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Singing the same song: A survey of diverse music therapy practices and contexts on the African continent

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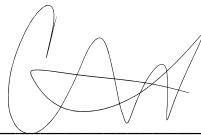
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Abstract

This cross-sectional exploratory mixed methods study surveyed individuals across the African continent who identified themselves as music therapists, music therapy students, musicians who framed their work as "therapeutic," and any practitioner who framed (part or all of) their practice as "music therapy" or "therapeutic musicing." A questionnaire was distributed electronically to various groups and networks of people working in such capacities on the African continent. Twenty-two respondents comprised the final sample from 11 countries across all five of Africa's geographical regions (North, South, East, West, and Central Africa). Qualitative data were coded and analyzed via content analysis. Quantitative data were analyzed via descriptive statistical analysis. The respondents were categorized into three practitioner types: Music Therapists within Accredited Guidelines (MTAGs), Self-identified Music Therapists (SIMTs) and Therapeutic Integrative Music Practitioners (TIMPs). These individuals described their professional identities, their practices, the contexts of their work, and the intended purposes of their work in diverse ways. They also described the role and use of music in their work. Results indicated that in every geographical region of Africa, a therapeutic music practitioner exists and is working actively with communities to bring health, wellness, and positive change. They describe their work differently, exist in different contexts, perceive and define music therapy and the therapeutic use of music in different ways, however, the three types of practitioners, or the "trifecta," present overlapping interconnectedness and are rooted in similar objectives, philosophies, values, and desires regardless of location, clientele, or whether these individuals were connected or had interacted. A strong interest was expressed among participants for collaborating and connecting with one another or with other like-minded practitioners if avenues become available to do so. This is the first survey of diverse music therapy and therapeutic musicing practices in Africa and offers the first step towards mapping the scope of these practices on the continent and contributes towards creating a network of practitioners. The small sample size of this exploratory study invite future researchers to continue investigating this topic further.

Keywords: *music therapy, therapeutic music, practitioner, African continent, survey study, musicing, practitioner identity*

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A Flag of the Therapeutic Musicing Nation of Africa

CHAPTER ONE

Introduction

Background and Context

My interests as a musical being have always been centered on how the human experience in music brings with it much complexity and interconnectedness. My passion for understanding this interconnectedness has led me down many winding paths in my education and career as a musician and music therapist, both geographically and philosophically. Investigating the complex experiences people have with music, and because of music, has stretched me across many different disciplines and brought me to far corners of the globe. The journey has been labyrinthine, reflecting the very nature of music itself. This journey has included extensive work with various communities on the African continent, particularly in Kenya, Uganda, and South Africa. I currently orchestrate a non-profit organization called Umoja Global Community Music Therapy (www.umojaglobal.org) that investigates therapeutic music practices in East Africa and builds empowerment structures centered on music and music therapy practices.

While building this organization over the years, I have come in contact with a great number of fellow musical beings who seek to utilize music for the betterment of their communities and humanity as a whole. I have shared classrooms with certified music therapists like myself [1] and music therapists-to-be, who engage with accreditation systems of music therapy in various parts of the world. Outside of these systems, I have witnessed compassionate musicians in other parts of the world leading musical interactions with their communities, from pediatric oncology patients, to formerly incarcerated mothers and survivors of domestic abuse. I

have sat with them and heard their stories and their voicing of a belief that the music they bring nurtures empowerment, resilience, solidarity, and healing. I have danced, sung, [1]and drummed hypnotic rhythms with traditional music troupes in the hills of Northern Uganda, the sacred Maasai lands of Western Kenya, and the rainforests of Ghana. The leaders of these groups identify themselves as musical healers and bringers of change; their work is as diverse, multifaceted, complex, and colorful as Africa herself.

Within the purview of my sharing these spaces and being immersed in the incredible work of these musical practitioners, I have felt a profound sense of connectedness and kinship with them. I have also sensed that despite the vastness of the African continent, these like-minded people are just inches away from each other. Connections between these practitioners do indeed occur and some networks do already exist. On the other hand, there is still much ongoing disconnect and many practitioners do not know about each other's work. There are also divisions that exist in the way practitioners support different ways of working. I am seeking to not only broaden lines of communication and connection between practitioners on the African continent but to also thin out dividing lines that differentiate what music therapy "is" and "is not" and demonstrate how all of these diverse practices may be different branches reaching from the same tree. In a presentation for the 16th World Congress of Music Therapy, held virtually from Pretoria, South Africa, a therapeutic music practitioner in Kenya named Fezile Maucho sang two distinct lullabies. One was a song from Swaziland that her grandmother used to sing to her, and another was a Swahili song from Kenya. The two melodies were unquestionably different, but their cadences, patterns, and rhythmic structures were uncannily alike. The songs were sisters, yet they came from two distinct languages from different geographical regions in Africa and two

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[1] Before enrolling in this degree, I qualified first as a music therapist in the U.S and obtained the certification of MT-BC (Music Therapist-Board Certified).

completely separate lines of oral tradition. As the Kenyan music therapist finished singing, she said with a broad smile, "See? There is something inside of us that sings the same song."

Despite this shared song within all of us, currently, a shared conceptualization of the scope(s) of music therapy, community music with therapeutic elements, and traditional healing (with a music focus) does not yet exist on the African continent. This research study aimed to contribute to that conversation through creating the first "map" of therapeutic musicing in Africa (the word "musicing," going forward, describes the process or art of making music or engaging in music.) In this study, therefore, I sought to identify music therapists, music therapy students, musicians who frame their work as "therapeutic," and any practitioner who frames (part or all of) their practice as "music therapy" or "therapeutic musicing" across the African continent (with consideration that translational processes are complex and imprecise, allowing different interpretations, use of these words, and identifications to be included). In addition to collecting diverse descriptions, I also searched for diverse contexts and aimed to include practitioners or students working in their home countries or as expatriates in countries outside of their home countries, either under their own jurisdiction or as part of an organization or overseas program. I included expatriates because I felt their experiences and perspectives as practitioners working with cultures different from their own would provide meaningful insight into this exploration. The study focused on exploring how these practitioners described their work and the scope of their work, as various practices each have their own niche of literature and discourse.

It would be remiss to not acknowledge my positionality in this research and to note the importance of reflexivity throughout this exploration. As a caucasian, westerner who is a trained certified music therapist, I am framed by systems and architecture of privilege and a specific way music therapy is defined, practiced, and informed. This context and positionality warrants careful

self-reflexivity which is continuously noted for the remainder of the paper. Throughout this cartographic voyage, reflexivity will maintain a steady point on the compass that guides and directs this research.

1.2 Research Problem

From my background as a certified music therapist (in the US) who has undergone a Master's music therapy program in South Africa, I have observed that the most prominent literature about music therapy practices on the continent hails from South Africa. South Africa is the only African country with an established music therapy training program recognized globally (Pavlicevic, 2001). It therefore contains the presence of many music therapy students and professional music therapists. In terms of traditional healing practices with a musical focus on the broader African continent, a fair amount of literature exists, particularly about traditional African healers (Buber, 1958; Janzen, 2017; Umezinwa, 2013), and from the perspective of ethnomusicological observations (Penniman, 2002; Wilson, 2004). Authors such as Kigunda (2007) and Nzewi (1997) were some of the first to implore the name "music therapy" within traditional African contexts. Other music-focused practices that are closely connected, such as the approach of Community Music Therapy in South Africa are noted by Dos Santos (2005), Fouché (2007), and Pavlicevic and Ansdell (2004).

The vast continent of Africa is comprised of 54 independent countries, each at its own stage of growth and development. The presence and the parameters of music therapy and therapeutic musicing look quite different for each. Music therapy is not a regulated and

accredited field in all African countries. Some include music therapy under councils and associations of their healthcare system such as Namibia (Styrdom, 2012) and South Africa. Most countries do not have a formalized "music therapy" profession. In these countries, self-identified music therapists, such as those documented in Nigeria (Aluede, 2006) and Kenya (Akombo, 2000), provide services to their communities. Some certified music therapists practice in this capacity as expatriates, such as in Malawi (Winter, 2015), having been trained in other countries within an accredited system. Music therapy students may also volunteer or study abroad to enhance their education through diverse intercultural experiences. Some self-identified music therapists may also practice in countries other than their own. These individuals may work with NGOs, overseas institutions and programs, or under their own jurisdiction. I included these various combinations of practitioners and students, their origins, and the contexts of their work in my study sample to give a realistic overview of the individuals who are practicing "on the ground"

.

Research has not yet been conducted to explore the full extent of how these individuals describe the work they do, how they perceive and articulate the importance and impact of their work, why they do this work, and whether (and, if so, how) these practitioners are aware of one another cross-continentally. Additionally, there is yet to be research that reveals if/how they collaborate through shared knowledge, belief systems, and techniques in practice. This lacuna of information signifies an untapped resource that could richly inform the field of music therapy, allow practitioner's and student's voices to be heard, paint a clear picture of practices that may be misunderstood, and potentially create unity among these like-minded individuals. I, therefore, aimed to conduct a cross-sectional study to investigate this.

1.3 Aims

Through this study, I hoped to identify the scope of diverse practices including music therapy, therapeutic musicing, traditional healing with a music focus, and similar identifications that may be translated in a variety of ways within different languages across Africa utilizing a survey to collect information about participants' professional or academic practices and the contexts in which they operate. In the research questions, "therapeutic musicing" was used as an inclusive, overarching term. I also aimed to spark connection and collaboration between the practitioners and students who participated in this exploration, and ultimately offer the field of music therapy a "map" of sorts that may bring forth newfound discussions about the co-existence of diverse culturally contextual practices.

The continent offers much uncharted terrain in terms of mapping these practices and there are many "dots" to connect in order to accurately illuminate diverse practices and introduce the individuals behind them in a way that justly describes the extent of their work. In response, and with a stance of objective curiosity, I intended to gather participants' descriptions of their own practices in the service of greater understanding of (and potentially towards) collaboration, co-facilitation, co-creation, co-meaning, and coexistence. I hoped for this study to be driven by an ethnomusicological stance where I was guided by ethical principles of social responsibility, human rights, and cultural and musical equity (Pettan, 2015), wherefore gathering information about the musical healing practices and the presence of music therapy services in Africa may allow for opportunities for advocacy, preservation, and unification. I also hoped that this

information may provide recognition and visibility for practitioners who may not be part of national systems of registration, standardizations, and accredited programs.

I aimed to survey people who classify their work or studies as music therapy according to national accreditation guidelines if this is present in their practice or training and people who self-classify where national accreditation is not present. I aimed to gather data in relation to their descriptions of their practice in the context of health care and culture and their descriptions of their professional identity, also in the context of health care and culture.

1.4 Research Questions

The research was, therefore, guided by three encompassing questions with several subquestions included for each.

1. On the African continent,

    a) What types of practitioners or students are conducting therapeutic musicing?

    b) Where are they working or studying; and

    c) What contexts are they working and studying in?

2. How do individuals who classify themselves as music therapists, music therapy students, and/or who classify their work as music therapy, according to national accreditation guidelines where this is present in their work or training and according to self-classification where national accreditation is not present,

a) Describe their practice or studies in the contexts of (a) health care and (b) culture)?

b) Describe the intended purpose of their work?

c) Describe the role of music in their work?

d) Describe their professional identity in the context of (a) health care and (b) culture?

e) Articulate how their practice serves the communities and individuals with whom they work?

3. Are these practitioners and students aware of others doing similar work on the African continent and, if so,

a) What attitudes do these practitioners and students have towards others doing similar work?

b) Is there interest in creating a coalition or network of sorts where information and practice can be shared?

1.5 Chapter Summary

Chapter two reviews the existing literature on music therapy practices on the African continent. Chapter three describes the methodology of this study including the methods used for sampling and data collection. Chapter four reveals the analysis and findings. Chapters five and six will discuss and conclude the findings of this study as well as the limitations and implications for future research.

CHAPTER TWO

Literature Review

The literature review will focus first on the identifications of therapeutic musicing practices in Africa more generally with a focus on the geographical regions of the continent that were captured in this study. Literature concerning traditional practices based on indigenous knowledge systems, such as music healing and traditional healing practices with a music focus will be addressed. Finally, Community Music Therapy literature will be reviewed as this approach of music therapy emphasizes collaborative, culturally-contextual practices and the literature highlights its relevance for the focus of this study.

2.1 Practitioners in Africa: Identifications and Contexts

This study yielded participation from all five of the African continent's geographical regions. Chapter four presents this rich data in detail. The individuals who participated in this study reported their countries of origin and the current location where they work. This literature review thus reflects work and studies that have taken place in these geographical regions specifically. While the individual respondents are not to be generalized whatsoever as representing the vastness of the regions, countries, or even communities in which they work, the work that has taken place in the regions where these respondents work more concretely situates their practices and provides context. Therefore, this section of the literature review will shine a light on the prior and current work that has taken place where respondents reported from. Definitions of music therapy and the complexities of defining music therapy in general is explored first.

Defining music therapy (as a regulated profession) can be a messy business because it cannot be understood as just one practice but rather a group of diverse practices (Bruscia, 2014). While there are multiple definitions of music therapy, one helpful definition for the sake of understanding music therapy practices within the current study is as follows:

In a therapeutic context, music is a medium in which various clinical goals can be identified and pursued through a musical experiential and reflexive process in order to support, promote and ultimately optimize various areas within health, well-being, and quality of life. The therapeutic relationship formed through the music serves as the catalyst for change (Bruscia, 2014).

Music therapy practices take place within a field, contained by educational structures and a guild of governing associations where there is an agreement regarding what music therapy "is" and what it "is not." These structures, however, are largely informed by a Western context and its privileges, or "Western cosmology" according to Pavlicevic (2002), such as university programs, regulatory bodies, well-resourced institutions, and infrastructure and guidelines that dictate who may access these spaces.

The belief and use of music as a healing tool, however, is a timeless and borderless practice. This is a frequent discussion among music therapists, musicians, and ethnomusicologists alike (Kigunda, 2007; Nzewi, 1997; Pavlicevic, 2004). The nations of the African continent have practiced music healing and incorporated music in rituals for millennia, way before "music therapy" was born. The literature surrounding these ancient practices is situated in the socially oriented work of ethnomusicologists such as Summit (2015), Van Buren (2010), and Wilson (2006), whose applied work focuses heavily on the advocacy of traditional musical practices

throughout African communities. Their efforts include ethnographic documentation of various musical healing practices in Africa as a means to preserve them and advocate for their protection.

One of the many sociopolitical boundaries facing post-colonial African societies is that while therapeutic musicing was practiced long before the formalized and regulated profession of "music therapy" was established, many of the parameters of the current profession create a stage of debate about whether traditional practices are completely different from music therapy and whether their scope of practice is not meant to be shared. Questions persist such as whether these therapeutic practices overlap in some contexts; whether traditional healers and music therapists draw on some similar underlying philosophies of music; whether overlaps (and distinctions) are constructed through how these practitioners describe their work (as opposed to [only] relating to practice), its importance, and what motivates them. These are the queries that pique my curiosity and guided this research. In addition, the quandary between traditional African healing practices and the modern/westernized guild of healthcare is just a microcosm of the impact of colonialism that African nations continue to reel from, where their indigenous systems of knowledge, wisdom, and culture have been fragmented and marginalized (Pavlicevic, 2004). It was also an objective of this research to create a channel of inclusion and openness so as to not contribute to the ongoing traumas of colonial thinking and divisiveness.

Recent music therapy literature has nourished the concept of anti-oppressive practices (AOP) (Baines, 2013; Baines & Sharma, 2018) in the clinical space and music therapy field. This is a timely development in the literature, because authors are acknowledging how today's music therapy practices can contribute to systems of oppression and exclusion due to the field's traditions in Eurocentric philosophies that may promote white supremacy (Baines, 2021). In

response, music therapy practices can be specifically designed to be anti-oppressive and contribute to the dismantling of systemic oppression for marginalized people, being identified as Anti-Oppressive Music Therapy Practices (AOMT). Additionally, other authors such as Sewepagaham et al. (2021) cite pathways for decolonizing music therapy where colonial notions about the music therapy field and the appropriation of musical healing traditions are confronted.

The World Federation of Music Therapy (WFMT) (wfmt.info) is a representative body of the music therapy field across international borders. Their network consists of music therapy associations and programs throughout the globe. There are two music therapy associations from the African continent that are registered with the WFMT: one in South Africa and the other in Ghana. The presence of a music therapy association means there is at least one certified music therapy professional in that respective country who underwent training at an accredited institution. An accredited institution is an undergraduate or graduate university program that is recognized by the music therapy association of its locale as well as the WFMT.

In northern Africa, music therapists have worked with Sudanese refugees (Jones et al., 2004) and the very first music therapy course was recently started at University of Cairo in Egypt (Mohamed, 2018). Both these authors offer a profound exploration into "bridging the gap" between traditional perceptions about the healing qualities of music and the more modern context of music therapy today (Bright, 1993).

In southern Africa, the music therapy field is the most established, particularly in South Africa and Namibia. These are the only African nations with systems in place that recognize music therapy as a health profession, according to the Health Professions Council of South Africa (HPCSA) and the Health Professions Council of Namibia (HPCNA). South Africa is

home to the continent's only accredited music therapy program which is a Master's degree accredited by the HPCSA. This program includes various clinical practicum and internship sites, a network of supervision, and a growing body of research (Dos Santos, 2005; Fouché, 2007; Moonga, 2017; Pavlicevic, 2004).

In the east African nation of Kenya, Akombo (2000) identifies music therapy as an age-old cultural practice of healing tightly woven into traditional African healing practices. Akombo's work describes music therapy services in various contexts such as with children in a refugee camp in Kenya. While visiting a refugee camp with several Kenyan music therapists, he described the approach as traditional music therapy and ethnomusic therapy. These approaches incorporate ancient traditional folk dances and songs passed down for generations where they are observed to bring levity to traumatized individuals, promote healing, and overall emotional health and wellbeing.

In west Africa, particularly Ghana and Nigeria, music therapy exists quite differently. In Ghana, there is one accredited music therapy practice that was founded by a Ghanaian therapist who trained overseas (Bensimon, 2008). This individual hosts exchanges with international music therapy students and interns at her practice. Elsewhere, there are documented examples of work by self-identified music therapists in the context where national accreditation guidelines are not present. These music therapists exist within their own unique cultural context. In Nigeria, music therapy is also described as an age-old practice used for the treatment of emotional and psychological disorders. Aluede (2006) writes extensively about the historical origin of music therapy in Nigeria within a traditional African healing paradigm. He mentions music therapy

included within the work of herbalists, witch doctors, and faith healers and draws from sacred texts that inform this cultural paradigm of healing practice.

In central Africa, a form of music therapy based on CBT practices titled Healing in Harmony (HiH) was recently documented in the Democratic Republic of Congo. This program was designed to address women's mental health in the rural region of South Kivu following conflict-related trauma and sexual violence (Cikuru et al., 2021). According to a recent qualitative study of this program's impact, "HiH provides music therapy to survivors of sexual violence and violence-related trauma. Working with a trained therapist and professional music producer, participants begin the healing process by writing, recording, and professionally producing songs about their emotions and experiences, simultaneously engaging in therapy and developing their own musical artistry." (Cikuru et al., 2021)

2.2 Music: A Healer

As mentioned, music has been utilized for healing purposes since the beginning of humanity (Gouk, 2017). A great deal of literature explains music's healing potential in African societies and culture (Umezinwa, 2013). Several authors have written about the integrated phenomenon of music and dance in traditional Africa as a healing medium, focusing on specific tribal groups and cultural contexts. For example, the therapeutic efficacy of Dandanda songs and dance traditions of Zimbabwe were documented by Thram (1999). Penniman (2002) and Wilson (2004) researched healing ceremonies of dance and drumming in various cultural groups of Ghana. Janzen (2017) wrote about the healing effects of Ngoma drums and the musical traditions of

Zambia and Botswana. Moonga (2017) composed a dissertation about his music therapy research in Zambia and describes the traditional African healing practices that are spawned from indigenous knowledge systems, or as Pavlicevic (2002) describes, "indigenous cosmology." He also describes the relationship between his own music therapy training and traditional practices, citing the work of Mutunda (2008) who writes about the healing poetry of the Lunda tribe in Zambia. In the same breath, all of these authors ask in their own way how music therapy theory and practice and traditional African healing may position themselves in relation to one another and coexist.

Meki Nzewi (2002) amply illustrates the numerous dimensions of traditional African healing and music from a context of sonic constructs, harmony, energy, and health. He describes music as the "science of being; the art of living with health" (p.1) Nzewi defines illness as dissonance or a discrepancy between energies, connections with others, or with cultural locutions of expression in life. He argues that health can be restored and rebalanced through the use of various traditional instruments that offer "sonic constructs that would engage dissonant tissue energies in order restore the normal resonance of life energy in human organs" (p.1)

2.3 Community Music Therapy

Community Music Therapy (CoMT) is an approach in the music therapy field that takes into account the psychosocial value of community for individuals. Community Music Therapy informs how one apprehends and responds to therapeutic needs (Ruud, 2004). It promotes an awareness and appreciation of cultural context (Stige, 2002). CoMT is context-specific and focuses on the needs of a community as a whole (Rolvsjord, 2006). Stige (2002) describes music therapy from a culture-centered perspective. He explains how music therapy brings different

meanings for different people depending on the context. Music therapy is, thus, constructed in a socio-cultural way (Stige, 2002). In the words of Pavlicevic and Ansdell (2004) Community Music Therapy "aims to follow where people and music lead." (p.44)

Music therapists working within this approach are required to be responsive to context and to design interventions that fit within the culture. The theoretical framework of CoMT entails taking a step back from a traditional therapeutic, boundary-driven clinical approach. Instead, practitioners must step into more of a therapeutic-musician stance where both individual and community experiences are valued. The music therapist is no longer the clinical expert but is a collaborative musician who facilitates access to empowering musical experiences (Rolvsjord, 2006). Through music engagement, the therapist comes to know group members or individuals and facilitates the music therapy space in appropriate ways for participants to explore and discover resources within themselves (Amir, 2004).

CoMT differs from the conventional music therapy model as it shifts away from doing music therapy behind closed doors (Aasgaard, 2008), towards a space that exceeds the therapy room along with collaborative "musicing" persons (Amir, 2004). Music, a reverberating phenomenon, is not created to stay isolated, as it moves in sound waves that often cannot be enclosed (Pavlicevic, 2004). Music exceeding the therapy room brings people together, for example through a performance. Performance might not traditionally be perceived as being part of the music therapy process, but it might be a vital part of the therapy process for many CoMT groups (Aigen, 2004). Therefore, performance is included under the CoMT umbrella (Stige, 2002).

The Resource-oriented approach to music therapy (Schwabe, 2005) is another method connected to CoMT where music therapists are called to focus on client resources, competencies,

and potential. In this context, the practitioner must structure their interactions with these resources in mind.

The approach of CoMT is extremely relevant to this study because it entails ways of thinking that are entirely culturally sensitive and adaptive. This approach warrants an expectation of collaboration between music therapists, community musicians, and other practitioners in the local context (Ansdell, 2004; Pavlicevic & Ansdell, 2004). As the African continent offers so much diversity in its musical practices, CoMT is one of the many areas of therapeutic musicing I expected to come across in this study. While I did not intend to see this study through any particular theoretical lens, I considered the theoretical framework of CoMT to guide it along, especially in the context of working in a culturally humble way, observing various practitioners collaborating with one another, and different practices coexisting in the same space. As a music therapist myself, I would argue that the various aspects of CoMT are most relevant for participating in and facilitating music therapy work in African spaces as it is a culturally responsive and context-dependent approach. This makes it an ethically responsible approach for an African context, as the collaboration between music therapist (a practice that may be seen by some as a colonial import), community musician, or traditional African healer may take place and an optimal, cooperative, and diversely unified experience can be afforded.

2.4 Conclusion

There is an abundance of music therapy research from South Africa but just a trickle of studies defined by the authors as "music therapy" in other countries such as Nigeria (Aluede, 2006) and Kenya (Akombo, 2000) and a few accounts of music therapists trained elsewhere

conducting work in African countries such as Malawi (Winter, 2015). There is a complex web of practitioners using music within healing throughout the continent, each identifying themselves and their work differently. Investigating the available literature confirmed my curiosity to seek a descriptive sense of what is currently taking place and the need to understand if practitioners are aware of each other's work, which may potentially lead to greater collaboration. I hoped that this study would allow me to reach as many "dots" on the web as possible and allow practitioners' presence to be known, whether they classify their work as "music therapy" in accordance with national accreditation guidelines, or self-classify as such, when national accreditations guidelines are not present.

CHAPTER THREE

Methodology

3.1 Introduction

In this chapter, cross-sectional mixed methods research is described as the methodology of
choice for this study, and justification is given for this choice. The creation of the questionnaire
and further information about survey studies are explained thereafter. Following this, the method
of sampling of participants is also described, including references to similar studies and their
sample populations. This information guided me in designing a sample size goal for the current
study. Finally, the methods for data collection are explained, focusing on both the quantitative
and qualitative data sought through the survey questions. Reflexivity and a close examination of
my positionality as the researcher is also described, as self-reflexivity maintained a fundamental
role in the methodology of this study.

3.2 Cross-sectional Mixed Methods Research

This was a cross-sectional mixed-methods study. Mixed methods research has been defined as
research that combines quantitative and qualitative approaches into a single study's methodology
(Collins & O'Cathain, 2009). Surveys were distributed in order to collect quantitative and
qualitative information. Analyzing both quantitative and qualitative data offered this study a
range of interpretive possibilities. Mixed methods research can be beneficial in that it can combat
biases as, according to Greene et al., (2008), the "use of only one method to assess a given

phenomenon will inevitably yield biased and limited results." (p. 256). This method also improves the overall interpretation of the data as study findings are grounded simultaneously in quantities rendered and the participants' experiences (McFerran et al., 2010).

A cross-sectional survey study (also known as a cross-sectional analysis, transverse study, or prevalence study) is a non-experimental, descriptive research design where the population of interest is studied at a single point in time and data are collected through surveys/questionnaires (Salkind, 2010; Shanahan, 2010) within particular contexts (Hall, 2009). Metaphorically, it involves the "casting of a line" and "reeling in" responses. Respondents in this study represented many different walks of life. Practitioners working within their own country or as expatriates brought forward diverse perspectives regarding their practices, cultural contexts, and professional identities across a vast location. This methodology allowed participants' answers to be held with equal weight in the analysis, taking into account limitations such as logistical challenges with accessing the survey, having the resources available for completing it and sending it back, translating different languages, adjusting the language for different literacy levels or delivering the questions orally, and factoring in time zone differences and barriers with communication. Outside of these limitations, those who contributed were included equally and their answers were unified into one source of data.

