musically and potentially enable the participants' performance of protective factors through music. Improvisation seemed to enable the participants to interact with each other and express themselves through sound and movement, as was increasingly apparent in the data. Music seemed to enable the performance of elements of the self in an expressive, communicative and reciprocal manner. Through analysis of the qualities of the participants' music, one could see shifts in how they expressed themselves. The confidence with which they performed and their use of creativity was also apparent in the music. Interactions between participants increasingly contained humour as they became more confident to show different parts of themselves to the group.

#### **5. Sense of purpose**

The categories within this theme all point to the participants' understanding of life as having a greater meaning and their role with regards to this. A child may display a sense of purpose by acting altruistically and demonstrating a sense of duty to others which gives them motivation and purpose to serve others and ensure social equality. The participants were understood to have goals and aspirations for the future. Thus, their future orientation was characterised by hope and optimism. The group members all expressed their belief in a higher power and reportedly identify with certain spiritual beliefs. These factors seem to give their lives meaning and purpose.

#### **6. Social resources**

The categories herein include resources that were reported by participants as being provided by their social environments. The participants navigate their way to these resources through interaction in these social contexts to benefit on a protective level from the resources on offer. Service access provides children with resources for health and education. Play arose regularly as an "other factor", and I thus believe it is an important resource in these children's lives that should be explored further. Rites of passage were reported to be provided in different layers of the participants' ecology and may provide various resources in terms of development. The children's reported experience of music differs from participant to

participant in some cases it presented as a clear resource in their life, offering them various advantages. Safety also occurs in this theme. In this case, it refers to the safety provided by community and society. Although the categories included in the theme 'Belonging' could also be interpreted as social resources, they were given their own theme in order to explore the difference between resources provided by relationships with people in the layers of one's ecology and the social resources provided by elements within the ecology that can potentially aid adaptation.

## **7. Alternative adaptation**

The categories herein exclusively contain codes from level one: "Lack of protective factors". This "lack" does not imply the assumption that the participant does not possess the protective factor in question. They may be capable of performing the protective factor, but in the instance under observation, they perform an opposite behaviour, or perform a lack of inappropriate social cues. In other contexts, such behaviour could possibly be considered 'anti-social'. So as not to place any labels of judgement on the performed behaviour herein, this theme is titled "alternative adaptation", since these behaviours can potentially be interpreted as adaptive, or as "hidden resilience" (Ungar, 2013:331). This will be explored in more detail in the following chapter. Impatience, a lack of executive functioning and non-compliance were commonly performed within music therapy sessions. These could be adaptive behaviours learnt from experiences in which they were required to act in this way as mechanisms to cope. A sense of uncertainty and a lack of confidence are included in this theme as they could be a means of protecting oneself from situations in which one has experienced bad outcomes in the past. Acting selfishly could be a means of adaptation to a disadvantaged environment. Aggression and confrontational peer interactions could also be adaptive behaviours: learnt defence mechanisms from past experience. Contrarily, these behaviours could also indicate poor adaptation and a lack of protective factors. Not all deviant behaviour can be interpreted as adaptive and it is very possible that these behaviours indicate a greater need for the enhancement of protective factors.

## **8. Adversity**

I started this study with my own conceptions of the type of adversity the children of Heideveld Primary School might face. This was based on my own observations, conversations with teachers and research on the area. The data of the study revealed to me the subjective perceptions of the participants with regards to what *they* find difficult in *their* lives and experience as 'bad'; factors that put them at risk of negative outcomes. Especially prevalent in this theme are instances of bullying and being exposed to violence. A lack of supportive family relationships—an important relational protective factor—could also put the children at

risk. Understanding these factors in relation to the participant's behaviour can contribute insight into contextual specificity and helpfulness of the protective factors found in the data.

#### **4.6 Conclusion**

This chapter explained and demonstrated the preparation and analysis of data obtained from two different sources: video excerpts and music therapy portfolio excerpts. The coding process was illustrated along with the organisation of the data into categories. Finally, it was explained how themes emerged from these codes and categories.

In the following chapter these themes will be explored in greater detail in relation to the two research questions that guided this study. Findings will be discussed in relation to supportive literature, and in some instances, shifts that occurred in individual participants will be examined and discussed.

## Chapter 5

### Discussion

#### 5.1 Introduction

In this chapter I discuss the themes that have emerged from the data analysis. These, with support from relevant literature, will serve as the basis for addressing the research questions of the study. As previously stated, the research questions guiding this study are:

1. What protective factors can be observed in community music therapy sessions with a group of children at risk?
2. Can such protective factors be enhanced through community music therapy, and, if so, how?

#### 5.2 Discussion of the themes

Eight themes have been identified from the data. These themes draw attention to the emergence of factors that are most important to the participants in terms of risk and resilience. Within the discussion of each theme, my research questions will be addressed by exploring the protective factors that were performed, along with a discussion as to how these protective factors were or can potentially be enhanced in a CoMT process with youth at risk. The themes and their corresponding protective factors are detailed in Table 5.1, below, for reference during the discussion of each theme.

THEME	CORRESPONDING PROTECTIVE FACTORS
<b>Affordances of the music therapy environment</b>	Mentor Positive role-model Perceived social support Empathy Safety and security needs are met Balance between dependence and independence Sense of duty to others Perceived social equity Meaningful relationships that bring acceptance Assertiveness Living with uncertainty

<p><b>Belonging</b></p>	<p>Social competence Empathy Supportive peer relationships Perceived social support Sense of duty to others Perceived social equity Family structures Quality of parenting meets child's needs Meaningful relationships that bring acceptance Perceived significance of family Positive role models Self-esteem Experience of competence Self-awareness Experience of significance Opportunities for age-appropriate work Balance between dependence and independence Communication</p>
<p><b>Autonomy</b></p>	<p>Self-efficacy Assertiveness Sense of duty to oneself Social competence Problem-solving ability Balance of dependence and independence Appropriate use of substances Social competence Living with uncertainty Exposure to violence is avoided</p>
<p><b>Musical expression of the self</b></p>	<p>Self-expression Emotional expression Sense of humour Music Assertiveness Communication Self-efficacy Creativity Experience of emotional expression</p>

<b>Sense of purpose</b>	Cultural/spiritual identification Youth are tolerant of other's different beliefs Affiliation with a religious organisation Goals and aspirations Sense of duty to others Optimism
<b>Social resources</b>	Meaningful rite of passage Safety and security needs are met Significance of music Play Access to school and education Social status
<b>Alternative adaptation</b>	Lack of self-efficacy Not coping with uncertainty Lack of assertiveness Lack of social competence Lack of executive function Lack of confidence (Inhibition) Aggressive behaviour
<b>Adversity</b>	Local risk factors Exposure to violence Lack of meaningful relationships Negative role models Experience of bullying

Table 5.1: Themes and their corresponding protective factors

### 5.2.1 Theme 1: Affordances of the music therapy environment

This study conceptualises music, like resilience, as an ecological phenomenon from which affordances can be appropriated (Ansdell, 2014:27). These affordances are not gained by music's acting on a passive body, but emerge through interactions between music, action, and context. Thus, "Music only comes to us as we go towards it" (Ansdell, 2014:37). This dynamic process will be held in mind throughout the discussion of this theme in order to understand how protective factors took shape in relation to the participants, their music and the music therapy environment in which music was "performed, perceived, experienced and acted" (Ansdell, 2014:40).

It was apparent from the data that many of the protective factors observed within the video excerpts were afforded to the participants within the music therapy environment specifically.

The participants appropriated these resources, not as passive recipients, but as active respondents in the music therapy space. Importantly, this was dependent on the ability of music therapy to provide these resources in an accessible manner. I hypothesised in the literature review that a nurturing social ecology within music therapy potentiates the development or enhancement of resilience. This section will explore what protective factors were afforded by the music therapy environment and how a nurturing social ecology appeared to enhance these protective factors.

Firstly, a clear affordance of the music therapy environment was the role I played as the music therapist and the protective resources I provided, musically and extra-musically. From the coded data, I was observed to have guided, affirmed, accepted, validated, led, mediated, encouraged, directed, held, supported and modelled for the participants, both musically and extra-musically. I interpreted my role, as observed in the data, as that of a mentor and positive role model, both of which are relational protective factors in Table 2.2. As a role model, I modelled different means of self-expression through music so that the participants could perform and experience themselves in different ways. As a mentor, I provided a safe space in which the group members could feel held and supported. Through providing affirmation, acceptance, validation and guidance, there was the potential for the members' identity, self-worth and self-efficacy to be enhanced (Kram & Ragins, 2007:5). The following excerpt illustrates some of the ways in which my roles were musically performed:

The music therapist counts to three and there is a moment of silence before Rasheed whistles. The music therapist starts to whistle too and then all the boys join in. The music therapist adds a few soft vocal noises and Tyson suddenly makes a loud "yoooh". Lelethu sways side to side and smiles at the group. Kiara stands closer to Lelethu and Lelethu sings softly in Kiara's ear. Gavin stomps his feet, and the music therapist mirrors this. The three girls stomp and shuffle their feet while the boys whistle (TDB-182-193).

Firstly, I created boundaries for the improvisation, leading the group into the space by counting to three. I matched and extended Rasheed's whistling, affirming his contribution, and this seemed to give the other boys confidence to join in. My addition of vocalisation modelled to the group different ways in which they could contribute to the music. This appeared to have motivated Tyson to loudly and assertively express himself. Lelethu and Kiara were inhibited in this improvisation. The therapist mirrored Gavin's physical expression, again affirming him, and this offered the girls the motivation to also stomp their feet; a modality with which they were more comfortable than vocalising.

In high-risk circumstances, adult-youth engagement is a protective factor against both psychological and social problems (Ungar, 2013:329). Relationships between children and adults are, therefore, vital in the context of risk and resilience can only be facilitated through an adult's positive engagement with a child (Masten, 2001:234). By empowering a child to gain control over their environment, this facilitation can occur. Within the excerpts, I guided the participants and affirmed and validated their contributions. It seemed that this created space for self-expression, leadership, decision-making and equal participation.

In Excerpt C, from the final music therapy session, there are fewer codes assigned to the music therapist's musical and extra-musical role than Excerpt B and A. Excerpt C, though, indicates more instances of participants using their sense of agency to take on leadership positions in the music. The roles I played were still present and necessary, yet the participants needed less direction as the musical space became one of mutuality through empowerment and they gained a sense of control over the music therapy environment. I aimed to reinforce the role of the music therapist as a nurturer of human potential, as described by Rolvsjord (2004:100), and tap into the inner-resources and strengths of the participants to support them in experiencing a sense of control and adapting to the demands of the music therapy environment (Pasiali, 2012:43).

The following extract demonstrates the dynamic nature of protective factors and how factors in different layers of the music therapy ecology interact with one another. It also introduces the next category in this context: supportive peer relationships.

Rasheed now starts another beat on the smaller djembe. Kiara stops him and tells him it is Fiona's turn to start the beat. Fiona starts a tentative *mezzo piano* rhythmic pattern and the group joins in immediately. Kiara mimes for Fiona to play louder. Fiona plays fast, lively semi-quavers now and Rasheed imitates her on his drum (TDA-114-121).

Here we witness how peer support may play a role in the enhancement of confidence and how interactions within musicking can enable the development of relationships. This is a clear example of how an affordance emerges through music, action and context, and how the individual and relational layers of protective factors, such as assertiveness, perceived social support and social competence can interact. Kiara assertively stood up for Fiona when Rasheed infringed on her right for a fair turn. Fiona was tentative in the uncertain space of improvisation and Kiara encouraged her to play louder. Fiona played with enhanced confidence with Kiara's encouragement, and after hearing the musical support of the group. Even Rasheed, who initially tried to take Fiona's turn, then supported her musically. Fiona may have then felt more supported by and connected to the group and could potentially have

perceived Kiara as a social support. This is a demonstration of the dynamic relationship between protective factors and elements of the music therapy environment.

According to Small (1998:10), the creation of music is not just about the music itself, but more importantly, it is the relationships that are created within musicking that bring meaning to the music. In the data, I noticed a pattern of the music affording the development of peer relationships and these relationships, in turn, brought more meaning and cohesion to the music through mutual empowerment. The theme of the final improvisation in Excerpt B, was 'safety' and the participants were asked to play "what feels safe to them". They started with a lack of awareness of one another's music, each focusing on their own individual expression. As the music progressed, the group was brought together through entrainment. They attuned to one another and the music gained cohesion. Mutual empathy enabled growth of cohesion in the music. The group started by expressing their individual perceptions of what feels safe to them, but collaborative musicking enabled them to remove barriers and be brought together. I deduced that they were experiencing the safety offered by a contained, supportive group environment and were possibly experiencing themselves in new ways; individually and as a group. (TDB-256-281).

Interactions between individuals were observed in the data. The interpretation of these interactions as supportive relationships was made by analysis of the protective factors found, specifically, social competence, perceived social support, a sense of duty to others, meaningful relationships that bring acceptance, empathy and assertiveness. The performance of these factors involved standing up for one another, paying attention to others, encouraging others, perceiving others as supportive, sharing, looking to others for support, leading in trust that the group will follow and encouraging group equality. Relationships were also performed musically through the support of another's music, collaborating musically and sharing meaning within the musical experience.

Across the three excerpts, one could track the development of peer relationships. In the first excerpt (from session two), there was uncertainty within the improvisation space and individuals were cautious to lead the group. This was possibly due to unfamiliarity of the improvisation modality and a lack of group identity and cohesion. The participants came from different school classes and did not necessarily know each other well or trust that the rest of the group would support the music played by the leader. By the third excerpt (from session nine), each member led an improvisation with confidence, seemingly trusting that the group would support them and their music. Reciprocal and positive interactions were also observed and individual sub-groups, or what I perceived to be new friendships, were emerging. The following is an extract from thick description C to demonstrate these factors:

He [Tyson] returns to dancing and he and Gavin make eye-contact and smile at one-another. Rasheed plays *subito piano*. He smiles at the other group members and they smile back as they match his dynamic change. He then plays *subito forte* and the group follows. Gavin nods his head to the beat and then shakes his bells in Rasheed's face. Rasheed turns to face Gavin and they hold eye-contact in a challenging, yet playful manner. Rasheed plays a drum roll, matching Gavin's shaking. Rasheed decrescendos and Gavin lowers the bells. Rasheed turns and smiles at the music therapist, who smiles back. He then plays a loud beat and says, "Finished!" (TDC-61-72).

Firstly, Rasheed led the group with apparent confidence that they would follow him. The space of improvisation was no longer an uncertain one. Experience gained from improvisations in previous sessions, and from the response to other participants' turns in this intervention, seemed to offer him confidence that the group would follow his lead. He interacted positively and intersubjectively with the group. They did follow his lead and supported him musically. This interaction also demonstrates the musical performance of a relationship that developed between Rasheed and Gavin. Initially Gavin kept to himself in sessions. In this excerpt though, through musicking, he initiated a playful interaction with Rasheed that created an empathic connection between them. This seemingly motivated Gavin to engage on a more intimate level with Rasheed. He musically challenged Rasheed in a playful manner and Rasheed accepted the challenge, engaging in a one-on-one musical interaction in which they cross-modally matched one another. Previously, Rasheed was not very willing to interact musically with Gavin and would have interpreted this as an interruption of his music. This is illustrated in the following interaction extracted from the thick description sections within the interviews of Portfolio Entry A (Session two):

Gavin tries to join Rasheed in playing the marimba. Rasheed doesn't let him and so Gavin hits Rasheed and glares at him (PEA-136-138).

In the development of the music therapy process, both Rasheed and Gavin opened up to musical collaboration in which they performed a supportive, positive peer relationship.

The next two categories to be discussed in relation to this theme are synchronous musical experiences and synchronous physical experiences. When groups play music together, it is natural for individuals to be moved into a state of togetherness (Rabinowitch et al., 2012:484). In the data, it seemed that musicking enabled participants to pay closer attention than usual to others' actions and purposes. This can offer those involved in the interaction clearer understandings into others' physical and emotional states (Rabinowitch et al., 2012:484). The most prominent protective factor identified in these two categories was

empathy. The performance of empathy, on a physical level, entailed mirroring facial expressions and body language and sharing the expression of energy levels and emotions. On a musical level, the performance of empathy was observed in participants' echoing vocal expressions, musical matching, shared musical emotion, copying musical patterns, musical conversations, musical collaborations and emotional reactions that approximate another's musical expression.

Empathy-promoting musical components (Rabinowitch et al., 2012:485) such as musical and physical imitation, matching and synchrony, as are demonstrated in the data, can promote the sharing of mental states and the experience of empathy. The multiple reciprocal and empathic exchanges between participants analysed in the data indicated their capacity for empathy, an important protective factor that offers mutual encouragement and emotional support. Within empathic exchanges, children can gain feedback on their social skills, regarding what behaviour is appropriate. Mutual empathy is also a characteristic of mutual empowerment (Rolvjord, 2004:106). These potential affordances of empathy can help youth at risk negotiate their environments more effectively (Henley, 2010:298). The following is an example of a synchronous interaction between group members on both musical and physical levels:

Gavin then suddenly launches into a forte, energetic rhythmic pattern. He makes eye-contact with the group members and they smile back at him. They match his music and his energy. He makes a decrescendo and they all follow. Even the group's body language matches this decrescendo. Gavin smiles with joy and excitement and the music therapist smiles back in the same way. Gavin's playing gains liveliness (TDC-79-87).

Gavin's musical vitality and eye-contact with the group drew the group into a musical collaboration. He held them in the musical space with his energetic presence and the group was drawn into his every action and expression, shifting into a state of togetherness. They seemingly experienced synchronicity on a physical level and within the music. Gavin responded to this interaction with joy and the music therapist's affirmation of this fuelled his energy and excitement even more.

The final affordance of the music therapy ecology to be discussed in relation to this theme is safety. Murder, drugs, bullying and violence all reportedly occur right outside and even within the school gates. Savahl (2013:3) discusses how children who are exposed to violence have compromised opportunities for safe play and wellbeing. Therefore, it was important that music therapy could offer a safe environment that offered boundaries, containment, norms, and rituals for predictability, and a secure space in which the participants could play.

Improvisation was facilitated in every session to offer the children a safe medium in which they could experience a sense of control over their environment through musical play. The ritual of singing greeting songs at the start and end of sessions provided boundaries and predictability to sessions. Group norms and expectations as provided by the therapist offered structure, all contributing to a safe environment.

It is vital for a community music therapist to reflect on issues of safety when the boundaries of the traditional therapy space are opened up and extended along the continuum between the individual and the community. The therapist needs to consider how she can move with the client along this continuum in a safe, beneficial manner, according to the needs of the clients and institution (Ansdell & Pavlicevic, 2004:23). Towards the end of this music therapy process we discussed the prospect of the group performing their song for each of the grade four classes. The aim of this was to give the participants a sense of achievement and mastery, to draw the staff's awareness to the strengths of their learners and to potentially open up dialogue amongst staff and learners about what makes children feel unsafe and what can help them take control over their environments. Not all the group members were comfortable about the idea of a performance for their teachers and peers. Ansdell and Pavlicevic (2004:23) assert that "there is often a valid need for the traditional 'safe space' of the therapy room and the boundaried therapeutic relationship", even within CoMT, and that "genuine reflection on the real needs of music therapy in context – which would vitally include reflection on safety issues – in fact increases professional accountability and responsibility" (Ansdell & Pavlicevic, 2004:299).

As our sessions progressed, I gained a sense that school was not perceived as a safe place for all of the participants, due to bullying and the use of corporal punishment. Two of the participants expressed their fear that their classmates would laugh at them when they performed, re-enforcing my perception that they experience school as unsafe. As therapist and researcher, I was accountable for the safety of the participants and it was decided amongst us that they would not perform for the classes. Rather, their song was recorded and all of the participants agreed that it could be played for their classes on a CD player. Each participant designed their own CD covers and received a copy of the CD that they took home to play for their families. This seemed to affirm the participants and offer them a sense of achievement. They each took great care in designing their covers and were very excited to receive their copy of the CD.

This theme has provided insight into the dynamic processes that occur within the music therapy environment that afford protective factors for at-risk youth. The participants' interaction with the music therapist afforded them the protective resources of having a role

model and mentor. Throughout a music therapy process, the therapist can nurture the client's potential for positive adaptation. Musical interactions with the music therapist and the other participants apparently offered mutual empowerment and enhanced the confidence of the participants, which they performed as assertiveness and self-efficacy. The peer relationships observed in the data also served to enhance the confidence of the participants. Empathic interactions within musicking can develop positive interactions into meaningful relationships that bring acceptance. In the data, musicking seemed to afford the development of positive peer relationships, which offered the participants a perceived sense of social support. Lastly, the experience of safety, an important protective factor within an environment that is perceived as unsafe, can be provided through the music therapist and participants' joint responsibility to decide what is best for those involved.

### 5.2.2 Theme 2: Belonging

The second theme to be discussed is 'Belonging'. It seems that the participants gained a sense of belonging in the music therapy group. In the data I observed the group experience cohesive musicking and a cohesive group identity within this. The following extract demonstrates a cohesive group moment from Video Excerpt A:

The music therapist locks into the rhythm Rasheed is still trying to maintain from his initiative at the start of this round. He looks around the group with excitement. The music is now *fortissimo* and the group's energy is high. Lelethu moves her head with the groove of the music. The drummers also lock into Rasheed's rhythm and smile at the music therapist and each other. The group's music is now cohesive and there is synchronicity between the players. The music therapist makes a loud "aah" vocalisation to match the general energy and bring in the end of this round. The girls play a drum roll and Rasheed shakes his tambourine in the air with a flourish. They all end together (TDA-98-113).

In this excerpt, the group members locked into Rasheed's strong rhythm through entrainment. Their energy and music was synchronous and they worked together as a collective unit. In the final moments of the improvisation they matched one another's vitality affect (Stern, 1985) and all ended at the same time. The protective factors performed here from Table 2.2 are social competence and empathy, but the overall sense gained from this excerpt is that of belonging. The group members have experienced being part of a supportive unit with a common intention and shared emotion. The way they ended the music seems to be celebration of their group identity.

Small's (1998:9) concept of 'musicking' is vital to the discussion of identity and relationships within music therapy. Within musicking, we are given the opportunity to enact and symbolise the types of relationships we desire in our social lives. Small (1998:95) argues:

Such ideas held in common about how people ought to relate to one another of course define a community, so rituals are used both as an act of affirmation of community ('This is who we are'), as an act of exploration (to try on identities to see who we think we are) and as an act of celebration (to rejoice in the knowledge of an identity not only possessed but also shared with others).

Thus, musicking can enable the affirmation, exploration and celebration of identity. A cohesive group can be built through the particular use of music in music therapy to encourage interpersonal relationships (Bruscia, 2014:35). Cohesion occurs when the group focuses on working together on a common focus and interest through a collective musical effort (Pavlicevic, 2010:110). In the excerpt, the group shared a high level of energy and joy. They smiled at one another, ended the music with gusto and seemingly celebrated the music they collectively made as a cohesive unit. Through musicking, the participants could gain a sense of belonging by experiencing being part of a group identity, whilst also experimenting with new individual identities.

The category, 'experience of self' is included in this theme. In Excerpt B, I asked the participants to choose an instrument that they think describes them and musically express how important they think they are in their world. The following extract from Excerpt B demonstrates Lelethu's expression of her role in her world:

Lelethu chooses the bigger glockenspiel and plays it rapidly in an atonal modality. The group watches on and occasionally smile at the music therapist. Lelethu makes an accelerando to fortissimo and ends on a descending glissando followed by three accented beats. Rasheed shouts, "Yoh!" Lelethu smiles proudly up at the music therapist, who asks, "How much noise do you think you make in your world?" Lelethu, with a big grin, says, "Lots".

Lelethu's choice of a pitched instrument offered her a wider range of expression than an unpitched percussion instrument. This can be interpreted as her perceiving herself as dynamic and expressive. Her music had variety and energy and seemingly expressed her perceived importance of playing dynamic, significant roles in her environment. Rasheed's vocal reaction seemed to be an empathic emotional reaction approximating Lelethu's musical expression. This apparently affirmed her sense of importance as she proudly answered the therapist's question.

Each participant musically expressed their experience of being a significant part of their ecologies. This implied experiences of interactions and performing important roles within one or more systems, and a sense of identification within these systems. Self-awareness was performed by means of musical expression of self in these improvisations. A child's self-image is partially made up of others' perceptions of them (Markus & Nurius, 1984:151). Their creation of an expression of self is, therefore influenced by the people with whom they surround themselves and who offer them a sense of self and belonging within society. As a final part to this particular intervention, the participants were asked to share with the group something they think they are good at. Each shared their experience of being competent in activities such as soccer, music, playing marbles, playing drums and arts and crafts. Part of a child's capacity for self-awareness in middle childhood is being able to evaluate themselves in relation to others (Markus & Nurius, 1984:151). They judge their own experience of competence in relation to their peers and may experience a sense of belonging in their peer group due to their experience of competence.

The affordance of supportive peer relationships, as explored in the previous theme, is also included in this theme as, like group cohesion, meaningful relationships can create a sense of belonging through the acceptance they offer. Group music therapy is centralised on shared encounters and flow of musical interaction and aims to "create group/social bonding" and to "enhance a feeling of belonging" (Pavlicevic, 2003:94). The relationships described in the previous theme lend themselves to a sense of belonging to the music therapy group, by means of the protective factors of perceived social support, meaningful relationships that bring acceptance and shared experiences and emotions within empathic exchanges. Such experiences can empower individuals to act and participate in other aspects of community, and possibly experience a sense of belonging in different layers of their environments.

Many resilience researchers stress the importance of healthy attachments as a protective factor, for example, Henley (2010:298), Masten and Obradovic (2006:21) and Ungar (2013:331). Supportive family relationships were a prevalent protective factor found in the data, in the form of reported quality of parenting meeting the child's needs, meaningful relationships that bring acceptance, positive role models and perceived social support. All of the participants reportedly have a family member that they look up to and someone that they trust if they need help (TDB-158-163). Maternal attachments were more prevalent than paternal attachments. In Excerpt B, the group was asked to musically "describe" (TDB-134) their family in an improvisation. The quality of their music was given the descriptor: "Lively and strong" (TDB-136-152). This could be interpreted as family being a significant factor in the participants' lives. Within the song-writing intervention, one of the participants suggested the line "My parents support me" (PEC-6) and the rest of the group agreed. This also points

towards parents being a protective factor in the participant's lives. The information I discovered about the participants' family structures at the end of the process complicated this picture, yet it seems that the participants perceive family as very important, even if they do not have strong attachments with their own family.

From the participants' contributions to group discussions, I discovered that family structures vary from child to child (TDB-110). I entered music therapy sessions without any knowledge of the children's family backgrounds and upbringing. I aimed to explore their experiences without any preconceived expectations of the participants' behaviours and responses. This afforded me unbiased insight into the participants' protective factors as I could not apply my own conceptions of adaptive and maladaptive behaviour as a result of their circumstances.

From the data I gained the impression that Kiara has a close relationship with her mother. When asked who in the family 'layer' of the culture circle they would go to if they needed help, she answered, "Mommy" (TDB-160). In Portfolio Entry B, under 'good things', she expressed that it was good when her "mom came to visit" and "fetch" her and when she played with her mom (PEB-25-28). I was informed by Kiara's teacher, after our sessions had ended, that Kiara "doesn't have a dad" and her "mom is not present". The teacher explained that Kiara lives with her grandmother. Her mother (very irregularly and unreliably) comes to visit Kiara and her brother. From the data, it appears that Kiara perceives her mother as supportive and their relationship as meaningful. When asked, in Excerpt B, who in her family she could go to if she needed help, she answered, "Mommy". This may not necessarily be true, though, if Kiara's mother is rarely present. Although the quality of parenting may not meet her needs, this could be interpreted as Kiara finding meaning in the interactions that they *do* have. One could also infer that Kiara was attempting to create a picture of normality for her peers, according to what roles she thinks a mother should play. This may have been in order to avoid judgement, which could possibly be an expected response gained from experiences of bullying. It is also possible that she was idealising her mother to be the attachment figure that Kiara lacks.

Throughout the data, Gavin referred to his "daddy". When I asked the group who was in their family 'layer' in the culture circle, they all listed their family members, and Gavin softly said "Daddy" (TDB-117). When asked who he would go to if he needed help, he also answered, "Daddy" (TDB-161). I discovered from his teacher after the process that Gavin's father passed away in 2013. His stepfather reportedly drinks excessively and at the time of the music therapy process, Gavin's mother forced his stepfather to leave their house. The only mention of Gavin's mother in music therapy was in Portfolio Entry A: "My mother shouted at me" (PEA-295).

It is important to reflect on these issues from numerous possible perspectives and with regards to this I have speculated in a clinically-informed manner. Similarly to Kiara, Gavin may have been presenting himself as having a 'typical' family structure. This need to be seen as 'normal' may be due to stereotypes presented by media and education systems of what a 'happy home' should look like. It could also be connected to feelings of grief, shame or victimisation linked to their upbringing. Their descriptions of their family could also stem from strong defences that they have built against their feelings relating to their family situations. Additionally, Gavin may not have dealt with his grief yet concerning his father's passing, and, in his mind, still holds his father in the roles that he once played, offering Gavin a perceived sense of security.