The limitations mentioned above, in addition to being a solo researcher with time-sensitive deadlines to reach, while occupying a certain architecture of privilege, framed this to be a preliminary, exploratory pilot study that is only a first small step with potential for immense growth. Through this study, I hoped to present preliminary data that subsequent researchers can

build further studies upon. Consider this "Opus I" for what will hopefully become a continuously expanding and augmenting composition.

3.3 Sampling

The sampling of participants in this cross-sectional study was done through purposive and snowball sampling. Purposive sampling involves deliberately recruiting participants the researcher believes possess certain qualities most suited for the study (Etikan, 2016). Snowball sampling is when the researcher actively seeks and recruits participants through the contacts of other potential participants they have access to. The researcher accesses informants through a contact who is provided by other informants (Noy, 2008) and this process repeats itself, evolving via the "snowball" effect. I distributed this questionnaire to as many different practitioners as possible using online forums, groups, and networks linked to my own network of practitioners in several African countries. These contacts were then asked to contact their own fellow professionals or colleagues to enquire whether they would also be prepared to participate. The strategy was to distribute the survey as widely as possible and utilize all connections in the field of therapeutic musicing currently available to me on the continent.

The sample was stratified. Stratified sampling is when a subgroup of a larger population, "strata" is sampled for studying in an attempt to include a diverse population of several subgroups within a larger population (Hayes, 2020). For this study, stratified sampling was needed because I aimed to obtain data from multiple regions on the continent of Africa (out of the five geographical continental regions, namely, Northern Africa, East Africa, West Africa,

Central Africa, and Southern Africa), and from practitioners of varying ages, genders, practices, and cultural contexts in order to gather as diverse a sample as possible.

The inclusion criteria for participants were as follows: the individual must either identify as a music therapist (either by holding an accreditation or by being self-identified), music therapy student (either by participating in a program recognized by an accreditation system or by being self-identified) or describe their practice or training as "therapeutic musicing" (or equivalent terminology in their own language), currently working on the African continent. Respondents' practices were deemed "therapeutic musicing" based on their answers from Questions 15-21 where they described their work, the role of music in their work, how music is used, and how their work affects the communities they work with. Responses were excluded if a significant amount of questions were left blank or if the information provided indicated a clear misunderstanding about the intentions of this study, such as descriptions about work that did not involve music at all.

To better understand what sample size would be useful for this study and what to expect in terms of numbers of participants, I conducted a search to identify other survey and questionnaire studies within the music therapy field. I located several studies that had similarities in terms of their aim and scope of surveying the population of interest as listed in Table 1. All of these researchers conducted mixed-methods or solely qualitative studies utilizing purposive sampling, alluding to how this way of sampling is context-specific (Tsiris, 2018) which holds relevance to this study.

Table 1: Basic search of similar studies to discern sample size

Researcher	Sample
Okamtoto (2005)	60 family members of hospice patients
Wlodarcyk (2007)	10 hospital in-patients
Kagin (2010)	1,216 music therapist respondents
Elwafi (2011)	4 music therapists
Potvin (2013)	252 music therapists
Tsiris (2018)	358 music therapists
Pek & Grocke (2016)	73 music therapists

Five of the survey studies were mixed-methods and recruited a sample size of over 50. One qualitative study documented the responses from just four individuals. Most of these surveys reached professional music therapists in the context of those working under nationally accredited guidelines. It was difficult to find a published survey study that encompassed professional identities or diverse practices across any of the world's continents. According to Aday and Cornelius (2006), the essential anchor for estimating the sample size for a study is the study's objectives. The objectives of this study are exploratory in nature and, being that there was no preexisting study to guide me on what may be an appropriate sample size for the African continent, I decided to "ballpark" the expected minimum number of responders to 50 participants. Out of these 50 informants, I aimed for the sample to be stratified to encompass diverse practices across different regions of Africa, including practitioners of diverse

backgrounds, genders, ages, and professional identities. Chapter four reveals that about half of this goal was achieved, as just under 30 individuals responded to the survey.

My current enrollment in a music therapy Master's degree program on the African continent put me in a promising place to at least have access to the most "present" music therapy colleagues in the field. I hoped that the snowball method would then allow these individual respondents, who may come from different circumstances, to be reached and given an opportunity to participate in this study if interested. With the help of social media and technology, the survey was posted to as many group forums and sent to as many inboxes as possible either through email, Facebook messenger, WhatsApp, and even SMS for individuals who did not have access to a smartphone or computer. Responses were collected through each of these mediums and analyzed.

3.4 Data Collection

Through a questionnaire, I sought to collect both quantitative and qualitative data. Some questions were closed questions, warranting a simple "yes or no" response, or ticking boxes of provided options that applied. These responses comprised the quantitative data. Open-ended questions served to elicit the qualitative data.

See Appendix II for the questionnaire.

The questionnaire contained 26 questions and was designed as follows:

A set of four questions were developed to gather data to answer Research Question 1:

On the African continent,

a) What types of practitioners or students are conducting "music therapy" or "therapeutic musicing"?

d) Where are they working; and

e) What contexts are they working in?

These questions gathered basic information such as the name, age, current locations of the practitioners, and the populations they work with.

A set of 14 questions was developed to gather data to answer Research Question 2:

How do individuals who classify themselves as music therapists or music therapy students and/or who classify their work as music therapy, according to national accreditation guidelines where this is present in their practice or training and according to self-classification where national accreditation is not present,

a) Describe their practice in the context of (a) health care and (b) culture?

b) Describe the intended purpose of their work?

c) Describe the role of music in their work?

d) Describe their professional identity in the context of (a) health care and (b) culture?

e) Articulate how their practice serves the communities and individuals they work with?

The questions in the survey that addressed this research question (and sub-questions) were more open-ended questions so that each practitioner could describe their practice and professional identity in their own words. For example, Question 7 stated: "Describe in your own words what music therapy is:" and Question 15 stated: "Describe your work in your own words." A few quantitative questions were included, such as Question 12 that asked: "Are there accredited guidelines about music therapy where you currently work? Yes, or No?" These questions helped both certified music therapists identify their practice if working under accredited guidelines and identify practitioners who may be identifying their practice as music therapy when nationally accredited guidelines are not present.

Five questions were designed to answer Research Question 3:

Are these practitioners and students aware of others doing similar work on the African continent and, if so,

      a) *What attitudes do these practitioners have towards others doing similar work?*

      b) *Is there interest in creating a coalition or network of sorts where information and practice can be shared?*

These questions offered both closed (yes or no) and open questions to collect mixed data. For example, Question 22 asked: "Are there other people near you that do similar work? If yes, who are they?"

The 26 questions in the questionnaire were not grouped according to the research questions they related to. Rather, the simpler, more concrete, and closed-ended questions were all placed in the first section (regardless of what research questions they related to), and the

open-ended questions followed where participants were prompted to answer in their own words. Structuring it in this way allowed the respondents to pace themselves, which is noted to be effective and beneficial (Aday & Cornelius, 2006), compared to scenarios where they may be prompted to answer more complicated and thought-provoking questions right away.

3.5 Data Analysis

The quantitative data were analyzed through descriptive statistical analysis. Through describing and summarizing the quantitative data, patterns can be revealed. This analysis cannot, however, infer conclusions beyond the data described. (Bryman, 2007). The qualitative data were analyzed through qualitative content analysis. Qualitative content analysis is an approach of empirical, methodological controlled analysis of texts within their context of communication (Aday & Cornelius, 2006).

This form of analysis was used to make sense of the responses to the open-ended questions on the survey where participants offered descriptions in their own words and within their own contexts and sorting and categorizing answers stayed heavily grounded in the respondents' own words. Topics and themes in the answers were summarized, interpreted, and framed in light of the study's objectives (Mayring, 2004). Content analysis was accomplished through open coding. Open coding, according to Strauss and Corbin (1990), is a process of analyzing textual data and attaching concepts, themes, and phenomena observed. I coded the qualitative responses received and categorized overarching themes and concepts that appeared in the data. Coding was done electronically via the process of highlighting text on a Word document.

An important goal in conducting this mixed-methods research was for the findings, from both qualitative and quantitative analyses, to be "mutually illuminating" (Bryman, 2007, p. 8). The findings from the quantitative and qualitative analyses were integrated and reflected upon in relation to one another. Analyzing and coding the responses was done in such a way that the interpretation of the data remained deeply grounded in the person's own words. The aim of this research was to objectively see how practitioners describe their work. Therefore, I wanted to avoid dominating the answers with my own language or meaning-making and instead, simply worked with the participants' terminology as I identified themes, categories, similarities, and contrasts.

3.6 Reflexivity and Positionality

While closely observing the data from respondents, I kept in mind my positionality and maintained active self-reflexivity. Positionality and reflexivity have been discussed extensively in various humanities fields, such as feminist research (Rose, 1997). Misawa (2010) stated, "The human world is bound by a web of positionality that entangles everyone in power differences based on socially constructed positional markers" (p.188). The positional markers of me being a white westerner with a board-certification in music therapy situated me in a place of power that required extensive reflexivity to responsibly comprehend from where my perspectives and knowledge was generated.

While my approach in this study aimed to shift some power to the participants by centralizing their narratives, words, and experiences, as the researchers I still ultimately held a position of power since I disseminated the research findings (Kapinga et al., 2020). Being

reflexive is, therefore, crucial in obtaining transparency and accountability (Miled 2019). Reflexivity in research involves critical examination of the self, one's position of power in the research process, and how this postulates the interpretations of the data collected (Sultana, 2007). Continuous reflexivity was anchored in the methodology of this study and was done through extensive discussions with colleagues, mentors, and my supervisor. Deliberate reflexivity allowed me to confront potential biases or social circumstances that provided insight about the way the knowledge was produced in this study.

3.7 Conclusion

The main points described in this chapter are that the mixed-methods approach used in this study aimed to gather both quantitative and qualitative data from a questionnaire distributed to a stratified sample of participants representing different regions of the African continent. The questionnaire is located in Appendix II. Snowball sampling was utilized to tap into as many networks as possible, allowing for the recruitment of more participants, and the revelation of connections in the field of therapeutic musicing on the African continent, being conducive to the research questions. The process of self-reflexivity and a critical examination of power dynamics in this research is described as a fundamental component of the methodology. Chapter four will explain how open coding was utilized for each response throughout the study and this rendered topics and themes in the answers that were then summarized, interpreted, and framed in light of the study's objectives.

CHAPTER FOUR

Analysis and Findings

4.1 Introduction

In this chapter, the analysis from all of the questions on the survey is described and the main findings are revealed. First, respondent characteristics are described followed by an analysis of their professional identities. Following this is the analysis and findings regarding how respondents describe music therapy, their work, what motivates them, their perceptions of what their work does for the community, their perceptions of the importance of their work, what the role of music is and how music is used, their awareness of other practitioners, how they feel about the work of other practitioners, and finally, whether there is interest in collaboration and connection. Several of the questions yielded an extensive number of themes from the respondents' descriptions. The main findings are presented in this chapter and Appendix III offers a complete detailed account of the analysis and findings.

4.2 Responses

A total of 27 responses were collected between August 2020 and January 2021. Ten responses arrived as a Google Form and the remaining 15 were received as attachments via a range of communication channels such as email, Whatsapp, and Facebook Messenger. Out of the 27 completed questionnaires, five were excluded from the data analysis. One response was a duplicate and thus deleted from the spreadsheet. Two were excluded because they contained no answers at all, save for the respondent's name and contact information. Two others were

excluded because they did not fit the criteria of the respondent identifying as a music therapist or

therapeutic musicing practitioner in any way. Instead, one respondent was a psychologist, and

the other a linguistics professor. These professionals came upon the questionnaire and its consent

forms from colleagues (as indicated from Question 5 "How did you come across this survey?")

Their responses did not include descriptions about using music in their work in any way, and

thus these responses were excluded from the sample. Twenty-two completed questionnaires

were, therefore, included for analysis. Table 2 displays the characteristics of each respondent.

The color coding of this table will be discussed in section 4.2b.

Table 2: Respondent characteristics

Location	Nationality	Age	Years of Experience
South Africa	South African/ British	26	2
Kenya	Kenyan	32	5
Namibia	Namibian	48	8
Ghana	American	28	3
Ghana	Ghanaian	38	"All my life"
Namibia	Namibian	53	1
Ghana	Italian	29	"Long time"
South Africa	South African	43	19
Kenya	Kenyan	31	5
South Africa	South African	26	2
Nigeria	Nigerian	"Adult"	"Decades"
Egypt	Egyptian	36	15
Kenya	Kenyan	50	20
South Africa	South African	52	2
Sudan	Japanese	35	5
Rwanda	American	58	13
Burundi	Burundian	65	10
Kenya	Kenyan	42	7
Uganda	Canadian	39	6
South African	Zambia	38	15
Chad	British	38	1
Uganda	Ugandan	37	15

The mean age of responders was 40.5 years, with the youngest being 26 and the oldest, 65. The mean number of years that they had been practicing for was seven years; the shortest being two years, and the longest, 20 years.

4.2.1 Stratification of Respondents

A stratified sampling method was important for this study due to my goal of obtaining as diverse a sample as possible. Not only was I aiming to gain a preliminary sense of the scope of therapeutic musicing across the entire continent of Africa, but I was searching for various combinations and contexts of these practices and hoped to receive a diverse mixture. Among the 22 respondents, I effectively gathered responses from a diverse range of participants.

> *African Countries and Regions:* As intended, a range of African countries and regions were represented among the responses. Participants were situated in 11 different countries: Burundi, Chad, Egypt, Ghana, Kenya, Namibia, Nigeria, Rwanda, South Africa, Sudan, and Uganda. These 11 countries present all five of the continent's geographical regions: Sudan and Egypt as part of North Africa, Chad in Central Africa, Burundi, Ghana, and Nigeria in West Africa, Uganda, Kenya, and Rwanda comprising East Africa, and South Africa and Namibia in Southern Africa. Figures 1-4 provide a visual of where each respondent was located on the African continent when they participated in this study.

Contexts of Work and Practices: I also aimed to gather various combinations of practitioners and diverse contexts of therapeutic musicing work. Out of the 22 responders, 15 practitioners were working within the borders or context of their own home country. These include four practitioners in South Africa, two in Namibia, four in Kenya, one in Uganda, one in Egypt, one in Burundi, and one in Nigeria. The remaining seven were working in countries outside of their nationalities. The "expat music therapists" included two individuals who were situated in Ghana but originated from the United States and Italy. One music therapist was located in Sudan who was originally from Japan, one in Chad who was from the United Kingdom, one in Rwanda who was originally from the United States, one in Uganda who was originally from Canada, and one in South Africa, who had Zambian nationality. Table 3 displays the practitioners who are "citizens" of their place of work and who are "expats."

Table 3: Practitioner nationalities and place of work

Citizens	Expats and their nationality
South Africa	Working in Ghana (originally from the U.S.A)
Kenya	Working in Ghana (originally from Italy)
Namibia	Working in Sudan (originally from Japan)
Ghana	Working in Rwanda (originally from the U.S.A)
Namibia	Working in Uganda (originally from Canada)
South Africa	Working in South Africa (originally from Zambia)
Kenya	Working in Chad (originally from the U.K)
South Africa	
Nigeria	
Egypt	
Kenya	
South Africa	
Burundi	
Kenya	
Uganda	

4.2.2 Identifications of Respondents

Out of the 22 eligible responses, three practitioner categories were created based on the answers from the following questions:

Question 6: Are you a music therapist? Or studying to become a music therapist?

Question 8: Do you hold a certification that says you are a music therapist? Or will you obtain one when you are done studying?

Question 10: Did you study music therapy at an accredited institution?

Question 11: Are there accredited guidelines about music therapy where you currently work?

Question 12: Is music therapy registered as an allied health profession or recognized by a healthcare council where you currently work?

Question 13: Do you follow accredited guidelines from another country or institution that guides your work?

Twelve responses came from individuals who answered "yes" to Questions 6, 8, 10, and then identified an accreditation system they followed from Questions 11-13. These individuals, therefore, classified their work or training within an accreditation system either present in their home country or from their training outside of their present place of work. I categorized these respondents as *Music Therapists within Accredited Guidelines (MTAGs).*

The subsequent sections below describe the accreditation systems identified by these 12 respondents and Table 4 displays the characteristics of this group of respondents. Figure 1 displays a map of where MTAG respondents were located at the time of the study. In all tables and figures, information related to MTAGs is color-coded in yellow.

Table 4: MTAG Characteristics

Current Location	Nationality	Certification/Credential	Accreditation System
South Africa	South African	Music therapy student	HPCSA*
Namibia	Namibian	RMT*	HPCNA*
Ghana	American	MT-BC*	AMTA*
Namibia	Namibian	RMT	HPCNA
South Africa	South African	Music therapy student	HPCSA
South Africa	South African	RMT	HPCSA
South Africa	South African	Music therapy student	HPCSA
Sudan	Japanese	MT-BC	AMTA
Rwanda	American	MT-BC	AMTA
Uganda	Canadian	MTA*	CAMT*
South Africa	South African	RMT	HPCSA
Chad	British	Music Therapist	HPCUK*

*RMT stands for Registered Music Therapist
*MT-BC stands for Music Therapist-Board Certified
*MTA stands for Music Therapist Accredited

*HPCSA stands for the Health Professions Council of South Africa
*HPCNA stands for the Health Professions Council of Namibia
*AMTA stands for the American Music Therapy Association
*CAMT stands for the Canadian Association of Music Therapists
*HPCUK stands for the Health Professions Council of the United Kingdom

Figure 1: Location of MTAGs at the time of this study

Seven respondents were categorized as individuals who identified as music therapists but classified their work as not falling within an accreditation system present in their place of work or training. In this case, respondents answered "yes" to Question 6, and "no" to Questions 8-13. I referred to these respondents as *Self-Identified Music Therapists (SIMTs)*. Figure 3 displays a map of these respondents' whereabouts at the time of the study. Characteristics of these respondents are displayed in Table 5. In all tables and figures, information related to SIMTs is color-coded in blue.

Table 5: SIMT characteristics

Current Location	Nationality
Kenya	Kenyan
Ghana	Ghanaian
Ghana	Italian
Kenya	Kenyan
Nigeria	Nigeria
Kenya	Kenyan
Uganda	Ugandan

Figure 2: Map of SIMT respondents' locations at the time of this study
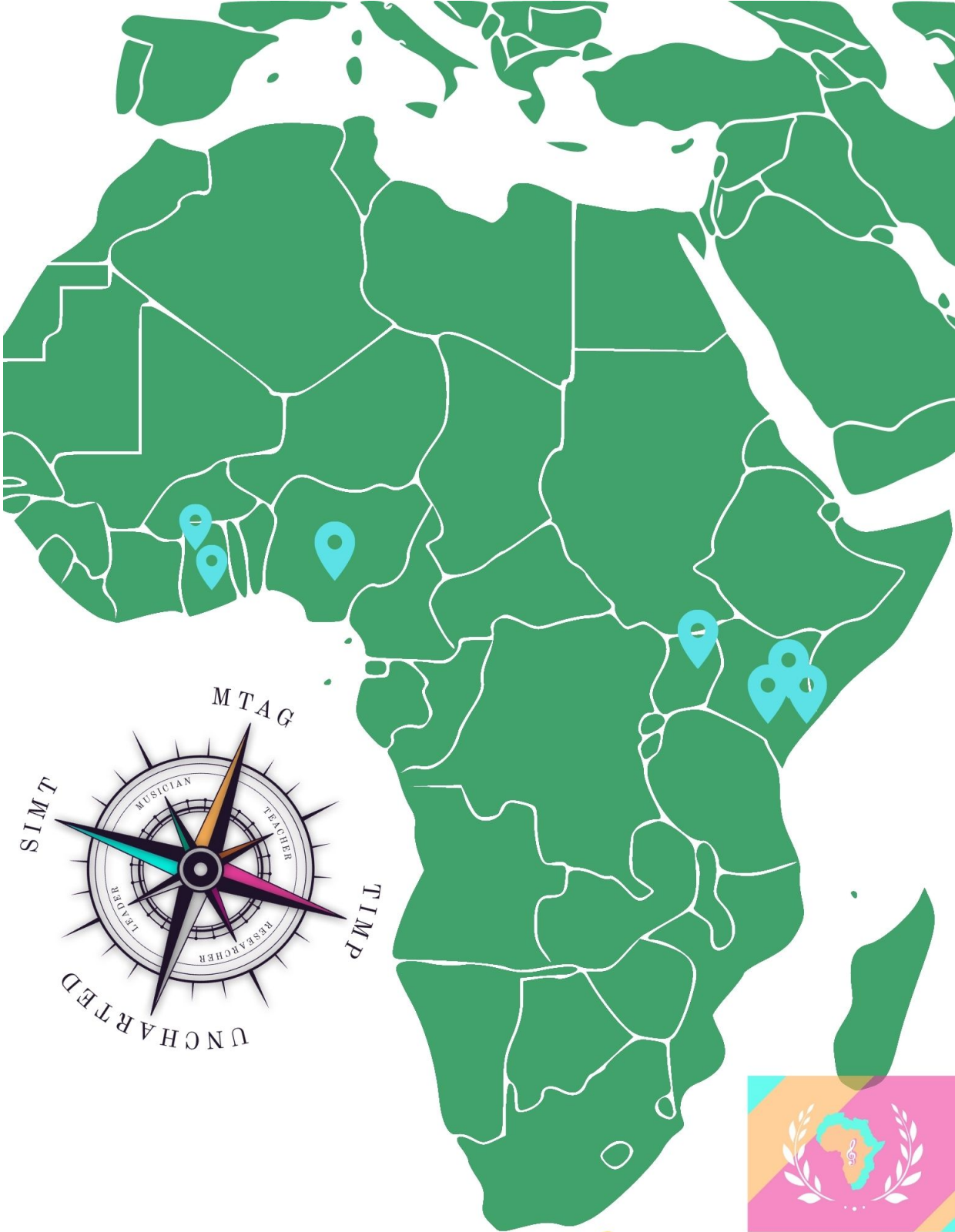
The majority of respondents (12 in total) were MTAG practitioners, comprising 54% of all collected responses. Out of these, 50% were currently working in their home countries. The other half were "expat music therapists" working in countries outside of their identified nationality (according to Question 3, "What is your nationality?"). Approximately 42% of the respondents were currently working in South Africa, followed by Namibia at 16%. These are the only African countries with systems in place that recognize music therapy as a health profession, according to the Health Professions Council of South Africa (HPCSA) and the Health Professions Council of Namibia (HPCNA). Single "expat" MTAGs reported from South Africa, Ghana, Uganda, Sudan, Chad, and Rwanda. The practitioners working outside South Africa and Namibia follow accreditation guidelines from the American Music Therapy Association (AMTA), Health Professions Council of the United Kingdom (HPCUK), and the Canadian Association of Music Therapists (CAMT).

Approximately 31% of responses were SIMT practitioners. Five out of the seven SIMT practitioners (over 71%) were currently working in their home countries. The remaining two were "expat" SIMTs. The majority of SIMT responses hailed from Kenya (3), followed by Ghana (2), and then one from Nigeria and one from Uganda. The two "expat" SIMTs were located in Ghana. The nationalities of these individuals were The United States and Italy.

Three responses were received from professionals who identified their work as "therapeutic musicing" to some capacity but did not identify themselves as "music therapists" (selecting "no" for Question 6). The description of their work and their perceptions of which were observed from the following open-ended questions:

Question 15: Describe your work in your own words:

Question 17: Why do you do this work? Describe your motivation:

Question 18: What does your work do for your community?

Question 19: Do you consider your work important? Why?

Question 20: Describe the role of music in your work:

Question 21: Describe how music is used in your work:

The short answers (to Questions 15-21) of these individuals were unique but contained similarities in terms of how they described their professional work as "integrative," combining a range of fields and disciplines into a therapeutic musicing practice. Based on this identification, I referred to these respondents as *Therapeutic Integrative Music Practitioners (TIMPS)*. Characteristics of these respondents are displayed in Table 6. Figure 4 provides a map of these individuals' whereabouts at the time of the study. In all tables and figures, information related to TIMPs is color-coded in purple.

Table 6: TIMP characteristics

Current Location	Nationality
Egypt	Egyptian
Kenya	Kenyan
Burundi	Burundian

Figure 3: Map of TIMP respondents' locations at the time of this study
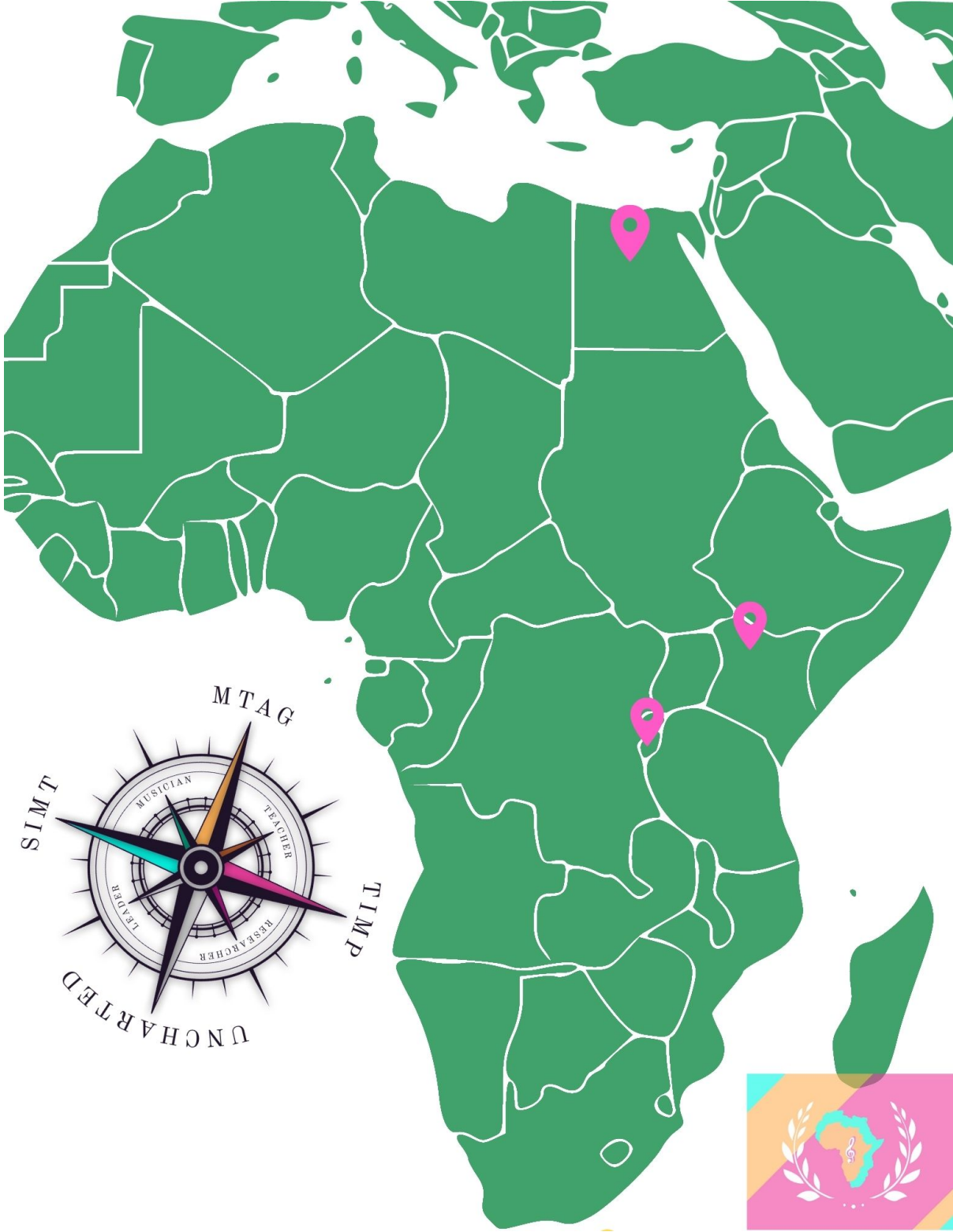
Approximately 13% of responses were TIMP practitioners. All individuals were currently located in their home countries of Burundi, Egypt, and Kenya.

To conclude this section, the initial analysis of survey responses yielded 22 eligible responses. These 22 responses were divided into three categories: Music Therapists within Accredited Guidelines (MTAGs), Self-identified Music Therapists (SIMTs), and Therapeutic Integrative Music Practitioners (TIMPs). The remaining subsections in this chapter will provide further findings related to these three categories of practitioners.
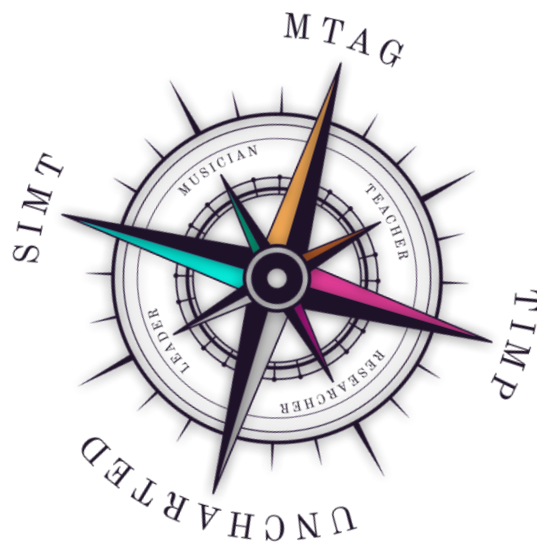
Figure 4: Locations of all respondent at the time of this study
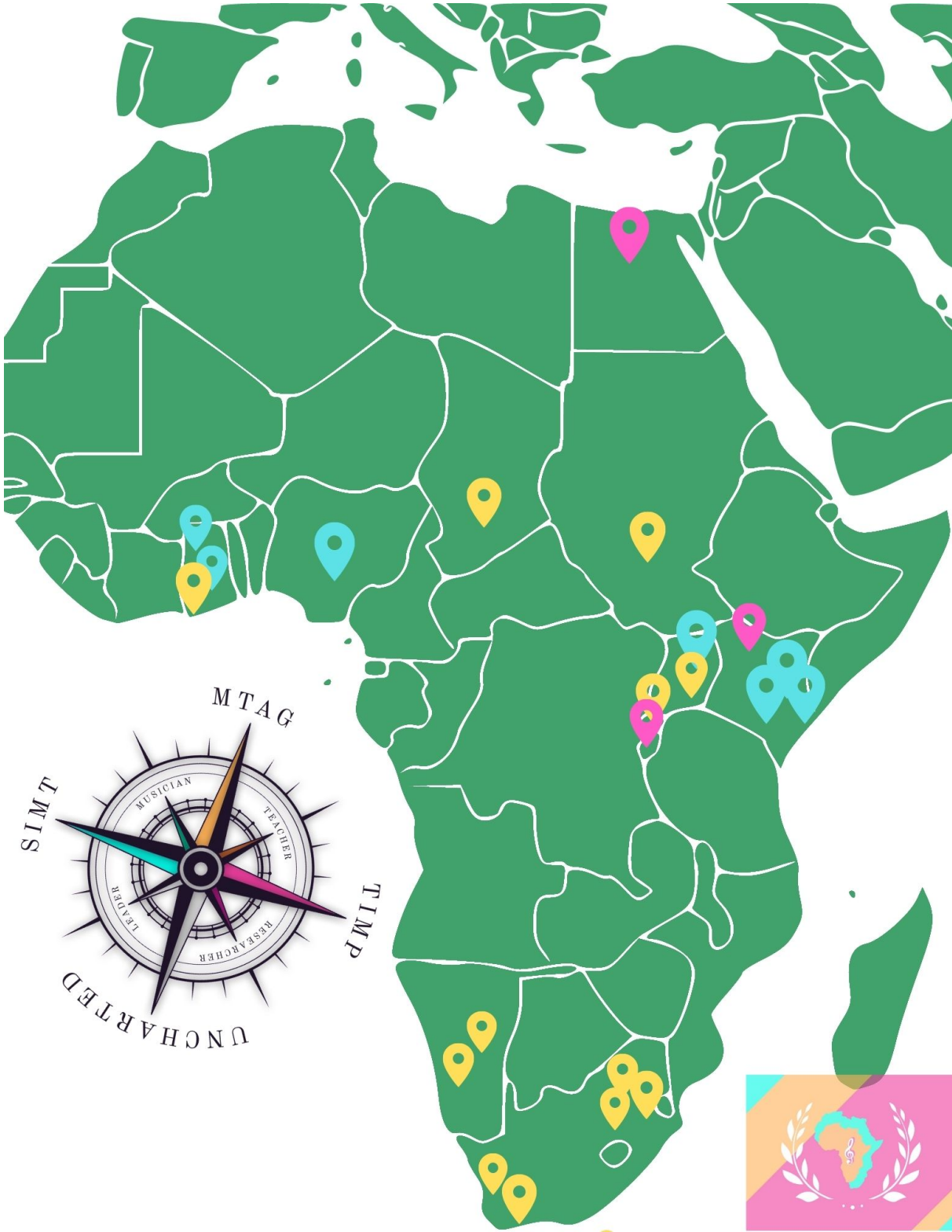
4.3 Following Accredited Guidelines

As previously described, music therapy is not a regulated or accredited field in all African countries. Question 11 on the survey asked, "Are there accredited guidelines about music therapy where you currently work?" This question only applied to respondents who identified as an MTAG. As mentioned, South Africa and Namibia are the only African countries with systems in place that recognize music therapy as a health profession. The participants working in South Africa (5) and Namibia (2) stated that they followed the accreditation guidelines of the HPCSA and HPCNA accordingly.

Practitioners working in all other countries answered "no" to Question 11 in reporting whether their place of work had accredited guidelines in place. The "expat" MTAGs claimed to follow the guidelines associated with their system of training. For example, three respondents (one in Ghana who was originally from the U.S, one in Rwanda, also from the U.S, and one in Sudan who was originally from Japan) followed guidelines from the American Music Therapy Association (AMTA) (Refer to Table 4). These guidelines include the parameters of the scope of practice and ethics. One practitioner worked accordingly with the Health Professions Council of the United Kingdom while working in Chad (HPCUK), and one practitioner in Uganda followed the guidelines of the Canadian Association of Music Therapists (CAMT). One SIMT practitioner in Kenya who was a self-identified music therapist claimed to follow AMTA guidelines. This individual explained how their work included close collaboration with music therapists and students from America and thus they became familiar with AMTA's guidelines for scope of practice and ethics. This collaboration was described from Question 9 which asks, "Have you

ever met, worked with or interacted with someone who might be considered a 'certified music therapist'?"

4.4 Describing Music Therapy

Question 7 on the survey asked participants to "Describe in your own words what music therapy is." As mentioned, definitions of music therapy can be vast because music therapy means different things to different people for different reasons (Bruscia, 2014).

The question on this survey was meant to be as open as possible to allow that vastness in. As such, the 22 responses were a mix of richly described paragraph-long answers and others were simple, single sentences. Content analysis was conducted for each answer, particularly focused on in vivo coding to retain the participants' own terminology. Recurring words were located within each practitioner category. Table 7 displays the reoccurring words used to describe music therapy and the categories of practitioners that utilized them in their descriptions. As mentioned, in all tables and figures, words rendered from MTAG responses are indicated in yellow, from SIMT practitioners in blue, and TIMP practitioners in purple.

Table 7: Reoccurring words used to describe music therapy

▮ = **MTAGs** ▮ = **SIMTs** ▮ = **TIMPs**

Recurring Words

"Use of music": All categories. Occurs 15 times.

"Health and Wellbeing": Yellow only. Occurs twice

"Therapeutic Relationship": Yellow only. Occurs twice

"Practice": Occurs 4 times. 3 yellow, 1 blue

"Health categories": Occurs 5 times. 3 blue, 2 yellow

"Clinical": Yellow only. Occurs 5 times

"Evidence based": Yellow only. Occurs 3 times

"Tool": Yellow only. Occurs twice

"Non-musical goals": Yellow only. Occurs twice

"Healing": Blue only. Occurs 3 times.

"Educate or education": Blue only. Occurs 3 times
.

"Certified": Occurs 3 times. 2 yellow and 1 purple

Only MTAGs: "Health and wellbeing", "Therapeutic Relationship", "Clinical", "Evidence-based", "Tool", "Non-musical goals".

Only SIMTs: "Healing" "Educate or education"

MTAGs and SIMTs: "Practice" and "Bodily categories"

MTAGs and TIMPs: "Certified"

All Categories: "Use of music"

Table 8 displays the full list of codes from data rendered from responses to Question 7. In this table, each code that appeared more than once was assigned its own color.

Table 8: Full list of codes

Describe in your own words what music therapy is:
- use of music   - application of music   - use of music   - using music   - use of music   - utilizing music   - uses music   - using music   - clinically informed   - clinical   - clinically informed   - clinical goals   - evidence-based   - evidence based   - evidence and scientifically based   - therapeutic relationship.   - therapeutic relationship   - practice   - practice   - credentialed   - certified   - health and wellbeing   - tool   - non-musical goals.   - psychological, cognitive, physical, emotional, or social levels.
- healing   - healing   - healing   - healing   - through playing, listening and interacting with music   - using Music   - use of music   - physical or mental   - physical, mental and spiritual   - mental, spiritual, psychological, emotional, intellectual and physical wellness   - professional practice   - wholeness   - education

- tending to the intelligences of the human being through the intelligences of music.
- use of music
- use music
- certified
- certified individual
- non-musical and specific goals.
- clinical settings

4.4.1 Key Concepts in MTAGs' Descriptions of Music Therapy.

In MTAGs' answers to Question 7, the following words reoccurred: "Health and wellbeing," "Therapeutic Relationship," "Clinical," "Evidence-based," "Tool," and "Non-musical goals." These words were observed only among the MTAG category and no other practitioner category. "Clinical" was the most frequently occurring word, appearing five times.

Figure 5 presents a "word cloud" of MTAG responses when describing music therapy. The most frequently occurring words appear largest, and the least frequent words are smallest. This provides a secondary visual to the key concepts of MTAGs' descriptions.

Figure 5: Word cloud of MTAG descriptions

4.4.2 Key Concepts in SIMTs' Descriptions of Music Therapy.

SIMT practitioners were the only category to use the word "healing" in their definitions of music therapy. Recurrences of the words "education" or "educate" were also observed from multiple responses only within this category, where music was described as a means of educating those who engage in it. The words "joy" and "wholeness" were also words only expressed by participants in this category. Figure 6 presents a "word cloud" of SIMT responses. In addition, unique descriptions not observed in any other category were also observed, for example: "Music therapy is tending to the intelligences of the human being through the intelligences of music" (SIMT respondent from Ghana).

Figure 6: Word cloud of SIMT descriptions of music therapy

4.4.3 Key Concepts in TIMPs' Descriptions of Music Therapy.

No reoccurring codes were noted for descriptions of music therapy among the three respondents

in the TIMP category. Alternatively, codes from these practitioners matched with codes from

MTAG responses. For example, the word "certified" was observed from a TIMP response.

Figure 7 presents a "word cloud" of TIMP responses.

Figure 7: Word cloud of TIMP descriptions of music therapy
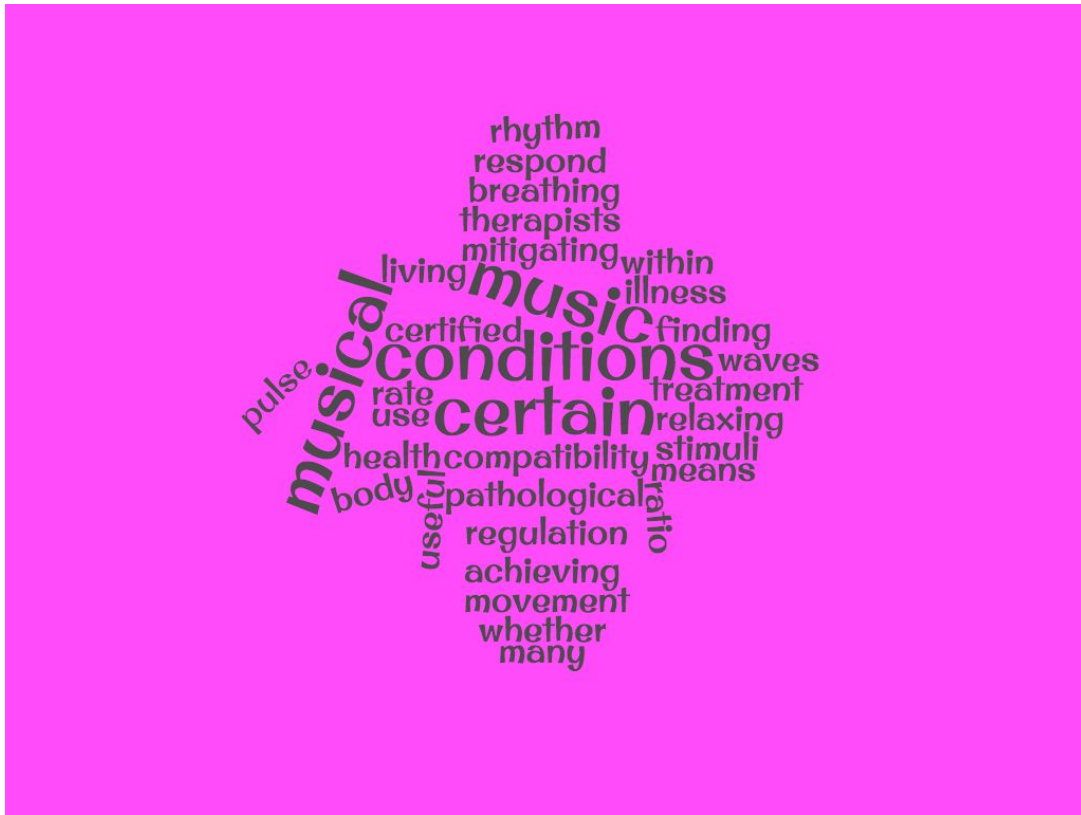
4.4.4 Similar Descriptions Among Different Practitioners

The words "practice" and the health category words (words like "physical," "emotional," "psychological," "spiritual") were observed only among the MTAG and SIMT responses. The word "certified" was found only among the MTAG and TIMP practitioners. All categories of practitioners used the phrase "use of music." Figure 8 provides a word cloud of all respondents' descriptions of what music therapy is.

Figure 8: Word cloud of all respondents' descriptions of what music therapy is

4.5 Describing The Work

Question 15 invited participants to describe their work in their own words. The aim of this prompt was to investigate Research Question 2a, "*How do [practitioners and students] describe their practice in the context of (a) health care and (b) culture?"* Two "terrains" were identified from coding the collection of answers: Terrain 1 included general descriptions of the work, or the "what and how" of their practice; and Terrain 2 related to "why" this practice is done in such a manner, including descriptions of providing something, describing serving a wider context,

mentioning long-term goals and ideas of sustainability. Terrain 1 featured statements from all three practitioner groups, each stratifying the subcategories mentioned below in different ways. Terrain 2 rendered only responses from MTAG and TIMP practitioners.

Under Terrain 1, seven categories were identified: *Settings, Populations, Implementation/Structure of the Work, What Music Does, Practitioner's Identity,* and *Locations.* Terrain 2 contains categories of *Statements About Access*, *Clinical Needs of the Wider Setting*, *Working Collaboratively*, and *Descriptions of Provision.* Under *Implementation/Structure of the Work,* further coding revealed five additional subcategories of *"I work" statements, what the work entails, specific sessions/ activities, teaching/education,* and *"I am" statements.*

Appendix IIIa displays each theme in full detail including the practitioner type that occupied each. Table 9 displays all of the codes for each terrain, theme, subcategory, and the practitioner type that occupied each. Figures 9-12 show word clouds for the descriptions of each practitioner type and all respondents combined. The following lists the main findings and features among the practitioner groups and the themes they occupied.

- Terrain 1 features statements from all three practitioner groups, each stratifying the subcategories mentioned in different ways.

- Terrain 2 rendered only responses from MTAG and TIMP practitioners.

- MTAGs alone occupied the categories of *Settings,* and *"I work" statements* under Terrain 1. Within Terrain 2, they were the only practitioners to indicate *Statements About Access, Working Collaboratively,* and *Descriptions of Provision.*

- SIMTs were the only practitioners to describe their work from the context of *Practitioner's Identity* where they described themselves outside of being a music therapist.

- Only MTAGs and SIMTs exhibited statements for *what the work entails* under *Implementation/Structure of the Work* within Terrain 1.

- Only MTAGs and TIMPs exhibited statements for "*I am" statements* under *Implementation/Structure of the work* within Terrain 1 and *Clinical Needs of the Wider Setting in* Terrain 2.

- All three practitioner categories fell under *Populations, Teaching/Education, What Music Does,* and *Locations* for Terrain 1.

Table 9: Describing the work

▮ = MTAGs **▮** = SIMTs **▮** = TIMPs

Terrain 1: General descriptions of work and approach *"explaining what and how"*	**Terrain 2:** Descriptions of providing something, wider context, long-term goals and sustainability *"explaining why"*
Settings I work in community settings I work in an inpatient mental health treatment facility I work for a non-profit	***Statements about access*** I offer music therapy to those who normally don't have access I offer access to music therapy services
Populations I work with many populations I work with individuals with dementia …with trauma I work in Paediatric Oncology …with disabilities at a private school in Sudan I work with both African (Rwandan Ugandan, Kenyan and Congolese living in Kigali) and Expat (Canada, European, American and Asian) I work with children suffering from cancer and cerebral palsy I work with teachers, children with Nodding Syndrome, children and adults with HIV and AIDS, and the youths that were abducted by LRA …with refugees, homeless and those with learning difficulties.	***Clinical needs of the wider setting*** Within a context of high levels of community and domestic violence My works aims to improve the quality of life for children My focus takes on a wider scope

Implementation/ Structure of the work	Working collaboratively
"I work" statements I work with individuals as well as groups I work with groups and individuals I work with individuals and groups I work by using techniques	I worked collaboratively with community musicians Collaborative practice is culturally sensitive Through ethnography and participatory observation "Western" music therapy can be adapted to meet local needs in Uganda.
What the work entails The clinically informed application of music The application of therapeutic goals Utilizing different modalities Implementing goals and objectives Implementing with a theoretical underbuilt.	MT would be a useful tool for them [children with disabilities] to improve their lives then I invite the parents to bring their children and participate in the music therapy groups
Facilitate the CREATIVE ARTS The deployment of music in healing	This will include bringing in Chadian musicians to play music with and for in-patients and invited out-patients on a regular basis
Specific sessions/activities I sit with them and do some interactions with them on the mat while they wait for their physiotherapy I ran a children's choir I conduct consultations	
I have a separate session for…	
Teaching/education I taught recorder	
I educate people, integrate socialization I TEACH I teach music	
I teach	
"I am" statements	

I am the founder/director
I am an academic researcher
I do Research

I am a student therapist
I follow AMTA guidelines
I am a researcher
I am currently working

What music does

Music is a medium to connect to/communicate
Music addresses various needs
Music allows for self-exploration
Psychosocial wellbeing
Music facilitates wellbeing

Music accesses the inner child
Music allows children live a stress-free life
Music allows these kids to be kids

I focus on the impact of music
Music helps develop and change
I focus on the impact of music on children's behaviors

Statements about providing

I provided music therapy services
I provide music lessons

Practitioner's Identity

I am a Musician
I play in a BAND
I am a PASTOR
I am an African studies scholar
I am a Djeli (oral historian)

Locations

N'djamena, the capital of Chad
Rwandan
Ugandan, Kenyan and Congolese living in Kigali)
Communities in South Africa

Egypt

Kenya

Figure 9: Word cloud of MTAGs' descriptions of their work

Figure 10: Word cloud of SIMTs' descriptions of their work
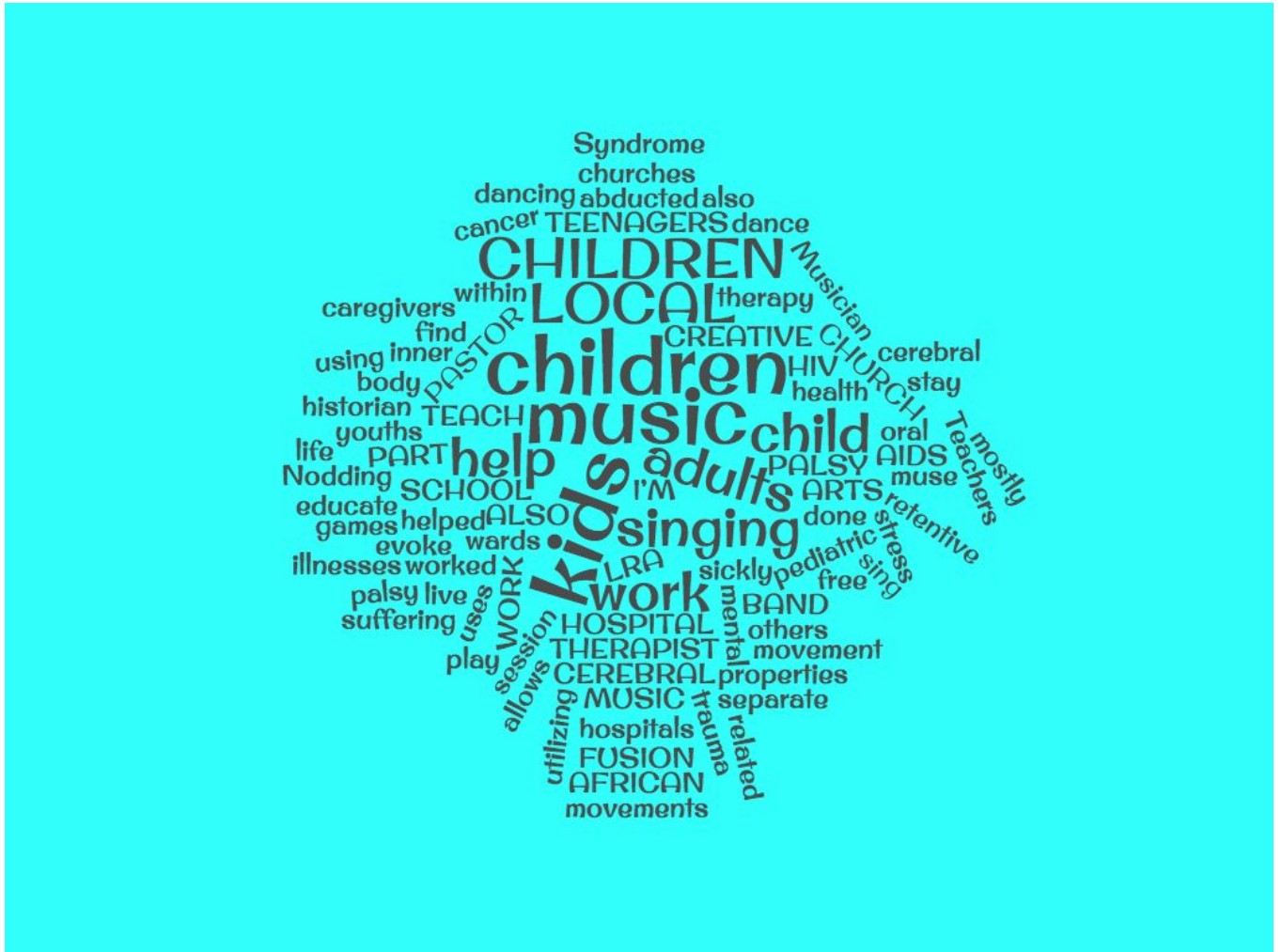
Figure 11: Word cloud of TIMPs' descriptions of their work

Figure 12: All respondents' descriptions of the work
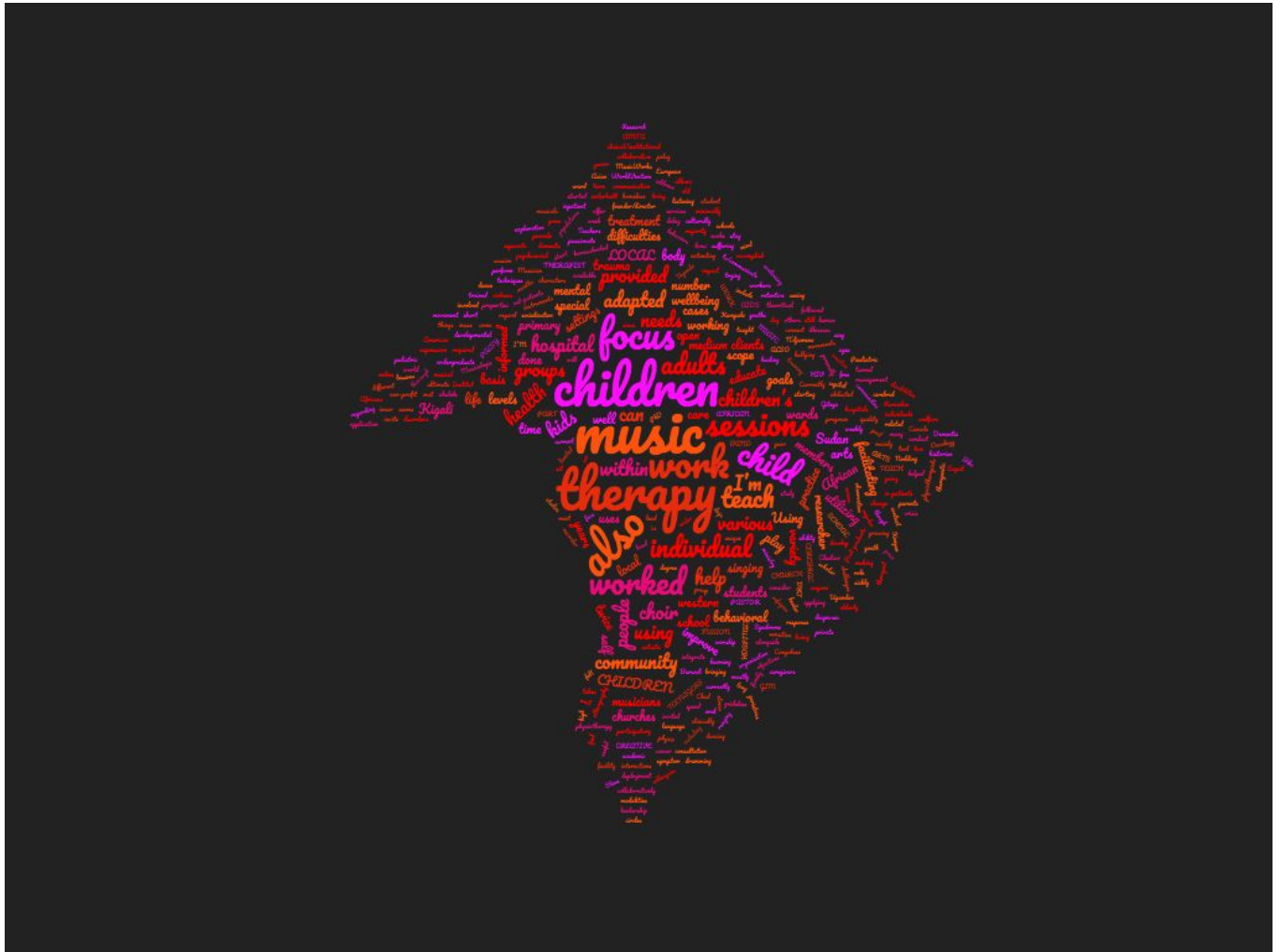
The next section and the others to follow are a continuation of exploring the common themes and categories that each practitioner type rendered in their descriptions of their work and experiences.