Fiona's teacher reported that Fiona's family is economically disadvantaged, yet her mother, who is physically disabled due to a stroke, is very supportive of Fiona and involved in her school career. At the end of our music therapy process, I received a letter from Fiona's mother disclosing that her husband had been physically abusing her in front of her children for many years and she had decided to leave him. This put Fiona's comment in portfolio entry B into context; it is good "When daddy is happy" (PEB-35).

This offers a very complex picture of family support systems and attachment in this context. It may have been more valuable to gain information on the participants' family backgrounds before the music therapy process. As a clinician, this would have been appropriate information to enquire. For the purposes of research though, this state of objectivity served for a more rigorous research process. To process more of the complexities surrounding family systems, I could have offered more space for the participants to express their feelings relating to their family backgrounds and gained more understanding into how the relationships affect their wellbeing. It was clear that the participants perceived a sense of belonging, and thus a sense of family, as important and it seemed that each of them tried to create a picture of familial 'normality' for the group.

Ungar (2004:345) argues for tolerance of "diversity in the way resilience is nurtured and maintained" and openness to a plurality of contextual definitions of health and adaptation. My Western perspective of family norms could not be applied in this context nor my perceptions of 'quality of parenting'. In the above situations, though, there are clear deficiencies of certain protective factors. Therefore, one must respect and aim to enhance the alternative means of support and the perceptions of the children as to who and what offers them support that enables them to cope. If the children were saying things that were not true regarding attachments and family structure, this may indicate a lack of certain relational protective factors and as a result they were resorting to alternative forms of coping such as idealisation

of attachment figures. Their lying about their family situations may indicate a lack of coping. It is therefore important to ensure that the participants *do* have adults in their lives from whom they can gain protective resources. The music therapist can play a vital role in nurturing at-risk youth's resilience, and building connections and awareness with community members that can also offer support.

The participants reportedly perceive their teachers as a social support, in that they would report their being bullied to their teachers (TDB-232). Gavin reported his community as supporting him when he "save[d] a small child in a fire" and he was affirmed by the community as "a super child" (PEB-6-7). Other than this there was not much reference in the data to supportive relationships with adults in the communities of the participants.

From the data, insight has been gained into how a sense of belonging can be created within music therapy through group musicking and peer support. Meaningful relationships, a protective factor, can be enhanced through synchronous experiences and working together for common goals in music. Within this, a group identity can be explored and affirmed. A child's sense of self can also be enhanced through a sense of belonging. The music therapist can play an important relational role in offering a child a meaningful adult relationship that nurtures their resilience, where such relationships are lacking in their lives.

### **5.2.3 Theme 3: Autonomy**

A healthy balance between independence and dependence is valued as an individual protective factor (Ungar et al., 2005:9). A child needs to grow gradually towards independence, with nurturance. From the data, it was determined that music therapy provided a space for the participants to experiment with their autonomy in a safe environment in which they could make decisions for themselves and feel empowered to take control over elements in their environments.

Across the music therapy process, I observed the development of self-efficacy and assertiveness, which the participants performed in relation to leading the group. These are important factors in relation to intrapersonal empowerment. In the first three sessions, there were few instances of participants taking initiative. Their participation mostly seemed compliant to my guidance. This is supported in the data; there are few codes relating to the participants' taking initiative in Excerpt A (session two). From session four, the participants started to demonstrate more confidence to take risks in the music and initiate discussions, interactions and improvisations. It seemed that their confidence was being enhanced through their exploration of and interactions with the music therapy environment and this was enabling them to act with more assertiveness and self-efficacy. Enhanced confidence is the next category to be explored within this theme. An example of this is discussed below:

Fiona plays the marimba tentatively, watching the music therapist. Fiona plays quick, piano notes in an irregular rhythm. The music therapist vocalises softly, making eye-contact with Fiona while holding and matching her gentle playing. Fiona smiles at the music therapist and starts to play more rapidly and confidently (TDA 67-73).

The marimba is the only pitched instrument in the improvisation, so the music of the person playing the marimba is quite exposed. Its high-pitched notes and more melodic lines stand out amongst the percussive sounds of the rest of the instruments being played. Fiona's quiet, timid character is conveyed in her marimba-playing. She looks to me for support, through a level of perceived social support in me as the music therapist. She plays softly in a disorganised manner, while the rest of the group plays rhythmically with strength. Despite the group's energetic music, I hold eye-contact with Fiona and sing gently, softly matching and holding her music and validating her individual contribution. Fiona apparently recognises that she is both heard and held within this therapist-client interaction and starts to play louder and more rhythmically, with enhanced confidence.

The support of the group, as explained in the previous two themes also afforded individuals enhanced confidence as sessions progressed. One can see in Excerpts B and C that the participants started to take on leadership roles, through the performance of the protective factors, assertiveness and self-efficacy. They confidently initiated the music, directed others to follow instructions and listen, and led the music confidently. As the group's assertiveness and self-efficacy developed, they began to demonstrate less need for structure and guidance from me. The following extract from Excerpt B demonstrates the group acting autonomously and testing their capacity to act independently:

The music therapist holds the group's lively music on the drum with a steady rhythm. She tries to lead them to an end by singing, "Aaand stop!" but the group continues to play a cacophony of sound, looking at the therapist with challenging smiles. She repeats this and they stop, wave their beaters in the air and smile widely at the music therapist and each other (TDB-145-152).

In this excerpt, the group exercises autonomously, which is in contrast to their compliant behaviour in earlier sessions. They seemed to be enjoying the music and were not ready to end the improvisation. They act cohesively as a group, thus testing their independence within the safety of the group. Rather than responding, perhaps, as a teacher would when a class does not comply with her directions for them to keep quiet, I continued playing with them a little longer. In this, I affirmed their autonomy and ability to make decisions and take control of their environment. When I vocalised a cadence a second time, they all ended

simultaneously with expressions of joy. It seems that once their autonomy was affirmed, they respected the boundaries once again and ended with a sense of accomplishment and excitement at their 'independent', yet collaborative functioning. This excerpt therefore indicates improvisation as a space in which children can experiment with their autonomy and make independent decisions. It is a space in which they can be empowered to experience themselves in new ways.

The next category to be discussed in relation to autonomy is independent participation. As explained in the previous chapter, this category describes physical, social or, occasionally, musical separation from the group collaboration, while still participating in the group music-making, but deviating from the collaborative task. I speculate that, rather than a lack of social competence, this behaviour could be an alternative form of navigation towards protective factors. I interpreted these behaviours as experimentation with one's autonomy and finding a balance between dependence and independence. The following extract demonstrates such experimentation:

Tyson moves away from the group and plays one tambourine against another, outside the circle. It sounds like everyone is trying to make as much noise as possible. (TDB 266-270)...Tyson plays aggressively and beats so hard that the tambourine's skin breaks<sup>2</sup>. He stops playing and looks up with a guilty look on his face (TDB 277-280).

In this excerpt we see Tyson move away physically and socially from the group interaction, while still participating in the music. It could be that he was experiencing conflict between taking on a group identity and expressing his own individual identity; he was exploring an identity independent from the group. According to Thompson (1998:27), people are driven by two contrasting inclinations: the desire to be separate and the wish to be part of and belong to a group. Both of these desires are always present, in different amounts according to the situation. Joining a new group entails renegotiating one's identity and possibly surrendering one's personal autonomy (Thomson, 1998:27). It is possible that in this case, Tyson was acting on his need to be separate and assert his autonomy. His actions could be interpreted as 'attention-seeking' behaviour, but one must also consider the possibility of his actions being adaptive, with the intention of gaining protective factors. His loud and aggressive tambourine-playing points towards a desire to be heard above the *fortissimo* playing of the

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<sup>2</sup>It is important to note, that in such contexts, strong instruments that can withstand this level of playing should be used. Instruments contain the child's expression, just as the therapist does, and the collapse of an instrument could represent environmental failure and a collapse of containment. This was a good quality tambourine and obviously, even strong instruments are destructible. Group norms were also consolidated as to how instruments should be played. I responded to Tyson's feelings of guilt by acknowledging that what happened was a mistake and that I was not cross with him.

rest of the group. It could be that he was trying to perform and assert himself as an individual in relation to the group. His independent participation in the music possibly enabled him to experience *both* a group and individual identity. Most of the participants acted independently of the group at some point in the data, especially the boys. Although such behaviour resulted in a less cohesive group experience, it offered opportunities for the participants to act autonomously and experiment with the boundaries between dependence and independence, thus potentially developing their confidence to independently take control over elements of their environments in creative ways.

One must also consider, though, that these expressions of 'independence', may not be adaptive behaviour. It is possible that Tyson moved away from the group as he was struggling to cope with the uncertainty of the improvisation, following directions or cooperating with his peers. His loud, aggressive playing could have been an expression of internal feelings of anger or frustration. The same could be said for the deviant behaviour of the other participants; these could have been expressions of an inability to cope with certain elements of the music therapy environment. When a participant deviated from the group collaboration, I usually managed this by allowing them to have space for their individual contribution, and then invited them back into the group interaction, either musically, or if necessary, verbally.

The next category, living with uncertainty, involves the use of one's agency and autonomy to either take control over a situation or to embrace the uncertainty in one's life, according to one's needs (Honkasalo, 2008:501). Taking action when faced with uncertainty can either involve controlling, avoiding, eradicating or enduring the situation. Even the act of enduring implicates one's autonomy, as it entails choice and freedom to engage with adversity and live with it as a regular experience of life (Honkasalo, 2008:492).

The capacity of the participants to embrace and take control within the uncertain space of improvisation was seen to develop over the course of the music therapy process. In the data of Excerpt A, there was a noted lack of this protective factor and, rather, what was performed was "Discomfort in the improvisation space" (TDA-45-1; TDA-62-1) and a lack of self-efficacy to take control of the situation. In Excerpt B, Rasheed was uncertain within a group improvisation and he drew his confidence from the other participants, thus "Learning from and following others" (TDB-139-2). By Excerpt C, the participants were embracing the uncertainty of the improvisation space. Each acted autonomously in their turn to lead and used "Confident variation in the improvisation space" (TDB-21; 63; 92; 102; 113), experimenting with dynamics, rhythm and articulation in their music. From this, it would seem that constant exposure to improvisation within music therapy, paired with an enhanced sense

of confidence and agency in the music therapy space, enabled the participants to take control over situations and act autonomously, with self-efficacy in situations of indeterminacy. Self-efficacy can be developed by offering opportunities for a child to explore and master their environment, which in turn, enhances agency (Maddux, 2009:8). Therefore, by offering constant opportunities in music therapy in which the participants could explore the possibilities and experience mastery over the environment, there was increased potential to enhance the participants' self-efficacy and certainty about their abilities.

A sense of duty to one's self, an individual protective factor listed in Table 2.2, involves taking an interest in one's own rights (Levine, 1981:25). Within the data, the participants sometimes infringed on each other's rights for fair turns, would try grab instruments from each other or would interrupt another's turn to lead. In response to this, some of the participants acted in self-interest and stood up for themselves. For example:

Lelethu self-consciously puts her hand over her mouth and leans forward, thinking. She smiles shyly. Rasheed leans over and impatiently taps his hand on her drum. She holds her hand up to him to stop him and points her finger at him as a warning (TDA-1-6).

Despite being shy to lead the first improvisation in Excerpt A, Lelethu still stands up for herself when Rasheed gets impatient with her and tries to play her drum. A community's emphasis on a sense of duty to oneself is a culturally specific factor, depending on the expectations of the community regarding how a child locates themselves within and engages with the community (Cameron et al., 2007:296). Within the music therapy system, Lelethu's behaviour modelled and enforced fairness and group equality. It is possible that rehearsing standing up for oneself, as Lelethu did, could enhance one's ability in adverse situations to stand up for one's fair treatment.

Executive functioning is included in this theme, as what I observed in the data was not the *capacity* for executive functioning, but rather the way the participants used their autonomy to perform certain functions. This was mostly observed in the participants' making autonomous decisions as to what instruments they were going to play, or what instrument they thought described them (Excerpt B). When the group was playing *fortissimo* in Excerpt B, Gavin (who was playing the lap harp) used his autonomy in the following way:

Gavin fetches the triangle beater and strums the harp with it (TDB-262).

Gavin used his problem-solving ability to play louder, to create his desired musical expression and be heard above the volume of the group. We see here how music therapy can offer opportunities for decision-making and problem solving. These two factors have

been identified as important predictors of resilience (Masten et al., 2008:79), and if these are rehearsed and enhanced in music therapy, they may potentially enable resilient behaviour when faced with adversity outside of music therapy.

Lastly, I understood from the data that autonomy can be used to avoid exposure to violence. In Portfolio Entry B, Tyson expresses his dislike for children who fight and that fighting happens around him every day. He, therefore, makes conscious decisions to play with children who *do not* fight and surrounds himself with peers with whom he has common interests (PEB-14-19). Avoiding violence is certainly not always this simple, but it demonstrates that enhancing a child's ability to make autonomous decisions may enable them to act in the interest of their own safety. Prosocial responses, such as avoidance of drugs, responding to bullies in a prosocial manner and reporting bullying to a teacher or parent, also require autonomous action.

According to Rutter (2013:480) it is important for individuals to be exposed to situations that enable autonomous behaviour *before* adversity is experienced, in order to enhance their resilient responses. Therefore, allowing opportunities for autonomy in music therapy can be an effective way in which to enhance resilience. The above discussion may demonstrate that, by regularly exposing children to the uncertain space of improvisation, their ability to take control over situations may be enhanced. Within this same space, their confidence and initiative may also be enhanced. These protective factors, if utilised outside of the music therapy environment may enable them to act autonomously when such action is required in adverse situations. It is also important that the music therapist allows individuals to occasionally deviate from the group. This affords opportunities for experimenting with the balance between acting independently and depending on others. The aim of this is for the individual to gauge when it is appropriate to act autonomously and when to depend on others for support and protection. Music therapy can also offer a space in which children can rehearse standing up for themselves and their rights to ensure that they get treated fairly. This may prepare them for adverse situations in which their rights are infringed or they are required to make autonomous decisions that ensure their safety, however, this requires further investigation.

#### **5.2.4 Theme 4: Musical expression of self**

According to Procter (2001:1) "music-making has so much to do with building on people's experience of who they are and what they *can* do". Through musicking, the participants could perform themselves through musical expression. When working in a resource-oriented manner, it is vital that the music therapist does not act as an advocate for the client, but rather works *with* the client, enabling the performance of self and new experiences of self

(Rolvjord, 2004:7). It is therefore important to identify the ways in which the participants musically expressed themselves, and how this enabled the performance of or enhancement of protective factors.

Within the data there was a noted development of the participants expressing themselves within the music with an increasing sense of freedom. This self-expression commonly presented itself in the form of dance or physical movement, spontaneous singing, creative musical responses and other self-confident behaviour. The following examples illustrate instances of self-expression within Excerpt C:

Rasheed sings the group's composed song in a comical manner at the top of his voice and Kiara answers with the second phrase. Rasheed answers in return with the next phrase, singing in a cartoon-like, nasal tone (TDC5-9).

While Lelethu chooses her instrument, Gavin starts to dance on the spot in a 'hip-hop' style. Kiara smiles at him and walks over to him and dances with him. They laugh together (TDC64-67).

These excerpts illustrate how the participants expressed themselves in creative, musical ways, through singing, dance and humour, in addition to the musical interventions I facilitated. Assertiveness is defined as the "direct, non-hostile, non-coercive expression of one's thoughts, feelings, beliefs or desires" (Deluty, 1981:149). According to Ungar (2013:260), it is in safe and predictable environments that children are more likely to display creativity, expressiveness and empathy (Ungar, 2013:260). I believe that these excerpts demonstrate the affordance of a safe, contained music therapy space to enable the assertive expression of self. These instances also show how self-expression may offer opportunities for positive peer interactions. According to Pasioli (2012:46), music therapy is a creative and playful medium that enables creative expression and the development of connectedness to others. Through this, affective and cognitive adaptation is nurtured. In the above examples, the participants expressed themselves in creative, playful ways. They connected to one another empathically through this expression and developed relationships between one another. Thus, creativity was apparently used as a means of navigating one's way to protective resources in music therapy, by enhancing one's capacity for musical expression of self in relation to others.

The next category to be discussed in terms of musical self-expression is communication. The following examples illustrate how music can enable communication on a non-verbal level:

Kiara (who is meant to be the leader) says something under her breath and she and Lelethu communicate with eye-contact. Lelethu reaches out to

Rasheed, saying, “no”, trying to silence him because the drummer needs to start the beat. The two girls start a new beat together at the same time. They hold eye-contact and move their bodies in the same way (TDA-82-90).

The music steadies and settles, now a moderate tempo, fortissimo. There is little eye-contact and each person seems focused on their own playing, while still listening to each other (TDB-273-277).

These excerpts demonstrate two different ways in which musical expression enables non-verbal communication. In the first example, Kiara and Lelethu communicate intersubjectively. Through empathic understanding, they use eye-contact and body-language to start playing at the same time. They express themselves through movement and drumming and are attuned to each other throughout their improvisation.

The second excerpt demonstrates the group communicating on a non-verbal level, purely through their music. There was no eye-contact between the group members, but their music was cohesive. They were clearly listening carefully to one another and attuned to the music of the group, maintaining synchronicity. These excerpts demonstrate how non-verbal communication and empathic attunement appeared to enable the participants to share a sense of themselves in relation to one another without the restrictions of language. As discussed in relation to the affordances of the music therapy environment, synchronous experiences can offer mutual encouragement and emotional support through empathy.

The category ‘Music’ was used to organise musical descriptors. The quality of the music created by the participants can assist our understanding of how they were expressing themselves and if their quality of self-expression changed in any way. In the first excerpt, Fiona’s music is described as “tentative” (TDA-69-3), her music is disorganised and she is uncertain in the improvisation space. In the second excerpt she improvises a solo that is “gently energetic” (TDB-97-3) and she displays assertiveness with her “quiet confidence” (TDB-97-2). The development of Fiona’s music offers an example of how music therapy seemed to enhance individual musical expression, independent of the safe space of musicking with the other group members.

The music of the group as a whole was generally “energetic” (TDA-11-3), and typically maintained this quality for the duration of improvisations. By the final session, Excerpt C, descriptors for the participants’ improvisations are words like “playful” (TDC-7-3), “shifting” (TDC-22-3) “growing” (TDC-124-3). The development of Fiona’s music on an individual level and the music of the group seem to demonstrate enhanced levels of creativity and experimentation in the musical space, affording more opportunities for connection and self-discovery in a perceived safe space. Encouraging and enhancing self-expression in music

therapy seemed to offer the participants opportunities to apply assertiveness and self-efficacy to express who they are. The enhancement of these protective factors offer more chance of positive developmental outcomes (Masten, 2001:228).

Solo improvisations in Excerpt B enabled declarations of self to be made. Participants were given the opportunity to choose an instrument that they thought described them and express themselves without the influence of the group's music, allowing them to musically say, "This is who I am". For example, when Gavin was given the opportunity to express "the amount of noise he makes in his world" (how important he thinks he is in his world), his music was "gentle", yet not tentative. This was his unique expression of how he perceives himself and was a stark contrast to the energetic, loud expressions of the other group members. Group improvisations were mostly "energetic", "lively" and "strong".

A sense of humour is included in the list of individual protective factors in Table 2.2. The expression of humour was also something that developed over the course of the music therapy process. The participants' performance of humour developed from "Finding humour in other's interactions" (TDA-77), to the outward expression and performance of humour, such as playful singing, playful interactions and entertaining others in Excerpt C. The enhanced performance of a sense of humour especially became more prevalent with the development of supportive peer relationships. Humour generally occurred within one on one interactions, such as the following:

Gavin plays the harp and nods his head in a comical manner. Rasheed laughs at Gavin (TDC-29-31).

Gavin expresses his sense of humour in a comical performance for his peers and Rasheed laughs, finding the humour in it. Possessing a sense of humour can be protective in adverse situations as it enables one to laugh at oneself and find humour in stressful situations (Carrell & Ruch, 1998:5).

Lastly, the expression of confidence in the music was an especially prevalent code in Excerpt B. At this stage of the therapy process, it seemed that the participants were feeling secure enough to express themselves and were gaining confidence in their musical abilities. This was especially performed in the form of self-efficacy in the individual improvisations themed "How much noise I make in my world". The participants played with confidence and effort. Their assertiveness also seemed to be enhanced. They confidently answered the questions I asked them, they expressed their opinions and were less inhibited in their verbal and musical expression.

Therefore, the musical expression of self enabled participants to navigate their way to protective factors in the music therapy environment, as well as enhance protective factors that were already present. The development of freer self-expression was seemingly indicative of a felt sense of safety in the music therapy environment. The performance of self-expression created opportunities for positive peer interactions to occur, an element of the protective factor 'social competence'. Participants were observed to connect on a mutual, reciprocal level through creative expression, and therefore creativity enabled the enhancement of meaningful relationships with others which may afford feelings of acceptance. Non-verbal communication enabled empathic connection between participants, and this can potentially offer mutual encouragement and emotional support. Finally, the protective factor, 'sense of humour' was observed to develop throughout the music therapy process, within the development of peer interactions. In turn, a sense of humour appeared to create more positive peer interactions and nurture meaningful relationships between participants.

### **5.2.5 Theme 5: Sense of purpose**

The next theme to be discussed in order to address the research questions is having a 'sense of purpose'. The data indicated that the participants had a sense of purpose in life in terms of spirituality, altruism and future orientation. Resilient children have been found to gain meaning in their lives by investing in a purpose outside of themselves (Brendtro & Larson, 2004:7). The data herein demonstrated that most of the participants were driven to do things for others as well as for themselves. They have hopes and aspirations for the future that give them a sense of purpose and they all believe in a God.

With regards to spirituality, the protective factors present in the data were spiritual identification, being tolerant of each other's different beliefs and affiliation with a religious organisation. All participants reported being religious and believing in God. Many of them attend a mosque or a church. There was a sense of respect for different religions in the group. Everyone had an opportunity to speak about their respective religion and there was no sense of judgement between members. Spiritual identification affords a child a sense of belonging to something larger than themselves (Ungar, 2008:229). The IRP data collected in Delft, Cape Town found religious organisations to play a significant role in youth's capacity to cope (Ungar, 2008:227), as the associated actions reportedly gave their life purpose. Various other protective factors can also be gained by having spiritual beliefs. During the song-writing intervention, when I asked the group what helps them cope when life is difficult, one of the answers given was "God". The group agreed with this and constructed the lyrics,

“God helps me when there’s danger” (PEC-8). This indicates that a belief in God can help the participants feel safer or less helpless in dangerous situations.

The data also presented the participants as having hope for the future, in the form of goals and aspirations. Savahl’s (2013:1) study, which explored the relationship between exposure to community violence, hope, and well-being, found that hope is a stronger predictor of well-being than exposure to community violence. Hope is conceptualised as a “cognitive process used in establishing and achieving goals and ascertaining individuals’ sense of future” (Savahl, 2013:2). Within Excerpt B, the participants demonstrated having hope:

Next, the music therapist asks the group, “In which layer is there a person you want to be like when you grow up?” Gavin confidently says, “Police”. She tells him he should then stand in “Community”. The rest all mention family members that they want to be like (TDB- 238-243).

Having role models and mentors can offer youth at risk aspirations and goals. The participants look up to these people and have ambition to be like them. In the ninth and final session, the therapist led the group in a song titled “I Believe I Can”. This is not included in the excerpts selected for analysis, but it is highly relevant with regards to presence of role models and the aspirations of the participants. Between each chorus of the song, each member was given a chance to sing what they hope to be when they grow up. Gavin expressed that he would like to be a rapper and Tyson sang that he hopes to be a drummer. Kiara, Lelethu and Rasheed all expressed their hope to be a music therapist.

These answers could be understood as literal, but I believe they require some clinical speculation. In theme 5.2.2, ‘Belonging’, the discussion of parental figures illuminated the possibility that the group members may lack positive role models and mentors in their family environments. It was also reported by Gavin that some of the teachers at their school use corporal punishment on the learners. The participants, therefore, may be lacking people whom they can look up to in their immediate environments. In music therapy, the music therapist played the role of a role model and mentor and offered the group members opportunities in which they could experience mastery and success. The positive affordances of music therapy may have offered the participants self-efficacy to believe that a career in music could be something they are capable of achieving. The fact that three of the five participants expressed hope to become music therapists could highlight music therapy as a rare space in which the participants have an adult that they trust and look up to. It is possible that the participants had never experienced having hope for the future and therefore never had any aspirations or goals. Feeling empowered within the music therapy space may have offered them such an experience and the self-efficacy they felt in the space may have led

them to set music-related goals. Music therapy therefore has the potential to offer its participants affirmation and enable them to think about goals and aspirations and, thus, enhance their hope for the future.

Hope and optimism (an individual protective factor) are closely linked (Savahl, 2013:4). The group demonstrated a sense of optimism in their song lyrics, implying that if one is strong, as they believe they are, there is no reason to worry:

These are the things that make me strong (PEC-1)

...

You are very strong, so don't worry (PEC-18).

The next category in this theme, the quality of altruism, was observed in some, but not all participants. The most common form of altruism within music therapy was standing up for others. Kiara especially took on the role of ensuring social justice by standing up to those who infringed on other group members' right to a fair turn in the music. This is illustrated in the following extract from Excerpt A:

Gavin jumps to the marimba and grabs the mallets. Kiara reprimands him and says "hayibo, hayi!<sup>3</sup>" She takes the mallets from him and gives them to Fiona. Fiona smiles at Kiara gently. (TDA-53-58).

On more than one occasion in the data, Kiara was witnessed standing up for Fiona. Fiona was more submissive to other group members' unfair treatment of her at the start of the process, and Kiara ensured that Fiona was treated as an equal member of the group. Kiara, thus, had a sense of duty to others, an individual protective factor on Table 2.2. She also perceived the group as having social equity and made sure that this was kept in balance.

Fiona also demonstrated a sense of duty to others and often shared. Fiona reportedly comes from a disadvantaged background. One could interpret Fiona's behaviour as positive adaptation. She is willing to give to others who have less than her because she understands what it is like to have very little. She demonstrated this in her explanation of her life timeline:

F: Here, I went out with my mom.

MT: Where did she take you?

F: Shopping.

MT: Your mom? Was that nice?

F: Yes. (She nods and smiles at K).

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<sup>3</sup> isiXhosa translation:

*Hayibo*: (Slang) interjection indicating disbelief, moral disgust, surprise.

*Hayi*: No.

MT: Do you remember what you got?

F: (Nods and mumbles something inaudible)...And my friend didn't have any chips, and I gave my friend the chips.

MT: You gave your friend the chips? That's very nice of you. (PEA-220-230)

This extract demonstrates empathy, a sense of duty to others, perceived social equity and meaningful relationships that bring acceptance. Fiona places great worth on friendship and sharing with those close to her, as she also emphasised in her Portfolio Entry B.

In the discussion of this theme, it was illuminated that the participants' sense of hope and optimism for the future was enhanced by experiencing a sense of mastery in music activities which possibly enhanced their sense of self-efficacy. Empowerment within the music therapy space possibly enabled the participants to have some hope for the future and start thinking about their goals and aspirations. By treating each child equally within music therapy, a music therapist can enhance at-risk youth's sense of equality in social settings and potentially motivate their sense of duty to ensure fair treatment of and respect for others.

#### **5.2.6. Theme 6: Social resources**

The protective factors in this theme refer to resources provided by the social environment, as reported by the participants in the data. In terms of service access, these children have the opportunity to go to school and get a primary education. Schools can offer positive development by means of relationships built with peers and teachers, a supportive climate, structure, expectations, and clearly defined rules and discipline (Masten, et al., 2008:79). Heideveld Primary also provides meals for students, nurturing healthy growth and brain development. Some of the children illustrated going to school on their life timelines, indicating school to be an important factor in their lives. I believe that the incorporation of music therapy into the school timetable at Heideveld Primary School was a valuable social resource for these children, some of whom do not feel entirely safe at school.

Another service that was referred to in the data was access to the clinic when sick. There is one clinic in the vicinity of Heideveld Primary School; Heideveld Clinic. This is a government organisation and primary health care facility, offering free healthcare services. As a protective factor, this means that healthcare needs are met by means of services on which one can rely when needed (Grotberg, 1995:7), for example, when one is ill, as Gavin illustrated on his timeline in Portfolio Entry A (PEA-299).

Within the excerpts from the participants' portfolio entries there was reference to social play and their experience of play. This included outdoor play as a positive experience and playing with others as a means of demonstrating positive relationships and protecting themselves

from bullying. An example of this is Tyson's autonomous decision to play with children who do not fight, as discussed under 'Autonomy'.

In her list of 'good things' in Portfolio Entry B, Kiara wrote the following:

When my brother and I play with our mom (PEB-28).

In this case, play is understood as strengthening positive attachments with a figure who can provide additional protective factors. This is an example of navigating one's way to and negotiating for resources. Kiara does not see her mother often, but when she does, play is utilised as a means to nurture their relationship and feel connected to her mother.