4.6 Describing the Motivation for the Work

Question 17 asked participants "Why do you do this work? Describe your motivation." The aim of this prompt was to investigate Research Question 2b, *"How do [practitioners and students] describe the intended purpose of their work?"* Through content analysis, nine common statements were identified: *"I am motivated by what music does," "Music Therapy addresses systemic issues and that's what motivates me," "I am motivated by how my work makes me feel," "My circumstances motivate me," "It has been beneficial to me, and that is what motivates me," "It advocates for and services those in need and that's what motivates me," "There are unique/secondary attributes that motivate me," "I am motivated by certain interests and desires,"* and *"My motivation is expressed from cultural influence or expressions of calling."* Some individual answers included more than one statement of motivation.

Appendix IIIb displays each theme in full detail including the practitioner type that occupied each. Table 10 displays the codes, statements, and practitioner type that fell under each. Figures 13-16 provide word clouds for all responses. The analysis revealed the following highlights:

- MTAG practitioners alone occupied the themes of *"I am motivated by what music does," "My circumstances motivate me,"* and the *healthcare system* subtheme within *"Music Therapy addresses systemic issues and that's what motivates me."*
- SIMT practitioners were represented most frequently within *"It has been beneficial to me and that is what motives me,"* and *"My motivation is expressed from cultural influence and expressions of calling."*
- MTAGs and SIMTs occupied several themes together, which were *"I am motivated by how my work makes me feel," "It advocates for and services those in need and that is*

what motivates me," "There are unique/secondary attributes that motivate me," and "I am motivated by certain interests and desires."

- TIMP practitioners' responses joined in with MTAGs under *Access* within "*It advocates for and services those in need and that is what motivates me,*" and with SIMTs in *"My motivation is expressed from cultural influence and expressions of calling.*

Table 10: Describing the motivation for the work

▢ = MTAGs ▢ = SIMTs ▢ = TIMPs

I am motivated by what music does
I believe in the power of music Music serves as a medium The power of music… Music is a marvelous phenomenon Music is important for health and wellbeing Music offers opportunities for growth, connection and healing Music allows exploration and expression of the parts of self
Music Therapy addresses systemic issues and that's what motivates me *The healthcare system* I value alternative methods within healthcare Music therapy helps…other than through conventional therapies Music therapy has led others to realize/recognize the need for more specialized health care. It is challenging a limited system It improves the healthcare provision *Access* It has made music therapy accessible to children and their communities who would not otherwise be able to do Certain things which music affords Children with special needs are continuing to be neglected and music therapy addresses this Through music therapy…share ways of using it for healing Burundian young people are thirsty to study Music
I am motivated by how my work makes me feel; How it feels/"I" statements I am passionate about working with people

It is extremely rewarding
I am comfortable in doing music therapy
I intuitively sensed from the beginning this was what I wanted to do
It is stimulating and meaningful
I am very passionate
It is a pleasure providing music therapy
At times I feel completely overwhelmed by the cultural differences… find it very difficult to know whether or not my work is making an impact.
It is my vocation.
My motivation is fluid

I enjoy making people happy

My circumstances motivate me

I gained an opportunity (the opportunity presented itself)
I get tremendous support for my work
I am working in the country that I absolutely fell in love with
I love living in cultures other than my own
more and more music educators are moving to Rwanda and that's what brought me here

It has been beneficial to me and that's what motivates me

I've learned to speak many languages universally
I've learned music skills
I've met and interacted with different classes and categories of people
I've gained confidence
It's allowed me to step out of poverty

Its allowed me to develop interpersonal relationships

It advocates for and services those in need and that's what motivates me

It service those in need
It benefits them
It is serving marginalized populations
It services individuals with disabilities
Music therapy can address the needs of… children with disabilities and with autism
[It helps] Survivors of physical, sexual and emotional abuse

I want to change that to those who might be going through the same [the hardships I experienced].
I want to give back to others
My clients have experienced very trying things…pain and trauma

There are unique and/or secondary attributes that motivate me

There is a broad and creative application
It fosters therapeutic relationships

There is great potential for its growth It connects with the human community and more-than-human world
I am motivated by certain interests and desires social work I was interested in music, the health sciences and psychology I had a deep desire to work alongside other health care professionals I've always been fascinated with psychology
My motivation is expressed from cultural influence or expressions of calling I am charged with this responsibility by virtue my lineage. I come from a national of joyous, powerful and creative people It is a tool to help us discover our healed selves and the potential of that for our people and our gift to the nations of the world I've been inspired by my community I have been called to heal myself and others My people are resilient and noble I witnessed many musicians serving as healers and it inspired me to investigate

Figure 13: Word cloud of MTAGs' descriptions of their motivation

Figure 14: Word cloud of SIMTs' descriptions of their motivation
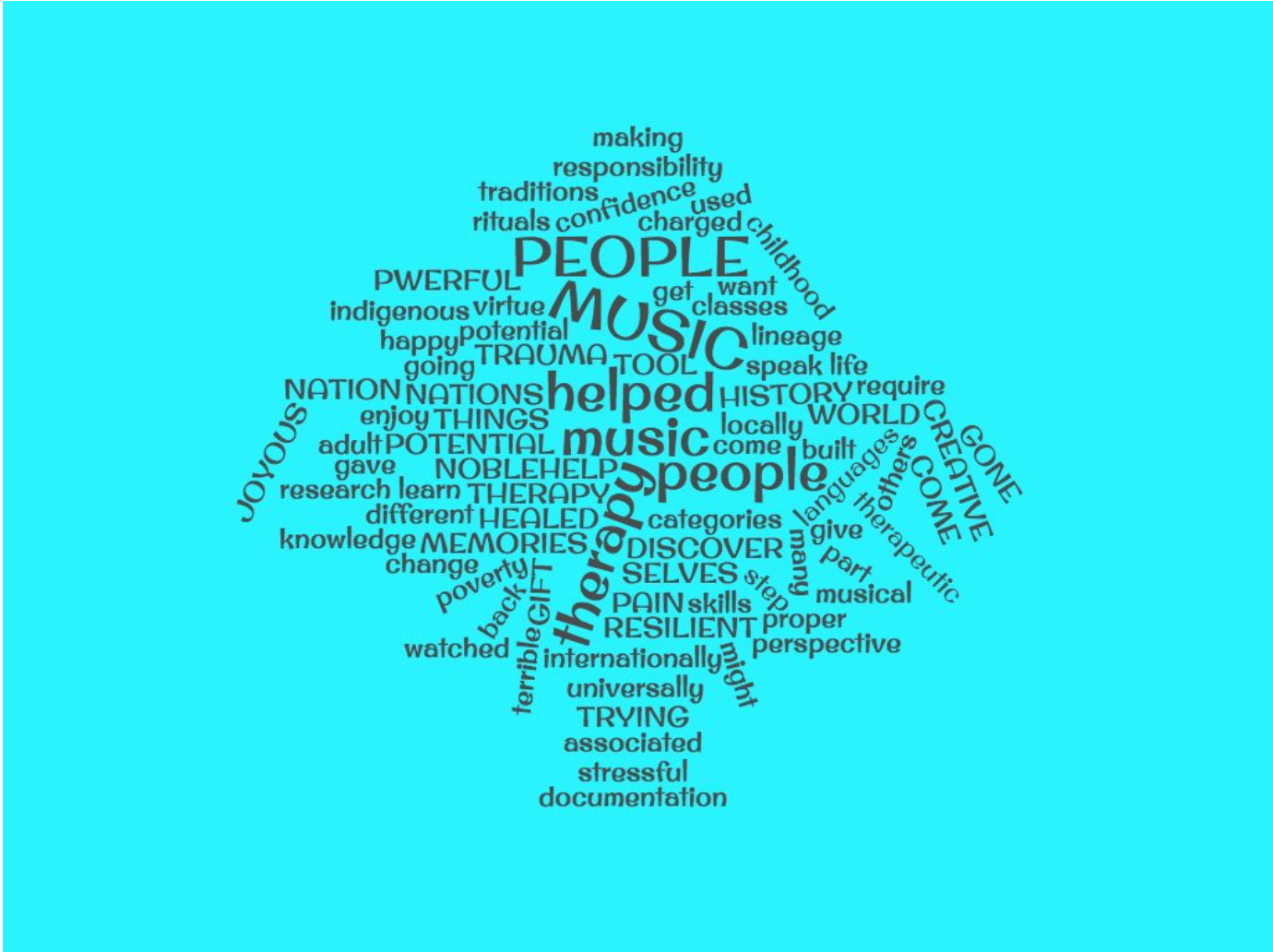
Figure 15: Word cloud of TIMPs' descriptions of their motivation

Figure 16: Word cloud of all participants' descriptions of their motivation
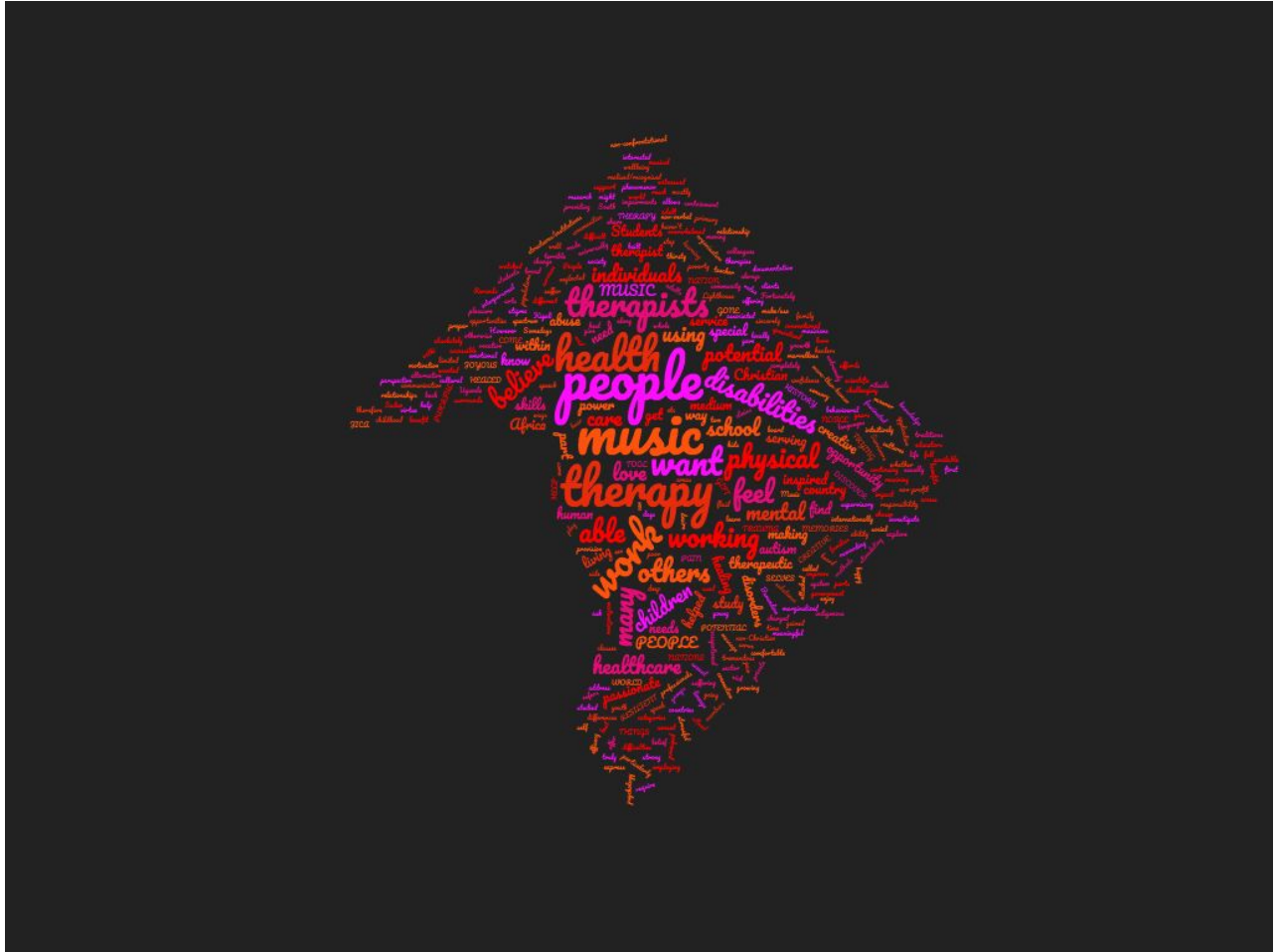
4.7 Describing What the Work Does For The Community

Question 18 asked, "What does your work do for your community?" The aim of asking this open

question was to investigate how practitioners articulate the purpose of their work as well as to

investigate Research Question 2e, *"How do [practitioners and students] articulate how their*

practice serves the communities and individuals with whom they work?" Content analysis

assisted in identifying nine themes: *Effects of Music Therapy and its Benefits; Addressing*

Access/Systemic Issues; "Bringing People Together;" The Therapist's Experience;

Performances, or Opportunities to Perform; Honoring Traditions; Educate/Learning; Specific

Projects/Implementation; and *Challenges.*

Each theme and the practitioners whose responses occupy them are included in detail in

appendix IIIc. Table 11 exhibits all responses and their corresponding practitioner. Figures 17-20

offer word clouds of the participants' descriptions. The following are the highlights of the

findings.

- MTAG practitioners were the only group to fall under *Addressing access/systemic issues.*

- SIMT practitioners were the only group to occupy *Statements About "Bringing People*
  Together," and *"The Therapist's Experience."*

- MTAG and SIMT practitioners together occupied *Educate/learning,*
  Performances/Opportunities to Perform, and *Challenges.*

- Under *Challenges,* one MTAG described their work as "clumsy" and that their whiteness
  affects the certainty of understanding how their work contributes, if anything at all, to the
  Ugandan communities they work with. This practitioner stated,

> "I'm afraid I'm operating off of expectations of Ugandans that aren't well-
> founded…It is possible my work undermines local knowledge and recapitulates
> imperialistic dynamics." (MTAG in Uganda)

Similarly, a SIMT practitioner explained how parents may "respond negatively" to their

services because "music therapy is something new and unfamiliar." This practitioner goes

on to say how this leads to parents denying their children access to music therapy services.

- *Specific Projects/Implementation* featured MTAG and TIMP responses.

- TIMP and SIMT answers occupied *Honoring Traditions* equally.

- All three practitioner categories described how their work affects their communities by describing what the music does and what music therapy affords to the community participants. Here, reoccurring words of "joy" and "healing" were only observed among SIMT and TIMP practitioners, similar to 4.5, where these same words appeared in the practitioners' descriptions of what music therapy is.

Table 11: Describing what the work does for the community

    = MTAGs   = SIMTs   = TIMPs

Effects of Music Therapy and its Benefits

It offers support, connection, growth, and empowerment
It fosters communication and contact
It helps community members to communicate/cope
It creates a safe space
Helps those express difficult feelings
To manage difficult feelings
Allows them to voice their challenges
Creates a space where they are supported by their peers
Creates a sense of mastery
Creates a sense of belonging
Promotes generosity
A sense of independence
Strengthens the resilience
Brings happiness
Supports family
Helps those to cope
Offers a mental health resource
Addresses health/addiction treatment

Facilitates sharing in each others joy and pain

It heals
Brings joy, healing, and health and wellness
It gives permission to my people to live free and well
It heals
It brings joy

It resolves conflicts
It allows the patient to be deeply involved
Every organic disease affects the patient's psychological state, and the psychological and moral state of a person greatly affects his predisposition to several organic diseases.
Music itself has the propensity to heal
It can teach tolerance

Addressing access/systemic issues

It makes services accessible
Allows access to therapeutic spaces
It serves 83arginalized communities
It helps those in need
It allows individuals with disabilities can go outside house and even get education instead of staying home
It prevents corporal punishment at educational facilities for individuals with disabilities
It allows communities to gain more awareness
Helps individuals with disabilities
Where there is a lack of opportunity
Children with disabilities are over-looked
It proves that people with disabilities are worth investing in and that they are valid members of society

Statements about "bringing people together"

It brings the communities together
It creates community.
It brings together people
It honors and brings together various cultures.
It brings together people of different backgrounds
It brings people together
It allows children to take part in their family

The Therapists' Experience

It integrates me into the daily concerns and ongoing s of the community I serve
The community response was good and encouraging

Performances and opportunities to Perform

There was an expo where the children displayed their artwork
It has been providing opportunities

My clients performed It provides performance opportunities

Honoring Traditions

It is connected to traditional music

It has been used since ancient times

Education/Learning

The children are learning
I educate
It promotes knowledge

The children learn new skills

Specific Projects/Implementation

The Circle of Courage
The program is not based on material possessions but on courtesy (service above self), integrity (character before career), perseverance (participation), self-control (wisdom above scholarship) and an indomitable spirit (I can accomplish anything if I work for it). Slowly, we are training leaders who will become effective leaders in whatever community they find themselves.
I hosted a concert/exhibition
I led a project

I initiated a grant-funded music and healing program

Challenges

I'm not sure what effect my work has on the community
It is unclear based on the fact that I'm white
I'm afraid I'm operating off of expectations of Ugandans that aren't well-founded
My work is rather clumsy
It is possibly my work undermines local knowledge and recapitulates imperialistic dynamics

The parents responded negatively
Music therapy is something new and unfamiliar
Parents restricted their children and denied them access to the music therapy

Figure 17: Word cloud of MTAGs' descriptions of what their work does for the community
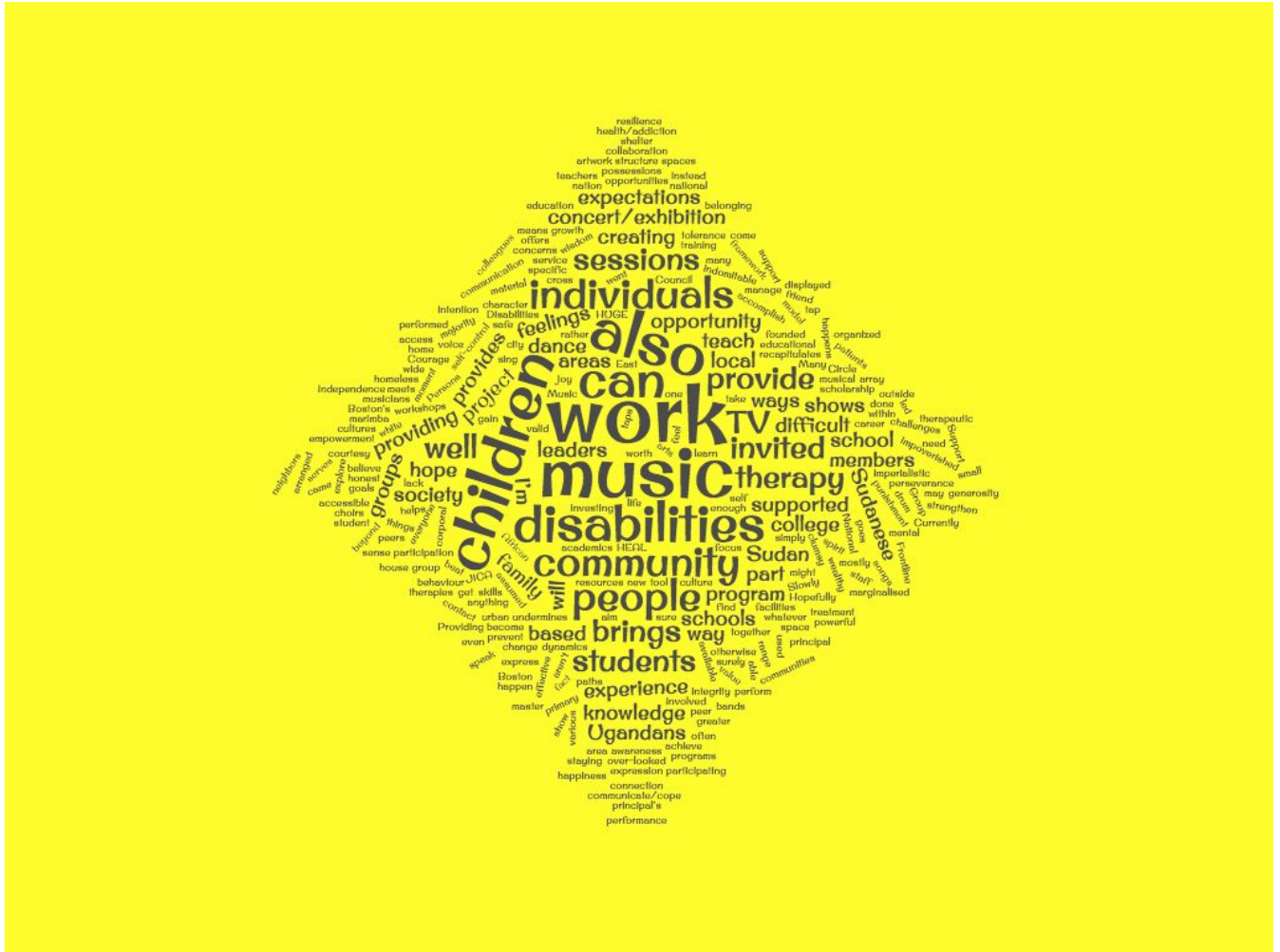
Figure 18: Word cloud of SIMTs' descriptions of what their work does for the community
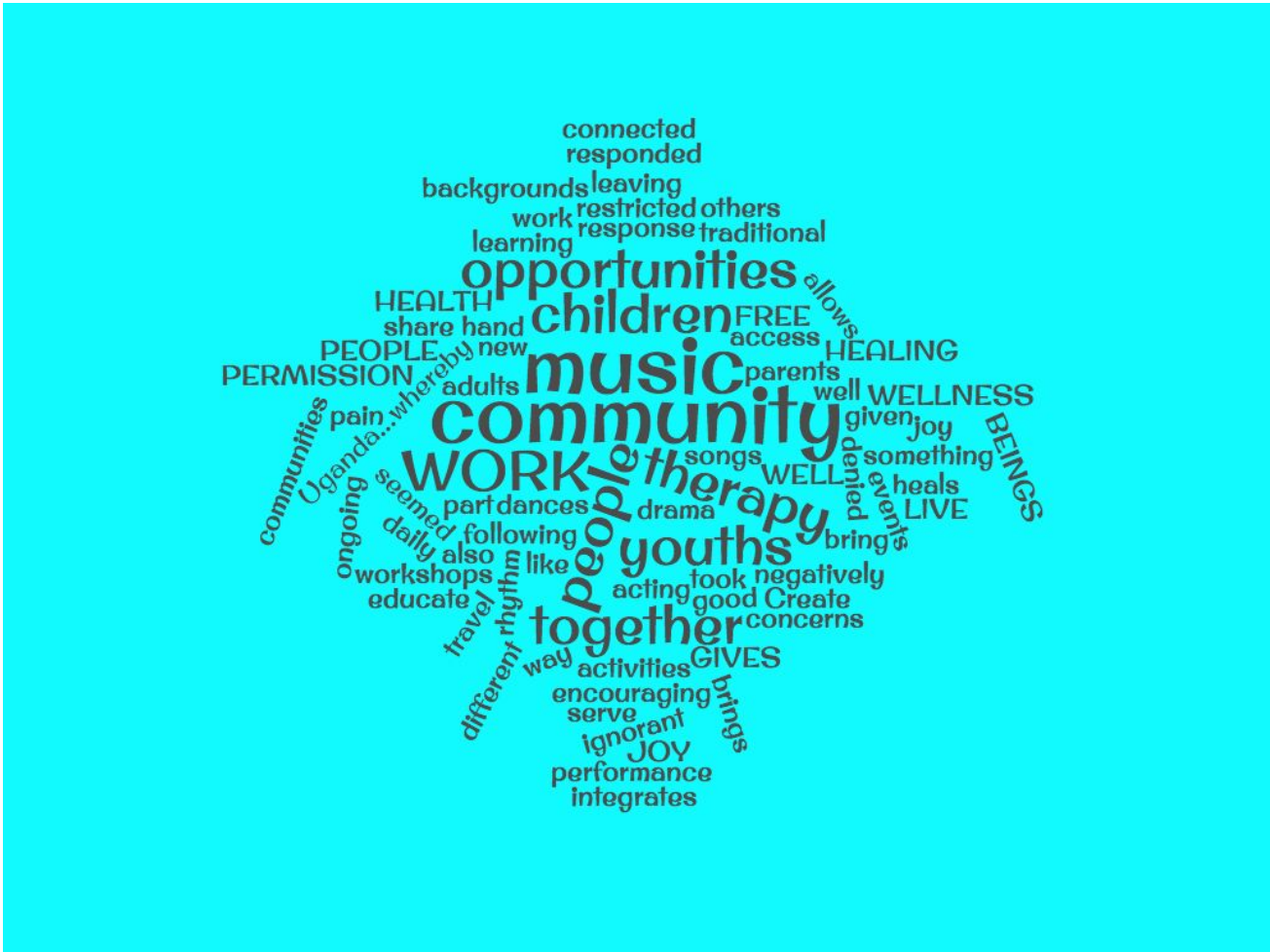
Figure 19: Word cloud of TIMPs' descriptions of what their work does for the community

Figure 20: Word cloud of all participants' descriptions about what their work does for the community

4.8 Describing The Importance Of The Work

Question 19 asked, "Do you consider your work important? Why?" This question garnered both quantitative and qualitative data. The aim of asking this question was to investigate deeper into the way practitioners articulate the purpose of their work as well as to investigate Research

Question 2e, *"How do [practitioners and students] articulate how their practice serves the communities and individuals with whom they work?"* Content analysis assisted in identifying four themes: *Expressions of Access/Systemic Issues; Cultural Significance; Effects and Benefits;* and *Ideas of the "Bigger Picture."*

Appendix IIId exhibits a complete list of themes identified from the qualitative data. Table 12 exhibits all renderings of codes, themes and the corresponding practitioners. Figures 21-24 provide word clouds of all participants' descriptions. The following are highlights from the findings.