Although play is not a factor included in Ungar et al.'s (2005:9) table of protective factors, I interpret play as a contextually-specific protective factor; a pro-social resource to avoid violence and to strengthen positive attachments. Based on the children's experience of play, it can be argued that play can be used as a resource within music therapy as a protective factor. Play in music therapy offers opportunities for successful engagement with and control over their environment and therefore can foster strengths to deal with adversity (Pasiali, 2012:45).

The participants' accounts of music as a resource in their lives varied. In Excerpt B I asked them how important music is in their lives. Their answers were as follows:

"How important is music in your life?" Rasheed says, "Not so". Kiara softly shakes her head. T says, "Only sometimes". Fiona smiles and says, "Lots" and the MT affirms, "Music is important to Fiona" (TDB-207-210).

Fiona privately expressed to me how much she loves music and shared with me that she is learning the flute at her church. Interestingly, despite perceiving music as "not so" important, Rasheed's portfolio entries highlighted music therapy as significant in his life. On his timeline he drew himself at music therapy and the only item on his list of 'good' things was, "If I go to music and if I play drums" (PEB-13). Both Lelethu and Kiara also included music on their timeline by drawing drums. It could be that the participants perceive music therapy as having a different function to other forms of music in their lives. They perceive it as 'good' and as an important life event.

Rites of passage offer at-risk youth opportunities to progress developmentally and socially, without having to resort to deviant behaviour (Dumond et al., 2005:332). In the data, leading an improvisation in music therapy was interpreted as a rite of passage, as it enabled each participant to take control over the space and take personal and social risks to overcome the uncertainty inherent in improvisation. These rites of passage were witnessed in Excerpt A, in

which each participant led the group in an improvisation for the first time in our music therapy process. Some participants rose to the challenge with more immediate confidence and self-efficacy than others, but as each of them settled into their leadership role, they took control over the music of the group.

Other rites of passage referred to by the participants in the data included going to school for the first time, birthdays, dancing in the ballet and learning to walk. These relate to important life events, achievement of developmental tasks and accomplishments that may enable a child to perceive themselves differently and be perceived differently by others.

Rasheed and Lelethu were interpreted as placing importance on social status. This social status, provided by their parents, is signified by money and wealth (“I am sad If I don’t have money”- Rasheed, PEA-12) and material possession (“When my mom go to buy me things like phone I feel happy”- Lelethu, PEA-10). In a disadvantaged socioeconomic environment, such possessions could signify success and achievement and mastery over the adverse characteristics of one’s environment.

Lastly, the category ‘Safety’ is also understood herein as a social resource, as it is reportedly provided for the participants by people and places in their environments. There was a range of reported experiences of who and where is safe in the participants’ lives. Fiona admittedly felt safest at school (TDB-217). This could relate to her home situation that was characterised by abuse at the time. The rest of the participants reported feeling safest with their family (TDB-216), except for Gavin, who said he felt safest alone, “In the cupboard” (TDB-214). This demonstrates the contextual specificity of the resources that a child needs for resilient behaviour, and how they respond when these resources are not provided. Perhaps, in Gavin’s experience he has found others to be unreliable and his environment has not provided the protective resources he needs. It is also possible that his environment is characterised by danger, causing fear. His manner of coping with this is to hide away and this may indicate a lack of resilience in this situation.

The music therapy environment also provided the participants with experiences of safety. In Excerpt B, when directed to improvise music that feels “safe” and “comfortable”, the group’s music started out as more non-cohesive and dissynchronous than I had heard it before. I believe this represented the varying levels of felt safety within the improvisation space. Fiona started playing gently, while the rest of the group were energetic and lively (TDB-260). Eventually her music gained energy and the group became more cohesive as they experienced the support that a group can offer as a resource and the safety offered by the contained music therapy space, where free expression was afforded.

It was understood from the data that the participants' experience of coming to music therapy sessions was 'good' and an important life event. Affording school children access to music therapy can provide some of the social resources afforded by a child's environment (or compensate for a lack thereof) to enhance protective factors. Providing opportunities to play in music therapy can strengthen peer relationships and relationships with the therapist. Play can enable participants to practice their autonomy and gain a sense of mastery over themselves and their environment. Rites of passage can also occur by means of certain rituals in music interventions. For example, if there had been more time to prepare for a performance of the group's song, performing for their peers could have been perceived as a rite of passage. Finally, safety, which has been a common thread throughout this discussion, can be provided in music therapy and enhanced through group and individual experiences held and contained by the therapist and the music.

### **5.2.7 Theme 7: Alternative Adaptation**

Ungar (2004:356) warns against holding preconceived ideas of conventional and unconventional behaviour in resilience research. It is in respect of this that I have named this term 'Alternative Adaptation'. This theme recognises the possibility that behaviours outside of and even opposing Table 2.2's frame of protective factors could help the participants experience themselves as resilient, yet it takes caution not to define all deviant behaviour as resilient.

From the data, one can see how non-compliant behaviour, impatience and the lack of executive functioning increased towards the middle of the therapy process and decreased towards the end. None of these categories are present in Excerpt C, but they are especially present in Excerpt B. I interpret this as the participants' adapting to the music therapy environment. The performance of these factors in the middle stages of therapy could have been a means of the participants exploring the environment, testing its boundaries and navigating their way towards the resources it has to offer. With the development of confidence and self-efficacy in the participants, it could also be that they began to test the level at which they could exert control over and change their environment to suit their needs. Their behaviour could also relate to the stage of the group process. This being the middle of the process, I speculate the group was in the 'storming' phase (Tuckman, 1965:394). Storming implies action from the group members to assert their independence from one another, striving away from the group collaboration and often engaging in peer conflict (Pavlicevic, 2003:215). The participants' lack of attention and patience, and lack of compliance to my directions could have been a storming away from a group influence and task requirement (Tuckman, 1965:394).

Some of the participants were observed to have performed aggressive behaviour in music therapy. According to Ungar (2011:11), aggression is not just a fixed temperamental trait of a child. Its performance is also dependent on environmental factors, such as the roles of parents and teachers, which can promote more socially adaptive forms of coping. In communities where violence is prevalent (such as Heideveld) aggression in children may not be challenged if self-defence and vigilantism are valued as locally adaptive behaviour (Ungar, 2011:11). In the data, aggressive behaviour was performed mainly in the participants' actions towards one another and in two instances, as aggressive music making. Aggressive behaviour took the form of pushing each other when fighting over instruments or turns. There was one instance of a participant hitting another when he was prevented from sharing an instrument (PEA-137). Using aggression to resolve conflict could be a form of contextually adaptive behaviour, learnt from exposure to violence in various systems of the participants' ecologies. This is not to say such behaviour was condoned in the music therapy space. I encouraged other forms of conflict resolution, such as sharing an instrument, rather than fighting over it. In Excerpt B, Kiara and Gavin fought over the lap harp and she pushed him aggressively (TDB-247). In the improvisation that followed this altercation, they ended up sharing the harp, taking turns to strum (TDB-270). Thus, it appears that music therapy can enhance a child's repertoire of social responses.

While some of the participants possessed confidence at the start of music therapy, all of them presented with a lack of confidence and uncertainty in specific situations within the music therapy space. At the start of the process, this was especially prevalent when I spoke to the participants and asked them questions, such as in Portfolio Entry A. They all performed a lack of assertiveness and spoke to me with shyness and caution. In Excerpt B, many of the participants still presented with inhibited body language and speech when speaking to me. This lack of confidence could be a form of alternative adaptation, or hidden resilience. Children who have experienced adults to be unreliable or untrustworthy may withdraw emotionally from adults who offer them assistance (Ungar, 2013:331). Initially, I was a stranger to them and their cautious manner of interacting with me may have been a form of protecting themselves from engaging in a relationship in which they may not gain the protective factors that they require. In their process of navigation and negotiation for protective resources in their environments characterised by adversity, they may have learnt to avoid certain relationships and interactions. Despite the caution with which they presented in our interactions, they all performed solo improvisations in Excerpt B with confidence and self-efficacy. By the final session (Excerpt C), they were expressing themselves freely and dynamically in the music. This demonstrates how elements of the client-therapist relationship can be developed and nurtured through musical processes. In the music it seemed that they

came to trust me and trust themselves as assertive, self-efficacious individuals. Thus, the importance of adult-youth relationships needs to be reinforced here. Children are dependent on adults to facilitate their resilience, and therefore, they need adults in their lives who allow them to be empowered and heard (Ungar, 2013:331).

While deviant, aggressive, impatient, uncertain and non-compliant behaviour could be interpreted as alternative adaption in response to certain experiences and relationships, within music therapy sessions, the limits of alternatively adaptive behaviour need to be monitored within music therapy sessions, and in some situations, pro-social responses should be encouraged.

### **5.2.8 Theme 8: Adversity**

Adversity is, of course, not a protective factor, but resilient behaviour is defined through the presence of adversity. Adversity faced by the participants emerged in the data. It is important to briefly discuss the types of adversity with which they were confronted to contextualise the protective factors discussed in the themes above. This can offer deeper understanding of the relevance of certain protective factors, especially those that are contextually specific.

From the data, one can see that the most prominent form of adversity faced by the participants is exposure to violence. Exposure to violence, in any form, is one of the most damaging events a child can experience. It can have negative effects on a child across all domains of well-being (Savahl, 2013:1).

In the culture circle intervention in Excerpt B, when asked what 'bad things' happen in the 'community' layer, the answers were as follows:

Rasheed then adds, "They shoot you dead". Kiara quietly says, "Someone hit my friend". Lelethu says something soft and indiscernible about the bus<sup>4</sup>.

Tyson says loudly, "They kill you by your school, also". Fiona whispers, looking at the ground, "When they bully me at home". The music therapist asks who bullies her at home and F whispers, "My friends" (TDB 222-231).

From this excerpt, one can see that violence and bullying are prevalent forms of adversity in this context. In Portfolio Entry A, a dominant form of violence that arose was "hitting" within the family unit, including being hit by siblings and witnessing parents using corporal punishment on siblings.

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<sup>4</sup> Lelethu had an incident at the start of the school term in which she got on the wrong taxi to go to school. According to her teachers she was traumatised by the event.

Bullying was a prevalent risk factor found in the data. In the excerpts and portfolio entries, four of the six participants (Fiona, Tyson, Gavin and Lelethu) reported experiences of bullying. Kiara included “When someone hits me” in her list of ‘bad’ things in Portfolio Entry B, which may refer to bullying.

In school they bullying me so I cry  
So I go tell my teacher  
So I bring them in my class and my teacher hit them all (PEB-2-5).

This is Gavin’s account of corporal punishment at school. Corporal punishment was outlawed in South Africa in 1996, but is still a common occurrence (Shields et al., 2009:1203). According to the findings of Shields et al. (2009:1203), witnessing violence at school has a stronger effect on distress than community violence. School should be a safe place and it is a setting that children cannot avoid. Teachers should be a source of social support. Fear of the school environment and trauma can be caused for a child who witnesses a teacher committing violence (Shields, et al., 2009:1204).

The above findings offer support for the importance of music therapy to offer experiences of safety in a school environment. As a mentor and positive role model, the music therapist can offer safety and containment within a space that may otherwise evoke fear, as was discussed in the section on affordances of the music therapy environment.

Within the song-writing intervention, we explored some things that the participants find difficult in their lives. They formulated their answers into the following lyrics:

It’s tough when people bully me  
It makes me sad when people hit  
I’m angry and sad when people get shot  
I cry and I cry when people die (PEC 9-12).

Again, the participants highlight bullying and violence as pertinent risk factors in the lives of the children of Heideveld. According to Savahl (2013:10), protective factors that can moderate the relationship between exposure to violence and well-being are role models and mentors, social support systems and self-esteem. Many of the protective factors discussed in the above themes can work together to enable coping and adaptation in individuals. Consequently, the social ecology of music therapy has the potential assist the youth of Heideveld in dealing with the adversity they face by enhancing their protective factors for resilient behaviour.

### **5.3 Conclusion**

In this chapter I have aimed to illustrate the protective factors that were observed in the music therapy process and how music therapy can potentially enhance protective factors in youth at risk in this specific sociocultural ecology. It was clear that many protective factors as outlined by Ungar and his colleagues (2005:9) were performed by the participants in interaction with the elements of the music therapy environment. Other, more specific factors also arose, owing to the location of the music therapy space within a specific context and culture. Enhancement of protective factors was framed within an ecological perspective and thus interpretations were made as to how the participants interacted with and within the space to gain the resources and enhancements they needed. From these interpretations, insight was gained as to how the identified protective factors could be enhanced within a music therapy process with youth at risk. With the conclusion of this discussion, I now move onto Chapter 6 in which I discuss the limitations of this study and make some concluding remarks and recommendations for further studies.

## Chapter 6

### Conclusion

#### 6.1 Introduction

To conclude this study, I summarise the findings and address the limitations of this study. I then offer my personal reflections on the work. Lastly, recommendations are made as to how the results of this explorative study can offer insight to researchers and practitioners exploring resilience in similar contexts.

#### 6.2 Purpose and findings of the study

In this research study, I aimed to discover what protective factors could be observed in CoMT sessions with youth at risk. With this knowledge, I then aimed to explore how music therapy can enhance those protective factors for the resilience of youth at risk.

Multiple protective factors were observed in the music therapy space as ‘performed’ by the participants. These factors included those conveyed in the International Resilience Project’s list of protective factors (Ungar et al., 2005:9) as well as factors discovered to be endemic to the specific context of this study. Some protective factors were uncovered as affordances of the music therapy environment, and others were resources gained from the participants’ broader ecological systems. Many of the protective factors observed seemed to be enhanced in the music space and the data highlighted the path by which others could be enhanced in future work.

The music therapy environment was observed as a nurturing social ecology in which its affordances were appropriated as protective factors. The music therapist was interpreted as a role model and mentor for the participants and seemed to foster the participants’ potential for positive adaptation within a safe, contained environment. Certain individual and relational protective factors were enhanced in interaction with each other. This occurred within dynamic interactions between the participants in the collaborative space of musicking. A sense of belonging was also noted as highly relevant in this context. The relationships built between the participants were observed as fundamental sites for the performance and enhancement of protective factors. Within the relationships built in the music therapy environment, social support, acceptance, self-confidence and social competence appeared to be enhanced. In the case of a lack of supportive relationships in the family and community, music therapy could potentially compensate for a lack of inclusive spaces in which a sense of belonging is experienced.

Autonomy emerged as an important element of the music therapy space, which enabled certain protective factors to be performed. Opportunities were created in which participants could explore their individual identity, take risks and rehearse using their autonomy. In this they seemed to experience a sense of mastery and control over the environment, which could potentially be transferred to situations outside of the music therapy space. Music therapy tapped into the music child of each participant, enabling them to assertively express themselves, connect empathically on a non-verbal level and learn to find humour in different situations, all of which can enhance coping when faced with adversity. The participants' goals and aspirations were fostered and validated in music therapy, by means of having a meaningful relationship with a positive role model and mentor (the music therapist), and by experiencing themselves as self-efficacious through mastery and achievement. Participants' sense of purpose in life was potentially enhanced, as music therapy offered a space in which altruism could be practiced and social equality could be experienced. Lastly, some of the participants' 'deviant' behaviours were interpreted as 'alternatively adaptive'. This was understood in respect for the plurality of meanings of positive adaptation and contextually specific means of coping with adverse life events. Not all deviant behaviour can be considered adaptive, though, and caution was taken not to define maladaptive behaviour as resilient.

The data also exposed some of the adverse events that the participants face on a daily basis. Pertinent risk factors present in their ecosystems were bullying and exposure to violence (particularly violence within the family system). School was perceived by some of the participants as an unsafe environment. Risk factors were analysed in relation to the protective factors in the data. This highlighted the importance of support systems to nurture resilience and the potential of music therapy to offer such support to youth at risk.

I hope that the findings of this study can contribute insight to future music therapy interventions that aim to promote resilience of youth at risk in similar contexts. Firstly, understanding how protective factors emerge and function within the interactions that occur in music therapy can inform therapists' formulation of goals, according to what protective factors may assist a client or group in coping with their particular situation. The insights gained from the particular interventions analysed herein, with regards to the specific protective factors they can evoke and enhance, can potentially inform the design of future music therapy interventions. Overall, a deeper understanding of the protective factors that can be afforded and enhanced in CoMT can enable music therapists to enhance the resilience of youth at risk and assist the prevention of negative developmental outcomes due to adversity.

### 6.3 Personal reflections

Conducting this study and writing this dissertation was an invaluable experience for me. This work helped me explore and apply the marriage between theory and practice that is so necessary in the work of therapists in this emerging field. The new theoretical knowledge I gained from the literature enriched my practical work in sessions and opened my way of thinking about what I observed in the participants' behaviour and musicking. I believe that the insight I gained from the micro-analysis of the selected excerpts will inform my future practice and thought process across my work with multiple client groups, to nurture their potential and help them adapt to the demands of their environment.

In order to submerge myself in the context of this study, I was tasked with challenging my own beliefs, perceptions, and subjective experience as to what a child needs to be resilient—especially in terms of relationships and the quality of a child's environment. I am richer for this experience. I have learnt that resilience *is* likely to occur, regardless of level of risk, and this is something that will inform my work for the rest of my career as a music therapist. Overall, I have been enlightened to the indispensable nature of resilience in our local context and, as a newly trained music therapist, I will continue to explore the ways in which risk outcomes can be avoided and resilience enhanced.

### 6.4 Implications for practice

The experience gained from this short-term music therapy process highlighted the benefits that a long-term process could offer at-risk youth. As explained with regards to safety in the discussion of themes, I held this group within a private, bounded group space along the Individual-Communal Continuum (Ansdell & Pavlicevic, 2004:23). This afforded a space in which to safely nurture the protective factors that the participants performed. My thought process with regards to the work has involved the whole continuum and what it could potentially afford the participants. In the context of such varied relational structures and support systems in the ecologies of these children, a longer-term CoMT process could enable a group of at-risk children to journey along the continuum from individual to communal; from private to public. This may be achieved once a sense of belonging has been established within the music therapy group (as it was established in this process), slowly incorporating certain external figures which offer the participants some of the protective factors dealt with in the above themes. These could be adult figures with whom the children feel safe, friends, family and other community members. It would be important to avoid situations in which the children do not feel safe, such as performing for their classmates, where they have a fear of being laughed at. Moving along the continuum towards a

'communal' music therapy space could potentially enhance the bonds in these relationships, and open up clearer paths to protective factors.

A CoMT process placed further along the continuum, towards 'communal', could also be used to strengthen and support relationships between children, family and community members to ensure that the children feel a sense of belonging in these relationships. Communal musicking could enable the resilience-enhancing processes that were observed in this study to extend into the various ecological systems. Such a process could enhance the community's awareness of the importance of nurturing the resilience of their youth. In the short duration of this process, though, I found that creating a safe, bounded environment and therapeutic relationship was important for a felt sense of safety and the nurturance of protective factors in these children.

I believe that the incorporation of music therapy into the school timetables at Heideveld Primary School and similar school environments as a resilience-enhancing programme could be a valuable addition to the school community. In this study, I experienced the development of relationships between myself and the participants' teachers. This opened up communication channels about the participants' struggles within the school environment and any particular needs I may have been able to address in music therapy sessions. If this kind of contact was further extended along the continuum of CoMT, greater awareness of resilience could be promoted through music therapy and the school environment could become richer with protective resources and support for its learners

In the discussion of themes, I briefly addressed the possibility of protective factors that may be enhanced in music therapy being transferred to situations outside of music therapy. These instances were speculative, as this cannot be concluded from an exploratory study. A future study could explore how protective factors enhanced within music therapy can be applied in adverse situations which participants encounter in their daily lives.

With regards to the discussion of 'Alternative Adaptation' in the previous chapter, music therapists should monitor the limits of alternatively adaptive behaviour in music therapy sessions. Some deviant behaviour may be understood as adaptive, but in respect for the rest of the group members and the containment of the group, such behaviour should only be performed within limitations. For example, in the case of aggression, more prosocial mechanisms should be encouraged and enhanced within music therapy. Similarly, participants testing the limits of the music therapy boundaries and not complying should not immediately be interpreted as destructive behaviour or maladaptation. In the case of uncertain, untrusting children, music can be used to develop relationships in which they may experience a trusting, mutual bond. Finally, within cases of alternative adaptation, music can

be used within an adult-youth relationship to enable youth to feel empowered and heard, and to build their trust, confidence, and the ability to live with uncertainty, thus enhancing their capacity to behave in pro-socially adaptive ways.

## 6.5 Limitations

The sample size of this study was small and it only provided close examination of one context. Although this is common in qualitative research and offers detailed, meaningful descriptions of phenomena (Van der Riet & Durrheim, 2006:92), it does have its limitations. A small sample size means that the results of this study cannot be generalised to broader settings, amongst other features that would be required in an experimental study, such as a control group. Many of the 'universal' protective factors on the IRP's list were observed in music therapy sessions, though, thus highlighting the potential music therapy has to enhance resilience in different contexts. No child can build protective factors on their own and therefore music therapy programmes can be positive additions to school environments in terms of the protective resources it can afford and enhance.

The nine sessions conducted were not consecutive, due to my own academic calendar, and the academic calendar of the school. Relationships need time to develop and the sporadic interaction of our group meant that growth of peer relationships and participant-therapist relationships were interrupted, impacting negatively on their growth.

Due to the school terms' time constraints on the process, the progress I could make with the group was limited. I achieved the aims I set for this study, but, as described in the previous section, more could have been achieved and the dynamic nature of resilience could have been observed on a much broader continuum in a longer time-frame. Resilience is not a stable trait across the lifetime and thus a long-term process can offer ongoing support and nurturance of resilience in a child's development.

According to Cameron, Ungar and Liebenberg (2007:298),

No matter how well the research is configured to avoid stereotyping, we are to some degree bound by our conceptual origins, such that our emotional, cultural and intellectual and professional backgrounds colour our observations.

As previously mentioned, my upbringing and cultural background differs vastly from that of the participants of this study. I believe that there are both strengths and limitations to observer interpretation, but as the above quote conveys, no matter how much I applied bracketing within this process, my interpretation of the data was unavoidably coloured by my own history. To account for this, it could be valuable to gain the cultural perspectives of parents, teachers and even participants as to interpretations of the data and how they

perceive positive adaptation in their local context. This process also required the application of theory from multiple sources within the definition of protective factors in Table 2.2. As Cameron et al., (2007:2989) assert, “No coherent body of knowledge defines the study of lives lived successfully”. Within resilience studies though, we can explore how a particular group can be afforded success in *their* lives.

## **6.6 Conclusion**

In this study, I aimed to explore if and how music therapy can enhance protective factors, which can help youth at risk act resiliently in the face of adversity. With this particular group of at-risk children, music therapy seemed to afford, evoke and enhance protective factors that may ultimately help them adapt positively to adversity. Pertinent ingredients for effective intervention within this context were identified within the music therapy environment and the participants’ ecosystems, providing insight for future studies.

This explorative study is just the start of investigating the realm of resilience within music therapy in South Africa. I hope that these findings will inspire and offer insight to future music therapy interventions that aim to promote resilience of youth at risk in similar contexts.

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## Appendices

### Appendix A: Participant information letter (Parent/ guardian)



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**FAX (012) 420-4351**

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

Participant information sheet for parent / guardian

STUDY TITLE: Exploring the role of music therapy in enhancing the protective factors for resilience of youth at risk

Dear \_\_\_\_\_,

As part of my MMus As part of my MMus (Music Therapy) degree, I am researching resilience within youth at risk and how music therapy can enhance factors that help children cope in stressful situations. I will be giving music therapy sessions to a group of 5 children for a period of 8 sessions. I would value the participation of your son / daughter in this research.

Music therapy sessions will be held once a week during school time in the school's music room, with permission from the school principal and your child's class teacher. Since I will be participating in sessions as well as doing research on how music therapy can help children be resilient, I will be video-recording the sessions in order to interpret and analyse the therapeutic process. Video recordings will only be used for the purpose of the study and will be kept confidential. Permission for this study has been granted by the principal of Heideveld Primary School and the Western Cape Education Department.

Taking part in this research may be of benefit to your child, as participants will obtain access to free music therapy sessions. Participation is voluntary and your child may withdraw at any time. If participants decide to withdraw, all data relating to them will be destroyed.

All information concerning your child will be handled confidentially and I will not use the names or any identifying information of the participants in the dissertation. The findings of this study will be made available in a dissertation and will also be written up in the form of an academic journal article. Data will be stored for archiving purposes at the University of Pretoria for 15 years, after which it will be destroyed. Should any of the data be used for further analysis, permission from parents of participants will be obtained in the form of informed consent.

Please feel free to contact me with any questions or concerns on 082 638 0907.

I would greatly appreciate your son / daughter's participation in this study. If you are willing to give consent for this, please would you complete the attached consent form.

Researcher: Miss Caley Garden

E-mail: [caleygarden@gmail.com](mailto:caleygarden@gmail.com)

Supervisor: Mrs Karyn Stewart

Email: [karynlesley@hotmail.com](mailto:karynlesley@hotmail.com)

Co-Supervisor: Mrs Andeline Dos Santos

E-mail: [andeline.dossantos.@up.ac.za](mailto:andeline.dossantos.@up.ac.za)

## Appendix B: Participant consent form (Parent/ guardian)



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Participant consent form for parent / guardian

STUDY TITLE: Exploring the role of music therapy for enhancing protective factors for resilience of youth at risk

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ hereby give my consent for him / her to participate in this research, through attending music therapy sessions. I also give my consent for these sessions to be video-recorded, understanding that these recordings will only be used in order to describe and interpret the music therapy process.

With full acknowledgment of the above, I agree for my child to participate in this study on this \_\_\_\_\_ (day) of this \_\_\_\_\_ (month) and this \_\_\_\_\_ (year).

PARENT/GUARDIAN DETAILS:

Parent/guardian name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/guardian contact no: \_\_\_\_\_ Date: \_\_\_\_\_

RESEARCHER & SUPERVISOR SIGNATURE:

Researcher name: \_\_\_\_\_

Researcher signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix C: Participant Assent form



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### Participant assent form

**STUDY TITLE:** Exploring the role of music therapy in enhancing the protective factors for resilience of youth at risk

I am doing a study to find out how music therapy can help children to cope well when life is difficult. By taking part in this study, you will help me find this out.

If you agree to be in my study, you will get to take part in eight music therapy sessions with four other children from your grade. You don't have to be able to play an instrument or be able to sing to come to music therapy. All the sessions will be filmed on a video camera so that I can learn more from what happens in the music therapy sessions.

You can ask questions about this study at any time. If you decide at any time that you do not want to come to music therapy anymore, you can stop.

If you sign this paper, it means that you have read this and you want to come to music therapy. If you don't want to be part of this study, don't sign this paper. It is your choice and no one will be upset if you don't sign.

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

Researcher name: \_\_\_\_\_

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

Supervisor name: \_\_\_\_\_

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

## Appendix D: Participant Information letter (School)



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FACULTY OF HUMANITIES

MUSIC DEPARTMENT

TEL (012) 420 2316/3747

FAX (012) 420 2248

Participant information sheet for principal of Heideveld Primary School

**STUDY TITLE:** Exploring the role of music therapy in enhancing the protective factors for resilience of youth at risk

Dear Mr Desai

As part of my MMus (Music Therapy) degree, I am conducting research on the role music therapy can potentially play in promoting resilience in youth at risk. The focus of the research will be on observing children's behaviour, identifying indicators of resilience in music therapy sessions and exploring how music therapy could possibly promote these factors.

In order to complete this research I will be offering music therapy sessions to a group of five children, from grades four or five. Participants will be asked to attend 45-minute music therapy sessions twice a week for a duration of six weeks. Sessions will be video recorded for the purpose of analysis which will inform the research. Informed consent will be requested from parents/guardians for their children to participate in the study and for the sessions to be video recorded.

Please note that there are no foreseeable risks involved in participation in this study, rather, participation may be of personal gain for participants, as five students will obtain access to free music therapy sessions. Participation will be voluntary and in no way will individuals be penalised if they decide not to take part or withdraw. If participants decide to withdraw, all data relating to them will be destroyed. Although it is unfortunate that only five randomly selected students will have access to music therapy sessions as part of this research study, I

hope to add to the knowledge concerning the potential value of music therapy in promoting resilience and hope that future endeavours in this field as informed by the findings of this study, will be of benefit to more children.

All data will be handled confidentially and anonymity will be ensured by using pseudonyms in the dissertation. Access to data will be limited to myself and my research supervisors at the University of Pretoria. Data will be stored at the University of Pretoria for a minimum 15 years, after which it will be destroyed. Research findings will be published in a Masters dissertation. Should any of the data be used for further analysis, permission from parents of participants will be obtained in the form of informed consent.

Please feel free to contact me with any questions or concerns on 082 638 0907.

I would greatly appreciate your consent for this study to take place at Heideveld Primary School and for the participation of its pupils. If you agree to give consent, please would you complete the attached consent form.