- One hundred percent of respondents stated that they consider their work to be important.
- The word "yes" occurred in 11 responses outright. The remaining 11 answers contained other positive phrases.
- One MTAG located in Rwanda reflected the importance of their work within *Cultural Significance* in the context of reparations from civil unrest and trauma experienced from the Rwandan Genocide. They described this in the following way:

> There is no culture of trust…understandable after experiencing a genocide where neighbor killed neighbor and friend killed friend and not a single corner of the country escaped the trauma and suffering of its divisive destruction. By inviting anyone and everyone into our free [music] program, all children have equal access opportunity. If we can model and encourage the benefits of a culture of trust and acceptance, we hope to shape the future of this country. All people matter and all people have value, regardless of tribe, culture, economic standing or ability. We all have something unique to offer.

- An MTAG in Uganda reflected on the *Expressions of Access/Systemic Issues* of their work, describing their experience as a white westerner working in East Africa and the importance of keeping "western" music therapy practices from dominating the community's own practices and belief systems which may be based on indigenous knowledge systems. They state the following reflection:

> "White" or "western-trained" music therapists are becoming increasingly popular in Africa, and I feel it's imperative for "us" to find ways of working that won't cause more harm than good. Ideally, Africans would establish their own ways of doing music therapy based on indigenous systems and values (or whichever systems/values they want). "Music therapy" may already be there but we can't see it through our "western" lens.

- An MTAG in Chad candidly described their work within *Effects and Benefits,* with a reflection about self-doubting the importance of their work, when comparing music therapy to other health care services. They reflect the following:

> I am constantly plagued by self-doubt Is MT a hoax? It's also difficult because if I don't see my client for a week or two, they are not going to die, [meanwhile] if my husband and I have our children home (for holidays, or for Covid19!) then it's me who gives up work to look after them and teach them because his work (administrator of the hospital) would mean that the hospital couldn't run. I see myself from afar and wonder what it must look like – so trivial!

However, when I'm feeling confident, I know that what I do matters and has an

impact, because I can see that people are bringing their children to see me…they

see the difference it makes in their children's lives and to their well-being. I

therefore know that my work is important to the people I work with. I'm not even

sure if it is my insecurity that I am noticing when I believe my work to be

worthless, or if other people truly believe that my work is not valuable…in my

heart of hearts I know that when people play music together, or participate in

music together, hearts are uplifted and mental well being is improved so I try to

put aside my insecurities and get on with the work (when I can).

Table 12: Describing the importance of the work

___ = MTAGs ___ = SIMTs ___ = TIMPs

Expressions of access/systemic issues They have a right to creativity and the arts It gives access to It is filling a large gap It helps the under-served There is a desperate need for mental health services. There are very little opportunities to access psycho-social support Marginalized communities They deserve help They now have access
Cultural significance 150th generation of my family lineage to share this responsibility VERY MUSICAL PEOPLE NATURALLY Without [me] there will be so many gaps You must look at cultural practices absolutely. It is using Western models to meet the needs of Africans Music is a core existing part of the culture
Effects/Benefits It is bringing about change and health in many settings.

It provides critical support and care to communities
It is proven to be a medium to reach people on various levels of functionality
It enhances quality of life

I see the outcome of it.
INTENTIONALLY RELEASE LIFE THROUGH MUSIC
ENTIRE BEING IS FOCUSED TO RELEASE LIFE AND WELLNESS

It serves the need of our community
because its life changing

Ideas of the "bigger picture"

It is a valuable source for the community
It fosters relationships with others I deem important
The work is around social justice and inclusion.
It can create or develop a society and environment where individuals with disabilities are empowered
It ensures their rights are protected
I provide my clients music therapy to address their needs and to share my clients' potentials, growth, and development

Music, arts and culture are what make our society worth living in
Music is the universal language
It brings unity in diversity
It is INTENTIONAL AND FOCUSED

It is a human experience which means humans can create it at will.

Figure 21: Word cloud of MTAGs' descriptions of the importance of their work

Figure 22: Word cloud of SIMTs' descriptions of the importance of their work

Figure 23: Word cloud of TIMPs' descriptions of the importance of their work

Figure 24: Word cloud of all participants' descriptions of the importance of their work

4.9 Describing The Role of Music

Question 20 prompted, "Describe the role of music in your work." This question investigates Research Question 2c, *"How do [practitioners and students] describe the role of music in their work?"* While the overarching goal of this research is to objectively recognize any identification of music therapy or therapeutic musicing based on the respondent's own words, which may or may not include articulations of music having a "role" to play at all, I felt it was important to include this question and discern how music is described in the context of the practitioners' work.

Content analysis of reoccurring words was conducted and three "territories" of themes were coded with several subcategories created under each terrain. Analysis was done in this way because during the coding process, many statements were rendering similar words and phrases and I sought to understand these patterns and mechanisms more deeply. Terrain 1 is *What Music Does,* Terrain 2 is *What Music Is,* and Terrain 3 is *What Results from Music.*

Tables 13-16 display all territories, the reoccurring words and phrases occupying each, and their corresponding practitioner. Words indicated in bold mean they appear in and correspond with other territories. These reveal the connections, similarities, and patterns in the way the role of music is described among the practitioner groups. Figures 25-28 provide word clouds of all participants' descriptions.

4.9.1 Terrain 1: What Music Does

The first terrain features phrases that directly describe music "doing" something in the context of therapeutic musicing work. The words featured are *gives, provides, helps, facilitates, allows, honors*, *creates,* and *holds*. MTAGs occupied seven out of the eight words. All three practitioners described how music *allows* something. Table 13 displays all themes and renderings of Terrain 1.

Table 13: Describing the role of music: Terrain 1- what music does

▢ = MTAGs   ▢ = SIMTs   ▢ = TIMPs

Terrain 1: What Music Does…
Music Gives: Music gives **voice** to the clients' inner world   Music gives access
Music Provides: Provides **communication, expression**, and connection   Music provides psycho-social support   Music provides containment
Music Helps: Music helps clients **communicate**   It helps **communicate**   It helps **open** up   Music helps build rapport
Music Facilitates: It facilitates positive **changes**   and facilitates **expression** and **movement**   It facilitates the imaginal psychic and spiritual **healing**.   Music facilitates interaction

Music Allows:
Music allows for reflection of the world It allows self-**expression** It allows for self-**expression, creativity**, empowerment, growth and therapeutic **change** Allows for **expression** It allows clients to **express** their **feelings and emotions.** It allows for a unique **voice** Music allows clients to explain how they **feel** Music allows for the development of their affective, psychomotor and cognitive domains.
Music Honors:
Music honors vision for global impact It honors fierce national pride It **holds** and honors multiple **cultural** identities
Music Creates:
It creates **relationships** It creates a safe space where their privacy is protected It creates a strong bond
Music Holds:
It holds **core** values It holds and **honors** multiple **cultural** identities Music holds personal struggles. Music hold life experiences

4.9.2 Terrain 2: What Music Is

Under Terrain 2, music is described as being something, through "Music is…" statements. The words featured are *the co-therapist, a medium, universal,* and *a useful tool.* MTAGs were the only practitioners to describe music as being *the co-therapist,* and *a useful tool*. Both MTAGs and SIMTs described music as *a medium* and all three practitioners contributed unique answers

that did not match with the other codes, and thus fall under a *Music is…* miscellaneous

subcategory. Table 14 displays all renderings of this terrain.

Table 14: Describing the role of music: Terrain 2- what music is

Music Is…
The co-therapist: Music is the co-therapist Music is the co-therapist
A medium: It is the **medium** of contact, **communication and expression** It is a medium for sound, **movement**, dance, costume It is the MEDIUM for **HEALING,** LIFE AND WELLNESS THE BODY, MIND, SPIRIT AND SOUL to bring about life
A Tool/ is useful/ "I use": I use music to **communicate,** to entertain, to teach, to **express emotions** I use PECS and other **communication** tools It is a useful tool It is a powerful tool
Universal: Music is universally comforting It is the universal language
Music is…: Music IS my work It is the primary means of disseminating It is a vibrant part of the communities *Music is the backbone to Musicology and ethnomusicology*

Exploring with clients through singing, percussion, using different instruments and improvisation

4.9.3 Terrain 3: What Results from Music

Terrain 3 features descriptions of the results of music in therapeutic musicing work. These reoccurring words include *voice, communication, connection, expression, opening, change, movement, healing, encouragement, creativity, feelings/emotions, culture, core/center,* and *relationships.* MTAGs occupied 10 out of the 15 words in this terrain. MTAGs and SIMTs described music as bringing *connection, healing,* and *feelings and emotion,* and MTAGs and TIMPs described *creativity* coming from music. Table 15 displays all renderings for this terrain, indicating words that appear in the previous two territories in bold.

Table 15: Describing the role of music: Terrain 3- The results of music

Terrain 3: The Results of Music
Voice: It **allows** for a unique voice   **Creatively** reflects all of these **cultures** in one voice   Music **gives** voice to the clients' inner world   It is the voice of a generation
Communication: **Provides** communication, **expression, and connection**   Music **helps** clients communicate   It **helps** communicate   It is the **medium** of contact, communication and **expression**   I use PECS and other communication **tools**   I use music to communicate, to entertain, to teach, **to express emotions**

*Open:

It **helps** open up
Music opens doors

*Expression:

Provides communication, expression, and **connection**
and **facilitates** expression and **movement**
It encourages **creativity** and expression
It **allows** self-expression
Allows for expression
It **allows** for self-expression, **creativity**, empowerment, growth and therapeutic **change**
It **allows** clients to express their **feelings and emotions**.

It is the **medium** of contact, **communication** and **expression**

*Connection:

Provides communication, **expression**, and connection

It is the vehicle of connection

*Core/center:

It is the core of the work
Music is the centre of everything
It **holds** core values

*Culture:

It is culturally sensitive
Creatively reflects all of these cultures in one **voice.**
It **holds** and **honors** multiple cultural identities

*Movement:

and **facilitates expression** and movement
It is a **medium** for sound, movement, dance, costume

*Healing:

It **facilitates** the imaginal psychic and spiritual healing.

It is the **MEDIUM** for HEALING, LIFE AND WELLNESS
THE BODY, MIND, SPIRIT AND SOUL to bring about life

Encourages: It encourages   It encourages **creativity and expression**
Creativity: It **encourages** creativity and **expression**   Creatively reflects all of these **cultures** in one **voice**.   It **allows** for **self-expression**, creativity, empowerment, growth and therapeutic change   It fosters creativity
Feelings/Emotions: Music **allows** clients to explain how they feel   It **allows** clients to **express** their feelings and emotions.   I **use** music to **communicate**, to entertain, to teach, to **express** emotions   For processing emotions, trauma   Music builds the **relationship** through play and joy
Change   It **facilitates** positive changes   It **allows** for **self-expression, creativity**, empowerment, growth and therapeutic change
Relationships   It **creates** relationships   Music builds the relationship through play and **joy**   Music develops therapeutic relationships

4.9.4 Unique Descriptions of The Role of Music

Table 16 displays answers that describe the role of music in unique ways that did not fall into

any other code or theme. MTAGs and TIMPs occupied this subcategory.

Table 16: Describing the role of music: Unique descriptions about music

Music…:

motivates
plays a different role with different clients
values peace
It captures children's attention
It sets me aside and makes what I do unique
Children would otherwise not be curious enough

*exploring a variety of musical styles and sounds with

Figure 25: Word cloud of MTAGs' descriptions of the role of music in their work

Figure 26: Word cloud of SIMTs' descriptions of the role of music in their work

Figure 27: Word cloud of TIMPs' descriptions of the role of music in their work

Figure 28: Word cloud of all respondents' descriptions about the role of music in their work

Below are the highlights of the findings.

- MTAGs occupied seven out of the eight words in Terrain 1 and 10 out of the 15 words in Terrain 3. In Terrain 2, MTAGs were the only practitioners to describe music as being *the co-therapist,* and *a useful tool.*

- Both MTAGs and SIMTs described music as *a medium* and being *universal* in Terrain 2, and described music as bringing *connection, healing,* and *feelings and emotion* in Terrain 3.

- MTAGs and TIMPs describe *creativity* as a result from music in Terrain 3.

- All three practitioners described how music *allows* something in Terrain 1. All three also contributed unique answers describing "Music is…" that did not match with any other codes and thus fell under a *Music is…*miscellaneous subcategory under Terrain 2.

- Unique answers not included in any of the territories features phrases from MTAGs and TIMPs under *Music…* as displayed in Table 16.

- The findings from this analysis also reveal a stark prevalence of MTAGs' use of reoccurring words and phrases compared to any of the other practitioner types. Tables 17 and 18 offer a visual representation of this prevalence.

Table 17: A visual demonstrating how the most frequently occurring words are shared among MTAGs compared to the other practitioner types in their descriptions of the role of music in their work.

		Legend
Gives, Allows	Voice	= MTAGs (yellow) = SIMTs (cyan) = TIMPs (magenta)
Provides, Helps, Is a Medium, Is a Tool	Communication	
Provides, Facilitates, Allows, Is a Medium, Is a Tool	Expression	
Helps	Open	
Facilitates, Allows	Change	
Facilitates, Is a Medium	Movement	
Facilitates, Is a Medium	Healing	
Allows	Creativity	
Allows, Is a Tool	Feelings	
Honors, Holds	Culture	
Creates	Relationships	
Holds	Core/Center	

Gives	Provides	Helps	Facilitates	Allows	Honors	Creates	Holds	Is a Medium	Is a Tool
Voice	Communication Expression	Communication Open	Change Expression Movement Healing	Expression Creativity Change Feelings/Emotion Voice	Culture	Relationships	Core/Center	Communication Expression Healing Movement	Communication Feelings/Emotion Expression

Tables 18: A visual demonstrating the most frequently occurring words are shared among MTAGs compared to the other practitioner types in their descriptions about what music affords in their work.

4.10 Describing How Music is Used

Question 21 additionally investigated Research Question 2c of how practitioners describe the role of music in their work by asking "How is music used in your work?" Responses from this question were intended to be garnered in tandem with Question 20, where practitioners are asked to describe the *role* of music. The implied view or belief about music playing a "role" in certain contexts of therapeutic musicing may not be relevant or the way of thinking for all practitioners, therefore, this open-ended question was an opportunity to further assess how practitioners describe the music of their work and its implications, in the way that is most relevant to them.

Content analysis rendered five themes regarding how practitioners described the way music is used in their work. These themes include *Activities; Objectives; Type of Music; Context; and Statements of "Music is…"*. Subcategories under *Activities* included *active music-making, lyric/song analysis and writing, improvisation, learning/teaching, and receptive* activities. Subcategories under *Objectives* included *communication, expression, connection/relationship, motivation, clinical needs, cultural, teach/learn, attention/concentration,* and *emotions/feelings.*

A complete exhibit of themes described in detail is provided in appendix IIIe. Table 19 shows all renderings of responses for each theme and their corresponding practitioner category. Additional unique answers that did not match with any other codes are displayed in Table 20. Figures 29-32 provide word clouds for all respondents' descriptions.

Table 19: Describing how music is used

    = **MTAGs**   = **SIMTs**   = **TIMPs**

Activities

Active Music Making

Therapist and client use active music making (using instruments and the voice)
group music making
active music participation
encouraged to play on a range of musical instruments and use voice
vocal exercises
breathing, drumming, singing
music making
singings songs
moving and dancing to the music
composition
I play various instruments with my clients
play call and response
singing hello in the child's language (or a shared language
musical games
matching what the child does.
Musical activities
improvisation

MAKE MUSIC WITH OUR BODIES BY SINGING, CLAPPING, STOMPING, BODY BEATS
USE VARIOUS INSTRUMENTS
I play various instruments and give the contextualization of how these instruments function in the various
 places of origin

Lyric/song analysis and writing

Song/lyric analysis
lyric adaptation
clinical songwriting
lyric analysis,

Improvisation
Improvisation
instrumental improvisation
improvise,
I improvise

Learning/Teaching
learning how to play the instruments
 teach music
 learn songs,

Receptive

music listening
music and guided meditation

Objectives

Communication
form of communication of "being together" that does not require verbalization.
Communication

Expression
for self-expression
expression

Connection/Relationship
tools to interact
relationship

Motivation
which my clients are familiar with and motivated by
for motivation and engagement

Clinical Needs
for addressing their cognitive and motor domain
addressing client needs

to help them develop their affective, psychomotor and cognitive domains.
 Find the required behavioural change.

Cultural Context
tool for cultural fusion and unity
children have the tools to make their voices heard by future generations

Teach/Learn
teach life skills
learn the value of hard work
learn to think creatively
learn to play together
learn cooperation
a different context to reinforce the life skills.

Attention/concentration
to capture the child's eye-contact and attention
capture the child's attention
eye-contact
concentration

Emotions/Feelings
emotional regulation

make people feel relax

uplift people's spirits
bring joy

Type of Music
familiar sounds
improvised
pre-composed songs
songs that are written by client with support from therapist.
Various dimensions of music can be utilized/applied in infinite combinations.
Song structures
flexible use of music
Sudanese pentatonic
bongos, keyboard
pre-composed children's songs from the French or English tradition.
Play in the style that I believe the child might be familiar with
Arabic.
My voice with a variety of percussion instruments or my guitar or keyboard
unfamiliar instruments such xylophone, wind chimes

LOCAL TRADITIONAL AND INSTRUMENTS FROM OTHER COUNTRIES
piano, drums or xylophone

Music creativity

Contexts
with teenagers playing in rock bands

to students with special abilities

Music Is…
Music IS my work

Depending on the work
Music is always the central and main part in my work.

The following are highlights of the findings:

- Under the theme of *Activities,* MTAG practitioners were the majority respondent, solely

  occupying the subcategories *lyric/song analysis and writing, improvisation,*

  learning/teaching, and *receptive.*

- Under the theme of *Objectives,* MTAGs were the only group to occupy the subcategories of *communication, expression, connection/relationship, motivation, cultural context, teach/learn,* and *attention/concentration.*

- MTAG and SIMT contributions occupied *active music-making* under *Activities* and *emotions/feelings* under *Objectives,* as well as the *Music is…* theme.

- *Clinical needs* featured statements from both MTAG and TIMP practitioners under *Objectives*.

- MTAG and TIMPs also occupied the theme of *Context*.

- All three practitioners contributed under the *Type of Music* theme in their descriptions of styles, instruments, and significance of the geographical traditions of the music used. All three also provided unique answers included in Table 20 which features descriptions that did not match with any other codes.

Table 20: Describing how music is used- unique answers

Unique MTAG answers:
"for spiritual support"   "to reward effort rather than accomplishment"   "give the opportunity to apply knowledge rather than absorb it."   "to provide an equal opportunity"
Unique SIMT answers:
"share a common song for all of us"   "as a means for articulating social commentary."

Figure 29: Word cloud of MTAGs' descriptions of how music is used in their work

Figure 30: Word cloud of SIMTs' descriptions of how music is used in their work

Figure 31: Word cloud of TIMPs' descriptions of how music is used in their work

Figure 32: Word cloud of all respondents' descriptions of how music is used in their work

4.11 Awareness of Other Practitioners

The following section reveals insight into Research Question 3 and the subsequent sub-questions:

Are these practitioners and students aware of others doing similar work on the African continent and, if so,

> a) *What attitudes do these practitioners and students have towards others doing similar work?*
>
> b) *Is there interest in creating a coalition or network of sorts where information and practice can be shared?*

To gather a mixture of quantitative and qualitative data on these inquiries, Question 9 and Questions 22-25 on the survey ask the following:

Have you ever met, worked with, or interacted with someone who might be considered a 'certified music therapist'?"

Are there other people near you that do similar work? If yes, who are they?

Do you interact with these individuals often?

How do you personally feel about their work?

If given the opportunity to connect and collaborate with other people in Africa

doing similar work to you, would you? Why or why not?

One hundred percent of respondents stated "yes" to Question 9, "Have you ever met,

worked with or interacted with someone who might be considered a 'certified music therapist'?"

Fifteen responses (68%) stated "yes" to Question 22, indicating they do know of other

practitioners doing similar work. Eight of these "yes" responses (53%) indicated another music

therapist or similar practitioner by name. This may be due to the snowball sampling technique,

where the informants in this study accessed other informants through their own networks (Noy,

2008). The other seven responses described other practitioners in a more general sense, making

statements such as "There are other music therapists and other music therapy students." All three

practitioner categories indicated "yes" in some capacity, however, only MTAG and SIMT

practitioners described someone by name. One hundred percent of individuals who answered

"yes" stated they did interact with these nearby colleagues often.

Contrastingly, 31% or seven respondents indicated "no" stating that there are no

practitioners doing similar work to their knowledge. At least one respondent belonging to each

practitioner group indicated "no," meaning practitioners from each category also has the

experience of working alone in their current location. Three MTAG practitioners, two SIMTs,

and two TIMPs claimed to be the only therapeutic music provider in their current location. One

hundred percent of respondents replied "yes" to Question 25, expressing interest in connecting

and collaborating with others if the opportunity presented itself.

Another angle for assessing how practitioners are connected and to what degree was

through Question 5 which asked, "How did you come across this survey?" Options for answering

included, "The researcher sent it to me," "Someone I know sent it to me," and "It reached me through Facebook, Whatsapp, or email." Data from this question also provided insight into how the snowball method affected the sample of participants. Eighteen responses (81%) indicated the survey came to them from the researcher directly. The remaining four stated it was shared with them by someone they know. This information is included in Table 21.

4.11.1 Made and Missed Connections

Multiple responses yielded from South Africa (5), Namibia (2), Uganda (2), Ghana (3), and Kenya (4). The remaining countries recorded contained just one individual response from that country. Data analysis from the questions that assess what other practitioners are nearby doing similar work to the respondents' knowledge (Questions 22-25) revealed how multiple practitioners from the same locales indicated awareness of and connections with the other respondents from that country. Figure 33 provides a visual of these connections.

All South African MTAG practitioners who participated in the study knew about each other and interacted with one another frequently in some capacity. Similarly, all Namibian music therapists in this study knew about each other and were in close contact. In Ghana, all practitioners, both the MTAGs and SIMTs knew about each other and collaborate in their current work. In Kenya, all of the SIMT participants knew about each other and have also collaborated or worked together in some capacity. Each Kenyan SIMT was also connected to the one TIMP practitioner from Kenya through their network.

Contrastingly, in Uganda, the practitioners present had not met each other yet. An MTAG practitioner was present doing clinical work and conducting research in the city of Entebbe, while a SIMT was doing community work in the rural Northern region of Gulu. Perhaps the

results of this research may inspire new connections for practitioners who had yet to meet. The

limitations of these results are later described in the conclusion.