Researcher: Miss Caley Garden

E-mail: [caleygarden@gmail.com](mailto:caleygarden@gmail.com)

Supervisor: Mrs Karyn Stewart

Email: [karynlesley@hotmail.com](mailto:karynlesley@hotmail.com)

Co-Supervisor: Mrs Andeline Dos Santos

E-mail: [andeline.dossantos.@up.ac.za](mailto:andeline.dossantos.@up.ac.za)

Appendix E: Signed consent from Heideveld Primary School principal



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Informed consent form

**STUDY TITLE:** Exploring the role of music therapy in enhancing the protective factors for resilience of youth at risk

I, MR. M.R. DESAI, Principal of Heideveld Primary School, hereby give my consent for this research to be conducted at Heideveld Primary School. I also give my consent for these activities to be video and audio recorded and for this video material to be used as data in this particular study.

With full acknowledgment of the above, I agree to participate in this study on this 13<sup>th</sup> (day) of this MAY (month) and this 2016 (year).

PRINCIPAL DETAILS:

Name of director: MR. DESAI - Signature: [Signature]

Contact no: 0836766713 Date: 13-05-2016  
(021) 6374690

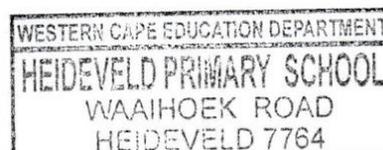
RESEARCHER & SUPERVISOR SIGNATURE:

Researcher name: CALEY GARDEN Signature: [Signature]

Date: 13/05/2016

Supervisor name: KARYN STUART Signature: [Signature]

Date: 11/05/2016



## Appendix F: WCED Approved Consent

[Audrey.wyngaard@westerncape.gov.za](mailto:Audrey.wyngaard@westerncape.gov.za)

tel: +27 021 467 9272

Fax: 0865902282

Private Bag x9114, Cape Town, 8000

wced.wcape.gov.za

**REFERENCE:** 20160510-169

**ENQUIRIES:** Dr A T Wyngaard

Ms Caley Garden  
5 Plymouth Gardens  
174 Upper Buitenkant Street  
Oranjezicht  
8001

**Dear Ms Caley Garden**

### **RESEARCH PROPOSAL: EXPLORING THE ROLE OF MUSIC THERAPY IN ENHANCING THE PROTECTIVE FACTORS FOR THE RESILIENCE OF YOUTH AT RISK**

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **18 July 2016 till 30 September 2016**
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
7. Should you wish to extend the period of your survey, please contact Dr A.T Wyngaard at the contact numbers above quoting the reference number?
8. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
9. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
10. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:

**The Director: Research Services**  
**Western Cape Education Department**  
**Private Bag X9114**  
**CAPE TOWN**  
**8000**

We wish you success in your research.

Kind regards.  
Signed: Dr Audrey T Wyngaard  
**Directorate: Research**  
**DATE: 10 May 2016**

## Appendix G: Thick descriptions of video recording excerpts

### a) Video Excerpt A (Session 2, 43:00-47:45)

*Context: The group sits in a circle, each child at a different instrument. To the MT's right is F, then K, G, R and finally L completes the circle to the MT's left. The MT explains that they are going to play music together "like a band" and the person on the djembe drum is going to start the beat for the improvisation. When she shouts "change!" they must each move to the instrument to their right. She asks L to start a beat for them.*

L self-consciously puts her hand over her mouth and leans forward, thinking. She smiles shyly. R leans over and impatiently taps his hand on her drum. She holds her hand up to him to stop him and points her finger at him as a warning. The MT encourages her and says, "I know you know how to play the drum". L gasps with a big smile and K smiles back at her in anticipation, bouncing on her heels. L then starts a rhythmic, energetic beat in triplets, mezzo forte. The MT starts to shake the bells on each down beat and R joins her on the maraca. G enters next on the marimba, smiling and beating in triplets, like the drum. K joins L on her smaller djembe, playing the same triplet beat and then F joins in beating on the tambourine on each downbeat. G starts to improvise more freely, playing more notes and the group's attention turns to him, all watching him with interest. The group makes eye-contact with one another, smiling with enjoyment as they play. L leads a crescendo and the MT starts to improvise vocally, singing a staccato "Hey-heh-heh-heey". K and L sing along with her and K bounces rhythmically on her knees. The MT changes the "Hey" to "Oh", at a lower pitch and the girls continue to sing along. At the end of this phrase, the MT sings, "Change!" guiding each member to move one instrument to their right. L runs to the marimba, trying to skip the line and the MT tells her that they each need to move one instrument to their right. She directs the group to "Keep the music going!" as they each go to their respective instruments. R starts to beat the drum confidently and the MT matches him on the tambourine in much the same energetic tempo and rhythm as that which L led. K plays the marimba energetically and loudly with precision and the rest of the group play with more confidence now. F, though, plays tentatively and her eyes move with uncertainty around the group. The MT vocalises "leh" and shakes the tambourine in the air, moving her body to the beat. L joins her and shakes her bells in this way, smiling with the MT. F smiles shyly at L. The MT directs another "change" and they all move to the right. G jumps to the marimba and grabs the mallets. K reprimands him and says "Haiybo, hayi!" She takes the mallets from him and gives them to F. F smiles at K gently. The MT asks G to give them a beat on the djembe. He now looks self-conscious and uncertain, smiling at K on his left who nods at him with encouragement. The group waits and R says "A beat...any one". He repeats this, smiling at G. G launches

into a forte, strong rhythmical beat; a syncopated rhythm in 4/4 time. The group immediately joins in and matches his mezzo forte dynamic. F plays the marimba tentatively, watching the MT. F plays quick, piano notes in an irregular rhythm. The MT vocalises softly, making eye-contact with F while holding and matching her gentle playing. F smiles at the MT and starts to play more rapidly and confidently. K playfully beats her maraca on G's drum and he pushes her away and says something to her in a tone of annoyance. R and L watch this interaction, smiling. The MT calls for another change.

R, on the tambourine initiates a forte beat in the same lively rhythmic pattern from the previous round and the group joins in. K (who is meant to be the leader) says something under her breath and she and L communicate with eye-contact. L reaches out to R, saying, "no", trying to silence him because the drummer needs to start the beat. The two girls start a new beat together at the same time. They hold eye-contact and move their bodies in the same way. Their music is fast, dense and driving. The MT matches this by playing quick semiquavers in an ascending pattern on the marimba. F shakes the maraca rapidly. The boys are making visible physical effort to make as much sound as possible. G shakes his bells rapidly and R beats the tambourine with force, playing fortissimo beats. The MT locks into the rhythm R is still trying to maintain from his initiative at the start of this round. He looks around the group with excitement. The music is now fortissimo and the group's energy is high. L moves her head with the groove of the music. The drums also lock into R's rhythm and smile at the MT and each other. The group's music is now cohesive and there is intersubjectivity between the players. The MT makes a loud "aah" vocalisation to match the energy and bring in the end of this round. The girls play a drum roll and R shakes his tambourine in the air with a flourish. They all end together and move onto the next instrument. R now starts another beat on the smaller djembe. K stops him and tells him it is F's turn to start the beat. F starts a tentative mezzo piano rhythmic pattern and the group joins in immediately. K mimes for F to play louder. F plays fast, lively semi-quavers now and R copies her on his drum. L plays busily on the marimba. G is beating R's rhythmic pattern from earlier, as loudly as he can on the tambourine, apparently gaining pleasure from the experience. K moves her body to the beat. The MT shakes a maraca in the air and calls for one last change. The MT is now on the djembe. She makes slow, accented, forte beats. R answers each of her beats with alternating ascending and descending glissandi on the marimba in call-and-response. The group smiles at him and join in on the MT's beat. The MT adds more beats to her rhythm and the group plays more energetically. F smiles and holds eye-contact with the MT throughout. G and K smile at each other as with enjoyment as they play. The MT leads a call of "Hey-yah" and the group answers her. She calls a few more forte syllabic and lyric phrases ("We're making music; we're making new friends") which the group

echoes each time. The girls answer louder than the boys who seem more focused on playing their instruments. F moves her head side to side to the melody. The MT leads a loud call of “aah” and a drum roll and the group plays loudly and sing energetically with her, expressing their enjoyment. They stop together except for R who continues to play the glockenspiel. K and G ask “Change?” and the MT says, “No, we’re done”. G tries to grab the mallets from R and L grabs the other and starts to play. The MT takes the mallets and asks them to go sit down.

b) Video Excerpt B (Session 5, 10:50-31:50)

*Context: The MT has drawn five circles in chalk on the floor. The group stands spread out around the circles. In the middle circle, is the label “Me”. Around that is “family”, which is surrounded by “school and community”. The outer layer is “society”, which includes “culture and religion”. The MT explains the layers to the group; that this is “our world” and tells them that “we are going to “explore this world together”. The aim of this intervention is to use music and conversation to explore how the children negotiate their way to the protective factors in their environment.*

G gallops around the circle with excitement. The MT says, “You’re each going to take a turn to stand in the middle”. G immediately steps forward and stands in the “Me” circle. The MT asks him to tell the group something he is good at. G turns away shyly and covers his eyes with his hand. He turns back and mumbles quickly, “Marbles”. The MT has to ask him to repeat himself twice before she hears what he said. She repeats, “Marbles! Cool!” She then asks G to choose an instrument that describes himself. She says, “If you were an instrument, what would you be?” G slowly moves over to the instruments. As he moves, K and L both jump into the circle with excitement. The MT tells them, “It’s not your guys’ turn yet, it’s G.” G carefully considers each instrument and the group gets impatient, saying “Quick, quick”. G chooses the lap harp and returns to the circle, smiling contentedly. The MT asks him, “How much noise do you think you make in your world? How important do you think you are in your world?” G plucks a few notes and then begins to strum gently at a mezzo piano dynamic. He smiles calmly as he plays. Eventually the MT says, “Cool, thank you G”. K and T race each other to the middle of the circle and K pushes T out. The MT asks K what she is good at. She turns to look at L as she thinks and turns back and confidently says, “Drumming”. The MT says, “Ja, you are very good at drumming”. She then asks K to pick an instrument that describes her. K selects the glockenspiel. The MT then asks her to play the amount of noise she makes in her world. R and T step forward to watch. K starts immediately and plays rapidly, with vivacity, alternating hands as she beats forte, staying in a narrow note range.

The whole group watches with rapt attention and T smiles with excitement. R shouts “Yoh!” with excitement and walks to watch over K’s shoulder. The MT eventually stops her and says, “Cool, thank you, K” and asks, “K, would you say you make a lot of noise in your world?” K nods with excited energy. T and R push each other, fighting over who goes next. The MT says, “T was next” and asks T what he is good at. She asks the rest of the group, who are distracted (besides F) calmly, yet with strength, to put the instruments down and go pay attention. T looks at the ground shyly as he answers, “Soccer” and picks the smaller glockenspiel to describe him. R laughs loudly in a cackling manner. The MT asks T how much noise he thinks he makes in his world. T plays fortissimo with strength. He repeats a fast rhythmic motif four times, with exact precision before stopping and smiling up at the MT. The group watches attentively. The MT asks, “Would you say you make a lot of noise in your world?” He nods quickly with a confident smile. L jumps in next and when asked what she is good at, answers, “Playing music” with quiet confidence. The MT agrees, “Ja, you are”. While L chooses her instrument, G starts to dance on the spot in a ‘hip-hop’ style. K smiles at him and walks over to him and dances with him. They laugh together. L chooses the bigger glockenspiel and plays it rapidly in an atonal modality. The group watches on and occasionally smile at the MT. L makes an accelerando to fortissimo and ends on a descending glissando followed by three accented beats. R shouts, “Yoh!” L smiles proudly up at the MT, who asks, “How much noise do you think you make in your world?” L, with a big grin, says, “Lots”. R goes next and confidently says he is good at soccer. R chooses the small glockenspiel and plays rapidly and with force. He plays forte and rhythmically, ending on a descending glissando and a strong beat with both mallets. The MT asks, “So, how much noise is that?” R says, “A lot”. F goes next and the MT has to call the group back around the circle as they are getting distracted, fiddling with instruments. She asks F what she is good at. F quietly says “Making stuff” and when asked what kind of stuff she says, “Beads and stuff” and shyly crosses one leg over the other. The MT says, “So you’re quite creative?” F nods and the MT says “That’s nice!” The MT strongly asks R to put the instruments down and return to the circle. T dances around the circle, whistling with happy energy and G dances on the spot. F chooses the biggest tambourine. The MT says, “Cool! The first tambourine”, validating F’s choice. F beats a short, energetic rhythmic motif on her hand, fortissimo, while she smiles gently at the MT. The MT asks, “How much is that?” F shyly crosses her legs and softly says, “A lot”. L watches this, smiling widely at F.

The MT then asks the group to stand around the “family layer” and asks “Who’s in the family layer?” K answers, “Me” and the MT says, “Ja, who else?” The group each gives the following answers:

K: (Speaks confidently) My mom, my granny, my uncle, my sister, my brothers.

L: (Leaning her arm on K's shoulder) My mommy, my daddy, my granny and my sister.

T: (Smiling widely) My mommy, my cousins, my grandpa and my ouma.

R: (Laughs) My daddy, my mommy, my brother, my sister and my cousins.

F: (Crosses legs shyly) My mommy, my daddy and my brother.

G: (Speaks under his breath) Daddy

The MT invites the group to pick instruments that describes their family; "One that can make sounds and noises like your family makes". The whole group, except F, darts to the instruments, pushing each other out of the way to get the instrument they each want. The MT raises her voice slightly and says, "Woah, no grabbing!" G and K both hold and pull the lap harp. The MT takes it away and says no one gets to play it if they are going to fight over it. T has chosen the small glockenspiel, L the bigger one, F maracas, R a tambourine, G a triangle and K asks if she can also play the glockenspiel. L gives her one of the mallets and they share. R dances with his tambourine while he waits for the other members. The MT says, "We're going to play music that describes our family, loud or soft, think of your family." They start on her count of three. They all play rapidly and loudly, matching each other's energy and each seemingly trying to push their instruments to their dynamic limit. R starts last. He stands on the edge of the circle and watches, smiling and then joins in, shaking his tambourine with joy above the group. F shakes her maracas rapidly, trying to match the bursting energy of the glockenspiels. L and T look around the group with expressions of effort and smiles on their faces. The MT holds the group's lively music on the drum with a steady rhythm. She tries to lead them to an end by going, "Aaand stop!" but the group continues to play a cacophony of sound, looking at the MT with challenging smiles. She repeats this and they stop, wave their beaters in the air and smile widely at the MT and each other. They return to standing in the "Family" layer and the MT asks, "Who in this layer is someone you could go to if you needed help?" One by one, they enthusiastically raise their hands to respond with the following answers:

R: Daddy

F: Mommy

K: Mommy

G: Daddy

T: (Has stepped out of the circle and is singing to himself. MT calls him back) Brother

The MT asks, "Do you feel like you *can* ask these people for help? You're not scared to ask them for help." The group all say yes, they can and the MT says, "Good". She asks, "Do you feel like your family always know where you are?" They all confidently answer, "Yes". She energetically guides them to stand in the "School and Community" layer. She explains that a community is "the place where you live and all the people inside of it". She asks, "Who is in your community?" T says, "My friends". R says, "My aunties". K: "My best friend". The MT

says, "Now we're gonna use our voices. What sounds do these people make in our lives?" She explains that if the people in "School and community" are important to them they can make a lot of noise and vice versa. T immediately makes a loud, expressive, siren-like sound and G makes a low, gurgling sound. R laughs at this. The MT counts to three and there is a moment of silence before R whistles. The MT starts to whistle, too and then all the boys join in. The MT adds a few soft vocal noises and T suddenly makes a loud "yoooh". L sways side to side and smiles at the group. K stands closer to L and L sings softly in K's ear. G stomps his feet, and the MT mirrors this. The three girls stomp and shuffle their feet while the boys whistle. The MT says, "That was quite a lot quieter than family. Is family the most important people to you?" There are nods and some say, "Yes". L smiles and nods enthusiastically. The MT then asks them to stand in the "Society" layer. The MT asks, "What do you think culture means?" T says, "Religion." She asks who of them know what their religion is. They all enthusiastically shout out their religions. R and T are Muslim and the rest are Christian. She asks if they go to church or mosque. R and T confidently say that they go to mosque and G quietly tells the MT that he goes to church. The MT asks in which layers music happens. R says churches and family, G says school. She asks, "How important is music in your life?" R says, "Not so". K softly shakes her head. T says, "Only sometimes". F smiles and says, "Lots" and the MT affirms, "Music is important to F". The group's attention is waning and the MT loudly counts to three to get their attention. She then asks them to stand in the layer where they feel most safe. G says, "In the cupboard". He then stands in "Me" and says he is most safe by himself. The rest stand in "Family" except for F, who stands in "School". The MT then asks, "In which layer does the bad stuff happen?" They all stand in the "Community" circle, except for G, who stays in "Me". T whistles a beat and dances in the "Community" layer. She asks them to each name a bad thing that happens in that place. G says, "AIDS" and "Drugs", T says, "They bully me at school" and R says, "They take my money". R then adds, "They shoot you dead". K quietly says, "Someone hit my friend". L says very softly and indiscernible about the bus. T says loudly, "They kill you by your school, also". F whispers, looking at the ground, "When they bully me at home". The MT asks who bullies her at home and F whispers, "My friends". The MT asks, "How do you guys respond to these things? If someone bullies you, what do you do?" T says, "Go tell your Miss or your parents...Report them at the office". She then asks if you bully them back and the whole group says, "No". Next, the MT asks the group, "In which layer is there a person you want to be like when you grow up?" G confidently says, "Police". She tells him he should then stand in "Community". The rest all mention family members that they want to be like. Finally, the MT asks them to each choose an instrument that feels safe to them; that they feel comfortable with, and to stand in the layer in which they feel safest. G and K fight over the harp again. K pushes G aggressively. R and T fight over the small glockenspiel, both pulling

at it. T gives up and takes a tambourine, dancing with it in the air. L plays a glockenspiel, K and G decide to share the harp and F plays the sleigh bells. The MT says, “We are going to play music that feels safe to us. Stuff that you’re comfortable doing”. She raises her hands for silence and then counts to three for them to start. L starts solo, playing a forte, atonal riff on the glockenspiel. The MT matches her rhythm and plays mezzo forte on the drum. The rest join in. The music is dissynchronous to start. F shakes the bells gently, while L and R plays rather aggressively on the glockenspiel. G fetches the tringle beater and strums the harp with it. There is an accelerando and a crescendo and the group’s music is now high-energy and more cohesive. The MT sings an improvised melody on “la”. T moves away from the group and plays one tambourine against another, outside the circle. It sounds like everyone is trying to make a much noise as possible. G and K are taking turns to strum with the metal beater. The MT intervenes with a fortissimo, stronger, yet slower beat and the group moves in time with her. The music steadies and settles, now a moderate tempo, fortissimo. There is little eye-contact and each person seems focused on their own playing, while still listening to each other. T plays aggressively and beats so hard that the tambourine’s skin breaks. He stops playing and looks up with a guilty look on his face. The MT counts down from three to end the improvisation. They all end with a tremolo and an accented beat on one, but R continues to play. L grabs R’s mallets to make him stop.

c) Video Excerpt C (Session 8, 34:00-41:00)

*It is late in the session and the group is attentive and eager. It seems they are making the most of this final session. They have been singing their self-composed song and move into one final intervention before they sing their final greeting song.*

The therapist asks the group to each choose an instrument. T takes a drum, R a triangle. G the lap harp, K a tambourine and L has the glockenspiel. The MT has the sleigh bells. F is absent today. R sings their self-composed song in a comical manner at the top of his voice and K answers with the second phrase. R answers in return with the next phrase, singing in a cartoon-like, nasal tone. The MT gets the group to raise their hands for silence. She explains, “The person on the drum is the leader: if they go loud, we go loud, if they go soft, we go soft, okay?” She says, “T is going to bring us in”. K sings their song softly throughout this explanation. T immediately starts a steady, forte beat on the djembe. R starts tapping the triangle at the same time and K shouts “No!” at Rezah. Everyone joins in, playing somewhat at T’s dynamic. After a few bars, he makes a decrescendo. The group follows and the general dynamic is now *mezzo piano*. T almost immediately crescendos and the group follows. R taps at his own tempo, as loud as he can. T occasionally looks up at K while he

beats. He ends on a loud, accented beat. The MT thanks T and asks the group to “pass on” their instruments. Everyone stops playing, except G who continues to strum and is hesitant to pass his instrument on. K shouts “Yes!” in excitement to play the harp and gestures for G to give it to her. G plays the harp and nods his head in a comical manner. R laughs at G and the MT asks him to pass it on. The MT now has the djembe and the group pauses in silence for her to start. She begins with a forte drum roll and the group joins, playing their instruments as rapidly and loudly as possible. L and the MT make eye-contact and share a wide smile. The MT starts to shout an extended, “Aah!” and the group joins her, all smiling up at her. She ends this on “yah!” and moves into a steady, fast rhythmic pattern. The group matches this pattern and K moves her body forward and backwards to the beat, in a similar manner to the MT. The MT plays subito piano and the group follows, all looking around at each other to see that everyone else follows. She scratches the drum and they all try find a way of imitating this on their respective instruments. The MT gradually crescendos into another drum roll. She and L lock eye-contact, smiling again. R shakes his bells animatedly in the air and they all vocalise a forte, “Hai-yah!” ending together on a loud, accented beat. R shouts “Hey!” and G sings a short phrase in isiXhosa. The group pass on their instruments now without being asked. R leads next and starts playing before the group is even settled with their instruments. He beats a forte, repeating rhythmic riff. The group quickly catch on and match his rhythm and volume. T dances in his chair as he shakes his tambourine and then leans over to pick up something that has fallen off the MT’s chair. He returns to dancing and he and G make eye-contact and smile at one another. R plays subito piano. He smiles at the other group members and they smile back as they match his dynamic change. He then plays subito forte and the group follows. G nods his head to the beat and then shakes his bells in R’s face. R turns to face G and they lock eye-contact in a challenging, yet playful manner. R plays a drum roll, matching G’s shaking. He decrescendos and G lowers the bells. R turns and smiles at the MT, who smiles back. He then plays a loud beat and says, “finished!” As R takes the glockenspiel from the MT, his finger gets caught in the latch. He vocalises, “Aah-yoe!” with pain. G turns to him and echoes, “Aah-yoe” with a singing quality. G leads next. He starts to tap the drum with his index fingers and then stops. He puts his fingers to his lips, indicating for the group to be quiet. R laughs at this. G then suddenly launches into a forte, energetic rhythmic pattern. He makes eye-contact with group members and they smile back at him. They match his music and his energy. He makes a decrescendo and they all follow. Even the group’s body language matches this decrescendo. G smiles with joy and excitement and the MT smiles back in the same way. G’s playing gains liveliness. His chocolate, which was resting on the drum, falls to the ground and K picks it up and holds it for him. She gently tugs the rope of the drum to indicate that she wants her turn now. G crescendos again speeds up a little and ends on a single, forte beat. The MT says,

“Hey! Thank you G”. R continues to play the glockenspiel after he has stopped and only passes on when the MT asks him to. T starts to sing and tap the triangle and L waves her arm at him and says, “Hayi!” T immediately stops playing. K leads next. She starts fortissimo, on a complex, rapid rhythm. She almost immediately plays subito piano and then makes a crescendo again. She repeats this pattern a few times and the group mostly follows but her changes are fast and they do not always keep up. R puts his tambourine on the ground and stands inside of it, with his hands in his pockets. T indicates to the MT with his arm that they should do another round of leading. K leads confidently and the MT and L match her but the boys are getting distracted. G plays scales on the glockenspiel at his own tempo. Eventually R sits down with the tambourine again and shakes it in a dance-like manner. K ends her improvisation quite suddenly and passes the drum to L. L starts a similar, equally complex beat to K. She plays confidently and with high energy. She and K lock eyes and L raises her eye-brows at K. They play totally in-synch with one another. L plays forte and presto, then subito piano. The boys do not notice this change and continue playing their own tempos and volumes. L builds up her music again and the group mostly follows, this time. G waves his tambourine as if it were a sword. The group matches L’s fortissimo dynamic. She ends on a fortissimo, accented beat and the group stops with her. The therapist collects the instruments and everyone tries to continue making noise on whatever instrument is nearest to them.

## Appendix H: Music therapy portfolio entries

### a) Portfolio Entry A: Timeline descriptions

The music therapist asks the group to tell her about their drawings. She asks who would like to go first and K immediately raises her hand.

*K has drawn images of herself next to her mom, flowers, the sun and grass. These are placed shortly after where she has written “Born” on the line. On the polar end of the line she has written “Today” and shortly before that she has drawn a book, a drum with the label, “Music” and a tree.*

MT: Tell me about your timeline.

K hesitates and answers in a soft voice.

K: That’s the flowers and my mom and grass. And music, um...and a book that I read.

MT: So, where do you read the book?

K: In class.

MT: At school?

K: Yes.

MT: So this is when you’re at school?

K: (Nods).

MT: And tell me about your tree?

K points at G who is peering over at her timeline

K: Yhoo...I’m talking! (Rubs her eyes, shyly and mumbles). I sit under it.

F leans forward and pays attention to what K is saying.

MT: Ja. In the shade? That’s nice. Thank you, K. That’s lovely... so when you were born, you liked the outside and the sunshine. Tell me about your mom.

K: I love her.

MT: Is she special?

K: Very much.

MT: Thank you, K.

R is not listening but playing with the marimba and the therapist asks him to give her the beaters and tell her about his timeline.

*R has written “born” at the start of his line and above this has drawn a baby in red. A little further on is another image of a person, with outstretched arms. An equal distance on is a similar image, also red. After this he has drawn, all in HB pencil, another person with outstretched arms. The figures have a thought bubble above them filled with music notation. Further on is a person on grass, followed by two figures; a smaller person and a bigger*

*person side by side. R has decorated his page with clouds and a sun above the line and wavy lines below the line.*

MT: Tell me what you've drawn.

R breathes out heavily, puts his jersey in his mouth and smiles at K.

R: This is music therapy.

MT: This is the music therapy? So this is us here?

R: Nods and smiles sheepishly at the group who have gathered around to listen to him, all smiling at R. F leans forward and G says "uh-uh" while waving his hand at her. He pushes her away. F sits back with a shy smile. The MT does not see this happen.

MT: Cool and tell me more. What are the other things?

There is a long pause and the MT points to a figure on R's page. Who's this?

R: Me.

MT: You? How old are you there?

R: Seven. (Answers with his jacket in his mouth).

MT: And why have you drawn yourself at seven? What happened then?

R: I lived with my daddy.

MT: Where did you live before you lived with your daddy?

R: With my mom.

MT: And where do you live now?

R: With my daddy.

MT: Is it just you and your daddy?

R: (Nods).

MT: And there?

R: Five...

MT: And what happened when you were five?

R: My mom called me....I must go to the shop.

The group all lean forward with interest to look at R's picture.

MT: And what's this here?

R: I play in the grass.

R smiles at F and K, who smile back at him.

MT: When was that?

R: When I was eight (Looks down shyly).

MT: How do you feel when you play in the grass?

R: Happy.

MT: Thank you, R. It's a very nice picture. Do you have any brothers and sisters?

R sits up and speaks more confidently.

R: Three sisters and one brother.

MT: And where do they stay?

R: With my daddy.

MT: So you all live together?

R: (Nods).

MT: Cool. Thank you!

*L has created a colourful timeline. Each image is a different colour. At “born” she has drawn a pink baby. Later is a blue figure surrounded by flowers and a yellow sun shining above them. Next is a green figure in front of what appears to be a meal. This is followed by a purple image of a figure doing ballet, beside a purple drum. After this is a smaller image of a girl crying. A little further on is two figures sitting at a table with food, with a cloud above them. The final image is of balloons, a present, a table with a large cake with five candles on it and a little girl beside it. The line ends with the writing, “Today at school”.*

MT: Tell me about your pictures

L Smiles, leans back and shrugs her shoulders. The group all look at her, make eye-contact and smile as she smiles shyly around the group. R starts to beat the marimba with a pencil and G watches him. F and K listen to what L says about her timeline.

L: That’s me when I was born.

MT: And what happened then?

L: I liked to play with the flowers. And here I went to the picnic with my sister.

G tries to join R in playing the marimba. R doesn’t let him and so G hits R and glares at him. The MT has to ask R to come sit down and listen to L. L waves her hands at him dismissively.

MT: Ok so you went to the picnic with your sister?

L: Yes. And this is where I went to the ballet.

MT: You went to the ballet? Did you dance?

L: Yes.

MT: Yoh! That’s nice! What happened here?

L: My sister.

MT: Why is she crying?

L Looks at K with big eyes and raises her shoulders. She makes a ‘washing’ gesture with her hands and seems to be looking for the English word from K.

L: Because mommy hit her because she didn’t wash the dishes.

MT: Mommy hit her because she didn’t wash the dishes? Ok. What’s that?

L: A drum.

MT: A drum? And here?

L: It’s me and my sister eating outside.

MT: Eating outside with your sister. That sounds nice. How old is your sister?

The whole group is now paying attention and listening to L.

L: She's twelve.

MT: So she's older than you? Are you guys close?

L: Yes.

L speaks with enhanced confidence now and points to the next picture

L: My birthday.

MT: How old?

L: Five.

MT: Why was five a special birthday?