Figure 33: Map of connections and networks between groups of practitioners*
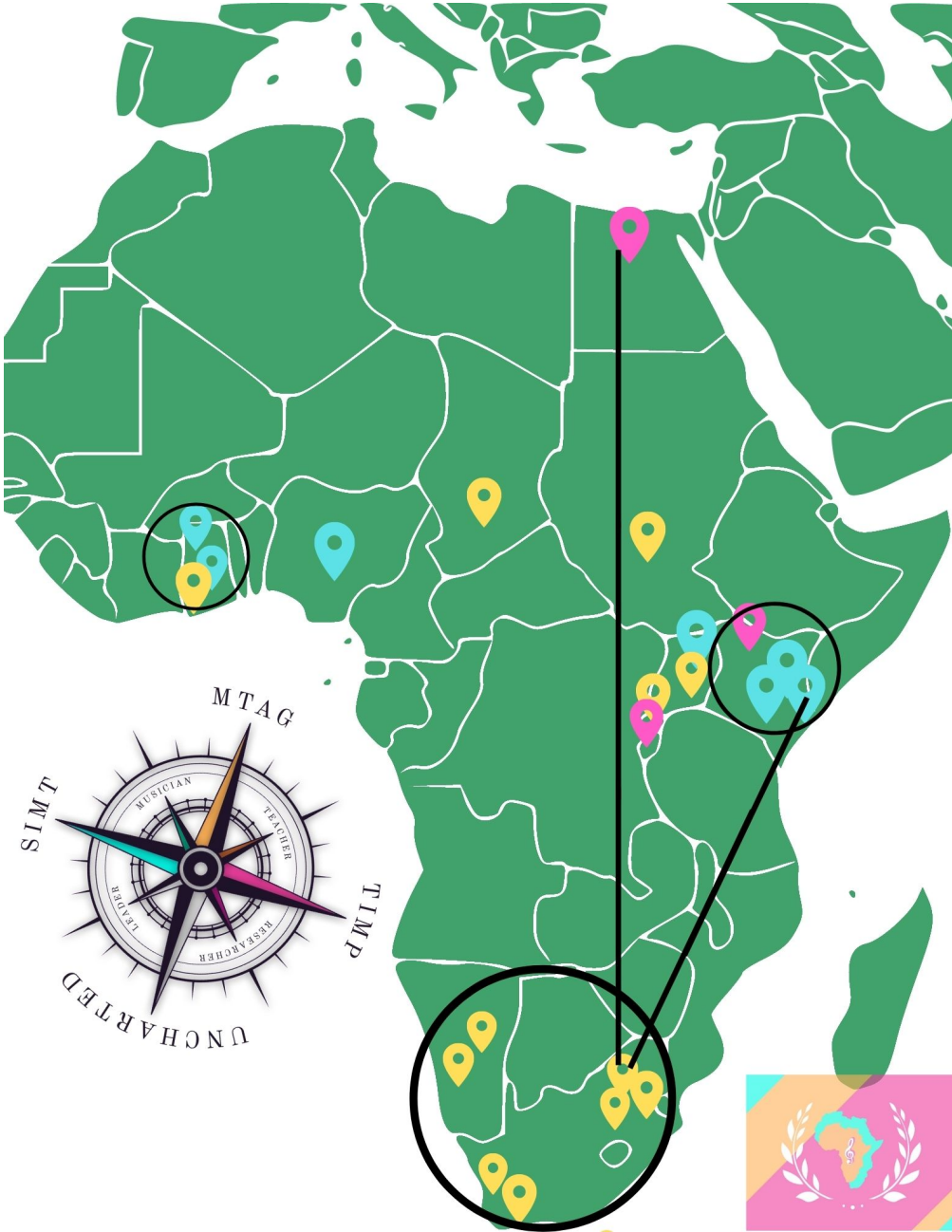
*A circle indicates that the group of people within it all know each other and interact with one another in
the current context of their work
* A line indicates a direct connection between two practitioners outside of their circle

Table 21: How respondents came across the survey

Location	Answer to Question 5
South Africa	Someone I know sent it to me
Kenya	The Researcher sent it to me
Namibia	The Researcher sent it to me
Ghana	The Researcher sent it to me
Ghana	Someone I know sent it to me
Namibia	The Researcher sent it to me
Ghana	The Researcher sent it to me
South Africa	The Researcher sent it to me
Kenya	The Researcher sent it to me
South Africa	The Researcher sent it to me
Nigeria	The Researcher sent it to me
Egypt	The Researcher sent it to me
Kenya	The Researcher sent it to me
South Africa	The Researcher sent it to me
Sudan	The Researcher sent it to me
Rwanda	The Researcher sent it to me
Burundi	The Researcher sent it to me
Kenya	The Researcher sent it to me
Uganda	The Researcher sent it to me
South African	The Researcher sent it to me
Chad	The Researcher sent it to me
Uganda	The Researcher sent it to me

4.12 Describing The Work Of Other Practitioners

Research Question 3a asks, *"What attitudes do these practitioners have towards others doing similar work?"* This was investigated via Question 24 on the survey that prompted practitioners to answer, "How do you personally feel about their work?" This open question was designed as a follow-up to Questions 22 and 23, which asked participants if there were other practitioners or students nearby doing similar work and if they interacted with these individuals often. This

question aimed to assess and analyze the ways in which practitioners who are located in a country or context of work where like-minded practitioners or students are present and doing similar work describe their perceptions and opinions about these individuals.

Content analysis rendered three themes within the answers: *positive descriptions; negative descriptions; and neutral descriptions.* Two subcategories were created for each which were *from their own perspective* and *from the perspective of others.* Positive descriptions included direct expressions and statements about feeling positive and supportive of other practitioners' work. Negative descriptions indicated negative associations or opinions about this. Neutral descriptions included statements and responses that described both positive and negative perceptions about other practitioners' work, mixed feelings, or descriptions that were neither directly positive nor negative and statements about not knowing enough about the work of others to answer the question fully. The subcategory *from their own perspective* included "I" statements or expressions of personal feelings and opinions about the work. *From the perspective of others* indicate expressions about this work in the context of how it affected others.

Table 22 exhibits all renderings of *positive*, *negative*, and *neutral* responses with each subcategory and their corresponding practitioner type. Appendix IIIf provides detailed descriptions of these themes and the practitioner type that occupied each. Figures 35-38 provide word clouds of all respondents' descriptions. The following reveals highlights from the findings:

- *Positive Descriptions* rendered all three practitioner categories, as well as with both subcategories.
- *Neutral Descriptions* rendered only MTAG and SIMT responses who did so *from their own perspective.*

- *Negative Descriptions* featured two MTAG responses, one from Ghana and another from Chad, whose answers solely *from their own perspective,* are highlighted below:

> There are times when music can trigger very strong reactions, memories, trauma, etc. And it is my assessment that these other professionals are not as trained and equipped to handle such moments. For these reasons I try to collaborate with them as much as possible (MTAG in Ghana).

> If music is being used to brighten peoples' lives then that is good –I'm trying to work with local musicians (amateur and professional) to learn from them, share skills together... I would be worried about working with people who believed that music alone could physically heal people because although it has physiological benefits, I don't believe music can heal purely physical illnesses (MTAG in Chad).

Table 22: Describing the work of other practitioners

    = MTAGs   = SIMTs   = TIMPs

Positives Descriptions:

From their own perspective
I am privileged to be in association
I support their work
I am excited about their work
They are absolutely fantastic therapists
I am humbled by the resilience of these healing rituals through the years of mutilation and colonialism. Music therapy can learn from these practices.

I love it, the more we are the better our society

It makes me so much proud and happy.

From the perspective of others
It is supporting the resilience of children and their communities. I also feel that the work is undervalued in the South African context and more needs to be done
There is a place for everything that they and I do
I feel it is overwhelmingly beneficial to patients

It is a source of immense pride and real responsibility
It is our culture and our identity
I generally support honest effort to promote music as a healing tool

It is extremely valuable

Neutral Descriptions

From their own perspective
Mixed feelings depending on the people/type of work

I don't know anything about their work
I have never heard any creative arts therapists working in Sudan except an art therapist and an expressive arts therapist who came to the school which I was working at.
I feel they know more than I do

Negative Descriptions

From their own perspective
"…there are times when music can trigger very strong reactions, memories, trauma, etc. And it is my assessment that these other professionals are not as trained and equipped to handle such moments. For these reasons I try to collaborate with them as much as possible."

"If music is being used to brighten peoples' lives then that is good –I'm trying to work with local musicians (amateur and professional) to learn from them, share skills together... I would be worried about working with people who believed that music alone could physically heal people because although it has physiological benefits, I don't believe music can heal purely physical illnesses…"

Figure 34: Word cloud of MTAGs' descriptions of the work of other practitioners

Figure 35: Word cloud of SIMTs' descriptions of the work of other practitioners

Figure 36: Word cloud of TIMPs' descriptions of the work of other practitioners

Figure 37: Word cloud of all participants' descriptions about the work of other practitioners
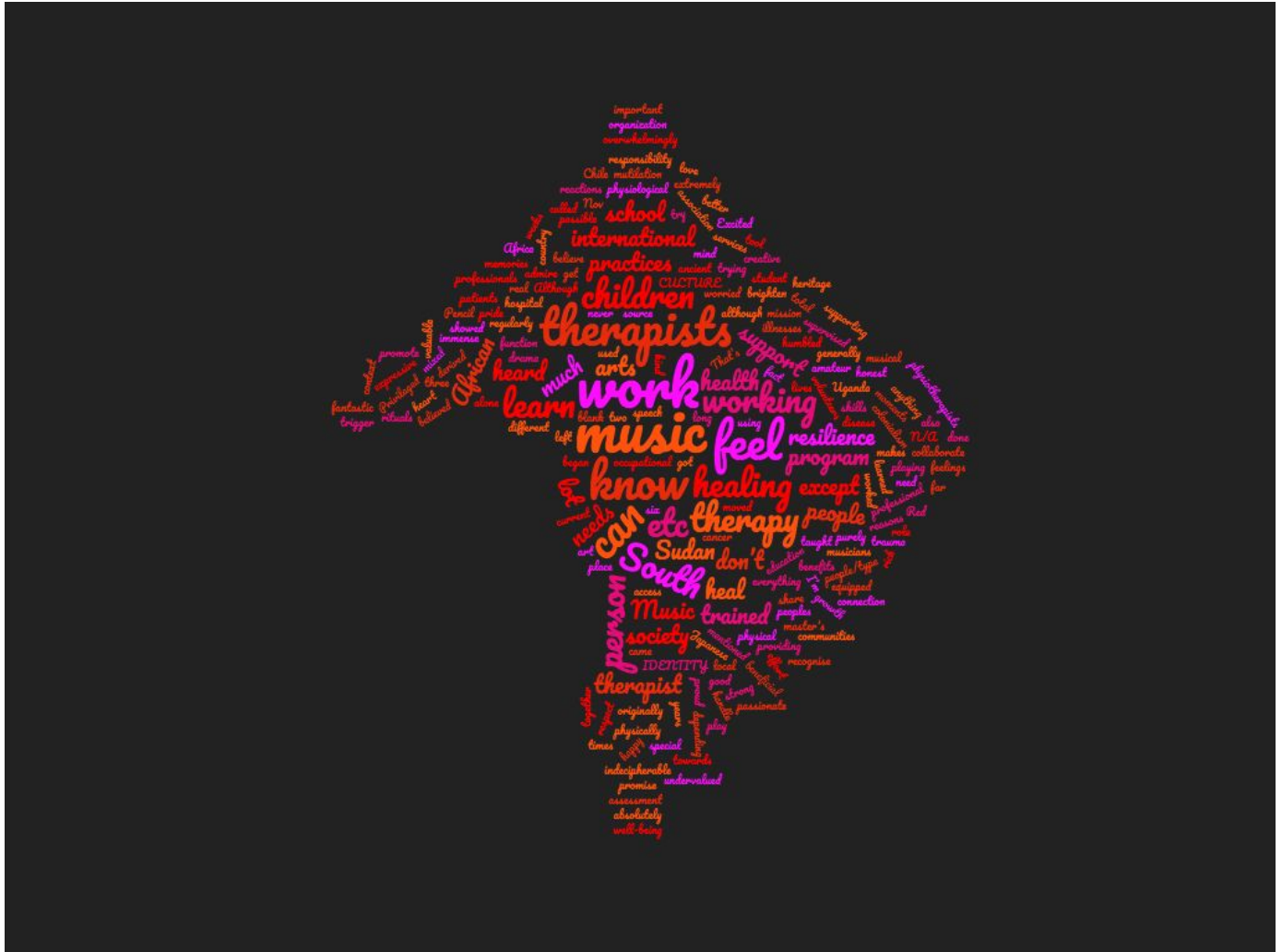
4.13 Describing Interest in Collaboration and Connection

Research Question 3b asked, "Is there interest in creating a coalition or network of sorts where information and practice can be shared?" This was investigated via Question 25 on the survey that prompted practitioners to answer, "If given the opportunity to connect and collaborate with other people in Africa doing similar work to you, would you? Why or why not?" This open

question aimed to assess and analyze the ways in which different practitioners working within different countries and contexts describe how they view other practitioners doing similar work and to assess interest in creating a connecting entity of some kind, such as a network or coalition.

This qualitative information was coded into the themes: *Out of Interest in Learning About Other Practices Elsewhere; Spreading the Word of MT; To Learn; To Collaborate/Connect;* and *To Help Others. To Collaborate/Connect* rendered three subcategories of *expressions of interest in collaboration, expressions of connecting with other practitioners in Africa,* and *Themes of decolonization and culturally sensitive/humble collaboration.*

Appendix IIIg provides a detailed account of each theme and the practitioner responses that occupied each. Table 23 provides a visual for all responses and their corresponding practitioner and the rendered themes. Highlights of the findings are as follows:

- One hundred percent of respondents answered "yes" outright. Each response was followed with further explanation and expression about their interest in collaborating and being part of a connecting entity.
- MTAG responses occupied *Out of Interest in Practices Elsewhere.*
- TIMP responses were featured in *To Help Others.*
- SIMT responses occupied *Spreading the Word of MT.*
- MTAGs and SIMTs were featured in *To Learn, expressions of connecting with other practitioners in Africa,* and *Themes of decolonization and culturally sensitive/humble collaboration.* A practitioner in Rwanda stated,

The more we can learn from one another the more we have to offer those within our own circle of influence. If I can learn from someone else's successes or challenges, I am more likely to succeed where I am. There is strength and empowerment when we can share our passions with like-minded people.

Another practitioner in Kenya similarly reflected,

I would love to experience and learn from others how they apply music in healing and wellness. I believe that there are many ways that healing be practiced and expressed. I think its most important as well, that these ways are studies, to advance the practice. But music and wellness are dynamic and ever evolving entities that cannot be entirely quantified and explained in books or by one culture or people. Music demands that we remain open, creative and innovative to get the best out of it.

- All three practitioner types were included in *To Collaborate/Connect* and *expressions of interest in collaboration.* Three specific countries (Chad, Sudan, and Ghana) are featured under this theme based on the responses of the practitioners working there who expressed their interest in collaboration from the context of their current work:

  I learned from my project in Uganda (Music for Peaceful Minds, 2008-2015) that I need to connect professionally with others more... I need particularly to learn both local music and how it is being used from local people and work alongside

them, sharing skills and getting them to help me so that anything I start at the hospital can be sustainable (MTAG in Chad).

It would be wonderful to connect and collaborate with other people in Africa. It would be a great learning opportunity for me as well as peer supervision etc. Since Africa is such a big continent with diverse culture and because of Sudan being an Islamic country and music is a controversial topic among Muslims, I have a feeling that there are quite differences between Islamic countries and non-Islamic countries in Africa. I think collaboration is key to developing good practice. There is some much to be learned from people doing similar work in other parts of Africa (MTAG in Sudan).

I am eager to connect with others, and I have found that clients and professionals in Ghana are very open and receptive to music therapy in clinical settings. Music appears an integral part of the cultural fabric there, and using music to facilitate healing is certainly not a foreign concept to many there. Also, I personally love African music and culture and am always eager to learn more and be a humble student and helper to this culture that I am so fond of. The purpose connects us all! (MTAG in Ghana).

Table 23: Describing interest in collaboration and connection

██ = MTAGs ██ = SIMTs ██ = TIMPs

Out of Interest in Practices Elsewhere It would be interesting to hear what is happening in other countries.
Spreading the Word of MT To educate the importance of music and how it should be encouraged and taken seriously by the leaders and the health institutions in Africa
To Learn There is so much to learn and understand about the potential of MT in various settings. Yes, to learn The more we can learn from one another the more we have to offer those within our own circle of influence. If I can learn from someone else's successes or challenges, I am more likely to succeed where I am. There is strength and empowerment when we can share our passions with like-minded people. I would love to experience and learn from others how they apply music in healing and wellness. I believe that there're many ways that healing can be practice and expressed. I think it's important as well, that that these ways are studied to advance the practice. But music and wellness are dynamic and ever evolving entities that cannot be entirely quantified and explained in books or by one culture or people. Music demands that we remained open and creative and innovative to get the best out of it. I would like to learn new ideas on music therapy
To Collaborate/ Connect *Expressions of interest in collaboration* Collaborating with others keeps us ever learning and improve our practice I would absolutely connect with others who do this work. Those we seek to help will benefit from our collaboration. Yes – collaboration is how we learn and expand the reach of the work we so badly want to see happen in the world. It is in our nature to collaborate and work in diverse communites. I would love to cooperate and do wish first to open the FIRST BURUNDI MUSIC THERAPY CENTER I am willing to participate. *Themes of decolonization and culturally sensitive/humble collaboration* I'd like to connect with anyone who is concerned about decolonizing music therapy in general. It would also be nice to have a collective of like-minded people who are having similar experiences in Africa.

If there is a chance to let music lead the way in a truthful way, rather than someone's personal or professional interests. I believe in networking.

To Help Others
It would be my pleasure to help some researchers who just begin their research about Music Therapy.

Figure 38: Word cloud of respondents' descriptions about interest in collaboration and connection

CHAPTER FIVE

Discussion

In this chapter, I will discuss the significance of my findings based on the cartographic journey the data carried me through. First, each practitioner type will be discussed independently, as certain trends and patterns observed among each reveal notable ideas and discoveries. Second, the similarities and relationships between MTAGs and SIMTs, MTAGs and TIMPs, and SIMTs and TIMPs are discussed. Finally, "the trifecta," or the grand overlapping interconnectedness among the three practitioner groups will be examined.

MTAG

Accredited Individual

Collaborator
Culturally sensitive

Driven by the desire
to empower and address
inequality

Clinical Thinkers
Musicians
Teachers

Driven by goals and
objectives

SIMT

Community Leader

Healer
pastor/worship leader

Driven by intuition

Innovator
Advocate

Driven by the music

Academically
-minded

Researchers and Authors

Driven by
the desire to build

Community Members

Cultural Ambassadors

Driven by
a sense of calling

TIMP

Generalist   Enthusiast
Integrator

Driven by empiricism

5.1 MTAGs: Culturally Sensitive Collaborators

Twelve individuals identified as either certified music therapists or students working under an accreditation system, either instituted in their current place of work or elsewhere based on their training. This category of practitioners made up the majority of the sample. They tended to describe certain concepts and respond to questions using the same words and terminology. It is within reason to consider that certified music therapists would have a shared discourse because of their shared educational backgrounds. While each music therapy program no doubt offers its own unique approaches, focus, and contexts, the overall objectives, philosophies, terminology, and quality of training and care are universally standardized in many ways among governing bodies, such as the World Federation of Music Therapy (www.wfmt.info) and the music therapy associations of specific locales.

5.1.1 Descriptions of Systemic Issues, Empowerment, and Access

In addition to reoccurring words, MTAGs tended to describe music therapy and the context of their work with reflections about addressing systemic issues observed in their current place of work, as well as expressions of offering empowerment, access to, or providing something that is otherwise not available.

One hundred percent of MTAG participants in this study made statements adhering to this theme. This suggested that regardless of their current location, (considering that MTAGs reported from seven different African countries spanning all five of the geographical regions) these practitioners were having a shared experience or perception of working in a setting where they observed inequality or a lack of access to services they deemed important. This trend also appeared to occur regardless of the practitioner's origin, clientele, or whether they were working alone or with practitioners doing similar work.

This experience was also observed in international literature from music therapists who documented their work from the context of systemic inequality (Hadley & Norris, 2016), and in African communities experiencing a lack of access to certain services (Winter, 2015), and marginalization (Pavlicevic & Ansdell, 2004). Expressions about empowerment, access, and addressing systemic issues were also consistent with concerns underpinning community music therapy practices, where cultural contexts take center stage of the work and practitioners work under complex sociopolitical circumstances (Stige, 2002).

5.1.2 Working Collaboratively

Working collaboratively in their current place of work or expressions about the importance of collaboration was also observed uniquely among all MTAG practitioners. One hundred percent of MTAGs made statements about collaboration in their current work, including the ones that work alone (such as the case for those working in Uganda, Sudan, Rwanda, and Chad). MTAG practitioners made statements such as "collaborative practice is culturally sensitive," and "It is in our nature to collaborate and work in diverse communities." Statements about collaboration spanned across different ideas, such as interacting with community musicians and other professions, as one therapist in Rwanda described, "In my work I have also worked collaboratively with community musicians and child and youth care workers, as I felt that this collaborative practice provided a culturally sensitive response to the challenges that children and their communities face."

One MTAG in Chad similarly described:

"I'm also trying to start up music open days for the children…This will include bringing in Chadian musicians to play music with and for in-patients and invited out-patients on a regular basis."

Other ideas include collaborating with traditional healers, as one MTAG in South Africa described,

"I am humbled by the resilience of these healing rituals through the years of mutilation and

colonialism."

It is highly likely that MTAGs working and studying on the African continent often arrive at the

intersection of their work and differing belief systems and philosophies about therapeutic musicing. They

may also come across the work of practitioners who were established before them. In order for their

services to reach clients effectively and integrate into the community harmoniously, it is within reason to

surmise that their interest in collaborating with systems already in place are within the best interest of their

practice and that of community members. This emphasis on collaboration from certified music therapists

and students is consistent with the literature from community music therapy, where expectations of

collaboration between music therapists, community musicians, and other practitioners in the local context

are integral to the work (Ansdell, 2004; Pavlicevic & Ansdell, 2004).

5.1.3 Working as a Foreigner

Only MTAGs shared descriptions of being a "foreigner" in their current place of work, including

descriptions of working abroad with cultures different from their own, and the complexities of

acknowledging their presence as an outsider in this context and how it impacts their work. This group

consisted of eight individuals who were "expat" music therapists.

It is within reason to understand how MTAGs working throughout the continent may undoubtedly

be presented with unique circumstances or opportunities to work abroad and that these extraordinary

opportunities may greatly influence their motivation for doing the work they do. At times, these experiences may bring feelings of conflict and reckoning with one's whiteness or position of privilege. One MTAG described their work as "clumsy" and that their whiteness affects the certainty of understanding how their work contributes, if anything at all, to the Ugandan communities they work with. She stated,

> I'm afraid I'm operating off of expectations of Ugandans that aren't well-founded…It is possible my work undermines local knowledge and recapitulates imperialistic dynamics. 'White' or 'western-trained' music therapists are becoming increasingly popular in Africa, and I feel it's imperative for 'us' to find ways of working that won't cause more harm than good. Ideally, Africans would establish their own ways of doing music therapy based on indigenous systems and values (or whichever systems/values they want). 'Music therapy' may already be there but we can't see it through our 'western' lens.

5.1.4 The Accreditation Conundrum

Each music therapist and student who participated in this study described experiences of working in spaces where music therapy is not fully understood or recognized as a field or practice by community members, while a preexisting understanding or perception about music and healing permeates and is deeply rooted in the community's culture and history. This occurs even within African countries with an accreditation system such as South Africa and Namibia. This calls for music therapists to adapt their approaches and acknowledgement of their accreditation in a way that honors and integrates with the community's needs and beliefs. This is consistent with literature from Kigunda (2007), Nzewi (1997), and Pavlicevic, (2004) who describe how the nations of the African continent have practiced music healing and incorporated

music in rituals for millennia, way before the "music therapy" field was born. This shared experience of being an accredited individual working in spaces where their accreditation may or may not be relevant to the cultural context affirms findings and reflections in the literature and illuminates the reasons why MTAGs might describe their work in such similar ways.

To conclude this section on MTAGs, it was clear that while they work in diverse settings and circumstances across the African continent, these practitioners appeared to be "cut from the same cloth" through their education, training, and identity as accredited music therapists. They shared experiences of working in complex sociopolitical contexts where collaboration with local or preexisting practices is essential. They described their work and experiences in similar ways, with similar words, and shared a purview of their work and presence in diverse intercultural spaces.

5.2 SIMTs: Africa's Community Leaders and Healers

Seven individuals identified as a music therapist however, they did not describe this identification as coming from within an accreditation system. These individuals were therefore categorized as self-identified music therapists. This category of practitioners was the second-largest group in the sample.

5.2.1 Expressions of "Healing"

One of the most prominent words shared uniquely among the SIMT group was the word "heal" or "healing." Throughout the study, SIMTs were the only individuals to use the word "healing" in their descriptions of what music therapy is. It is possible that the word "healing" is culturally contextual and

holds unique implications and interpretation. This is consistent with the literature about healing music practices in Africa, where music is considered a tool that can heal people, as mentioned by Gouk (2017), Umezinwa (2013), Thram, (1999), and Moonga (2017). The literature elucidates this belief system as being deeply rooted in certain cultural and historical contexts and it is therefore notable that practitioners would describe the use of music in this way.

All the SIMTs in this study used the words "heal" or "healing." However, all but one SIMT practitioner was an African individual. This individual's origins were European and he had been working with Ghanaian communities for an extended period of time. It is uncertain if this individual's use of the word "healing" reveals a shared belief system with the communities they work with, or if they hold their own understanding of what healing means. Interestingly, another SIMT in Ghana, one who identified as a native Ghanaian, stated the following about interactions with other practitioners: "We shared the belief in the healing properties that music possesses." All participants from Ghana in this study knew about each other and had interacted with one another in some capacity within their work. Perhaps an implication for future study would be to investigate how collaborations between different practitioners affect belief systems about healing and music as a healing tool and invite further understanding about the constructions of the meaning of the term "healing. It also invites investigation about why the word "healing" is used more limitedly by MTAG practitioners.

5.2.2 Members of the Communities They Serve

All but one SIMT respondent identified themselves as a member of the community with whom they work with. Throughout the study, SIMT respondents identified as members of the communities with whom they serve. The use of the phrases "my people," "we," (in descriptions of their direct work with community

members), and "my community" were observed only among the SIMT practitioner group. Other expressions revealed this identification, for example, a SIMT in Kenya described how their current work included conducting group music therapy sessions at an orphanage where he himself grew up. He stated,

> "My childhood was terrible and part of my adult life stressful so I want to change that to those who might be going through the same." [sic]

When describing what their work does for the community, one SIMT practitioner stated, "It integrates me into the daily concerns and ongoings of the community I serve." It is noteworthy how these individuals served their own communities and work there is shaped and informed by their intuition and cultural architecture. This is consistent with the literature by Aluede (2006) and Akombo (2000), who wrote about the work of self-identified music therapy practitioners in Africa. Their work describes how African communities give rise to individuals who dedicate their creativity and musicality to helping or "giving back" to their own communities. A SIMT aptly described their motivation for doing their work as, "To give back to others what music gave to me."

5.2.3 A Sense of "Calling"

Closely tied to these expressions are descriptions of cultural influence and a sense of being "called" to do the work. For example, a SIMT practitioner in Ghana described their motivation stating, "I am charged with this responsibility by virtue my lineage." These expressions are in line with the literature by Pennimen (2002), Wilson (2004), Janzen (2017), and Moonga (2017) where descriptions of traditional healing musical practices involve the practitioner experiencing a deep sense of "calling" to do their work.

Additionally, some SIMT practitioners described their work as coming from a place of responsibility, pride, or sense of identity, for example, "It is a source of immense pride and responsibility," and "It is our culture and identity."

Similarly, a SIMT in Kenya described the motivation of her work as such:

"I come from a nation of joyous, powerful, and creative people. [My work] is a tool to help us discover our healed selves and the potential for that of our people and our gift to the nations of the world."