L looks away, smiling and the whole group all smile back at her. She shrugs her shoulders and there is a pause.

MT: Don't know, just cause?

L: Nods.

MT: And today at school?

L: Nods.

MT: Cool, thank you for sharing!

*F has drawn her line pointing in the opposite direction to the rest of the group. At "Born", there is an image of a person holding a baby. The next point is labelled "1" and depicts a small figure next to a numbered stick. At "2", there are two figures, bigger and smaller, holding bags. At "3", there is a figure handing something else to another figure. After this is a small crying figure, next to an apparently male figure with a big bubble surrounding its head. After this is an image of a house. Inside the house sits someone crying, and someone standing. The final image is labelled "7". There is a crying girl, next to a small figure on a bicycle and another, bigger figure.*

MT: Tell me about your timeline.

F sits on her haunches and speaks softly as she points to her drawings. The group is restless and start to chat softly amongst themselves.

F: This is my mom when I was born.

F and the MT make eye-contact and smile at each other.

F: And here, they went to check if I was big enough. (Pauses). The MT has to ask K and L to keep quiet, as their voices are getting louder.

MT: Ja? You were big enough?

F: To see if I was big enough...

There is a long pause. K comes over to look at F's timeline and K stops speaking, looking shyly at K.

F: Can we move onto the next one please?

The MT asks the group, who have become increasingly restless, to come sit at the pictures quietly. L comes over and sits with K to listen to F.

MT: Ok, the next one.

F: Here, I went out with my mom.

MT: Where did she take you?

F: Shopping.

MT: Your mom? Was that nice?

F: Yes. (She nods and smiles at K).

MT: Do you remember what you got?

F: (Nods and mumbles something inaudible)...And my friend didn't have any chips, and I gave my friend the chips.

MT: You gave your friend the chips? That's very nice of you. Is that this one?

F: That.

MT: That's you giving your friend the chips? What's your friend's name?

F: Jessie (Name changed for anonymity).

F looks up and smiles at K and L, who smile back at her.

MT: And here?

F: (Suddenly speaks louder) My brother like to fight with me.

MT: Is that you and your brother? (Points at crying figure).

F: (Nods). Yes.

MT: How are you feeling there?

F: Sad.

MT: Because he fought with you?

F: Yes.

MT: How old is your brother now?

F: Twenty-two.

F and L make eye-contact and smile at each other.

MT: What happened there?

F: Sighs. So my big brother told me not to tell my parents that he was smoking. I told my mommy, so he hit me.

K and L make eye-contact with one another, no longer smiling, but with serious expressions.

MT: And here?

F: I told my mommy that he hit me.

MT: What did your mommy do?

F: My brother wasn't at home. So we looked for him.

MT: And then what happened?

F: My daddy found my brother and he hit him.

MT: How old were you when this happened?

F pauses and looks up at K. K smiles and winks at F.

F: Nine.

K looks at L with a surprised expression and L mirrors this expression.

MT: Thank you for sharing that with me, F.

*G has drawn very detailed images in koki and pencil. After "Born" he has drawn small blue figures, labelled "2 months" (crawling), "12 months" (standing) and "4 years" (a small figure next to a bigger figure). After this is "5 years" and he has drawn a figure with a backpack and written "Grade: R". Next to this is a pencil drawing of a crying figure at "6 years", labelled "Gr: 1B". At "7 years" is a lying down figure labelled "sick" and beside this is a building labelled "clinic". After this is another "7 years" and two figures sitting at a table. The final image is at "8 years" and depicts a person standing next to a table with a large brown cake, with four candles lit on top.*

MT: Tell me about your pictures, G.

L and F lean forward to listen to G. G speaks very softly and rocks backwards and forwards as he talks.

G: I was born. I learnt to walk.

MT: And then?

G: My mother shouted at me.

MT: Why?

G: I went to school...(Mumbles inaudibly)...My sister was hitting me....I went to the clinic because I was sick.

MT: What kind of sick were you?

The group is now very restless and G seems put off by all the activity around him. The MT does not make any attempt to control the noise.

G: Cough...And my birthday.

MT: Is that a birthday party?

G: Yes.

MT: What did you do on your birthday?

G: I had a party with cake.

MT: Thank you very much for sharing that.

b) Portfolio Entry B: "Things that build me up / Things that break me down"

*Note: Original spelling has been corrected for ease of reading*

**Gavin**

**Bad things:**

When it's fire with my back (*handwriting indiscernible*) and the smoke come through my back.

In school they bullying me, so I cry

So I go tell my teacher

So I bring them in my class then my teacher hit them all

They are older than me, they are 16, 15, 14

**Good things:**

I save a small child in a fire

So they say to me you are a super child

**Lelethu**

**Bad things:**

When another child hurts me

And I feel bad when someone shouts at me

**Good things:**

When my mom go to buy me things like phone I feel happy

When my friends play with me I feel happy

**Rasheed**

**Bad things:**

I am sad if I don't have money

**Good things:**

If I go to music and if I play drums

**Tyson**

**Bad things:**

I don't like to fight with children

I don't play with children who want to fight with me

I don't like the children that want to fight against other children

**Good things:**

Children like to fight every day. They want to fight each other

Children that fight are bullies

I play with children who play soccer

**Kiara**

**Bad things:**

When I been hit by someone

When someone want to hit me

When someone wants me to steal for them

When my grandma is sick

**Good things:**

When my mom came to visit me

When my grandma is not sick

When my mom came to fetch me

When my brother and I play with our mom

When it is my birthday

**Fiona**

**Bad things:**

When my friends are rude with me

And they do not share with others

If children fight with me, that's what

**Good things:**

When my friends share with me

And if my mommy loves me

When daddy is happy

When my family loves me

What makes me happy, if I share.

c) Portfolio entry C: Song lyrics

*Chorus:*

These are the things that make me strong (x2)

My muscles make me strong

My heart makes me strong

These are the things that make me strong

*Verse 1:*

It's tough when people bully me

It makes me sad when people hit

I'm angry and sad when people get shot

I cry and I cry when people die

*(Chorus)*

*Verse 2:*

When people don't have money, share with them

It makes me happy when my mom says sorry

If someone bullies you, tell your parents

You are very strong, so don't worry

*(Chorus)*

**Appendix I: Coded thick descriptions of video excerpts A, B and C**

a) Coded thick description of Excerpt A (PTO)<sup>5</sup>

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<sup>5</sup> For formatting reasons, headings are included on preceding pages to the coded excerpts.

	<b>Thick description</b>	<b>Level 1: Lack of protective factor</b>	<b>Level 2: Presence of protective factor</b>	<b>Level 3: Other factors</b>
TDA-1	L self-consciously puts her hand over her	Self-efficacy: Lack of		
TDA-2	mouth and leans forward, thinking. She	confidence to lead.		
TDA-3	smiles shyly. R leans over and impatiently	Social competence:		
TDA-4	taps his hand on her drum. She holds her	Impatience for turn-taking	Sense of duty to oneself:	
TDA-5	hand up to him to stop him and points her		Standing up for oneself	
TDA-6	finger at him as a warning. The MT		Mentor: MT's encouragement	
TDA-7	encourages her and says, "I know you		Mentor: MT's affirmation	
TDA-8	know how to play the drum". L gasps with		Empathy: Mirroring facial	
TDA-9	a big smile and K smiles back at her in		expression	
TDA-10	anticipation, bouncing on her heels. L then		Self-efficacy: Enhanced	
TDA-11	starts a rhythmic, energetic beat in triplets,		confidence for initiation of	Music: Energetic
TDA-12	mezzo forte. The MT starts to shake the		music; Mentor: MT supports	
TDA-13	bells on each down beat and R joins her		musically; Meaningful rite of	
TDA-14	on the maraca. G enters next on the		passage: Leading an	
TDA-15	marimba, smiling and beating in triplets,		improvisation in music therapy;	
TDA-16	like the drum. K joins L on her smaller		Social competence: Group	
TDA-17	djembe, playing the same triplet beat and		collaborates musically	
TDA-18	then F joins in beating on the tambourine		Self-efficacy: Playing	
TDA-19	on each downbeat. G starts to improvise		enhanced with confidence;	Self-expression: free
TDA-20	more freely, playing more notes and the		Social competence: Paying	musical expression
TDA-21	group's attention turns to him, all watching		attention to peers	

<p>TDA-22 TDA-23 TDA-24 TDA-25 TDA-26 TDA-27 TDA-28 TDA-29 TDA-30 TDA-31 TDA-32 TDA-33 TDA-34 TDA-35 TDA-36 TDA-37 TDA-38 TDA-39 TDA-40 TDA-41 TDA-42 TDA-43 TDA-44</p>	<p>him with interest. The group makes eye-contact with one another, smiling with enjoyment as they play. L leads a crescendo and the MT starts to improvise vocally, singing a staccato “hey-heh-heh-heey”. K and L sing along with her and K bounces rhythmically on her knees. The MT changes the “hey” to “Oh”, at a lower pitch and the girls continue to sing along. At the end of this phrase, the MT sings, “change!” guiding each member to move one instrument to their right. L runs to the marimba, trying to skip the line and the MT tells her that they each need to move one instrument to their right. She directs the group to “Keep the music going!” as they each go to their respective instruments. R starts to beat the drum confidently and the MT matches him on the tambourine in much the same energetic tempo and rhythm as that which L led. K plays the marimba energetically and loudly with precision and the rest of the group play</p>	<p>Social competence: Impatience for turn-taking</p>	<p>Empathy: Group shares enjoyment of music Positive role model: MT leads group musically Social competence: Musical collaboration Perceived social support: Singing with the MT  Mentor: MT guides  Mentor: MT directs Self-efficacy: Confident initiation of music Meaningful rite of passage: Leading an improvisation in music therapy Mentor: MT musically accepts and affirms Self-efficacy: Playing with</p>	<p>Self-expression: Facial expression Communication: Eye-contact  Self-expression: Physical movement       Music: Energetic</p>
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TDA-45	with more confidence now. F, though,	Living with uncertainty:	enhanced confidence;	Self-expression:
TDA-46	plays tentatively and her eyes move with	Discomfort in the	Perceived social support:	Facial expression
TDA-47	uncertainty around the group. The MT	improvisation space	Drawing off others' confidence	
TDA-48	vocalises "leh" and shakes the tambourine		Positive role-model:MT models	
TDA-49	in the air, moving her body to the beat. L		self-expression; Empathy:	Self-expression:
TDA-50	joins her and shakes her bells in this way,		Mirroring of body language;	Physical movement
TDA-51	smiling with the MT. F smiles shyly at L.		mirroring of facial and vocal	
TDA-52	The MT directs another "change" and they		expressions; Empathy:	
TDA-53	all move to the right. G jumps to the	Social competence:	Mirroring of facial expressions	
TDA-54	marimba and grabs the mallets. K	Impatience for turn-taking	Assertiveness & sense of duty	
TDA-55	reprimands him and says "haiybo, hayi!"	Assertiveness:	to others: Standing up for	
TDA-56	She takes the mallets from him and gives	Submissiveness to unfair	another; Perceived social	
TDA-57	them to F. F smiles at K gently. The MT	treatment	equity: Ensuring everyone gets	
TDA-58	asks G to give them a beat on the djembe.		a turn; Perceived social	
TDA-59	He now looks self-conscious and		support: Recognition of	
TDA-60	uncertain, smiling at K on his left who nods	Self-efficacy: Lack of	another's help; Perceived	
TDA-61	at him with encouragement. The group	confidence to lead	social support: Looking to	
TDA-62	waits and R says "A beat...any one". He	Living with uncertainty:	another for support.	
TDA-63	repeats this, smiling at G. G launches into	Discomfort in the	Social competence:	
TDA-64	a forte, strong rhythmical beat; a	improvisation space	Encouraging others	Music: Strong and
TDA-65	syncopated rhythm in 4/4 time. The group		Self-efficacy: Playing with	loud
TDA-66	immediately joins in and matches his		enhanced confidence	
TDA-67	mezzo forte dynamic. F plays the marimba		Meaningful rite of passage:	

TDA-68	tentatively, watching the MT. F plays	Assertiveness: Tentative	Leading an improvisation in	Music: Tentative
TDA-69	quick, piano notes in an irregular rhythm.	playing	music therapy	
TDA-70	The MT vocalises softly, making eye-		Perceived social support:	
TDA-71	contact with F while holding and matching		Looking to MT for support	
TDA-72	her gentle playing. F smiles at the MT and		Mentor: MT musically accepts	
TDA-73	starts to play more rapidly and confidently.	Social competence: I	and affirms; Self-efficacy:	
TDA-74	K playfully beats her maraca on G's drum	nterrupting another's turn	Playing with enhanced	
TDA-75	and he pushes her away and says		confidence; Sense of duty to	
TDA-76	something to her in a tone of annoyance.		self: Standing up for oneself;	
TDA-77	R and L watch this interaction, smiling.		Sense of humour: Finding	
TDA-78	The MT calls for another change.		humour in other's interactions	
TDA-79	R, on the tambourine initiates a forte beat	Social competence:	Self-efficacy: Confident	
TDA-80	in the same lively rhythmic pattern from	Impatience for turn-taking	initiation of music	Music: Lively
TDA-81	the previous round and the group joins in.			
TDA-82	K (who is meant to be the leader) says			
TDA-83	something under her breath and she and L		Empathy: Non-verbal	Communication:
TDA-84	communicate with eye-contact. L reaches		communication; Assertiveness	Eye-contact
TDA-85	out to R, saying, "no", trying to silence him		& sense of duty: Standing up	
TDA-86	because the drummer needs to start the		for another; Perceived social	
TDA-87	beat. The two girls start a new beat		equity: Ensuring everyone gets	
TDA-88	together at the same time. They hold eye-		a turn; Social competence:	
TDA-89	contact and move their bodies in the same		Peer collaboration; Empathy:	Self-expression:
TDA-90	way. Their music is fast, dense and		Mirroring body language;	Physical movement

TDA-91	driving. The MT matches this by playing		Meaningful rite of passage:	Music: Driving
TDA-92	quick semiquavers in an ascending pattern		Leading an improvisation in	
TDA-93	on the marimba. F shakes the maraca		music therapy; Empathy:	
TDA-94	rapidly. The boys are making visible		matching and supporting each	Self-expression:
TDA-95	physical effort to make as much sound as		other's music; Mentor: MT	Playing with
TDA-96	possible. G shakes his bells rapidly and R		musically accepts and affirms;	vitality
TDA-97	beats the tambourine with force, playing		Assertiveness: Wanting to be	
TDA-98	fortissimo beats. The MT locks into the		heard; Playing with enhanced	
TDA-99	rhythm R is still trying to maintain from his		confidence; Mentor: MT affirms	
TDA-100	initiative at the start of this round. He looks		enhanced confidence	
TDA-101	around the group with excitement. The		Empathy: Shared expression	Emotional
TDA-102	music is now fortissimo and the group's		of high energy	expression:
TDA-103	energy is high. L moves her head with the		Social competence: Positive	Excitement
TDA-104	groove of the music. The drums also lock		group interaction	Self-expression:
TDA-105	into R's rhythm and smile at the MT and		Social competence: Group	Physical movement
TDA-106	each other. The group's music is now		cohesion	Music: High energy
TDA-107	cohesive and there is intersubjectivity		Empathy: Group	
TDA-108	between the players. The MT makes a		intersubjectivity	
TDA-109	loud "aah" vocalisation to match the		Mentor: MT matches and	
TDA-110	energy and bring in the end of this round.		intervenes musically	
TDA-111	The girls play a drum roll and R shakes his			Self-expression:
TDA-112	tambourine in the air with a flourish. They		Empathy: Matching and ending	Expressive
TDA-113	all end together and move onto the next		together	instrument playing

TDA-114	instrument. R now starts another beat on	Social competence:	Assertiveness and sense of	
TDA-115	the smaller djembe. K stops him and tells	Impatience for turn-taking	duty to others: Standing up for	
TDA-116	him it is F's turn to start the beat. F starts a	Assertiveness:	another; Perceived social	Music: Tentative
TDA-117	tentative mezzo piano rhythmic pattern	Submissiveness to another's	equity: Ensuring everyone gets	
TDA-118	and the group joins in immediately. K	unfair treatment	a turn; Social competence:	
TDA-119	mimes for F to play louder. F plays fast,		Encouraging others;	
TDA-120	lively semi-quavers now and R copies her		Assertiveness: Playing with	Music: Lively
TDA-121	on his drum. L plays busily on the		enhanced confidence	
TDA-122	marimba. G is beating R's rhythmic pattern		Empathy: Copying musical	
TDA-123	from earlier, as loudly as he can on the		patterns	
TDA-124	tambourine, apparently gaining pleasure		Assertiveness: Musical	
TDA-125	from the experience. K moves her body to		expression of enjoyment	Self-expression
TDA-126	the beat. The MT shakes a maraca in the		Meaningful rite of passage:	Physical movement
TDA-127	air and calls for one last change. The MT		Leading an improvisation in	
TDA-128	is now on the djembe. She makes slow,		music therapy; Mentor: MT	
TDA-129	accented, forte beats. R answers each of		directs	
TDA-130	her beats with alternating ascending and		Social competence: Musical	
TDA-131	descending glissandi on the marimba in		conversation	
TDA-132	call-and-response. The group smiles at		Social competence: Positive	
TDA-134	him and join in on the MT's beat. The MT		peer interaction;	
TDA-135	adds more beats to her rhythm and the		Meaningful relationships that	
TDA-136	group plays more energetically. F smiles		bring acceptance: Sharing	
TDA-137	and holds eye-contact with the MT		meaning and experience in	

TDA-138	throughout. G and K smile at each other		music. Empathy: Group	Self-expression:
TDA-139	as with enjoyment as they play. The MT		matches MT's musical energy	Facial expression
TDA-140	leads a call of "hey-yah" and the group		Empathy: Eye-contact and	shows enjoyment
TDA-141	answers her. She calls a few more forte		emotional mirroring	
TDA-142	syllabic and lyric phrases ("We're making		Positive role model: MT	
TDA-143	music; we're making new friends") which		models vocal expression	
TDA-144	the group echoes each time. The girls		Empathy: Smiling at one	
TDA-145	answer louder than the boys who seem		another with enjoyment	
TDA-146	more focused on playing their instruments.		Empathy: Mirroring vocal	
TDA-147	F moves her head side to side to the		expressions; Positive role	Self-expression:
TDA-148	melody. The MT leads a loud call of "aah"		model: MT leads	Physical movement
TDA-149	and a drum roll and the group plays loudly			Music: Growing
TDA-150	and sing energetically with her, expressing		Self-efficacy: Group plays with	energy
TDA-151	their enjoyment. They stop together except	Social competence:	effort and energy	Emotional
TDA-152	for R who continues to play the	Continuing to play after group	Empathy: Group plays	expression:
TDA-153	glockenspiel. K and G ask "Change?" and	has stopped	together & stops together.	Enjoyment
TDA-154	the MT says, "No, we're done". G tries to	Social competence:		
TDA-155	grab the mallets from R and L grabs the	Grabbing; not listening to		
TDA-156	other and starts to play. The MT takes the	instructions	Mentor: MT guides	
TDA-157	mallets and asks them to go sit down.			

b) Coded thick description of Excerpt B (PTO)

	<b>Thick Description</b>	<b>Level 1: Lack of protective factor</b>	<b>Level 2: Presence of protective factor</b>	<b>Level 3: Other factors</b>
TDB-1	G gallops around the circle with excitement. The			Self-expression:
TDB-2	MT says, "You're each going to take a turn to			Physical movement
TDB-3	stand in the middle". G immediately steps		Assertiveness: Volunteering to	
TDB-4	forward and stands in the "Me" circle. The MT		go first	
TDB-5	asks him to tell the group something he is good	Assertiveness: Inhibited		Self-esteem:
TDB-6	at. G turns away shyly and covers his eyes with	expression		Difficulty expressing
TDB-7	his hand. He turns back and mumbles quickly,			own talents
TDB-8	"marbles". The MT has to ask him to repeat		Mentor: MT's affirmation	Experience of
TDB-9	himself twice before she hears what he said.			competence:
TDB-10	She repeats, "Marbles! Cool!" She then asks G			Marbles- playing
TDB-11	to choose an instrument that describes himself.			ability
TDB-12	She says, "If you were an instrument, what			
TDB-13	would you be?" G slowly moves over to the	Social competence:		
TDB-14	instruments. As he moves, K and L both jump	Impatience for turn-	Mentor: MT directs	Emotional
TDB-15	into the circle with excitement. The MT tells	taking		expression:
TDB-16	them, "It's not your guys' turn yet, it's G." G			Excitement
TDB-17	carefully considers each instrument and the			
TDB-18	group gets impatient, saying "quick, quick". G	Social competence:		
TDB-19	chooses the lap harp and returns to the circle,	Impatience	Social-competence: Decision-	
TDB-20	smiling contentedly. The MT asks him, "How		making	
TDB-21	much noise do you think you make in your			

TDB-22	world? How important do you think you are in			Emotional
TDB-23	your world?" G plucks a few notes and then		Self-efficacy: Playing calmly	expression:
TDB-24	begins to strum gently at a mezzo piano		and with confidence	Contentment
TDB-25	dynamic. He smiles calmly as he plays.	Social competence:	Self-awareness: Musical	
TDB-26	Eventually the MT says, "Cool, thank you G". K	Impatience for turn-	expression of self	Music: Gentle
TDB-27	and T race each other to the middle of the circle	taking; Assertiveness:		
TDB-28	and K pushes T out. The MT asks K what she is	Aggressive behaviour		
TDB-29	good at. She turns to look at L as she thinks and	towards others	Perceived social support:	
TDB-30	turns back and confidently says, "Drumming".		Looking to another for support	Experience of
TDB-31	The MT says, "Ja, you are very good at		Mentor: MT's affirmation	competence:
TDB-32	drumming". She then asks K to pick an			Drumming ability
TDB-33	instrument that describes her. K selects the		Social-competence: Decision-	
TDB-34	glockenspiel. The MT then asks her to play the		making	
TDB-35	amount of noise she makes in her world. R and			
TDB-36	T step forward to watch. K starts immediately		Self-efficacy: Playing with	Music: Vivacious
TDB-37	and plays rapidly, with vivacity, alternating hands		confidence and effort	
TDB-38	as she beats forte, staying in a narrow note			
TDB-39	range. The whole group watches with rapt		Social competence: Paying	
TDB-40	attention and T smiles with excitement. R shouts		attention to others	
TDB-41	"Yoh!" with excitement and walks to watch over		Empathy: Emotional reaction	Self-expression:
TDB-42	K's shoulder. The MT eventually stops her and		approximates musical	Vocal exclamation
TDB-43	says, "Cool, thank you, K" and asks, "K, would		expression	Experience of
TDB-44	you say you make a lot of noise in your world?"			

TDB-45	<p>K nods with excited energy. T and R push each other, fighting over who goes next. The MT says, “T was next” and asks T what he is good at. She asks the rest of the group, who are distracted (besides F) calmly, yet with strength, to put the instruments down and go pay attention. T looks at the ground shyly as he answers, “Soccer” and picks the smaller glockenspiel to describe him. R laughs loudly in a cackling manner. The MT asks T how much noise he thinks he makes in his world. T plays fortissimo with strength. He repeats a fast rhythmic motif four times, with exact precision before stopping and smiling up at the MT. The group watches attentively. The MT asks, “Would you say you make a lot of noise in your world?” He nods quickly with a confident smile. L jumps in next and when asked what she is good at, answers, “Playing music” with quiet confidence. The MT agrees, “Ja, you are”. While L chooses her instrument, G starts to dance on the spot in a ‘hip-hop’ style. K smiles at him and walks over to him and dances with him. They laugh together. L chooses the bigger</p>	Social competence:	<p>Mentor: MT mediates</p> <p>Social competence: Paying attention to others</p> <p>Social-competence: Decision-making</p> <p>Self-efficacy: Playing with confidence and effort; Self-awareness: Musical expression of self;</p> <p>Social competence: Paying attention to others;</p> <p>Mentor: MT’s affirmation</p> <p>Empathy: Mirroring facial expression and body language; Social-competence: Decision-making; Social</p>	<p>significance: Self-importance</p> <p>Self-expression: Body language</p> <p>Self-esteem: Difficulty expressing own talents</p> <p>Experience of competence: Soccer abilities</p> <p>Music: Strong and precise</p> <p>Experience of significance: Self-importance</p> <p>Self-expression: Facial expression</p> <p>Experience of competence: Music-playing abilities;</p>
TDB-46		Impatience for turn-		
TDB-47		taking; Assertiveness:		
TDB-48		Aggressive behaviour		
TDB-49		towards othes		
TDB-50		Social competence: Not		
TDB-51		paying attention to		
TDB-52		others		
TDB-53		Social competence:		
TDB-54		Laughing at others		
TDB-55				
TDB-56				
TDB-57				
TDB-58				
TDB-59				
TDB-60				
TDB-61				
TDB-62				
TDB-63				
TDB-64				
TDB-65				
TDB-66				
TDB-67				

TDB-68	glockenspiel and plays it rapidly in an atonal		competence: Positive peer	Self-expression:
TDB-69	modality. The group watches on and		interactions; Self-efficacy:	Physical movement
TDB-70	occasionally smile at the MT. L makes an		Playing with confidence and	
TDB-71	accelerando to fortissimo and ends on a		effort; Self-awareness: Musical	Music: Dynamic
TDB-72	descending glissando followed by three		expression of self; Empathy:	
TDB-73	accented beats. R shouts, "Yoh!" L smiles		Emotional reaction	Self-expression:
TDB-74	proudly up at the MT, who asks, "How much		approximates musical	Vocal exclamation
TDB-75	noise do you think you make in your world?" L,		expression; Social-	Experience of
TDB-76	with a big grin, says, "Lots". R goes next and		competence: Decision-making;	significance: Self-
TDB-77	confidently says he is good at soccer. R chooses		Self-efficacy: Playing with	importance
TDB-78	the small glockenspiel and plays rapidly and with		confidence and effort;	Experience of
TDB-79	force. He plays forte and rhythmically, ending on			competence: Soccer
TDB-80	a descending glissando and a strong beat with			Music: Forceful
TDB-81	both mallets. The MT asks, "So, how much noise			Experience of
TDB-82	is that?" R says, "A lot". F goes next and the MT		Mentor: Gaining the group's	significance: Self-
TDB-83	has to call the group back around the circle as		attention	importance
TDB-84	they are getting distracted, fiddling with	Social competence: Not		
TDB-85	instruments. She asks F what she is good at. F	paying attention to		
TDB-86	quietly says "making stuff" and when asked what	others		Experience of
TDB-87	kind of stuff she says, "Beads and stuff" and			competence: Arts
TDB-88	shyly crosses one leg over the other. The MT	Assertiveness: Inhibited		and crafts
TDB-89	says, "So you're quite creative?" F nods and the	body language		
TDB-90	MT says "That's nice!" The MT strongly asks R		Mentor: MT's affirmation	

TDB-91	to put the instruments down and return to the			Self-expression:
TDB-92	circle. T dances around the circle, whistling with			Physical movement
TDB-93	happy energy and G dances on the spot. F			Self-expression:
TDB-94	chooses the biggest tambourine. The MT says,		Social competence: Decision-	Whistling
TDB-95	“Cool! The first tambourine”, validating F’s		making; Mentor: MT’s	
TDB-96	choice. F beats a short, energetic rhythmic motif		validation	
TDB-97	on her hand, fortissimo, while she smiles gently		Assertiveness: Playing with	Music: Gently
TDB-98	at the MT. The MT asks, “How much is that?” F		quiet confidence	energetic
TDB-99	shyly crosses her legs and softly says, “A lot”. L	Assertiveness: Inhibited	Empathy: Mirroring emotional	Experience of
TDB-100	watches this, smiling widely at F.	expression	displays	significance: Self-
TDB-101	The MT asks the group to stand around the			importance
TDB-102	“family layer” and asks “Who’s in the family			
TDB-103	layer?” K answers, “Me” and the MT says, “Ja,		Assertiveness: Initiates	
TDB-104	who else?” The group each gives the following		responsiveness	
TDB-105	answers:			
TDB-106	K: (Speaks confidently) My mom, my granny, my		Assertiveness: Speaking up	
TDB-107	uncle, my sister, my brothers.		with confidence	
TDB-108	L: (Leaning her arm on K’s shoulder) My		Meaningful relationships that	
TDB-109	mommy, my daddy, my granny and my sister.		bring acceptance: Physical	
TDB-110	T: (Smiling widely) My mommy, my cousins, my		expression of friendship	Family structures:
TDB-111	grandpa and my ouma.			Varied family
TDB-112	R: (Laughs) My daddy, my mommy, my brother,		Sense of humour: Finding	structures
TDB-113	my sister and my cousins.		humour in everyday life	