Another SIMT in Ghana attributed this sense of "calling" to the importance of their work in section 4.8, stating,

"I am the 150th generation of my family lineage to share this responsibility. It is imperative that I hold the mantle, so that I may pass it to my children."

5.2.4 Other Identifications in Life

SIMT music therapists tended to describe their work within the context of other personal identities or roles outside of being a music therapist. "Musician," "pastor," "teacher," "sound engineer," "oral historian," and "African studies scholar" being examples. These were observed from responses to Question 14 which asked, "Describe your professional title in your own words." SIMTs provided descriptions that were unique compared to MTAGs and TIMPs. In other words, when describing their music therapy work, the non-music

therapy identifications were stated first. This was a unique trend not observed in any of the other practitioner groups. It is unclear why this group particularly described their other titles and skills in addition to being a music therapist. Could it be that these identifications inform their work as music therapists? Does this reveal something unique about the way these individuals "become" music therapists in their lives or through their intentional use of music? Such inquiries present implications for future study.

5.3 TIMPs: The Generalists

Three responses were received from professionals who identified their work within the definition of "therapeutic musicing" to some capacity but did not identify themselves as "music therapists." The descriptions of these individuals' practices were unique but contained a similarity of how they described their professional work as "therapeutic musicing" in more or fewer words, and that their practice was "integrative" and combined many different fields and disciplines into one practice.

5.3.1 Integrative Practitioners

A similarity among these three respondents was how they identified themselves as integrative practitioners, distinct from being a "music therapist" (at one point, one participant repeatedly stated "I am not a music therapist, however…" before answering each question). In addition, TIMPs would describe their view and understanding of music therapy in ways that most similarly mirrored that of MTAGs. For example, the word "certified" was shared between MTAG and TIMP respondents in describing what music therapy is in Section 4.4. One TIMP stated,

"It is the use of music by certified music therapists in the treatment of illness by mitigating certain health conditions that respond to musical stimuli."

These individuals similarly described their work as "integrative," combining many different fields and disciplines (such as ethnomusicology, psychology, and education) into a therapeutic musicing practice. For example, one practitioner described his practice as being integrated with his work as an ethnomusicologist in Burundi. Two respondents described that their work incorporates research. For instance, one practitioner stated, " [I do] research on music on the human health, body, and mind." Another TIMP in Egypt described her work as such:

"As a researcher, I mainly focus on the impact of music on children's behaviors, and how music can develop and change their characters…My focus takes a wider scope extending to bullying, and how music can help in this regard. My ultimate goal in all cases is how to improve the quality of life for children through music."

In describing other practitioners nearby, one TIMP stated that there were "university music researchers and certified music therapists." This alludes to the idea that all three of these individuals share a common belief about what music therapy "is" and "is not." This may be due to their similar professional identifications, or their similar educational background and previous interactions with certified music therapists. All three practitioners in this category indicated having met, worked with, or interacted with someone who would be considered a "certified music therapist." Thus, it is possible that their previous interactions with certified music therapists led them to differentiate their own practice from what they considered an accredited practice. Nonetheless, it is noteworthy to acknowledge that all three respondents

described their work similarly and held similar views despite reporting from three distinct countries and not having any direct connections with one another. Some of their mirroring descriptions and work are in fact published and can be referenced (Mohamed, 2018; Akombo, 2000).

5.3.2 Having an Academic Background

All three TIMP participants described their background and the context of their current place of work as being (part of, or all) an academic setting. Two of the practitioners currently work as university professors and researchers, and the third is the founder and headteacher of a musicology institute. Like MTAGs and SIMTs, these individuals are also musicians and utilize their musical background to practice therapeutic musicing in some capacity, such as through hosting community music groups or introducing music therapy practices into their communities through lecturing about music therapy or advocating for the creation of music therapy programs in their universities. Two TIMP respondents in this study have also contributed to published research about the beginnings of music therapy practices in their countries (Ali Mohammad, 2018; Akombo, 2000). All three practitioners described how they have founded or sponsored a program through their academic institutions that contributed to the development of music therapy services in their country. For example, the musicology institute in Burundi is the first of its kind. A TIMP in Egypt went on to create the first music therapy program at the University of Cairo, and A TIMP in Kenya stated,

> "I initiated a grant-funded music and healing program for Mater Hospital in Nairobi, Kenya. It was the first such program in Africa, even though the program is now defunct."

5.3.3 Similarities with MTAGs and SIMTs

Being that this sample of practitioner was the smallest, the trends, patterns, and reoccurring themes/word usage was quite minimal. The limitations of this are further described in the conclusion. Not once did TIMPs occupy a theme, category, or subcategory on their own. However, TIMPs revealed an interesting pattern throughout the study where the tendencies of their descriptions toggled between being grouped alongside MTAGs' or SIMTs' responses. In other words, for certain concepts, their descriptions would fall in with either MTAGs' way of describing things, or SIMTs', depending on the question. They therefore acted as "buffers" in a way between the other two practitioner types and appeared to have a generalist way of describing their work and the field of music therapy overall. The TIMPs' academic backgrounds, ways of describing things scientifically, and expressed interests in collaboration mirrored the trends of MTAGs. Their identifications as members of the communities they serve, sensing a "calling" or responsibility to doing their work, expressing cultural influence, and practicing therapeutic music where no accreditation guidelines are present mirror SIMT practitioners. This group of individuals offers a fascinating "in-between" in the music therapy field of the African continent. They are academicians and scientists, but also deeply rooted in the traditions of their culture and heritage and seek to bridge this gap. These relationships are explored further in the subsequent sections.

5.4 MTAGs and SIMTs: Sister Practitioners

MTAG and SIMT practitioners described their work in similar ways, particularly regarding what their sessions look like, how they are structured, the goals and objectives of their work, and how their work makes them feel.

MTAGs and SIMTs described their motivation for doing music therapy work similarly (I am motivated by how my work makes me feel). Many respondents talked about passion, for example, "I am passionate about working with people." Other responses mentioned direct rewarding feelings from their work, such as "It is extremely rewarding" (from an MTAG), "It is a pleasure providing music therapy," (from a SIMT), "it is stimulating and meaningful (from an MTAG), and "I enjoy making people happy" (from a SIMT). Some answers indicated more challenging emotions or feelings that were not entirely positive. "At times I feel completely overwhelmed by the cultural differences," for example, was one answer from an MTAG. A SIMT practitioner explained how parents at times "respond negatively" to their services because "music therapy is something new and unfamiliar." This practitioner goes on to say how this leads to parents denying their children access to music therapy services and how this is a challenging experience.

The similarities between the two groups indicate that MTAGs and SIMTs share a systematic way of thinking about their work and about music, and perhaps their music therapy sessions would look similar to an observer. Based on their descriptions, they appear to share a thoroughness and detail-oriented way of thinking about all aspects of their work, from the clinical goals and objectives (keeping in mind that not all use the word "clinical"), to the instruments and interventions used. In this study, they reflected often about how their experiences affect them emotionally, suggesting they are greatly emotionally invested in their work. One must acknowledge how these two practitioner types appear to practice systematically, intentionally use music and structure, and describe their work in similarly ways, despite coming from different countries, cultures, and starkly different backgrounds of training and education. The different paths these practitioners walk is affirmed in the literature by Aluede (2006), Amir (2004), and Gouk (2017).

5.5 MTAGs and TIMPs: Close Colleagues

The unique relationship between MTAG and TIMP practitioners is that they occupy a similar universe regarding terminology and education-based knowledge about music therapy work. In describing music therapy in section 4.4, MTAGs and TIMPs were the only groups to use the word "certified." As previously mentioned in Section 5.3a, a TIMP's definition of music therapy is in line with an MTAG's who describes that a "music therapist" or someone who practices "music therapy" is someone with certification. This is why TIMPs selected "no" to Question 8 when asked if they hold a certification that identifies them as a music therapist. Throughout the study, TIMPs and MTAGs would occupy themes and concepts coded from statements about clinical work or an academic or scientific approach to the work.

5.6 SIMTs and TIMPs: Old Friends

SIMT and TIMP practitioners share the experience of being music therapy trailblazers in their communities. All respondents belonging in these categories come from African countries (except for one SIMT practitioner from Italy) where music therapy accreditation systems are not present. The work of a TIMP and SIMT is very similar, in that the therapeutic musicing practices they bring forward are innovative, independently organized, and entirely culturally contextual. The two practitioner types participate as members of the communities they serve and they work from a place of true belonging and a sense of responsibility to do what they do. They are different simply in the way they use the words "music therapy," where TIMPs do not call themselves "music therapists" and SIMTs do.

TIMPs and SIMTs appear to be motivated in similar ways. (My motivation is expressed from cultural influence or expressions of calling). These answers revealed profound insight in being called to the work through moments of inspiration, cultural contexts, a sense of duty, and the influence of the practitioner's community. SIMT responses include, "I am charged with this responsibility by virtue my lineage," "I was inspired by my community," "I have been called to heal myself and others," and "My people are resilient and noble." The TIMP response stated, "I witnessed many musicians serving as healers and it inspired me to investigate."

SIMTs and TIMPs both occupied the theme of *Honoring Traditions.* Here, SIMT and TIMP practitioners made statements attesting to how their services engage with the community's musical and cultural traditions as well as honor an ancient practice or belief system, indicating that the continuation of this practice and the honoring of time-bound traditions is important to community members. One SIMT practitioner stated their music therapy services are "connected to traditional music," and a TIMP stated, "It has been used since ancient times." Similar descriptions are reflected in literature about traditional music and healing practices in Africa by Buber (1958), Janzen (2017), and Umezinwa (2013).

5.7 The Trifecta

A notable finding in this study was how all three practitioner types think and feel alike about what they do. For 100% of the questions on the survey, at least one theme or category was rendered by responses from all three practitioner types. Overall, the gathering of all three practitioner types could be observed under descriptions of what music is, what music does, its effects and benefits, and how it is used in the work. The following are ways this trifecta is revealed.

All three practitioners described music therapy with the phrase "use of music." The three practitioner categories explained their work within the contexts of what music affords clients in the therapeutic process. Examples of such statements include, "music is a medium to connect/communicate" (from an MTAG), "music accesses the inner child" (from a SIMT), and "music helps develop and change" (from a TIMP). These descriptions can be affirmed by the work of Bruscia (2014), in terms of how music therapy can be defined in light of the work that music accomplishes, as well as music therapy and community music (Ruud, 2004) and the continuum of the benefits of music itself and other benefits that are offered through music (Rolvsjord, 2006; Stige, 2002). This was similarly observed in the way the three categories of practitioners described how their work affected the communities they engaged with.

The three practitioners also offered unique descriptions about how music is used in their work. MTAGs' unique answers included, "music is for spiritual support," "to reward effort rather than accomplishment," "give the opportunity to apply knowledge rather than absorb it," and "to provide an equal opportunity." Unique SIMT descriptions included, "music can be a means for articulating social commentary," and "music helps us share a common song for all of us." TIMPs uniquely described music as, "it is used for my music education students," "it fills the parts of nature with rhythm just as it fills the human being with an orderly rhythm," and "Its melodies flow and penetrate to the body to give the desired effect."

Another similarity among the trifecta is how they describe their work within the context of a sense of service or the desire to help people. Various codes and themes were observed from all three practitioners that illustrate how they reflect on their work through a wider context of providing a service that helps those in need. Examples of these descriptions include MTAGs stating, "It provides critical support and care to communities who are underserved," "The work is around social justice and inclusion," and "It ensures their rights are protected." SIMTs stated, "Music is the universal language," "It brings unity in diversity," and

"Music, arts and culture are what make our society worth living in." One TIMP practitioner stated, "Because it is a human experience which means humans can create it at will."

Ultimately, the three practitioner types all perceived each other's work in a positive light and there was enthusiastic interest in collaborating and connecting. These observed trends suggest that it is the music and a sense of service that is driving the work of the therapeutic musicing nation of Africa.

CHAPTER SIX

Conclusion

This study sought to create a survey of diverse therapeutic musicing and music therapy practices on the African continent and assess the scope of these practices. The purpose of this study was to gain a clearer picture of who is practicing or studying in the area of "therapeutic musicing" on the African continent and to gain an understanding of how these individuals describe their work. The aim was to include and identify music therapists and students, musicians who frame their work as "therapeutic," and practitioners who frame (part or all of) their practice as "music therapy" (with consideration that translational processes are complex and imprecise and that not every nation as an accreditation system for music therapy). The scope of these diverse practices across Africa was identified utilizing a cross-sectional survey. Through the design of a 26-question survey, information was collected about participants' professional practices and studies and the contexts in which they operate. The racial and sociopolitical positional markers that situated me as the researcher in this study were critically examined and the data was presented reflexively in this way.

This study has only scratched the surface of surveying what therapeutic music practices are happening on the planet's largest inhabited continent. It is my intention for this study to be the first step of a long journey in understanding and recognizing diverse practices in a part of the world that continues to be marginalized and misperceived on the global stage. The data analysis shows that in every geographical region, a therapeutic musicing practitioner exists and is working actively with communities to bring health, wellness, positive change, and advocacy for

growth. They describe their work differently, exist in different contexts, perceive and define music therapy and the therapeutic use of music in different ways, however, the "trifecta" of music therapy practices on the African continent garnered in this study is a trifold terra of practitioners who are rooted in similar but diverse objectives and philosophy. They are all connected with one another either through knowing each other and being aware of each other's practices, through publications and contributions that inform their own practice or through a set of shared values and desires to make a difference in the world through music. Their "songs" are different, in that they sing different words, with different melodies and rhythms, that speak a truth and message unique to each. Upon careful observation and by listening carefully, however, one can hear that they are all singing the same song within.

6.1 The "Elephant in the Room"

It would be remiss not to acknowledge the potential contention this topic may bring about among music therapists and other colleagues in the field. Some may view the work of SIMTs or practitioners who use the words "music therapy" (in descriptions of their work or identity) as a problem if these individuals did not undergo training and education within an accreditation system. Their words may be viewed as misrepresentative and as presenting a threat to MTAGs or those who have worked hard to obtain their accreditation and title as a music therapist. Not to mention, "music therapy" work can be dangerous for clients if the training and practices are not carefully regulated so as not to cause harm to participants. At the same time, perhaps if more of these types of practitioners were recognized, acknowledged, and supported, therapeutic musicing services would reach more people in culturally pertinent ways.

While this study aimed to offer a descriptive overview of the participants' statements and was not meant to discern what music therapy "is," "is not," "is supposed to be," or "is allowed to be," this study encourages colleagues to engage in the anti-oppressive practice of observing and listening to the voices of self-identified music therapists. Hearing their voices within the field of music therapy and considering these practices complementary to the work of music therapists rather than a threat to it would be an act of justice and decolonization consciousness. It is therefore a social responsibility. The data from this study show how the MTAG citizens of the therapeutic musicing nation of Africa who participated in the current study hold very inclusive and collaborative views; they acknowledge different identifications and ways of working, and do so driven by an engine of advocacy, social responsibility, cultural sensitivity, and the desire to collaborate. It is my intention for this study to encourage more colleagues to consider a new way of thinking about the work of others and to consider joining in with their "songs."

6.2 Limitations

The limitations of this study are abundant. Firstly, I, the researcher, am a white, Western-originating, and trained certified music therapist (an MTAG). I am framed by systems and architecture of privilege and the construction of this study is no exception of something born from it. The majority of responses I received from my survey are from colleagues I was educated alongside and their connections. These individuals occupy a similar architecture of privilege. Other responses arrived from individuals who I know because I have had the means and privilege to travel to different places and come in contact with different practitioners. I have a computer, internet access, and command of the English language. All of these factors have

brought forth the data results you have just read, and it is no question that these factors have left out an innumerable amount of people and practices who would certainly qualify to participate in this study. I cannot ensure that I have reached the full spectrum of types of practitioners. These limitations and challenges were addressed to the best of my ability, but the findings must be interpreted in this light.

6.3 Recommendations for Future Research

Recommendations for future study include a continuing survey of therapeutic musicing practices across the continent of Africa and to aim for a larger sample. In so doing, the scope may expand to include more diverse contexts of work, reach those who speak different languages, and provide an opportunity to record their work and descriptions in ways most relevant to them. The snowball sampling strategy should also continue to be considered in the methodology to expand the web of connections and help they survey reach more colleagues doing similar work. This should also be acknowledged as a limitation, however, as this strategy taps into preexisting networks rather than recruiting a wider spectrum of participants. It is also recommended to continue assessing interest in connection and collaboration among participants and to take this into consideration. Perhaps the development of music therapy or therapeutic musicing associations can be considered for the entire continent or for the five geographical regions, where practitioners and students have access to one another and to resources for networking, learning, and exchange.

This study illuminates a kinship between research and cartography; while continents, coastlines, and forgotten islands are charted, maps expand and evolve, the same way literature does with each new empirical study. As such, this thesis was written in a similar way I imagine the first explorers traversed new lands; venturing into the unknown, guided by stars, currents, and their intuition, solely driven by curiosity and a desire to learn and expand awareness of "what's out there." With that said, I sincerely hope to see this exploration continue by other music therapists and curious musical beings and for this survey to continue its cartographic journey across Africa and perhaps continents beyond. Most importantly, I hope for more therapeutic practitioners to be discovered, seen, be welcomed into the network, and to have their songs heard.

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APPENDIX I

Information and Consent Form

Music Therapy in Africa: A Survey of Diverse Practices and Contexts

Participant Information

Dear colleagues,

I am conducting a research study examining music therapy practices across the African continent titled Music Therapy in Africa: A Survey of Diverse Practices and Contexts. The aim of this study is to build an overall picture of the practices undertaken by music therapists, music therapy students, traditional healers, community therapeutic musicians and any practitioner engaging in related work in African countries.

If you engage in this kind of work or are connected to individuals who do, your participation will greatly help capture the variety of music therapists' work across the rich cultural contexts of the African continent. I encourage you to take this opportunity to contribute to the development of knowledge and practices in music therapy.

The results of this survey will be disseminated through a Master's dissertation, academic publications and may contribute to the development of further research studies. Your confidentiality and privacy will be respected at all times, unless you decide that you want your name to be featured in the study (please indicate this on the consent form below). No email or Internet Protocol (IP) addresses of respondents are automatically collected. Participation is voluntary and you are free to withdraw from the study at any point. Completing the survey takes approximately 30 minutes to complete. If a translator is needed to assist you in completing the consent form and questionnaire, the translator's signature must be included on the consent form as indicated.

The data collected from this study will be archived in a password protected electronic format for 15 years at the offices of the music therapy unit of the University of Pretoria and that subsequent researchers may elect to use the data in their own studies.

If you have any questions or comments about the survey, please contact: Cara Smith at cara@umojaglobal.org.

Thank you for your time!

APPENDIX II

The Questionnaire

Music Therapy in Africa: Questionnaire

1. What is your name? _____

2. In what country do you currently work? _____

3. What is your nationality?_____

4. What is your age?_____

5. How did you come across this survey? Tick the box that applies:

    Someone I know sent it to me.

    The Researcher sent it to me.

    It reached me through a Facebook, email or Whatsapp group.

6. Are you a music therapist? Or studying to be a music therapist?

    Yes

    No

7. Describe in your own words what music therapy is:

    _____

    _____

    _____

8. Do you hold a certification that says you are a music therapist? Or will you obtain one when you are done studying?

    Yes

    No

9. Have you ever met, worked with or interacted with someone who might be considered a "certified music therapist"? If yes, explain the interaction:

      Yes

      No

_____

10. Did you study music therapy at an accredited institution?

      Yes

      No

11. Are there accredited guidelines about music therapy where you currently work?

      Yes

      No

12. Is music therapy registered as an allied health profession or recognized by a healthcare council where you currently work?

      Yes

      No

13. Do you follow accredited guidelines from another country or institution that guides your work? If so, from where?

      Yes _____

      No

14. Describe your professional title in your own words:

_____

_____

_____

UNIVERSITY OF PRETORIA
FACULTY OF HUMANITIES

15. Describe your work in your own words:

_____

_____

_____

16. How long have you been doing this work?

_____

_____

_____

17. Why do you do this work? Describe your motivation:

_____

_____

_____

_____

18. What does your work do for your community?

_____

_____

_____

_____

19. Do you consider your work important? Why?

_____

_____

_____

_____

20. Describe the role of music in your work:

_____

_____

_____

_____

21: Describe how music is used in your work:

_____

_____

_____

_____

22. Are there other people near you that do similar work? If yes, who are they?

    Yes _____

    No

23. Do you interact with these individuals often?

    Yes

    No

24. How do you personally feel about their work?

_____

_____

_____

_____

25. If given the opportunity to connect and collaborate with other people in Africa doing similar work to you, would you? Why or why not?

_____

_____

_____

_____

26. Is there anything else you'd like to share?

_____

_____

_____

Appendix IIIa

4.5 Describing The Work: Complete List of Themes and Practitioner Responses

4.5a Terrain 1: General descriptions of work and approach (explaining what and how)

Following content analysis, I was able to map out the territories' subcategories and the practitioner statements that occupied each.

> *Settings:* MTAG practitioners were the only category to describe their work in the context of settings (i.e., the kinds of facilities or locations in which these practitioners work).

> *Populations:* All three practitioner types described the populations they work with. Responses range from specific clinical diagnoses (i.e., children with nodding syndrome, cerebral palsy patients, or individuals with dementia) to ethnic groups and marginalized groups such as refugees, those experiencing homelessness, and children with learning difficulties.

> *Implementation/ Structure of the Work:*

"I work" Statements: MTAGs were the only practitioners to occupy this subcategory, all of them having described the structure of their practice through "I work" statements (i.e., "I work with individuals," or "I work using techniques").

What the Work Entails: This subcategory features descriptions similar to how music therapy is defined overall (i.e., "the clinically informed application of music," or "facilitating the creative arts.") MTAG and SIMT practitioners occupied this subcategory only.

Specific Sessions/Activities: MTAGs and SIMTs described the structure of their work in the context of what their sessions were like and the musical activities used.

Teaching/Education: All three practitioner groups made statements describing their work with an educational/ learning-based focus. For example, an MTAG described how they taught recorder in addition to their music therapy services and both SIMT and TIMP responses included "I teach" statements.

"I am" Statements: Only MTAG and TIMP responses occupied this subcategory which included descriptions of the practitioner's professional context within their work (i.e., "I am a student therapist," or "I am a researcher.")

What Music Does: All three practitioner groups described their work in the context of what music does for clients and within the therapeutic process. Examples of these include "music is a medium to connect/communicate" (from an MTAG), "music accesses the inner child" (from a SIMT) and "music helps develop and change" (from a TIMP).

Practitioner's Identity: Similar to the *"I am"* statements where respondents described the professional context of their work, this category features descriptions of the practitioner's identity outside of their professional title as a music therapist. In other words, when describing their therapeutic musicing work, these self-identifications were stated first, followed by explanations of how their practice is informed and guided by it. Identities such as "musician," "pastor," "oral historian (Djeli)," and "African studies scholar" were examples given. SIMTs were the only practitioner group to fall under this subcategory.

Locations: All three practitioner types mentioned the geographical location of their work or the ethnic groups they served in the context of location and geography.

4.5b Terrain 2: Descriptions of "why" (expressions of providing a needed service, the wider context, long-term goals, and sustainability)

Through content analysis, the terrain's subcategories and the practitioner statements that fall under them were identified. Overall, only MTAG and TIMP practitioners occupied this terrain.

Statements About Access: Only MTAGs made statements featuring the word "access," such as "I offer access to music therapy services."

Clinical Needs of the Wider Setting: This subcategory featured descriptions of the clinical needs of the populations that these practitioners work with. MTAG and TIMP practitioners were included in this subcategory with statements such as, "within a context of high levels of community and domestic violence" (from an MTAG) and "improving the quality of life for children" (from a TIMP).

Working Collaboratively: Only MTAGs made statements about working collaboratively within the context of their practice. Some descriptions included specific collaborative interactions such as "with community musicians," or "I invite the parents…to participate in the music therapy groups." Other descriptions indicated broader ideas about collaboration, for example, "collaborative practice is culturally sensitive" and "'Western' music therapy can be adapted to meet local needs in Uganda."

Descriptions of Provision: MTAGS were also the only practitioners to make statements using the words "provide" or "providing" in describing their work. This includes "I provide music therapy" and "I provide music lessons."

Appendix IIIb

4.6 Describing the Motivation for the Work Complete List of Themes and Practitioner Responses

I am motivated by what music does: Only MTAG practitioners described their motivation in this way. Responses ranged from statements like "I believe in the power of music," and "music allows exploration and expression of the parts of self." These statements indicate that the effects of music or what music does in general and during sessions are part of what motivates these practitioners.

Music therapy addresses systemic issues and that's what motivates me: MTAG and TIMP categories occupied this theme through statements about what music therapy services do on the systemic level. Two subthemes were identified; statements about *the healthcare system* and statements about *access*.

> *The healthcare system:* MTAG practitioners commented about how music therapy services address systemic issues within healthcare systems, particularly through advocating for and offering alternative methods of healthcare other than conventional therapies or services. Responses exemplifying this include, "I value alternative methods within healthcare," "It improves the healthcare provision," and "Music therapy has led others to realize/recognize the need for more specialized healthcare."

> *Access*: MTAG and TIMP responses included comments about how music therapy offers certain people access to something they previously or otherwise would not have access to. One MTAG practitioner stated, "It has made music therapy accessible to children and their communities who would not otherwise be able to do." One TIMP practitioner explained how the desire their community

members have for access to music programs is what motivates them to do this work, stating that their community members are "thirsty to study music."

I am motivated by how my work makes me feel: MTAG and SIMT practitioners offered direct "I" statements describing the emotional experience of their work. Many respondents talked about passion, for example, "I am passionate about working with people." Other responses mentioned gaining direct, rewarding feelings from their work, such as "It is extremely rewarding," "It is a pleasure providing music therapy," "It is stimulating and meaningful (all from MTAGs), and "I enjoy making people happy" (from a SIMT).

My circumstances motivate me: All respondents under this category were MTAGs and each noted the unique circumstances of their work and how this partly motivated them. One response stated how they began their current work simply because the opportunity presented itself. One music therapist stated that their motivation is thanks to the "tremendous support" they receive for their work. Another response read "I love living in cultures other than my own."

It has been beneficial to me, and that is what motivates me: SIMTs were the primary respondents to describe how their motivation for doing music therapy lies in the benefits their work has brought them directly. One practitioner stated how they "learned to speak many languages" through their work. Another stated, "I've learned music skills." Other descriptions expand on these direct benefits, for example, "I've gained confidence," "I've

met and interacted with different…people," and "It's allowed me to step out of poverty." One MTAG claimed that their work allowed them to "develop interpersonal relationships."