TDB-114	F: (Crosses legs shyly) My mommy, my daddy	Assertiveness: Inhibited		
TDB-115	and my brother.	body language		
TDB-116	G: (Speaks under his breath) Daddy	Assertiveness: Inhibited		
TDB-117	The MT invites the group to pick instruments that	speech		
TDB-118	describes their family; “one that can make			
TDB-119	sounds and noises like your family makes”. The			
TDB-120	whole group, except F, darts to the instruments,	Social competence:		
TDB-121	pushing each other out of the way to get the	Fighting over	Social competence: Patience	
TDB-122	instrument they each want. The MT raises her	instruments		
TDB-123	voice slightly and says, “Woah, no grabbing!” G		Mentor: MT mediates	
TDB-124	and K both hold and pull the lap harp. The MT			
TDB-125	takes it away and says no one gets to play it if			
TDB-126	they are going to fight over it. T has chosen the			
TDB-127	small glockenspiel, L the bigger one, F maracas,		Social competence: Decision-	
TDB-128	R a tambourine, G a triangle and K asks if she		making	
TDB-129	can also play the glockenspiel. L gives her one			
TDB-130	of the mallets and they share. R dances with his		Social competence: Sharing	Self-expression:
TDB-131	tambourine while he waits for the other			Physical movement
TDB-132	members. The MT says, “We’re going to play			
TDB-133	music that describes our family, loud or soft,			
TDB-134	think of your family.” They start on her count of			
TDB-135	three. They all play rapidly and loudly, matching			
TDB-136	each other’s energy and each seemingly trying			

<p>TDB-137 TDB-138 TDB-139 TDB-140 TDB-141 TDB-142 TDB-143 TDB-144 TDB-145 TDB-146 TDB-147 TDB-148 TDB-149 TDB-150 TDB-151 TDB-152 TDB-153 TDB-154 TDB-155 TDB-156 TDB-157 TDB-158 TDB-159</p>	<p>to push their instruments to their dynamic limit. R starts last. He stands on the edge of the circle and watches, smiling and then joins in, shaking his tambourine with joy above the group. F shakes her maracas rapidly, trying to match the bursting energy of the glockenspiels. L and T look around the group with expressions of effort and smiles on their faces. The MT holds the group's lively music on the drum with a steady rhythm. She tries to lead them to an end by singing, "aaand stop!" but the group continues to play a cacophony of sound, looking at the MT with challenging smiles. She repeats this and they stop, wave their beaters in the air and smile widely at the MT and each other. They return to standing in the "family" layer and the MT asks, "Who in this layer is someone you could go to if you needed help?" One by one, they enthusiastically raise their hands to respond with the following answers: R: Daddy F: Mommy K: Mommy</p>		<p>Assertiveness: Free musical expression Empathy: Matching of others' energy; Living with uncertainty: Learning from and following others; Social competence: Group collaborates musically Perceived social support: Drawing confidence and motivation from others Mentor: MT musically holds and affirms Balance between dependence &amp; independence: Peer collaboration without leadership Social competence: Group ends together Empathy: Mirroring facial expressions Assertiveness: Eagerness to share opinions</p>	<p>Emotional expression: Joy Music: Lively and strong Perceived significance of family: Musically expressed through strength and energy</p>
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<p>TDB-160 TDB-161 TDB-162 TDB-163 TDB-164 TDB-165 TDB-166 TDB-167 TDB-168 TDB-169 TDB-170 TDB-171 TDB-172 TDB-173 TDB-174 TDB-175 TDB-176 TDB-177 TDB-178 TDB-179 TDB-180 TDB-181 TDB-182</p>	<p>G: Daddy T: (Has stepped out of the circle and is singing to himself. MT calls him back) Brother The MT asks, “Do you feel like you <i>can</i> ask these people for help? You’re not scared to ask them for help.” The group all say yes, they can and the MT says, “Good”. She asks, “Do you feel like your family always know where you are?” They all confidently answer, “Yes”. She energetically guides them to stand in the “School and Community” layer. She explains that a community is “the place where you live and all the people inside of it”. She asks, “Who is in your community?” T says, “My friends”. R says, “My aunties”. K: “My best friend”. The MT says, “Now we’re gonna use our voices. What sounds do these people make in our lives?” She explains that if the people in “School and community” are important to them they can make a lot of noise and vice versa. T immediately makes a loud, expressive, siren-like sound and G makes a low, gurgling sound. R laughs at this. The MT counts to three and there</p>	<p>Social competence: Separation from group interaction</p>	<p>Quality of parenting meets the child’s needs: Parents as supportive and trustworthy Positive role model: MT affirms socially appropriate behaviour  Meaningful relationships that bring acceptance: Friends; Meaningful relationships that bring acceptance: Aunts  Assertiveness: Uninhibited vocal expression Sense of humour: Laughter</p>	<p>Self-expression: Spontaneous singing            Self-expression: Vocalisation Creativity: Unique vocal response</p>
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<p>TDB-183 TDB-184 TDB-185 TDB-186 TDB-187 TDB-188 TDB-189 TDB-190 TDB-191 TDB-192 TDB-193 TDB-194 TDB-195 TDB-196 TDB-197 TDB-198 TDB-199 TDB-200 TDB-201 TDB-202 TDB-203 TDB-204 TDB-205</p>	<p>is a moment of silence before R whistles. The MT starts to whistle, too and then all the boys join in. The MT adds a few soft vocal noises and T suddenly makes a loud “yoooh”. L sways side to side and smiles at the group. K stands closer to L and L sings softly in K’s ear. G stomps his feet, and the MT mirrors this. The three girls stomp and shuffle their feet while the boys whistle. The MT says, “That was quite a lot quieter than family. Is family the most important people to you?” There are nods and some say, “Yes”. L smiles and nods enthusiastically. The MT then asks them to stand in the “Society” layer. The MT asks, “What do you think culture means?” T says, “Religion.” She asks who of them know what their religion is. They all enthusiastically shout out their religions. R and T are Muslim and the rest are Christian. She asks if they go to church or mosque. R and T confidently say that they go to mosque and G quietly tells the MT that he goes to church. The MT asks in which layers music happens. R says churches and family, G says school. She asks,</p>	<p>Self-efficacy: Inhibited vocal expression</p>	<p>Assertiveness: Initiation of music; Mentor: MT affirms musical contributions; Positive role model: MT models different modes of expression; Assertiveness: Expressing confidence; Perceived social support &amp; meaningful relationships: Private self-expression with another; Empathy: Mirroring physical expression; Meaningful relationships that bring acceptance: Significance of family; Assertiveness: Eagerness to tell group Cultural/ spiritual identification: Varying religions Youth are tolerant of each other’s different beliefs Affiliation with a religious organisation: Group members go to houses of worship</p>	<p>Creativity: Unique musical response  Creativity: Unique physical response Self-expression: Physical movement Music: Expressive, playful</p>
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<p>TDB-206 TDB-207 TDB-208 TDB-209 TDB-210 TDB-211 TDB-212 TDB-213 TDB-214 TDB-215 TDB-216 TDB-217 TDB-218 TDB-219 TDB-220 TDB-221 TDB-222 TDB-223 TDB-224 TDB-225 TDB-226 TDB-227 TDB-228</p>	<p>“How important is music in your life?” R says,      “Not so”. K softly shakes her head. T says, “Only      sometimes”. F smiles and says, “Lots” and the      MT affirms, “Music is important to F”. The      group’s attention is waning and the MT loudly      counts to three to get their attention. She then      asks them to stand in the layer where they feel      most safe. G says, “In the cupboard”. He then      stands in “Me” and says he is most safe by      himself. The rest stand in “Family” except for F,      who stands in “School”. The MT then asks, “In      which layer does the bad stuff happen?” They all      stand in the “Community” circle, except for G,      who stays in “Me”. T whistles a beat and dances      in the “Community” layer. She asks them to each      name a bad thing that happens in that place. G      says, “AIDS” and “Drugs”, T says, “They bully      me at school” and R says, “They take my      money”. R then adds, “They shoot you dead”. K      quietly says, “Someone hit my friend”. L says      something softl and indiscernible about the bus.      T says loudly, “They kill you by your school,      also”. F whispers, looking at the ground, “When</p>	<p>Social competence: Not      paying attention</p> <p>Balance between      independence and      dependence: Hiding      alone to feel safe</p> <p>Exposure to violence is      avoided: Violence at      school, home and in      community</p> <p>Assertiveness:      Vulnerability</p>	<p>Safety and security needs are      met: Family provides safety;      School provides safety</p> <p>Appropriate use of substances:      Recognition of drugs as ‘bad’.      Assertiveness: Confident      expression of opinions</p>	<p>Significance of      music: Not much      Significance of      music: Sometimes      important; Music:      Very important</p> <p>Self-expression:      Physical movement,      whistling</p> <p>Community risk-      factors: AIDS,      Drugs, bullying (at      school and home),      shooting, hitting</p>
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TDB-253	safe to us. Stuff that you're comfortable doing".			
TDB-254	She raises her hands for silence and then			
TDB-255	counts to three for them to start. L starts solo,		Assertiveness: Initiation of	
TDB-256	playing a forte, atonal riff on the glockenspiel.		music	
TDB-257	The MT matches her rhythm and plays mezzo		Balance of dependence and	
TDB-258	forte on the drum. The rest join in. The music is		independence: Playing what	
TDB-259	dissynchronous to start. F shakes the bells		feels safe to oneself	Music:
TDB-260	gently, while L and R plays rather aggressively	Assertiveness:		Dissynchronous
TDB-261	on the glockenspiel. G fetches the tringle beater	Aggressive music-	Problem solving ability: Finding	
TDB-262	and strums the harp with it. There is an	making	a solution to play louder	
TDB-263	accelerando and a crescendo and the group's		Social competence: Group	
TDB-264	music is now high-energy and more cohesive.		collaborates musically	Music: Energetic
TDB-265	The MT sings an improvised melody on "la". T	Social competence:	Mentor: MT supports	
TDB-266	moves away from the group and plays one	Deviation from the	musically.	
TDB-267	tambourine against another, outside the circle. It	group interaction		
TDB-268	sounds like everyone is trying to make a much	Balance on		
TDB-269	noise as possible. G and K are taking turns to	dependence and	Social competence: Sharing	
TDB-270	strum with the metal beater. The MT intervenes	independence: Making	and turn-taking	
TDB-271	with a fortissimo, stronger, yet slower beat and	music separate to	Positive role model: MT	
TDB-272	the group moves in time with her. The music	group	models means of expression	Music: Steady
TDB-273	steadies and settles, now a moderate tempo,		Social competence: Musical	Communication:
TDB-274	fortissimo. There is little eye-contact and each		cohesion; Safety and security	Group musical
TDB-275	person seems focused on their own playing,		needs are met: Feeling safe to	contact

TDB-276	while still listening to each other. T plays	Assertiveness:	express oneself; Self-	Music: Aggressive
TDB-277	aggressively and beats so hard that the	Aggressive music-	awareness: Playing within own	Self-expression:
TDB-278	tambourine's skin breaks. He stops playing and	making	limitations of safety.	Free musical
TDB-279	looks up with a guilty look on his face. The MT		Self-awareness: Expression of	expression
TDB-280	counts down from three to end the improvisation.		guilt	
TDB-281	They all end with a tremolo and an accented	Social competence:	Social competence: Ending	
TDB-282	beat on one, but R continues to play. L grabs R's	Deviation from the	together; Assertiveness:	
TDB-283	mallets to make him stop.	group collaboration	Directing others to follow	
			instructions	

c) Coded thick description of Excerpt C (PTO)

	<b>Thick description</b>	<b>Level 1: Lack of protective factor</b>	<b>Level 2: Presence of protective factor</b>	<b>Level C: Other factors</b>
TDC-1	The therapist asks the group to each choose an instrument. T takes a drum, R a triangle. G the		Social competence: Decision-making	
TDC-2	lap harp, K a tambourine and L has the		Assertiveness: Expressing self through song; Sense of humour: Playful singing	Self-expression: Spontaneous singing
TDC-3	glockenspiel. The MT has the sleigh bells. F is		Empathy: Matching playfulness and spontaneity	Music: Playful
TDC-4	absent today. R sings the group's composed		Mentor: MT explains	
TDC-5	song in a comical manner at the top of his voice		Self-efficacy: Confident initiation of music	
TDC-6	and K answers with the second phrase. R		Assertiveness & sense of duty to others: Standing up for others. Perceived social equity: Ensuring everyone gets a turn; Living with uncertainty: Confident musical variation in improvisation space	Self-expression: Spontaneous singing
TDC-7	answers in return with the next phrase, singing in			
TDC-8	a cartoon-like, nasal tone. The MT gets the group			
TDC-9	to raise their hands for silence. She explains,			
TDC-10	"The person on the drum is the leader: if they go			
TDC-11	loud, we go loud, if they go soft, we go soft,			
TDC-12	okay?" She says, "T is going to bring us in". K			
TDC-13	sings their song softly throughout this			
TDC-14	explanation. T immediately starts a steady, forte			
TDC-15	beat on the djembe. R starts tapping the triangle	Social competence:		
TDC-16	at the same time and K shouts "No!" at R.	Interrupting another's turn		
TDC-17	Everyone joins in, playing somewhat at T's			
TDC-18	dynamic. After a few bars, he makes a			
TDC-19	decremento. The group follows and the general			
TDC-20	dynamic is now <i>mezzo piano</i> . T almost			
TDC-21				

TDC-22	immediately crescendos and the group follows. R	Social competence:	Empathy: Group matches the	Music: Shifting
TDC-23	taps at his own tempo, as loud as he can. T	Deviation from group	leader; Self-efficacy: Leading	
TDC-24	occasionally looks up at K while he beats. He	collaboration	the music confidently.	Self-expression: Vocal exclamation
TDC-25	ends on a loud, accented beat. The MT thanks T		Perceived social support &	
TDC-26	and asks the group to “pass on” their instruments.	Social competence:	living with uncertainty:	
TDC-27	Everyone stops playing, except G who continues	Deviation from group	Leading with the trust that the	
TDC-28	to strum and is hesitant to pass his instrument on.	collaboration	group will follow. Sense of	
TDC-29	K shouts “Yes!” in excitement to play the harp		duty to self: Asking for a fair	
TDC-30	and gestures for G to give it to her. G plays the		turn; Sense of humour:	
TDC-31	harp and nods his head in a comical manner. R		Entertaining others; Finding	
TDC-32	laughs at G and the MT asks him to pass it on.		humour in the situation	
TDC-33	The MT now has the djembe and the group			
TDC-34	pauses in silence for her to start. She begins with		Empathy: Group matches	Self-expression: Physical movement
TDC-35	a forte drum roll and the group joins, playing their		musical expression	
TDC-36	instruments as rapidly and loudly as possible. L		Empathy: Mirroring facial	
TDC-37	and the MT make eye-contact and share a wide		expressions	
TDC-38	smile. The MT starts to shout an extended, “Aah!”		Positive role model: MT	
TDC-39	and the group joins her, all smiling up at her. She		models different means of	
TDC-40	ends this on “yah!” and moves into a steady, fast		expression	
TDC-41	rhythmic pattern. The group matches this pattern		Empathy: Group matches	
TDC-42	and K moves her body forward and backwards to		musical expression	
TDC-43	the beat, in a similar manner to the MT. The MT		Empathy: Mirroring body	
TDC-44	plays subito piano and the group follows, all		language; Perceived social	

TDC-45	looking around at each other to see that everyone		support: Looking to the group	
TDC-46	else follows. She scratches the drum and they all		to share their experience	
TDC-47	try find a way of imitating this on their respective		Empathy: Matching musical	Music: Energetic,
TDC-48	instruments. The MT gradually crescendos into		expression; Empathy:	unpredictable
TDC-49	another drum roll. She and L lock eye-contact,		Mirroring facial expression;	
TDC-50	smiling again. R shakes his bells animatedly in		Social competence: Peer	
TDC-51	the air and they all vocalise a forte, "hai-yah!"		collaboration	Self-expression: Vocal
TDC-52	ending together on a loud, accented beat. R			exclamation
TDC-53	shouts "Hey!" and G sings a short phrase in		Self-efficacy: Confident	Self-expression: Vocal
TDC-54	isiXhosa. The group pass on their instruments		initiation of the music	exclamation;
TDC-55	now without being asked. R leads next and starts		Perceived social support &	spontaneous singing
TDC-56	playing before the group is even settled with their		living with uncertainty:	in first language
TDC-57	instruments. He beats a forte, repeating rhythmic		Leading with the trust that the	
TDC-58	riff. The group quickly catch on and match his		group will follow	
TDC-59	rhythm and volume. T dances in his chair as he		Sense of duty to others:	Self-expression:
TDC-60	shakes his tambourine and then leans over to		Helping the MT	Physical movement
TDC-61	pick up something that has fallen off the MT's		Empathy: Mirroring of facial	
TDC-62	chair. He returns to dancing and he and G make		expression; Living with	
TDC-63	eye-contact and smile at one another. R plays		uncertainty: Confident	
TDC-64	subito piano. He smiles at the other group		musical variation in	
TDC-65	members and they smile back as they match his		improvisation space	
TDC-66	dynamic change. He then plays subito forte and		Balance of dependence and	
TDC-67	the group follows. G nods his head to the beat		independence: Taking the	

TDC-68	and then shakes his bells in R's face. R turns to	Social competence:	music elsewhere; Empathy:	
TDC-69	face G and they hold eye-contact in a	Deviation from the group	Musical matching and	Music: Playful
TDC-69	challenging, yet playful manner. R plays a drum	collaboration	mirroring facial expressions.	
TDC-70	roll, matching G's shaking. He decrescendos and		Sense of humour: Playful	
TDC-71	G lowers the bells. R turns and smiles at the MT,		interaction; Meaningful	
TDC-72	who smiles back. He then plays a loud beat and		relationships that bring	
TDC-73	says, "Finished!" As R takes the glockenspiel		acceptance: Interpersonal	
TDC-74	from the MT, his finger gets caught in the latch.		connection through music.	
TDC-75	He vocalises, "Aah-yoe!" with pain. G turns to him		Empathy: Echoing vocal	Self-expression: Vocal
TDC-76	and echoes, "aah-yoe" with a singing quality. G		expression;	expression of pain
TDC-77	leads next. He starts to tap the drum with his		Assertiveness: Directing the	
TDC-78	index fingers and then stops. He puts his fingers		group to listen	
TDC-79	to his lips, indicating for the group to be quiet. R		Sense of humour: Laughing	
TDC-80	laughs at this. G then suddenly launches into a		at the situation	
TDC-81	forte, energetic rhythmic pattern. He makes eye-		Self-efficacy: Leading with	Communication: Eye-
TDC-82	contact with group members and they smile back		confidence. Perceived social	contact
TDC-83	at him. They match his music and his energy. He		support & living with	Music: Energetic
TDC-84	makes a decrescendo and they all follow. Even		uncertainty: Leading with the	
TDC-85	the group's body language matches this		trust that the group will follow.	Self-expression: Body
TDC-86	decrecendo. G smiles with joy and excitement		Empathy: Shared energy and	language
TDC-87	and the MT smiles back in the same way. G's		emotion; Empathy: Group	Emotional expression:
TDC-88	playing gains liveliness. His chocolate, which was		matches musical expression.	Smiling with joy and
TDC-89	resting on the drum, falls to the ground and K		Social competence: Group	excitement

TDC-90	picks it up and holds it for him. She gently tugs	Social competence:	cohesion. Sense of duty to	
TDC-91	the rope of the drum to indicate that she wants	Impatience for turn-taking	others: Helping others	
TDC-92	her turn now. G crescendos again speeds up a		Living with uncertainty:	
TDC-93	little and ends on a single, forte beat. The MT		Confident musical variation in	
TDC-94	says, "Hey! Thank you G". R continues to play the	Social competence:	improvisation space	
TDC-95	glockenspiel after he has stopped and only	Deviation from group	Mentor: MT's affirmation.	
TDC-96	passes on when the MT asks him to. T starts to	collaboration	Social competence & sense	Self-expression:
TDC-97	sing and tap the triangle and L waves her arm at		of duty to others: Standing up	Spontaneous singing
TDC-98	him and says, "Hayi!" T immediately stops		for others. Perceived social	
TDC-99	playing. K leads next. She starts fortissimo, on a		equity: Ensuring everyone	
TDC-100	complex, rapid rhythm. She almost immediately		gets their turn	
TDC-101	plays subito piano and then makes a crescendo		Self-efficacy: Leading the	
TDC-102	again. She repeats this pattern a few times and		music confidently; Living with	
TDC-103	the group mostly follows but her changes are fast		uncertainty: Confident	
TDC-104	and they do not always keep up. R puts his	Social competence:	musical variation in	Self-expression:
TDC-105	tambourine on the ground and stands inside of it,	Deviation from group	improvisation space; Self-	Standing in
TDC-106	with his hands in his pockets. T indicates to the	collaboration	efficacy: Leading confidently	tambourine
TDC-107	MT with his arm that they should do another		Empathy: Musical matching.	Music: Rapidly shifting
TDC-108	round of leading. K leads confidently and the MT		Perceived social support &	
TDC-109	and L match her but the boys are getting	Social competence:	living with uncertainty:	
TDC-110	distracted. G plays scales on the glockenspiel at	Distraction	Leading with the trust that the	
TDC-111	his own tempo. Eventually R sits down with the	Social competence: Lack	group will follow; Living with	
TDC-112	tambourine again and shakes it in a dance-like	of group cohesion	uncertainty: Confident	

TDC-113	manner. K ends her improvisation quite suddenly		musical variation in	Self-expression:
TDC-114	and passes the drum to L. L starts a similar,		improvisation space	Physical movement
TDC-115	equally complex beat to K. She plays confidently		Social competence: Peer	
TDC-116	and with high energy. She and K lock eyes and L		collaboration	
TDC-117	raises her eye-brows at K. They play totally in-		Perceived social support &	Communication: Eye-
TDC-118	synch with one another. L plays forte and presto,		living with uncertainty:	contact
TDC-119	then subito piano. The boys do not notice this	Social competence: Not	Leading with the trust that the	Music: Energetic
TDC-120	change and continue playing their own tempos	paying attention	group will follow	
TDC-121	and volumes. L builds up her music again and the		Empathy: Musical matching	
TDC-122	group mostly follows, this time. G waves his		Social competence: Group	
TDC-123	tambourine as if it were a sword. The group		cohesion	
TDC-124	matches L's fortissimo dynamic. She ends on a		Social competence: Group	Creativity: Imaginative
TDC-125	fortissimo, accented beat and the group stops		ends together	instrument-playing
TDC-126	with her. The therapist collects the instruments			Music: Growing
TDC-127	and everyone tries to continue making noise on	Social competence: Lack		Self-expression: Free
TDC-128	whatever instrument is nearest to them.	of impulse control		music making

## Appendix J: Coded Portfolio Entries A-C

### a) Portfolio Entry A (Below)

	<b>Thick Description</b>	<b>Level 1: Lack of protective factor</b>	<b>Level 2: Presence of protective factor</b>	<b>Level 4: Other factors</b>
PEA-1	The music therapist asks the group to tell her			
PEA-2	about their drawings. She asks who would			
PEA-3	like to go first and K immediately raises her		Assertiveness: Initiative	
PEA-4	hand.		and confidence	
PEA-5	<i>K has drawn images of herself next to her</i>			
PEA-6	<i>mom, flowers, the sun and grass. These are</i>			
PEA-7	<i>placed shortly after where she has written</i>			
PEA-8	<i>“born” on the line. On the polar end of the line</i>			
PEA-9	<i>she has written “today” and shortly before that</i>			
PEA-10	<i>she has drawn a book, a drum with the label,</i>			
PEA-11	<i>“music” and a tree.</i>			
PEA-12	MT: Tell me about your timeline.			
PEA-13	K hesitates and answers in a soft voice.	Assertiveness:		
PEA-14	K: That’s the flowers and my mom and grass.	Shyness/caution		
PEA-15	And music, um...and a book that I read.			Significance of music:
PEA-16	MT: So, where do you read the book?			Experienced as
PEA-17	K: In class.		Access to school and	important
PEA-18	MT: At school?		education: Reading in	
PEA-19	K: Yes.		class	
PEA-20	MT: So this is when you’re at school?		Meaningful rite of	
PEA-21	K: (Nods).		passage: Starting school	

PEA-22	MT: And tell me about your tree?			
PEA-23	K points at G who is peering over at her			
PEA-24	timeline			
PEA-25	K: Yhoo...I'm talking! (Rubs her eyes, shyly	Assertiveness: Shyness/ caution	Assertiveness: Standing up for oneself	Play: Outdoor play
PEA-26	and mumbles). I sit under it.			
PEA-27	F leans forward and pays attention to what K			
PEA-28	is saying.		Social competence: Paying attention to others	
PEA-29	MT: Ja. In the shade? That's nice. Thank you,		Mentor: MT affirms	
PEA-30	K. That's lovely... so when you were born,			
PEA-31	you liked the outside and the sunshine. Tell			
PEA-32	me about your mom.			
PEA-33	K: I love her.		Meaningful relationships	
PEA-34	MT: Is she special?		with others that bring	
PEA-35	K: Very much.		acceptance: Love for	
PEA-36	MT: Thank you, K.		mother	
PEA-37	R is not listening but playing with the marimba	Social competence: Not paying attention to others		
PEA-38	and the therapist asks him to give her the			
PEA-39	beaters and tell her about his timeline.			
PEA-40	<i>R has written "born" at the start of his line and</i>			
PEA-41	<i>above this has drawn a baby in red. A little</i>			
PEA-42	<i>further on is another image of a person, with</i>			
PEA-43	<i>outstretched arms. An equal distance on is a</i>			

PEA-44	<i>similar image, also red. After this he has</i>			
PEA-45	<i>drawn, all in HB pencil, another person with</i>			
PEA-46	<i>outstretched arms. The figures have a</i>			
PEA-47	<i>thought bubble above them filled with music</i>			
PEA-48	<i>notation. Further on is a person on grass,</i>			
PEA-49	<i>followed by two figures; a smaller person and</i>			
PEA-50	<i>a bigger person side by side. R has</i>			
PEA-51	<i>decorated his page with clouds and a sun</i>			
PEA-52	<i>above the line and wavy lines below the line.</i>			
PEA-53	MT: Tell me what you've drawn.			
PEA-54	R breathes out heavily, puts his jersey in his	Assertiveness:	Perceived social support:	
PEA-55	mouth and smiles at K.	Shyness/caution	Looking to peers for	
PEA-56	R: This is music therapy.		support	
PEA-57	MT: This is the music therapy? So this is us		Meaningful rite of	
PEA-58	here?		passage: Going to music	
PEA-59	R: Nods and smiles sheepishly at the group		therapy	
PEA-60	who have gathered around to listen to him, all		Social competence:	
PEA-61	smiling at R. F leans forward and G says "uh-	Assertiveness: Aggressive	Paying attention to others	
PEA-62	uh" while waving his and at her. He pushes	behaviour towards others		Risk factor: Bullying
PEA-63	her away. F sits back with a shy smile. The	Assertiveness: Submission		
PEA-64	MT does not see this happen.	to another's unfair treatment		
PEA-65	MT: Cool and tell me more. What are the			
PEA-66	other things?			

<p>PEA-67 PEA-68 PEA-69 PEA-70 PEA-71 PEA-72 PEA-73 PEA-74 PEA-75 PEA-76 PEA-77 PEA-78 PEA-79 PEA-80 PEA-81 PEA-82 PEA-83 PEA-84 PEA-85 PEA-86 PEA-87 PEA-88 PEA-89</p>	<p>There is a long pause and the MT points to a figure on R's page. Who's this? R: Me. MT: You? How old are you there? R: Seven. (Answers with his jacket in his mouth). MT: And why have you drawn yourself at seven? What happened then? R: I lived with my daddy. MT: Where did you live before you lived with your daddy? R: With my mom. MT: And where do you live now? R: With my daddy. MT: Is it just you and your daddy? R: (Nods). MT: And there? R: Five... MT: And what happened when you were five? R: My mom called me....I must go to the shop. The group all lean forward with interest to look at R's picture.</p>	<p>Assertiveness: Shyness/caution</p>	<p>Perceived social support: Living with father</p> <p>Opportunities for age-appropriate work: Going to the shop for mother</p> <p>Social competence: Paying attention to others</p>	
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PEA-90	MT: And what's this here?			
PEA-91	R: I play in the grass.			Play: Outdoor play
PEA-92	R smiles at F and K, who smile back at him.		Empathy: Mirroring facial expression; Social competence: Positive peer interaction	
PEA-93	MT: When was that?			
PEA-94	R: When I was eight (Looks down shyly).			
PEA-95	MT: How do you feel when you play in the grass?			
PEA-96	R: Happy.			Play: Positive experience of outdoor play
PEA-98	MT: Thank you, R. It's a very nice picture. Do you have any brothers and sisters?		Mentor: MT affirms	
PEA-99	R sits up and speaks more confidently.		Assertiveness: Speaking with enhanced confidence	
PEA-101	R: Three sisters and one brother.			
PEA-102	MT: And where do they stay?			
PEA-103	R: With my daddy.			
PEA-104	MT: So you all live together?			
PEA-105	R: (Nods).			
PEA-106	MT: Cool. Thank you!		Mentor: MT affirms	
PEA-107				
PEA-108	<i>L has created a colourful timeline in. Each</i>			
PEA-109	<i>image is a different colour. At "born" she has</i>			
PEA-110	<i>drawn a pink baby. Later is a blue figure</i>			
PEA-111	<i>surrounded by flowers and a yellow sun</i>			
PEA-112	<i>shining above them. Next is a green figure in</i>			

PEA-113	<i>front of what appears to be a meal. This is</i>			
PEA-114	<i>followed by a purple image of a figure doing</i>			
PEA-115	<i>ballet, beside a purple drum. After this is a</i>			
PEA-116	<i>smaller image of a girl crying. A little further</i>			
PEA-117	<i>on is two figures sitting at a table with food,</i>			
PEA-118	<i>with a cloud above them. The final image is of</i>			
PEA-119	<i>balloons, a present, a table with a large cake</i>			
PEA-120	<i>with five candles on it and a little girl beside it.</i>			
PEA-121	<i>The line ends with “today at school”.</i>			
PEA-123	MT: Tell me about your pictures			
PEA-124	L Smiles, leans back and shrugs her	Assertiveness:		
PEA-125	shoulders. The group all look at her, make	Shyness/caution		
PEA-126	eye-contact and smile as she smiles shyly		Empathy: Mirroring facial	
PEA-127	around the group. R starts to beat the	Social competence: Not	expression	
PEA-128	marimba with a pencil and G watches him. F	paying attention to others	Social competence:	
PEA-129	and K listen to what L says about her	Social competence: Lack of	Paying attention to others	
PEA-130	timeline.	impulse control		
PEA-131	L: That’s me when I was born.			
PEA-132	MT: And what happened then?			
PEA-134	L: I liked to play with the flowers. And here I	Social competence: Not	Meaningful relationships	Play: Positive
PEA-135	went to the picnic with my sister.	paying attention;	with others that bring	experience of outdoor
PEA-136	G tries to join in on R playing the marimba. R	Assertiveness: Aggressive	acceptance: Older sister	play
PEA-137	doesn’t let him and so G hits R and glares at	behaviour towards others		

PEA-138	him. The MT has to ask R to come sit down		Mentor: MT mediates	
PEA-139	and listen to L. L waves her hands at him		Assertiveness: Standing	
PEA-140	dismissively.		up for oneself	
PEA-141	MT: Ok so you went to the picnic with your			
PEA-142	sister?			
PEA-143	L: Yes. And this is where I went to the ballet.		Meaningful rite of	
PEA-144	MT: You went to the ballet? Did you dance?		passage: Dancing in the	
PEA-145	L: Yes.		ballet	
PEA-146	MT: Yoh! That's nice! What happened here?		Mentor: MT validates	
PEA-147	L: My sister.			
PEA-148	MT: Why is she crying?			
PEA-149	L Looks at K with big eyes and raises her		Perceived social support:	
PEA-150	shoulders. She makes a 'washing' gesture		Looking to peers for	
PEA-151	with her hands and seems to be looking for		support	
PEA-152	the English word from K.			
PEA-153	L: Because mommy hit her because she	Exposure to violence is		
PEA-154	didn't wash the dishes.	avoided: Mother hit sister		
PEA-155	MT: Mommy hit her because she didn't wash			
PEA-156	the dishes? Ok. What's that?			
PEA-157	L: A drum.			Significance of music:
PEA-158	MT: A drum? And here?			Playing drums
PEA-159	L: It's me and my sister eating outside.			experienced as
				important

PEA-160	MT: Eating outside with your sister. That			
PEA-161	sounds nice. How old is your sister?			Mentor: MT validates
PEA-162	The whole group is now paying attention and			Social competence:
PEA-163	listening to L.			Paying attention to others
PEA-164	L: She's twelve.			
PEA-165	MT: So she's older than you? Are you guys			
PEA-166	close?			Meaningful relationships
PEA-167	L: Yes.			with others: Older sister
PEA-168	L speaks with enhanced confidence now and			Assertiveness: Speaking
PEA-169	points to the next picture			with enhanced confidence
PEA-170	L: My birthday.			Meaningful rite of
PEA-171	MT: How old?			passage: Birthday
PEA-172	L: Five.			
PEA-173	MT: Why was five a special birthday?			
PEA-174	L looks away, smiling and the whole group all			Empathy: Mirroring facial
PEA-175	smile back at her. She shrugs her shoulders			expressions
PEA-176	and there is a pause.			Social competence:
PEA-177	MT: Don't know, just cause?			Positive peer interaction
PEA-178	L: Nods.			
PEA-179	MT: And today at school?			Access to school and
PEA-180	L: Nods.			education: Being at school
PEA-181	MT: Cool, thank you for sharing!			Mentor: MT's affirmation

PEA-182	<i>F has drawn her line pointing in the opposite</i>			
PEA-183	<i>direction to the rest of the group. At “Born”,</i>			
PEA-184	<i>there is an image of a person holding a baby.</i>			
PEA-185	<i>The next point is labelled “1” and depicts a</i>			
PEA-186	<i>small figure next to a numbered stick. At “2”,</i>			
PEA-187	<i>there are two figures, bigger and smaller,</i>			
PEA-188	<i>holding bags. At “3”, there is a figure handing</i>			
PEA-189	<i>something else to another figure. After this is</i>			
PEA-190	<i>a small crying figure, next to an apparently</i>			
PEA-191	<i>male figure with a big bubble surrounding its</i>			
PEA-192	<i>head. After this is an image of a house. Inside</i>			
PEA-193	<i>the house sits someone crying, and someone</i>			
PEA-194	<i>standing. The final image is labelled “7”.</i>			
PEA-195	<i>There is a crying girl, next to a small figure on</i>			
PEA-196	<i>a bicycle and another, bigger figure.</i>			
PEA-197	MT: Tell me about your timeline.			
PEA-198	F sits on her haunches and speaks softly as			
PEA-199	she points to her drawings. The group is	Assertiveness:		
PEA-200	restless and start to chat softly amongst	Shyness/caution		
PEA-201	themselves.	Social competence: Not		
PEA-202	F: This is my mom when I was born.	paying attention to others		
PEA-203	F and the MT make eye-contact and smile at		Empathy: Mirroring facial	
PEA-204	each other.		expressions	

<p>PEA-205 PEA-206 PEA-207 PEA-208 PEA-209 PEA-210 PEA-211 PEA-212 PEA-213 PEA-214 PEA-215 PEA-216 PEA-217 PEA-218 PEA-219 PEA-220 PEA-221 PEA-222 PEA-223 PEA-224 PEA-225 PEA-226</p>	<p>F: And here, they went to check if I was big enough. (Pauses). The MT has to ask K and L to keep quiet, as their voices are getting louder. MT: Ja? You were big enough? F: To see if I was big enough... There is a long pause. K comes over to look at F's timeline and K stops speaking, looking shyly at K. F: Can we move onto the next one please? The MT asks the group, who have become increasingly restless, to come sit at the pictures quietly. L comes over and sits with K to listen to F. MT: Ok, the next one. F: Here, I went out with my mom. MT: Where did she take you? F: Shopping. MT: Your mom? Was that nice? F: Yes. (She nods and smiles at K). MT: Do you remember what you got? F: (Nods and mumbles something</p>	<p>Assertiveness: Self-consciousness  Social competence: Not paying attention to others</p>	<p>Mentor: MT intervenes  Meaningful rites of passage: "To check if I was big enough". Social competence: Paying attention to others  Social competence: Paying attention to others  Quality of parenting meets child's needs: Shopping with mother; Social competence: Positive peer interaction</p>	
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<p>PEA-227 PEA-228 PEA-229 PEA-230 PEA-231 PEA-232 PEA-234 PEA-235 PEA-236 PEA-237 PEA-238 PEA-239 PEA-240 PEA-241 PEA-242 PEA-243 PEA-244 PEA-245 PEA-246 PEA-247 PEA-248 PEA-249</p>	<p>inaudible)...And my friend didn't have any chips, and I gave my friend the chips. MT: You gave your friend the chips? That's very nice of you. Is that this one? F: That. MT: That's you giving your friend the chips? What's your friend's name? F: Jessie (Name changed). F looks up and smiles at K and L, who smile back at her. MT: And here? F: (Suddenly speaks louder) My brother like to fight with me. MT: Is that you and your brother? (Points at crying figure). F: (Nods). Yes. MT: How are you feeling there? F: Sad. MT: Because he fought with you? F: Yes. MT: How old is your brother now? F: Twenty-two.</p>	<p>Exposure to violence is avoided: Fighting with brother</p> <p>Meaningful relationships with others that bring acceptance: Sibling conflict</p>	<p>Sense of duty to others: Sharing with friends</p> <p>Meaningful relationships with others that bring acceptance: Friendship Empathy: Mirroring facial expressions Assertiveness: Speaking with enhanced confidence</p>	
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PEA-250	F and L make eye-contact and smile at each other.		Empathy: Mirroring facial expressions	
PEA-251			Social competence:	
PEA-252	MT: What happened there?		Positive peer interaction	Risk factor: Bullying at home
PEA-253	F: Sighs. So my big brother told me not to tell my parents that he was smoking. I told my mommy so he hit me.	Positive role model: Brother lies and threatens;		
PEA-254		Exposure to violence is avoided: Being hit by brother	Empathy: Mirroring facial expressions	
PEA-255	K and L make eye-contact with one another, no longer smiling, but with serious expressions.			
PEA-256	MT: And here?		Assertiveness: Telling the truth	
PEA-257	F: I told my mommy that he hit me.			
PEA-258	MT: What did your mommy do?			
PEA-259	F: My brother wasn't at home. So we looked for him.			
PEA-260	MT: And then what happened?			
PEA-261	F: My daddy found my brother and he hit him.			
PEA-262	MT: How old were you when this happened?	Exposure to violence is avoided: Father hits brother	Social competence:	
PEA-263	F pauses and looks up at K. K smiles and winks at F.		Encouraging and supporting others	
PEA-264	F: Nine.		Empathy: Mirroring facial expression	
PEA-265	K looks at L with a surprised expression and L mirrors this expression.		Mentor: MT validates	
PEA-266	MT: Thank you for sharing that with me, F.			
PEA-267				
PEA-268				
PEA-269				
PEA-270				
PEA-271				
PEA-272				

<p>PEA-273 PEA-274 PEA-275 PEA-276 PEA-277 PEA-278 PEA-279 PEA-280 PEA-281 PEA-282 PEA-283 PEA-284 PEA-285 PEA-286 PEA-287 PEA-288 PEA-289 PEA-290 PEA-291 PEA-292 PEA-293 PEA-294 PEA-295</p>	<p><i>G has drawn very detailed images in koki and pencil. After “Born” he has drawn small blue figures, labelled “2 months” (crawling), “12 months” (standing) and “4 years” (a small figure next to a bigger figure). After this is “5 years” and he has drawn a figure with a backpack and written “Grade: R”. Next to this is a pencil drawing of a crying figure at “6 years”, labelled “Gr: 1B”. At “7 years” is a lying down figure labelled “sick” and beside this is a building labelled “clinic”. After this is another “7 years” and two figures sitting at a table. The final image is at “8 years” and depicts a person standing next to a table with a large brown cake, with four candles lit on top.</i></p> <p>MT: Tell me about your pictures, G.</p> <p>L and F lean forward to listen to G. G speaks very softly and rocks backwards and forwards as he talks.</p> <p>G: I was born. I learnt to walk.</p> <p>MT: And then?</p> <p>G: My mother shouted at me.</p>	<p>Assertiveness: Shyness/caution</p>	<p>Social competence: Paying attention to others  Meaningful rite of passage: Learning to walk</p>	
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PEA-296	MT: Why?	Exposure to violence is avoided: Verbal aggression	Meaningful rite of passage: Starting school	Risk factor: Exposure to illness
PEA-297	G: I went to school...(Mumbles		Access to school and education: Going to school	
PEA-298	inaudibly)...My sister was hitting me....I went		Safety and security needs are met: Access to a clinic	
PEA-299	to the clinic because I was sick.	Exposure to violence is avoided: Being hit by sister		
PEA-300	MT: What kind of sick were you?	Social competence: Not paying attention to others	Meaningful rite of passage: Birthday	
PEA-301	The group is now very restless and G seems	Mentor: MT does not control the group		
PEA-302	put off by all the activity around him. The MT			
PEA-303	does not make any attempt to control the			
PEA-304	noise.			
PEA-305	G: Cough...And my birthday.			
PEA-306	MT: Is that a birthday party?			
PEA-307	G: Yes.			
PEA-308	MT: What did you do on your birthday?			
PEA-309	G: I had a party with cake.			
PEA-310	MT: Thank you very much for sharing that.		Mentor: MT's validates	

b) Portfolio Entry B

Gavin:

	<b>Bad things</b>	<b>Level 1: Lack of protective factor</b>	<b>Level 2: Presence of protective factor</b>	<b>Level 4: Other factors</b>
PEB-1	When it's fire back with my ( <i>handwriting indiscernible</i> ) and the smoke come through my back.			Risk factor: Fire in community
PEB-2	In school they bullying me, so I cry	Exposure to violence is avoided: Bullying		Risk factor: Bullying at school
PEB-3	So I go tell my teacher		Perceived social support: Teacher	
PEB-4	So I bring them in my class then my teacher hit them all	Exposure to violence is avoided: Corporal punishment at school		Risk factor: Witnessing other children being hit
PEB-5	They are older than me, they are 16, 14,15.			Experience of bullying: Bullies are older than victim
	<b>Good things</b>			
PEB-6	I save a small child in a fire		Sense of duty to others: Saving a child from a fire	
PEB-7	So they say to me you are a super child		Perceived social support: Affirmation from the community	

**Lelethu:**

	<b>Bad things</b>	<b>Level 1: Lack of protective factor</b>	<b>Level 2: Presence of protective factor</b>	<b>Level 4: Other factors</b>
PEB-8	When another child hurts me	Exposure to violence is avoided: Being hurt by other children		Risk factor: Bullying
PEB-9	And I feel bad when someone shouts at me	Exposure to violence is avoided: Verbal aggression		
	<b>Good things</b>			
PEB-10	When my mom go to buy me things like phone I feel happy			Social status: Material possessions
PEB-11	When my friends play with me I feel happy		Meaningful relationships that bring acceptance: Playing with friends	

**Rasheed:**

	<b>Bad things</b>	<b>Level 1: Lack of protective factor</b>	<b>Level 2: Presence of protective factor</b>	<b>Level 4: Other factors</b>
PEB-12	I am sad If I don't have money			Social status: Money and wealth
	<b>Good things</b>			
PEB-13	If I go to music and if I play drums		Meaningful rite of passage: Playing drums in music therapy	Experience of music: Playing drums experienced as good

**Tyson:**

	<b>Bad things</b>	<b>Level 1: Lack of protective factor</b>	<b>Level 2: Presence of protective factor</b>	<b>Level 4: Other factors</b>
PEB-14	I don't like to fight with children		Social competence: Not liking to fight	Risk factor: Bullying
PEB-15	I don't play with children who want to fight with me		Exposure to violence is avoided: Not playing with children who fight	
PEB-16	I don't like the children that want to fight against other children		Exposure to violence is avoided: Recognition that fighting is bad	
	<b>Good things</b>			
PEB-17	Children like to fight every day. They want to fight with each other.			Experience of bullying: Bullying a common occurrence
PEB-18	Children that fight are bullies.			Risk factor: Bullying
PEB-19	I play with children who play soccer.		Meaningful relationships that bring acceptance: Playing with children who have common interests	Protective factor: Having common interests with other children

**Kiara**

	<b>Bad things</b>	<b>Level 1: Lack of protective factor</b>	<b>Level 2: Presence of protective factor</b>	<b>Level 4: Other factors</b>
PEB-20	When I cry			Experience of emotional: Crying is bad

PEB-21	When I been hit by someone	Exposure to violence is avoided: Being hit		
PEB-22	When someone want to hit me	Exposure to violence is avoided: Hitting		
PEB-23	When someone wants me to steal for them			Risk factor: Socially deviant peers
PEB-24	When my grandma is sick			Risk factor: Family illness
	<b>Good things</b>			
PEB-25	When my mom came to visit me		Perceived social support: Visits from mother	
PEB-26	When my grandma is not sick			Protective factor: Family health
PEB-27	When my mom came to fetch me		Perceived social support: Being fetched by mother	
PEB-28	When my brother and I play with our mom		Meaningful relationships with others that bring acceptance: Playing with brother and mother	Play: Playing with brother and mother
PEB-29	When it is my birthday		Meaningful rites of passage: Birthdays	

### Fiona

	<b>Bad things</b>	<b>Level 1: Lack of protective factor</b>	<b>Level 2: Presence of protective factor</b>	<b>Level 4: Other factors</b>
PEB-30	When my friends are rude with me			Risk factor: Verbal bullying

PEB-31	And they do not share with others		Sense of duty to others: Sharing	
PEB-32	If children fight with me, that's what.	Exposure to violence is avoided: Fighting		Risk factor: Bullying
	<b>Good things</b>			
PEB-33	When my friends share with me		Sense of duty to others: Sharing	
PEB-34	And if my mommy loves me		Quality of parenting meets child's needs: Maternal affection	
PEB-35	When daddy is happy.		Quality of parenting meets child's needs: Paternal affection	
PEB-36	When my family loves me.		Meaningful relationships with others that bring acceptance: Family affection	
PEB-37	What makes me happy, if I share.		Sense of duty to others: Sharing	

c) Portfolio Entry C (Below)

	<b>Song Lyrics</b>	<b>Level 1: Lack of protective factor</b>	<b>Level 2: Presence of protective factor</b>	<b>Level 4: Other factors</b>
PEC-1	These are the things that make me strong		Self-awareness: Personal strength Self-awareness: Physical strength Self-awareness: Internal strength Quality of parenting meets child's needs: Parental support Social competence: Kindness Spiritual identification: God as protector	Risk factor: Bullying  Risk factor: Death/loss  Risk factor: Bullying
PEC-2	These are the things that make me strong			
PEC-3	My muscles make me strong			
PEC-4	My heart makes me strong			
PEC-5	These are the things that make me strong			
PEC-6	My parents support me			
PEC-7	I am a kind person			
PEC-8	God helps me when there's danger			
PEC-9	It's tough when people bully me	Exposure to violence is avoided: Hitting	Sense of duty to others: Sharing with the poor Quality of parenting meets child's needs: Maternal comfort Perceived social support: Parental support; Sense of duty to others: Reassurance	
PEC-10	I makes me sad when people hit	Exposure to violence is avoided: Shooting		
PEC-11	I'm angry and sad when people get shot			
PEC-12	I cry and I cry when people die			
PEC-13	When people don't have money,			
PEC-14	share with them			
PEC-15	It makes me happy			
PEC-16	when my mom says sorry			
PEC-17	If someone bullies you, tell your parents			
PEC-18	You are very strong, so don't worry			

			Optimism: "Don't worry"	
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**Appendix K: Category tables for coded excerpts A,B and C and coded portfolio entries A, B and C**

a) Category Table: Thick Description A

<b>CATEGORY</b>	<b>CODE</b>
<b>Initiative</b>	TDA-37-2 Self-efficacy: Confident initiation of music TDA-79-2 Self-efficacy: Confident initiation of music
<b>Music therapist's musical role</b>	TDA-12-2 Mentor: MT supports musically TDA-24-2 Positive role model: MT leads group musically TDA-28-2 Perceived social support: Singing with the MT TDA-42-2 Mentor: MT musically accepts and affirms TDA-48-2 Positive role model: MT models self-expression TDA-72-2 Mentor: MT musically accepts and affirms TDA-91-2 Mentor: MT musically accepts and affirms TDA-99-2 Mentor: MT affirms enhanced confidence TDA-109-2 Mentor: MT matches and intervenes musically TDA-142-2 Positive role model: MT models vocal expression
<b>Music therapist's extra-musical role</b>	TDA-6-2 Mentor: MT's encouragement TDA-7-2 Mentor: MT's affirmation TDA-31-2 Mentor: MT guides TDA-36-2 Mentor: MT directs TDA-126-2 Mentor: MT directs
<b>Relationship with music therapist</b>	TDA-68-2 Perceived social support: Looking to MT for support
<b>Group cohesion</b>	TDA-17-2 Social competence: Group collaborates musically TDA-104-2 Social competence: Positive group interaction TDA-106-2 Social competence: Group cohesion TDA-107-2 Empathy: Group intersubjectivity TDA-112-2 Empathy: Matching and ending together TDA-138-22 Empathy: Group matches MT's musical energy TDA-152-2 Empathy: Group plays together and ends together
<b>Enhanced confidence</b>	TDA-19-2 Self-efficacy: Playing with enhanced confidence TDA-10-2 Self-efficacy: Enhanced confidence for initiation of music TDA-44-2 Self-efficacy: Playing with enhanced confidence TDA-63-2 Self-efficacy: Playing with enhanced confidence TDA-73-2 Self-efficacy: Playing with enhanced confidence

	<p>TDA-93-2 Assertiveness: Playing with enhanced confidence</p> <p>TDA-120-2 Assertiveness: Playing with enhanced confidence</p>
<b>Lack of confidence</b>	<p>TDA-1-1 Self-efficacy: Lack of confidence to lead</p> <p>TDA-55-1 Assertiveness: Submissiveness to another's unfair treatment</p> <p>TDA-60-1 Self-efficacy: Lack of confidence to lead</p> <p>TDA-68-1 Assertiveness: Tentative playing</p> <p>TDA-115-1 Assertiveness: Submissiveness to another's unfair treatment</p>
<b>Music</b>	<p>TDA-11-3 Music: Energetic</p> <p>TDA-41-3 Music: Energetic</p> <p>TDA-64-3 Music: Strong and loud</p> <p>TDA-68-3 Music: Tentative</p> <p>TDA-80-3 Music: Lively</p> <p>TDA-91-3 Music: Driving</p> <p>TDA-106-3 Music: High energy</p> <p>TDA-117-3 Music: Tentative</p> <p>TDA-120-3 Music: Lively</p> <p>TDA-149-3 Music: Growing energy</p>
<b>Supportive peer relationships</b>	<p>TDA-21-2 Social competence: Paying attention to peers</p> <p>TDA-46-2 Perceived social support: Drawing from others' confidence</p> <p>TDA-54-2 Assertiveness &amp; sense of duty to others: Standing up for another</p> <p>TDA-56-2 Perceived social equity: Ensuring everyone gets a turn</p> <p>TDA-57-2 Perceived social support: Recognition of another's help</p> <p>TDA-60-2 Perceived social support: Looking to another for support</p> <p>TDA-62-2 Social competence: Encouraging others</p> <p>TDA-85-2 Assertiveness &amp; sense of duty to others: Standing up for another</p> <p>TDA-86-2 Perceived social equity: Ensuring everyone gets a turn</p> <p>TDA-89-2 Empathy: Matching and supporting each other's music</p> <p>TDA-115-2 Assertiveness &amp; sense of duty to others: Standing up for another</p> <p>TDA-116-2 Perceived social equity: Ensuring everyone gets a turn</p>

	<p>TDA-118-2 Social competence: Encouraging others</p> <p>TDA-132-2 Social competence: Positive peer interaction</p> <p>TDA-138-2 Meaningful relationships that bring acceptance: Sharing meaning and experience in music</p>
<b>Expression</b>	<p>TDA-19-3 Self-expression: Free musical expression</p> <p>TDA-22-3 Self-expression: Facial expression</p> <p>TDA-28-3 Self-expression: Physical movement</p> <p>TDA-45-3 Self-expression: Facial expression</p> <p>TDA-49-3 Self-expression: Physical movement</p> <p>TDA-89-3 Self-expression: Physical movement</p> <p>TDA-94-3 Self-expression: Playing with vitality</p> <p>TDA-101-3 Emotional expression: Excitement</p> <p>TDA-104-3 Self-expression: Physical movement</p> <p>TDA-111-3 Self-expression: Expressive instrument-playing</p> <p>TDA-124-2 Assertiveness: Musical expression of enjoyment</p> <p>TDA-125-3 Self-expression: Physical movement</p> <p>TDA-138-3 Self-expression: Facial expression shows enjoyment</p> <p>TDA-148-3 Self-expression: Physical movement</p> <p>TDA-151-3 Emotional expression: Enjoyment</p>
<b>Synchronous physical experiences</b>	<p>TDA-10-2 Empathy: Mirroring of facial expression</p> <p>TDA-50-2 Empathy: Mirroring of body language</p> <p>TDA-50-2 Empathy: Mirroring facial expressions</p> <p>TDA-51-2 Empathy: Mirroring of facial expression</p> <p>TDA-90-2 Empathy: Mirroring of body language</p> <p>TDA-101-2 Empathy: Shared expression of high energy</p> <p>TDA-138-2 Empathy: Eye-contact and emotional mirroring</p> <p>TDA-139-2 Empathy: Smiling at one-another with enjoyment</p>
<b>Synchronous musical experiences</b>	<p>TDA-22-2 Empathy: Group shares enjoyment of music</p> <p>TDA-26-2 Social competence: Musical collaboration</p> <p>TDA-50-2 Empathy: Echoing of vocal expressions</p> <p>TDA-87-2 Social competence: Peer musical collaboration</p> <p>TDA-122-2 Empathy: Copying musical patterns</p> <p>TDA-130-2 Social competence: Musical conversation</p> <p>TDA-144-2 Empathy: Mirroring vocal expressions</p> <p>TDA-150-2 Self-efficacy: Group plays with effort and energy</p>

<b>Rites of passage</b>	<p>TDA-14-2 Meaningful rite of passage: Leading an improvisation in music therapy</p> <p>TDA-39-2 Meaningful rite of passage: Leading an improvisation in music therapy</p> <p>TDA-67-2 Meaningful rite of passage: Leading an improvisation in music therapy</p> <p>TDA-91-2 Meaningful rite of passage: Leading an improvisation in music therapy</p> <p>TDA-126-2 Meaningful rite of passage: Leading an improvisation in music therapy</p>
<b>Impatience</b>	<p>TDA-3-1 Social competence: Impatience for turn-taking</p> <p>TDA-33-1 Social competence: Impatience for turn-taking</p> <p>TDA-53-1 Social competence: Impatience for turn-taking</p> <p>TDA-79-1 Social competence: Impatience for turn-taking</p> <p>TDA-114-1 Social competence: Impatience for turn-taking</p>
<b>Communication</b>	<p>TDA-24-3 Communication: Eye-contact</p> <p>TDA-84-2 Empathy: Non-verbal communication</p>
<b>Acting in self-interest</b>	<p>TDA-4-2 Sense of duty to oneself: Standing up for oneself</p> <p>TDA-75-2 Sense of duty to oneself: Standing up for oneself</p> <p>TDA-94-2 Assertiveness: Wanting to be heard</p>
<b>Uncertainty</b>	<p>TDA-45-1 Living with uncertainty: Discomfort in the improvisation space</p> <p>TDA-62-1 Living with uncertainty: Discomfort in the improvisation space</p>
<b>Humour</b>	<p>TDA-77-2 Sense of humour: Finding humour in other's interactions</p>
<b>Non-compliance</b>	<p>TDA-73-1 Social competence: Interrupting another's turn</p> <p>TDA-152-1 Social competence: Continuing to play after group has stopped</p> <p>TDA-154-1 Social competence: Grabbing; not listening to instructions</p>

b) Category Table: Thick Description B

CATEGORY	CODE
<b>Leadership</b>	TDB-3-2 Assertiveness: Volunteering to go first TDB-103-2 Assertiveness: Initiates responsiveness TDB-184-2 Assertiveness: Initiation of music TDB-256-2 Assertiveness: Initiation of music TDB-284-2 Assertiveness: Directing others to follow instructions
<b>Music Therapist's musical role</b>	TDB-146-2 Mentor: MT musically holds and affirms TDB-185-2 Mentor: MT affirms musical contributions TDB-186-2 Positive role model: MT models different modes of expression TDB-244-2 Mentor: Offering safety and support in music TDB-266-2 Mentor: MT supports musically TDB-272-2 Positive role model: MT models different means of expression
<b>Music therapist's extra-musical role</b>	TDB-10-2 Mentor: MT's affirmation TDB-15-2 Mentor: MT directs TDB-31-2 Mentor: MT's affirmation TDB-46-2 Mentor: MT mediates TDB-63-2 Mentor: MT's affirmation TDB-82-2 Mentor: Gaining the group's attention TDB-90-2 Mentor: MT's affirmation TDB-95-2 Mentor: MT's validation TDB-123-2 Mentor: MT mediates TDB-167-2 Positive role model: MT affirms socially appropriate behaviour TDB-253-2 Mentor: MT explains
<b>Expression</b>	TDB-1-3 Self-expression: Physical movement TDB-15-3 Emotional expression: Excitement TDB-20-3 Emotional expression: Contentment TDB-41-3 Self-expression: Vocal exclamation TDB-45-3 Self-expression: Body language TDB-61-3 Self-expression: Facial expression TDB-65-3 Self-expression: Physical movement TDB-72-3 Self-expression: Vocal exclamation TDB-92-3 Self-expression: Physical movement

	<p>TDB-92-3 Self-expression: Whistling</p> <p>TDB-131-3 Self-expression: Physical movement</p> <p>TDB-136-2 Assertiveness: Free musical expression</p> <p>TDB140-3 Emotional expression: Joy</p> <p>TDB-162-3 Self-expression: Spontaneous singing</p> <p>TDB-180-3 Self-expression: Vocalisation</p> <p>TDB-181-2 Assertiveness: Uninhibited vocal expression</p> <p>TDB-189-3 Self-expression: Physical movement</p> <p>TDB-220-3 Self-expression: Physical movement; whistling</p> <p>TDB-277-3 Self-expression: Expression of guilt</p>
<b>Music</b>	<p>TDB-24-3 Music: Gentle</p> <p>TDB-37-3 Music: Vivacious</p> <p>TDB-55-3 Music: Strong and precise</p> <p>TDB-70-3 Music: Dynamic</p> <p>TDB-79-3 Music: Forceful</p> <p>TDB-97-3 Music: Gently energetic</p> <p>TDB-143-3 Music: Lively and strong</p> <p>TDB-191-3 Music: Expressive, playful</p> <p>TDB-260-3 Music: Dissynchronous</p> <p>TDB-265-3 Music: Energetic</p> <p>TDB-275-3 Music: Steady</p> <p>TDB-277-3 Music: Aggressive</p>
<b>Confidence</b>	<p>TDB-23-2 Self-efficacy: Playing calmly and with confidence</p> <p>TDB-36-2 Self-efficacy: Playing with confidence and effort</p> <p>TDB-55-2 Self-efficacy: Playing with confidence and effort</p> <p>TDB-70-2 Self-efficacy: Playing with confidence and effort</p> <p>TDB-78-2 Self-efficacy: Playing with confidence and effort</p> <p>TDB-97-2 Assertiveness: Playing with quiet confidence</p> <p>TDB-106-2 Assertiveness: Speaking up with confidence</p> <p>TDB-156-2 Assertiveness: Eagerness to share opinions</p> <p>TDB-187-2 Assertiveness: Expressing confidence</p> <p>TDB-198-2 Assertiveness: Assertiveness: Eagerness to tell group</p> <p>TDB-224-2 Assertiveness: Confident expression of opinions</p> <p>TDB-240-2 Assertiveness: Confidently speaking out</p>
<b>Lack of confidence</b>	<p>TDB-6-1 Assertiveness: Inhibited body language and speech</p> <p>TDB-87-1 Assertiveness: Inhibited speech and body language</p>

	<p>TDB-99-1 Assertiveness: Inhibited body language</p> <p>TDB-115-1 Assertiveness: Inhibited body language</p> <p>TDB-117-1 Assertiveness: Inhibited speech</p> <p>TDB-188-1 Self-efficacy: Inhibited vocal expression</p> <p>TDB-227-1 Assertiveness: Expressing vulnerability</p> <p>TDB-230-1- Assertiveness: Inhibited expression of opinions</p>
<b>Supportive peer relationships</b>	<p>TDB-29-2 Perceived social support: Looking to another for support</p> <p>TDB-39-2 Social competence: Paying attention to others</p> <p>TDB-48-2 Social competence: Paying attention to others</p> <p>TDB-58-2 Social competence: Paying attention to others</p> <p>TDB-67-2 Social competence: Positive peer interaction</p> <p>TDB-108-2 Meaningful relationships that bring acceptance: Physical expression of friendship</p> <p>TDB-130-2 Social competence: Sharing</p> <p>TDB-142-2 Perceived social support: Drawing confidence and motivation from others</p> <p>TDB-174-2 Meaningful relationships that bring acceptance: Friends</p> <p>TDB-189-2 Perceived social support &amp; meaningful relationships that bring acceptance: Private self-expression with another</p> <p>TDB-270-2 Social competence: Sharing &amp; turn-taking</p>
<b>Enduring uncertainty</b>	<p>TDB-139-2 Living with uncertainty: Learning from and following others</p>
<b>Group cohesion</b>	<p>TDB-138-2 Empathy: Matching of each other's energy</p> <p>TDB-141-2 Social competence: Group collaborates musically</p> <p>TDB-148-2 Balance between dependence and independence: Peer collaboration without leadership</p> <p>TDB-151-2 Social competence: Group ends together</p> <p>TDB-265-2 Social competence: Group collaborates musically</p> <p>TDB-274-2 Social competence: Musical cohesion</p> <p>TDB-275-3 Communication: Group musical contact</p> <p>TDB-282-2 Social competence: Ending together</p>
<b>Impatience</b>	<p>TDB-14-1 Social competence: Impatience for turn-taking</p> <p>TDB-18-1 Social competence: Impatience</p> <p>TDB-27-1 Social competence: Impatience for turn-taking</p> <p>TDB-45-1 Social competence: Impatience for turn-taking</p>

<b>Supportive family relationships</b>	<p>TDB-110-3 Family structures: Various family structures</p> <p>TDB-164-2 Quality of parenting meets child's needs: Parents as supportive and trustworthy</p> <p>TDB-175-2 Meaningful relationships that bring acceptance: Aunts</p> <p>TDB-145-3 Perceived significance of family: Musically expressed through strength and energy</p> <p>TDB-195-2 Meaningful relationships that bring acceptance: Significance of family</p> <p>TDB-242-2 Positive role models: Family members</p> <p>TDB-235-2 Perceived social support: Telling parents about bullying</p>
<b>Experience of self</b>	<p>TDB-5-3 Self-esteem: Difficulty expressing own talents</p> <p>TDB-8-3 Experience of competence: Marbles-playing ability</p> <p>TDB-25-2 Self-awareness: Musical expression of self</p> <p>TDB-30-3 Experience of competence: Drumming ability</p> <p>TDB-43-3 Experience of significance: Self-importance</p> <p>TDB-50-3 Self-esteem: Difficulty expressing own talents</p> <p>TDB-51-3 Experience of competence: Soccer abilities</p> <p>TDB-55-2 Self-awareness: Musical expression of self</p> <p>TDB-60-3 Experience of significance: Self-importance</p> <p>TDB-62-3 Experience of competence: Music-playing abilities</p> <p>TDB-72-2 Self-awareness: Musical expression of self</p> <p>TDB-75-3 Experience of significance: Self-importance</p> <p>TDB-77-3 Experience of competence: Soccer abilities</p> <p>TDB-82-3 Experience of significance: Self-importance</p> <p>TDB-86-2 Experience of competence: Arts and crafts abilities</p> <p>TDB-99-3 Experience of significance: Self-importance</p>
<b>Executive functioning</b>	<p>TDB-19-2 Social competence: Decision-making</p> <p>TDB-33-2 Social competence: Decision-making</p> <p>TDB-52-2 Social competence: Decision-making</p> <p>TDB-67-2 Social competence: Decision-making</p> <p>TDB-77-2 Social competence: Decision-making</p> <p>TDB-94-2 Social competence: Decision-making</p> <p>TDB-121-2 Social competence: Patience</p> <p>TDB-127-2 Social competence: Decision-making</p> <p>TDB-262-2 Problem-solving ability: Finding a solution to play louder</p>

<b>Confrontational peer interactions</b>	TDB-52-1 Social competence: Laughing at others TDB-121-1 Social competence: Fighting over instruments
<b>Lack of executive function</b>	TDB-48-1 Social competence: Not paying attention to others TDB-83-1 Social competence: Not paying attention to others
<b>Independent participation</b>	TDB-162-1 Social competence: Separation from group interaction TDB-266-1 Social competence: Deviation from group interaction TDB-268-1 Social competence: Balance of dependence and independence: Making music separate to the group TDB-283-1 Social competence: Deviation from the group collaboration
<b>Aggression</b>	TDB-28-1 Assertiveness: Aggressive behaviour towards others TDB-46-1 Assertiveness: Aggressive behaviour towards others TDB-248-1 Assertiveness: Aggressive behaviour towards others TDB-261-1 Assertiveness: Aggressive music-making TDB-277-1 Assertiveness: Aggressive music-making
<b>Synchronous musical experiences</b>	TDB-41-2 Empathy: Emotional reaction approximates musical expression TDB-73-2 Empathy: Emotional reaction approximates musical expression
<b>Synchronous physical experiences</b>	TDB-65-2 Empathy: Mirroring facial expression and body language TDB-99-2 Empathy: Mirroring emotional displays TDB-154-2 Empathy: Mirroring facial expressions TDB-194-2 Empathy: Mirroring physical expression
<b>Spirituality</b>	TDB-200-2 Cultural/spiritual identification: Varying religions TDB-202-2 Youth are tolerant of other's different beliefs TDB-204-2 Affiliation with a religious organisation: Group members go to houses of worship
<b>Safety</b>	TDB-216-2 Safety and security needs are met: Family provides safety TDB-217-2 Safety and security needs are met: School provides safety TDB-214-1 Balance between and dependence: Hiding in the cupboard to feel safe TDB-258-2 Balance of dependence and independence: Playing what feels safe to oneself

	<p>TDB-275-2 Safety and security needs are met: Feeling safe to express oneself</p> <p>TDB-277-2 Self-awareness: Playing within one's own limitations of safety</p>
<b>Humour</b>	<p>TDB-112-2 Sense of humour: Finding humour in everyday life</p> <p>TDB0183-2 Sense of humour: Laughter</p>
<b>Creativity</b>	<p>TDB-182-3 Creativity: Unique vocal response</p> <p>TDB-184-3 Creativity: Unique musical response</p> <p>TDB-188-3 Creativity: Unique physical response</p>
<b>Prosocial responses</b>	<p>TDB-223-2 Appropriate use of substances: Recognition of drugs as 'bad'</p> <p>TDB-232-2 Perceived social support: Telling teachers about bullying</p> <p>TDB-236-2 Social competence: Responding to bullying in a prosocial manner</p>
<b>Risk factors</b>	TDB-223-3 Community risk factors: AIDS, drugs, bullying (at school and home), hitting, shooting
<b>Exposure to violence</b>	TDB-223-1 Exposure to violence is avoided: Violence at school, home and in community
<b>Future orientation</b>	TDB-240-2 Goals and aspirations: Aspiring to be a policeman
<b>Experience of music</b>	<p>TDB-207-3 Significance of music: Not much</p> <p>TDB-208-3 Significance of music: Sometimes important</p> <p>TDB-209-3 Significance of music: Very important</p>

c) Category Table: Thick Description C

CATEGORY	CODE
<b>Supportive peer relationships</b>	<p>TDC-16-2 Assertiveness &amp; sense of duty to others: Standing up for others</p> <p>TDC-17-2 Perceived social equity: Ensuring everyone gets a turn</p> <p>TDC-26-2 Perceived social support and living with uncertainty: Leading with the trust that the group will follow</p> <p>TDC-44-2 Perceived social support: Looking to the group to share the experience</p> <p>TDC-56-2 Perceived social support and living with uncertainty: Leading with the trust that the group will follow</p> <p>TDC-71-2 Meaningful relationships that bring acceptance: Interpersonal connection through music</p> <p>TDC-82-2 Perceived social support and living with uncertainty: Leading with the trust that the group will follow</p> <p>TDC-90-2 Sense of duty to others: Helping others</p> <p>TDC-96-2 Assertiveness &amp; sense of duty to others: Standing up for others</p> <p>TDC-108-2 Perceived social support and living with uncertainty: Leading with the trust that the group will follow</p> <p>TDC-115-2 Social competence: Peer collaboration</p> <p>TDC-117-2 Perceived social support and living with uncertainty: Leading with the trust that the group will follow</p>
<b>Group cohesion</b>	<p>TDC-22-2 Empathy: Group matches the leader</p> <p>TDC-34-2 Empathy: Group matches musical expression</p> <p>TDC-48-2 Social competence: Group cohesion</p> <p>TDC-50-2 Social competence: Group collaboration</p> <p>TDC-87-2 Empathy: Group matches musical expression</p> <p>TDC-89-2 Social competence: Group cohesion</p> <p>TDC-122-2 Social competence: Group cohesion</p> <p>TDC-124-2 Social competence: Group ends together</p>
<b>Expression</b>	<p>TDC-5-2 Assertiveness: Expressing self through song</p> <p>TDC-6-3 Self-expression: Spontaneous singing</p> <p>TDC-14-3 Self-expression: Spontaneous singing</p> <p>TDC-29-3 Self-expression: Vocal exclamation</p> <p>TDC-42-3 Self-expression: Physical movement</p>

	<p>TDC-51-3 Self-expression: Vocal exclamation</p> <p>TDC-53-3 Self-expression: Vocal exclamation</p> <p>TDC-54-3 Self-expression: Spontaneous singing in first language</p> <p>TDC-59-3 Self-expression: Physical movement</p> <p>TDC-75-3 Self-expression: Vocal expression of pain</p> <p>TDC-85-3 Self-expression: Body language</p> <p>TDC-87 Emotional expression: Smiling with joy and excitement</p> <p>TDC-96-3 Self-expression: Spontaneous singing</p> <p>TDC-104-3 Self-expression: Standing in a tambourine</p> <p>TDC-113-3 Self-expression: Physical movement</p> <p>TDC-127-3 Self-expression: Free music-making</p> <p>TDC-124-3 Creativity: Imaginative instrument-playing</p>
<b>Leadership</b>	<p>TDC-14-2 Self-efficacy: Confident initiation of the music</p> <p>TDC-23-2 Self-efficacy: Leading the music confidently</p> <p>TDC-54-2 Self-efficacy: Confident initiation of the music</p> <p>TDC-65-2 Balance between dependence and independence: Taking the music elsewhere</p> <p>TDC-77-2 Assertiveness: Directing the group to listen</p> <p>TDC-81-2 Self-efficacy: Leading with confidence</p> <p>TDC-101-2 Self-efficacy: Leading the music confidently</p>
<b>Music therapist's musical role</b>	TDC-38-2 Positive role model: MT models different means of expression
<b>Music therapist's extra-musical role</b>	<p>TDC-10-2 Mentor: MT explains</p> <p>TDC-93-2 Mentor: MT's affirmation</p>
<b>Humour</b>	<p>TDC-6-2 Sense of humour: Playful singing</p> <p>TDC-30-2 Sense of humour: Entertaining others</p> <p>TDC-31-2 Sense of humour: Finding humour in the situation</p> <p>TDC-70-2 Sense of humour: Playful interaction</p> <p>TDC-79-2 Sense of humour: Laughing at the situation</p>
<b>Music</b>	<p>TDC-8-3 Music: Playful</p> <p>TDC-23-3 Music: Shifting</p> <p>TDC-47-3 Music: Energetic, unpredictable</p> <p>TDC-69-3 Music: Playful</p> <p>TDC-83-3 Music: Energetic</p> <p>TDC-107-3 Music: Rapidly shifting</p> <p>TDC-119-3 Music: Energetic</p>

	TDC-126-3 Music: Growing
<b>Executive functioning</b>	TDC-2-2 Social competence: Decision-making
<b>Synchronous physical experiences</b>	TDC-8-2 Empathy: Matching playfulness and spontaneity TDC-36-2 Empathy: Mirroring facial expressions TDC-42-2 Empathy: Mirroring body language TDC-48-2 Empathy: Mirroring facial expression TDC-62-2 Empathy: Mirroring facial expression
<b>Synchronous musical experiences</b>	TDC-67-2 Empathy: Musical matching and mirroring facial expressions TDC-86-2 Empathy: Shared energy and emotion TDC-107-2 Empathy: Musical matching TDC-121-2 Empathy: Musical matching
<b>Enduring uncertainty</b>	TDC-21-2 Living with uncertainty: Confident musical variation in improvisation space TDC-63-2 Living with uncertainty: Confident musical variation in improvisation space TDC-92-2 Living with uncertainty: Confident musical variation in improvisation space TDC-102-2 Living with uncertainty: Confident musical variation in improvisation space TDC-113-2 Living with uncertainty: Confident musical variation in improvisation space
<b>Impatience</b>	TDC-16-1 Social competence: Interrupting another's turn TDC-90-1 Social competence: Impatience for turn-taking
<b>Independent participation</b>	TDC-22-1 Social competence: Deviation from group collaboration TDC-26-1 Social competence: Deviation from group collaboration TDC-67-1 Social competence: Deviation from group collaboration TDC-93-1 Social competence: Deviation from group collaboration TDC-103-1 Social competence: Deviation from group collaboration TDC-110-1 Social competence: Lack of group cohesion
<b>Acting in self-interest</b>	TDC-28-2 Sense of duty to self: Asking for a fair turn
<b>Altruism</b>	TDC-60-2 Sense of duty to others: Helping the MT
<b>Communication</b>	TDC-80-3 Communication: Eye-contact TDC-117-3 Communication: Eye-contact

d) Category Table: Portfolio Entry A

CATEGORY	CODE
<b>Exposure to violence</b>	PEA-153-1 Exposure to violence is avoided: Mother hit sister PEA-239-1 Exposure to violence is avoided: Fighting with brother PEA-254-1 Exposure to violence is avoided: Being hit by brother PEA-265-1 Exposure to violence is avoided: Father hits brother PEA-295-1 Exposure to violence is avoided: Verbal aggression PEA-298-1 Exposure to violence is avoided: Being hit by sister
<b>Supportive family relationships</b>	PEA-33-2 Meaningful relationships with others that bring acceptance: Love for mother PEA-76-2 Perceived social support: Living with father PEA-87-2 Opportunities for age-appropriate work: Going to shop for mother PEA-96-2 Meaningful relationships with others that bring acceptance: Older sister PEA-167-2 Meaningful relationships with others that bring acceptance: Older sister PEA-222-2 Quality of parenting meets child's needs: Shopping with mother
<b>Lack of supportive family relationships</b>	PEA-245-1 Meaningful relationships with others that bring acceptance: Sibling conflict PEA-253-1 Positive role model: Brother lies and threatens
<b>Supportive peer relationships</b>	PEA-27-2 Social competence: Paying attention to others PEA-55-2 Perceived social support: Looking to peers for support PEA-61-2 Social competence: Paying attention to others PEA-81-2 Perceived social support: Looking to peers for support PEA-89-2 Social competence: Paying attention to others PEA-93-2 Social competence: Positive peer interaction PEA-128-2 Social competence: Paying attention to others PEA-149-2 Perceived social support: Looking to peers for support PEA-162-2 Social competence: Paying attention to others PEA-174-2 Social competence: Positive peer interaction PEA-212 Social competence: Paying attention to others PEA-217 Social competence: Paying attention to others PEA-224-2 Social competence: Positive peer interaction

	<p>PEA-235-2 Meaningful relationships with others that bring acceptance: Friendship</p> <p>PEA-250-2 Social competence: Positive peer interaction</p> <p>PEA-267-2 Social competence: Encouraging and supporting others</p> <p>PEA-290-2 Social competence: Paying attention to others</p>
<b>Enhanced confidence</b>	<p>PEA-101-2 Assertiveness: Speaking with enhanced confidence</p> <p>PEA-168-2 Assertiveness: Speaking with enhanced confidence</p> <p>PEA-239-2 Assertiveness: Speaking with enhanced confidence</p>
<b>Confidence</b>	<p>PEA-2-2 Assertiveness: Initiative and confidence</p> <p>PEA-260-2 Assertiveness: Telling the truth</p>
<b>Lack of confidence</b>	<p>PEA-13-1 Assertiveness: Shyness/caution</p> <p>PEA-25-1 Assertiveness: Shyness/caution</p> <p>PEA-55-1 Assertiveness: Shyness/caution</p> <p>PEA-64-1 Assertiveness: Submission to another's unfair treatment</p> <p>PEA-72-1 Assertiveness: Shyness/caution</p> <p>PEA-124-1 Assertiveness: Shyness/caution</p> <p>PEA-198-1 Assertiveness: Shyness/caution</p> <p>PEA-211-1 Assertiveness: Self-consciousness</p> <p>PEA-291-1 Assertiveness: Shyness/caution</p>
<b>Rites of passage</b>	<p>PEA-20-2 Meaningful rite of passage: Starting school</p> <p>PEA-58-2 Meaningful rite of passage: Going to music therapy</p> <p>PEA-143-2 Meaningful rite of passage: Dancing in the ballet</p> <p>PEA-170-2 Meaningful rite of passage: Birthday</p> <p>PEA-209-2 Meaningful rite of passage: "To check if I was big enough"</p> <p>PEA-293-2 Meaningful rite of passage: Learning to walk</p> <p>PEA-296-2 Meaningful rite of passage: Starting school</p> <p>PEA-305-2 Meaningful rite of passage: Birthday</p>
<b>Music therapist's extra-musical role</b>	<p>PEA-29-2 Mentor: MT affirms</p> <p>PEA-99-2 Mentor: MT affirms</p> <p>PEA-107-2 Mentor: MT affirms</p> <p>PEA-138-2 Mentor: MT mediates</p> <p>PEA-146-2 Mentor: MT validates</p> <p>PEA-160-2 Mentor: MT validates</p> <p>PEA-181-2 Mentor: MT affirms</p> <p>PEA-206-2 Mentor: MT intervenes</p>

	PEA-272-2 Mentor: MT validates PEA-303-1 Mentor: MT does <i>not</i> control the group PEA-310-2 Mentor: MT validates
<b>Opportunities to play</b>	PEA-26-3 Play: Outdoor play PEA-92-3 Play: Outdoor play PEA-98-3 Play: Positive experience of outdoor play PEA-134-3 Play: Positive experience of outdoor play
<b>Synchronous physical experiences</b>	PEA-93-2 Empathy: Mirroring facial expression PEA-126-2 Empathy: Mirroring facial expression PEA-174-2 Empathy: Mirroring facial expression PEA-203-2 Empathy: Mirroring facial expression PEA-236-2 Empathy: Mirroring facial expression PEA-250-2 Empathy: Mirroring facial expression PEA-256-2 Empathy: Mirroring facial expression PEA-270-2 Empathy: Mirroring facial expression
<b>Altruism</b>	PEA-227-2 Sense of duty to others: Sharing with friends
<b>Service access</b>	PEA-17-2 Access to school and education: Reading in class PEA-179-2 Access to school and education: Being at school PEA-297-2 Access to school and education: Going to school PEA-299-2 Safety and security needs are met: Access to a clinic
<b>Acting in self-interest</b>	PEA-25-2 Assertiveness: Standing up for oneself PEA-139-2 Assertiveness: Standing up for oneself
<b>Lack of executive functioning</b>	PEA-37-1 Social competence: Not paying attention to others PEA-127-1 Social competence: Not paying attention to others PEA-129-1 Social competence: Lack of impulse control PEA-132-1 Social competence: Not paying attention PEA-200-1 Social competence: Not paying attention to others PEA-215-1 Social competence: Not paying attention to others PEA-301-1 Social competence: Not paying attention to others
<b>Experience of music</b>	PEA-15-3 Significance of music: Experienced as important PEA-157-2 Significance of music: Playing drums experienced as important
<b>Aggression</b>	PEA-62-1 Assertiveness: Aggressive behaviour towards others PEA-138-1 Assertiveness: Aggressive behaviour towards others
<b>Risk factors</b>	PEA-63-3 Risk factor: Bullying PEA-299-3 Risk factor: Exposure to illness

e) Category table: Portfolio Entry B

CATEGORY	CODE
<b>Risk factors</b>	PEB-1-3 Risk factor: Fire in community PEB-4-3 Risk factor: Witnessing other children being hit PEB-23-3 Risk factor: Socially deviant peers PEB-24-3 Risk factor: Family illness
<b>Bullying</b>	PEB-2-3 Risk factor: Bullying at school PEB-2-1 Exposure to violence is avoided: Bullying PEB-5-3 Experience of bullying: Bullies are older than victims PEB-8-3 Risk factor: Bullying PEB-14-3 Risk factor: Bullying PEB-17-3 Experience of bullying: Bullying a common occurrence PEB-18-3 Risk factor: Bullying PEB-30-3 Risk factor: Bullying PEB-32-3 Risk factor: Bullying
<b>Exposure to violence</b>	PEB-4-1 Exposure to violence is avoided: Corporal punishment used at school PEB-8-1 Exposure to violence is avoided: Being hurt by other children PEB-9-1 Exposure to violence is avoided: Verbal aggression PEB-21-1 Exposure to violence is avoided: Being hit PEB-22-1 Exposure to violence is avoided: Hitting PEB-32-1 Exposure to violence is avoided: Fighting
<b>Avoidance of violence</b>	PEB-14-2 Social competence: Not liking to fight PEB-15-2 Exposure to violence is avoided: Not playing with children who fight PEB-16-2 Exposure to violence is avoided: Recognition that fighting is bad
<b>Altruism</b>	PEB-6-2 Sense of duty to others: Saving a child from a fire PEB-31-2 Sense of duty to others: Sharing PEB-33-2 Sense of duty to others: Sharing PEB-37-2 Sense of duty to others: Sharing
<b>Supportive peer relationships</b>	PEB-11-2 Meaningful relationships that bring acceptance: Playing with friends PEB-19-2 Meaningful relationships that bring acceptance: Playing with children who have common interests

	PEB-19-3 Protective factors: Having common interests with other children
<b>Supportive family relationships</b>	<p>PEB-25-2 Perceived social support: Visits from mother</p> <p>PEB-26-3 Protective factor: Family health</p> <p>PEB-27-2 Perceived social support: Being fetched by mother</p> <p>PEB-28-2 Meaningful relationships that bring acceptance: Playing with brother and mother</p> <p>PEB-34-2 Quality of parenting meets child's needs: Maternal affection</p> <p>PEB-35-2 Quality of parenting meets child's needs: Paternal affection</p> <p>PEB-36-2 Meaningful relationships that bring acceptance: Family affection</p>
<b>Supportive relationships within the community</b>	<p>PEB-3-2 Perceived social support: Teacher</p> <p>PEB-7-2 Perceived social support: Affirmation from the community</p>
<b>Rites of passage</b>	<p>PEB-13-2 Meaningful rite of passage: Playing drums in music therapy</p> <p>PEB-29-2 Meaningful rites of passage: Birthdays</p>
<b>Social status</b>	<p>PEB-10-3 Social status: Material possessions</p> <p>PEB-12-3 Social status: Money and wealth</p>
<b>Experience of music</b>	PEB-13-3 Experience of music: Playing drums experienced as good
<b>Expression</b>	PEB-20-3 Experience of emotional expression: Crying is bad
<b>Opportunities to play</b>	PEB-28-3 Play: Playing with brother and mother

f) Category table: Portfolio Entry C

<b>CATEGORY</b>	<b>CODE</b>
<b>Exposure to violence</b>	PEC-9-1 Exposure to violence is avoided: Hitting PEC-11-1 Exposure to violence is avoided: Shooting
<b>Supportive family relationships</b>	PEC-6-2 Quality of parenting meets child's needs: Parental support PEC-16-2 Quality of parenting meets child's needs: Maternal comfort PEC-17-2 Perceived social support: Parental support
<b>Risk factors</b>	PEC-9-3 Risk factor: Bullying PEC-12-3 Risk factor: Death/loss PEC-17-3 Risk factor: Bullying
<b>Experience of self</b>	PEC-1-2 Self-awareness: Personal strength PEC-3-2 Self-awareness: Physical strength PEC-4-2 Self-awareness: Internal strength
<b>Altruism</b>	PEC-7-2 Social competence: Kindness PEC-13-2 Sense of duty to others: Sharing with the poor PEC-18-2 Sense of duty to others: Reassurance
<b>Future orientation</b>	PEC-18-2 Optimism: "Don't worry"
<b>Spirituality</b>	PEC-8-2 Spiritual identification: God as protector

**Appendix L: Final table of categories**

<b>TDA</b>	<b>TDB</b>	<b>TDC</b>	<b>PEA</b>	<b>PEB</b>	<b>PEC</b>
Initiative	Leadership	Supportive peer relationships	Exposure to violence	Risk factors	Exposure to violence
Music therapist's musical role	Music Therapist's musical role	Group cohesion	Supportive family relationships	Bullying	Supportive family relationships
Music therapist's extra-musical role	Music therapist's extra-musical role	Expression	Lack of supportive family relationships	Exposure to violence	Risk factors
Relationship with music therapist	Expression	Leadership	Supportive peer relationships	Avoidance of violence	Experience of self
Group cohesion	Music	Music therapist's musical role	Enhanced confidence	Altruism	Altruism
Enhanced confidence	Confidence	Music therapist's extra-musical role	Confidence	Supportive peer relationships	Future orientation
Lack of confidence	Lack of confidence	Humour	Lack of confidence	Supportive family relationships	Spirituality
Music	Supportive peer relationships	Music	Rites of passage	Supportive relationships within the community	
Supportive peer relationships	Enduring uncertainty	Executive functioning	Music therapist's extra-musical role	Rites of passage	
Expression	Group cohesion	Physical mirroring	Opportunities to play	Social status	

Physical mirroring	Impatience	Synchronous musical experiences	Physical mirroring	Other protective factors	
Synchronous musical experiences	Supportive family relationships	Enduring uncertainty	Altruism	Experience of music	
Rites of passage	Experience of self	Impatience	Service access	Expression	
Impatience	Executive functioning	Independent participation	Acting in self-interest	Opportunities to play	
Communication	Confrontational peer interactions	Acting in self-interest	Risk factors		
Acting in self-interest	Independent participation	Altruism	Lack of executive functioning		
Uncertainty	Aggression	Communication	Experience of music		
Humour	Synchronous musical experiences		Aggression		
Non-compliance	Physical mirroring				
	Spirituality				
	Safety				
	Humour				
	Creativity				
	Prosocial responses				
	Risk factors				

	Future orientation				
	Experience of music				
	Lack of executive functioning				