It advocates for and services those in need and that's what motivates me: MTAGs and SIMTs described their motivation from a sense of service or purpose to serve those in need. Several MTAGs made statements such as "It services those in need," "It benefits them," and "It is serving marginalized populations." SIMT practitioners stated how their work "gives back to others" and one explained how they are motivated to "change that who might be going through the same [sic]," with regard to hardships and challenges the practitioner experienced themselves.

There are unique and/or secondary attributes that motivate me: MTAGs and SIMTs were the only two practitioners to fall under this theme through mentioning descriptions of secondary or supplementary attributes their work offered. Each response offered a unique take, for example one MTAG stated, "There is a broad and creative application," and another, "It fosters therapeutic relationships." One SIMT stated, "There is great potential for its growth," and another, "It connects with the human community and more-than-human world."

I am motivated by certain interests and desires: Respondents described their interests that inspired them to become music therapists from the beginning. The majority of MTAGs described their motivations in this way, stating that previous interests in social work, the health sciences, music, and psychology contributed to their journey in becoming music

therapists. One SIMT response also stated that a "fascination" with psychology motivated their journey.

My motivation is expressed from cultural influence or expressions of calling: These answers revealed being specifically called to the work from moments of inspiration, cultural contexts, a sense of duty, and the influence of the practitioner's community and cultural identity. Mainly SIMT practitioners responded in this way with one TIMP response. SIMT responses include "I am charged with this responsibility by virtue my lineage," "I was inspired by my community," "I have been called to heal myself and others," and "My people are resilient and noble." The TIMP response stated, "I witnessed many musicians serving as healers and it inspired me to investigate."

Appendix IIIc

4.7 Describing What the Work Does For The Community: Complete List of Themes and Practitioner Responses

Effects of Music Therapy and its Benefits: Descriptions here articulate the perceived effects of music therapy services, the perceived effects of music in general, and the perceived benefits of these services for community members. Respondents in all three practitioner categories described how their work affects their communities by describing what the music does and what music therapy affords to the community participants. The range of MTAG responses included, "It offers support, connection, growth, and empowerment," "It brings happiness," and "[It] offers a mental health resource." SIMTs

made statements such as "It facilitates sharing in each others' joy and pain," "It brings joy" and "It heals." TIMPs described how "It resolves conflicts," "It can teach tolerance," and "…the psychological and moral state of a person greatly affects his predisposition to several organic diseases." Under this theme, the reoccurring words of "joy" and "healing" were only observed among SIMT and TIMP practitioners, similar to 4.5, where these same words appeared in the practitioners' descriptions of what music therapy is.

Addressing Access/Systemic Issues: Here, MTAG practitioners described how their services address issues regarding access and systemic inequality, for example, with direct statements such as "It makes services accessible" and "It allows access to therapeutic spaces." Other responses include "It allows communities to gain more awareness," "It serves marginalized communities," and "[It helps] where there is a lack of opportunity."

Statements About "Bringing People Together": SIMT practitioners were the only category of music therapist to make statements under this theme. This was reoccurring wording among several SIMT respondents. Statements include "It brings people together," "It brings communities together," in addition to other accounts about bringing together diverse populations or participants of differing backgrounds and cultures.

The Therapist's Experience: In addition to describing what the work does for community members, this theme features statements about how the work impacts the therapist directly, or how it benefits the practitioner. Here, SIMT practitioners made up the only

category to respond in this way. One practitioner stated, "It integrates me into the daily concerns and ongoings of the community I serve."

Performances or Opportunities to Perform: MTAG and SIMT practitioners mentioned particular projects or aspects of their services that involve musical and artistic performances of the community members. Here, MTAGs and SIMTs describe how their clients performed at some point in the music therapy service process or how their services provide opportunities for participants to perform or exhibit their artistic talents.

Honoring Traditions: SIMT and TIMP practitioners made statements attesting to how their services engage with the community's musical and cultural traditions as well as honor an ancient practice or belief system, indicating that the continuation of this practice and the honoring of time-bound traditions is important to community members. One SIMT practitioner stated their music therapy services are "connected to traditional music," and a TIMP stated "It has been used since ancient times."

Education/Learning: MTAGs and SIMTs made statements about how their services create educational, learning, and knowledge-based opportunities. MTAGs majoritively commented with "The children are learning," "I educate," and "It promotes knowledge." One SIMT practitioner stated, "The children learn new skills."

Specific Projects/Implementation: This theme included descriptions of the practitioners' programming, specific projects, and events that their services rendered in the community.

MTAGs and one TIMP occupied this category. The MTAG statements range from describing concerts, exhibitions, or other special events, as well as descriptions about the theoretical implementation of their work and its objectives. For example, one MTAG mentioned "The Circle of Courage" in their programming, which is a theoretical application within positive psychology that states a sense of Belonging, Mastery, Independence, and Generosity are what foster resilience and wellness in children (Brendtro et al., 2002). The TIMP practitioner stated that their contribution to the community was "initiating a grant-funded music and healing program."

Challenges: While there was no lack of positive results from music therapy services that these practitioners described, MTAGs and SIMTs also shared the challenges they've experienced and how the community's response to their services is not always positive. One MTAG described their work as "clumsy" and that their whiteness affects the certainty of understanding how their work contributes, if anything at all, to the Ugandan communities they work with. This practitioner states,

"I'm afraid I'm operating off of expectations of Ugandans that aren't well-founded…It is possible my work undermines local knowledge and recapitulates imperialistic dynamics." -MTAG in Uganda

A SIMT practitioner explained how parents may "respond negatively" to their services because "music therapy is something new and unfamiliar." This practitioner goes

on to say how this leads to parents denying their children access to music therapy
services.

<div align="center">**Appendix IIId**</div>

4.8 Describing The Importance Of The Work: Complete List of Themes and Practitioner Responses

Three responses were singled out from MTAG practitioners located in three different countries. Their descriptions and unique words warranted special focus under the codes they occupied, as they provide profound insight into the way importance is perceived.

Expressions of Access/Systemic Issues: MTAGs occupied this category alone. Statements with this code described how music therapy services are important because they address issues of access and systemic circumstances. Some responses expressed how their services answer to a great "need" in the community, for example, "There is a desperate need for mental health services," or "There are very little opportunities to access psychosocial support." Similarly, MTAGs made statements about how their services provide something that is needed or lacking in some way, such as, "It is filling a large gap," "They now have access…," "It gives access to…," and "They have the right to creativity and the arts."

The Importance of the Work in Uganda and Systemic Issues

An MTAG in Uganda offers an alternative perspective about about giving access to community members or "providing" something, and in turn describes the importance of their work in the context of acknowledging their position in Ugandan communities as a white, western-trained certified music therapist. They state the following reflection:

"White" or "western-trained" music therapists are becoming increasingly popular in Africa, and I feel it's imperative for "us" to find ways of working that won't cause more harm than good. Ideally, Africans would establish their own ways of doing music therapy based on indigenous systems and values (or whichever systems/values they want). "Music therapy" may already be there but we can't see it through our "western" lens.

Cultural Significance: This theme was created by answers assigning importance to culturally significant topics and purposes or due to the reoccurring use of the word "culture." SIMTs and MTAGs occupied this category. One SIMT practitioner stated their work was important because it was "…of my family lineage to share this responsibility." Another response stated the importance of their work lies in "looking at cultural practices absolutely." Other answers reflected how their services adhere to existing cultural practices and values, for example, one SIMT's client groups are "very musical people naturally," and an MTAG stated, "music is a core existing part of the culture."

The Importance of the Work in Rwanda and Cultural Significance.

One MTAG practitioner in Rwanda described the importance of their work in the context of cultural significance and how this connects with reparations from past traumas. They described this in the following way:

There is no culture of trust…understandable after experiencing a genocide where neighbor killed neighbor and friend killed friend and not a single corner of the country escaped the trauma and suffering of it's divisive destruction. By inviting anyone and everyone into our free [music] program, all children have equal access opportunity. If we can model and encourage the benefits of a culture of trust and acceptance, we hope to shape the future of this country. All people matter and all people have value, regardless of tribe, culture, economic standing or ability. We all have something unique to offer.

Effects and Benefits: All three categories occupied a theme of describing the direct effects and benefits of the work and of music. MTAG answers include "It is proven to be a medium to reach people on various levels of functionality," and "It enhances quality of life." SIMT responses stated, "I see the outcome of it" and "It intentionally releases life through music." TIMP practitioners stated, "It serves the need of our community," and "It is life-changing."

The Importance of the Work in Chad and Effects and Benefits

A music therapist working in Chad reflects about the importance of their work from an angle of acknowledging self-doubt and processes of comparing their

services to other health-related services that may carry "more" importance than music therapy. They reflect the following:

I am constantly plagued by self-doubt Is MT a hoax? It's also difficult because if I don't see my client for a week or two, they are not going to die, [meanwhile] if my husband and I have our children home (for holidays, or for Covid19!) then it's me who gives up work to look after them and teach them because his work (administrator of the hospital) would mean that the hospital couldn't run. I see myself from afar and wonder what it must look like – so trivial!

However, when I'm feeling confident, I know that what I do matters and has an impact, because I can see that people are bringing their children to see me…they see the difference it makes in their children's lives and to their well-being. I therefore know that my work is important to the people I work with. I'm not even sure if it is my insecurity that I am noticing when I believe my work to be worthless, or if other people truly believe that my work is not valuable…in my heart of hearts I know that when people play music together, or participate in music together, hearts are uplifted and mental well being is improved so I try to put aside my insecurities and get on with the work (when I can).

Ideas of the "Bigger Picture": Here, expressions of importance were tied to the "bigger picture" of what music therapy services bring to communities. Similar to *Effects and Benefits*, these statements suggest benefits that are more long-term focused, effects that are applicable to a wider context, and reflections of purpose on a macro level. All three

categories occupied this theme, with MTAGs stating, "It is a valuable source for the community," "The work is around social justice and inclusion," and "It ensures their rights are protected." SIMTs stated, "Music is the universal language," "It brings unity in diversity," and "Music, arts and culture are what make our society worth living in." One TIMP practitioner stated, "Because it is a human experience which means humans can create it at will."

Appendix IIIe

4.10 Describing How Music is Used: Complete List of Themes and Practitioner Responses

Activities: Some practitioners described how music is used in their work by describing the different musical activities, interventions, and ways of engaging in music that occur during music therapy sessions. MTAG practitioners were the majority respondent under this theme, occupying most of the subcategories with some SIMT contributions. Subcategories were rendered based on reoccurring themes observed throughout the responses:

> *Active music-making*: Responses here included descriptions of instrument playing, singing, dancing/moving to music, composition, call-and-response, and musical games, among other capacities of active music engagement being described. MTAG and SIMT practitioners occupied this category, describing "group music-making," "instrument playing," (from MTAGs) and "making music with our bodies," "playing instruments," and "giving contextualization of how these instruments function in the various places of origin." (from SIMTs).

Lyric/song analysis and writing: MTAG practitioners here described activities of lyric analysis and songwriting, adaptive lyric writing, and lyric analysis.

Improvisation: A vital tool for music therapy interactions (Pavilcevic, 1997), improvisational music has its place in music therapy due to a variety of capabilities it renders for clients, their non-verbal expressions of the self and in-the-moment processes, and the therapist-client relationship. MTAGs occupied this subcategory solely.

Learning/teaching: Some responses reflected how music is used in the context of teaching or learning in addition to other musical activities. This includes teaching instruments and songs, and having the clients learn music in some capacity. MTAGs were also the only practitioner to describe such activities.

Receptive: Music therapy sessions also include receptive activities such as music listening or guided meditations. MTAGs were also the only practitioner to describe such activities.

Objectives: All three practitioner types described how music is used in their work in the context of the objectives their therapeutic services fulfill. This subcategory described music's effects or what results from music, similar to the findings from section 4.9. Subcategories were identified based on reoccurring words, which include

communication, expression, connection/relationship, motivation, clinical needs, cultural context, teach/learn, attention/concentration, and *feelings/emotions.* A tenth subcategory of *more* is also included which includes descriptions of objectives that were unique to other responses and did not match with any other code.

Communication, Expression, Connection/Relationship, and Motivation: Mirroring many of the trends found from Question 20, MTAG practitioners were the only therapists to occupy these subcategories. For each category, practitioners made statements about how the use of music aided in providing or facilitating these specific objectives. For example. "Music is used as a form of communication or 'being together' that does not require verbalization," "music is used for self-expression," "music is used as a tool to interact," "and music is used for motivation and engagement."

Clinical Needs: This subcategory includes descriptions either mentioning the words "clinical needs" or "needs" outright, or descriptions of how music is used to address specific clinical goals. For example, one MTAG states, "music is used for addressing client needs," and another states, "for addressing their cognitive and motor domains." TIMP practitioners also occupied this subcategory describing, "to help them develop their affective, psychomotor, and cognitive domains. " and that "music is used to find the required behavioral change."

Cultural Context: Descriptions in this category adhere to a focus on culture or the wider context of culture. MTAG practitioners occupied this category stating, "music is used as a tool for cultural fusion and unity," as well as "as a means for children to have the tools to make their voices heard by future generations."

Teach/learn: Similar to teaching and learning being intentional activities during a music therapy session, these statements render descriptions more toward how teaching and learning are objectives of the use of music. MTAG practitioners only occupied this subcategory, stating, "music is used to teach life skills," "for clients to learn the value of hard work," "for children to learn to play together," and "learn cooperation." Contrasting to the descriptions of teaching/learning in the *activities* theme, these objectives do not mention the teaching of instruments or voice, rather, they mention the teaching of broader life skills not related to music directly.

Attention/concentration: MTAGs also made statements about how music is used to hold a child's attention and concentration during musical interaction. Descriptions about eye-contact are also mentioned as this is an observable and measurable behavior during music therapy sessions therapists often rely on to assess attention and level of engagement.

Feelings/emotions: MTAGs and SIMTs described the use of music for the objective of providing a means for clients to express their feelings and emotions

or to elicit a certain emotion. MTAGs stated, "music is used for emotional regulation," and SIMTs described, "to make people feel relaxed," "to uplift spirits," and "to bring joy."

Type of Music: This theme was rendered from direct descriptions of the types of music used in the work as far as styles, (improvised, pre-composed song, styles that are most familiar with the client) specific instruments (keyboard, bongos, guitar, xylophone), and the geographical origins of the music used (Sudanese, Arabic, French, English, children's songs, and local traditional instruments). All three practitioner categories occupied this theme in equal capacities and similarities among instruments used and the styles of music are diverse among all practitioners.

Contexts: Some respondents described how music is used by describing the exact context of their work. One MTAG and one TIMP occupy this category. The MTAG states, "I work with teenagers playing in rockbands." The TIMP states, "I work with students with special abilities."

Music is...: This theme came about from unique answers that did not fall into any subcategory or other theme beginning with the phrase "music is…". MTAGs and SIMTs provide these unique descriptions stating, "Music IS my work," and "music is always the central and main part of my work."

Appendix IIIf

4.12Describing The Work Of Other Practitioners Complete List of Themes and

Practitioner Responses

Positive Descriptions: All three practitioner categories responded with positive reactions in describing other practitioners' work. All practitioners under this theme also occupied each subcategory. *From their own perspective* included statements such as, "I support their work," (MTAG response) and "I love it. The more we are the better our society." (SIMT response). *From the perspective of others,* examples include, "It is extremely valuable." (TIMP response), "It is supporting the resilience of children and their communities…[their] work is undervalued…," (MTAG response), "I am humbled by the resilience of these healing rituals through the years of mutilation and colonialism." (MTAG response), "It is a source of immense pride and responsibility," and "It is our culture and identity." (SIMT responses) TIMP practitioners described also by means of a feeling of pride, stating, "It makes me so proud and happy."

Neutral Descriptions: Two practitioner types, MTAGs and SIMTs were the only practitioners to occupy this theme. Their responses were also told solely *from their own perspective.* SIMT responses include, "I have mixed feelings, depending on the people/type of work." MATGs commented, "I don't know anything about their work," and "I think they know more than I do."

Negative Descriptions: Two MTAGs occupied this category, told *from their own perspectives*. While these response still expresses support for other practitioners more generally and interest in collaboration, their statements expresses a wariness of practitioners who may view music and its effects in a way that conflicts with the clinical lens of a music therapist.

"...there are times when music can trigger very strong reactions, memories, trauma, etc. And it is my assessment that these other professionals are not as trained and equipped to handle such moments. For these reasons I try to collaborate with them as much as possible."- MTAG in Ghana

"If music is being used to brighten peoples' lives then that is good –I'm trying to work with local musicians (amateur and professional) to learn from them, share skills together... I would be worried about working with people who believed that music alone could physically heal people because although it has physiological benefits, I don't believe music can heal purely physical illnesses…" -MTAG in Chad

Appendix IIIg

4.13 Describing Interest in Collaboration and Connection Complete List of Themes and Practitioner Responses

Out of Interest in Practices Elsewhere: Only one MTAG response occupied this theme. They stated, "It would be interesting to hear what is happening in other countries."

Spreading the Word of MT: Only one SIMT response occupied this theme. They stated, "…To educate the importance of music and how it should be encouraged and taken seriously by the leaders and the health institutions in Africa"

To Learn: MTAG and SIMT practitioners made expressions about an eagerness to learn or an interest in connecting with others for the purpose of learning. MTAG responses include, "There is so much to learn and understand about the potential of MT in various settings." Another more detailed response from an MTAG stated,

> *"The more we can learn from one another the more we have to offer those within our own circle of influence. If I can learn from someone else's successes or challenges, I am more likely to succeed where I am. There is strength and empowerment when we can share our passions with like-minded people." – MTAG in Rwanda*

SIMT responses for this theme include, "I would like to learn new ideas on music therapy." A more detailed response from a SIMT practitioner states,

> *"I would love to experience and learn from others how they apply music in healing and wellness. I believe that there are many ways that healing be practiced and expressed. I think its most important as well, that these ways are studies, to advance the practice. But music and wellness are dynamic and ever evolving entities that cannot be entirely quantified and explained in books or by one culture or people. Music demands that we remain open, creative and innovative to get the best out of it." -SIMT in Kenya*

To Collaborate/Connect: All three practitioner categories occupied this theme. Each response contains expressions of the importance of collaboration and how these practitioners believe how the act of collaborating and connecting with others benefits them and their work. The first subcategory, *expressions of interest in collaboration* features all three types of practitioner. One SIMT stated, "Collaborating with other keeps us ever learning, and it improves our practice." Two MTAGs in South Africa stated, "…collaboration is how we learn and expand the reach of the work we so badly want to see happen in the world," and "It is in our nature to collaborate and work in diverse communities."

An MTAG in Chad also stated in a detailed way,

"I learned from my project in Uganda (Music for Peaceful Minds, 2008-2015)

that I need to connect professionally with others more... I need particularly to

learn both local music and how it is being used from local people and work

alongside them, sharing skills and getting them to help me so that anything I start

at the hospital can be sustainable…." -MTAG in Chad

TIMP responses reflect an interest in participating in collaboration, with one stating, "I am willing to participate." Another TIMP expressed interest in collaboration based on their desires to see a specific project come to fruition: "I would love to cooperate and do wish to open the First Burundi Music Therapy Center."

The next subcategory for *To Collaborate/Connect* is *expressions of connecting with other practitioners in Africa.* These responses contain direct communication about desires and interests in collaborating or connecting with practitioners elsewhere on the continent. Two MTAG responses are included in this subcategory. Practitioners in Sudan and Ghana provide a detailed account about their interests in collaborating and the importance thereof:

It would be wonderful to connect and collaborate with other people in Africa. It

would be a great learning opportunity for me as well as peer supervision etc.

Since Africa is such a big continent with diverse culture and because of Sudan

being an Islamic country and music is a controversial topic among Muslims, I

have a feeling that there are quite differences between Islamic countries and non-

Islamic countries in Africa. I think collaboration is key to developing good practice. There is some much to be learned from people doing similar work in other parts of Africa. – MTAG in Sudan

I am eager to connect with others, and I have found that clients and professionals in Ghana are very open and receptive to music therapy in clinical settings. Music appears an integral part of the cultural fabric there, and using music to facilitate healing is certainly not a foreign concept to many there. Also, I personally love African music and culture and am always eager to learn more and be a humble student and helper to this culture that I am so fond of. The purpose connects us all! – MTAG in Ghana

The next subcategory for *To Collaborate/Connect* is *Themes of decolonization and culturally sensitive/humble collaboration.* These responses contain language about interests in like-minded practices that work with African communities with a decolonization focus or a means of working in a culturally humble fashion. One MTAG and SIMT response occupies this subcategory. The MTAG practitioner states, "I'd like to connect with anyone who is concerned about decolonizing music therapy in general. It would also be nice to have a collective of like-minded people who are having similar experiences in Africa." A SIMT practitioner comments, "If there is a chance to let music lead the way in a truthful way, rather than someone's personal or professional interests. I believe in networking.

One final theme that includes just one TIMP response is the theme *To Help Others*. This theme rendered one response that articulated an interest in collaboration based on their own desire to assist other colleagues and be of help for other projects in the field. They state, "It would be my pleasure to help some researchers who just begin their research about Music Therapy."

Appendix IV

Table 24: Most frequently used words among MTAGs

Word	Frequency
music	197
yes	111
therapy	61
work	58
children	49
people	42
also	28
therapist	25
use	22
therapists	22
africa	20
health	19
clients	19

Word	Frequency
learn	19

Table 25: Statements about systemic issues, access, and empowerment.

4.5: Describing the work: Statements about access

I offer music therapy to those who normally don't have access
I offer access to music therapy services

4.6 Describing motivation: Music Therapy addresses systemic issues and that's what motivates me

The healthcare system
I value alternative methods within healthcare
Music therapy helps…other than through conventional therapies
Music therapy has led others to realise/205arginali the need for more spesialised health care.
It is challenging a limited system
It improves the healthcare provision

Access
It has made music therapy accessible to children and their communities who would not otherwise be able to do
Certain things which music affords
Children with special needs are continuing to be neglected and music therapy addresses this
Through music therapy…share ways of using it for healing

Burundian young people are thirsty to study Music

4.7 Describing what it does for the community: Addressing access/systemic issues

It makes services accessible
Allows access to therapeutic spaces
It serves 205arginalized communities
It helps those in need
It allows individuals with disabilities can go outside house and even get education instead of staying home
It prevents corporal punishment at educational facilities for individuals with disabilities
It allows communities to gain more awareness
Helps individuals with disabilities
Where there is a lack of opportunity
Children with disabilities are over-looked
It proves that people with disabilities are worth investing in and that they are valid members of society

4.8 Describing importance: Expressions of access/systemic issues

They have a right to creativity and the arts
It gives access to
It is filling a large gap
It helps the under-served
There is a desperate need for mental health services.
There are very little opportunities to access psycho-social support
Marginalized communities
They deserve help
They now have access

Table 26: Statements about working collaboratively.

4.5: Describing the work: Working collaboratively

I worked collaboratively with community musicians
Collaborative practice is culturally sensitive
Through ethnography and participatory observation
"Western" music therapy can be adapted to meet local needs in Uganda.
MT would be a useful tool for them [children with disabilities] to improve their lives then I invite the parents to bring their children and participate in the music therapy groups
This will include bringing in Chadian musicians to play music with and for in-patients and invited out-patients on a regular basis

4.14 Describing interest in collaboration

Those we seek to help will benefit from our collaboration.
Yes – collaboration is how we learn and expand the reach of the work we so badly want to see happen in the world.
It is in our nature to collaborate and work in diverse communities.

I learned from my project in Uganda (Music for Peaceful Minds, 2008-2015) that I need to connect professionally with others more... I need particularly to learn both local music and how it is being used from local people and work alongside them, sharing skills and getting them to help me so that anything I start at the hospital can be sustainable, since I do not plan on staying in Chad forever.

It would be wonderful to connect and collaborate with other people in Africa. It would be a great learning opportunity for me as well as peer supervision etc. Since Africa is such a big continent with diverse culture and because of Sudan being an Islamic country and music is a controversial topic among Muslims, I have a feeling that there are quite differences between Islamic countries and non-Islamic countries in Africa.I think collaboration is key to developing good practice. There is some much to be learnt from people doing similar work in other parts of Africa.

I am eager to connect with others, and I have found that clients and professionals in Ghana are very open and receptive to music therapy in clinical settings. Music appears an integral part of the cultural fabric there, and using music to facilitate healing is certainly not a

Table 27: The most frequently occurring words among SIMTs

Word	Frequency
music	56
yes	33
therapy	16
people	15
work	14
children	12
healing	10
life	9
community	8
wellness	7
bring	6

Word	Frequency
others	6
practice	5

Table 28: Use of the word "heal" or "healing" throughout the study

4.4 Describing Music Therapy **Only SIMTs:** "Healing" "Educate or education"
4.5 Describing the work: *What the work entails* The deployment of music in healing
4.6 Describing motivation IT IS A TOOL TO HELP US DISCOVER OUR HEALED SELVES I have been called to heal myself and others Music offers opportunities for growth, connection and healing Through music therapy…share ways of using it for healing I witnessed many musicians serving as healers and it inspired me to investigate
4.7 What it does for the community It heals Brings JOY, HEALING, HEALTH AND WELLNESS GIVES MY PEOPLE PERMISSION TO LIVE FREE AND WELL. It HEALS! Music itself has the propensity to heal I initiated a grant-funded music and healing program
4.9 The role of music It is the MEDIUM for **HEALING,** LIFE AND WELLNESS It facilitates the imaginal psychic and spiritual **healing**.

pp.56 **Interest in collaboration** I generally support honest effort to promote music as a healing tool I am humbled by the resilience of these healing rituals through the years of mutilation and colonialism. People who believed that music alone could physically heal people because although it has physiological benefits, I don't believe music can heal purely physical illnesses…"

Table 29: Use of the words "my people," "my community," and expressions of being a community member

4.6 Describing motivation I've been inspired by my community MY PEOPLE ARE RESILIENT AND NOBLE I COME FROM A NATION OF JOYOUS PWERFUL, CREATIVE PEOPLE
4.7 Describing what it does for the community GIVES MY PEOPLE PERMISSION TO LIVE FREE AND WELL.

Table 30: Expressions of a sense of "calling" to do the work

4.6 Describing Motivation: My motivation is expressed from cultural influence or expressions of calling I am charged with this responsibility by virtue my lineage. I COME FROM A NATION OF JOYOUS PWERFUL, CREATIVE PEOPLE IT IS A TOOL TO HELP US DISCOVER OUR HEALED SELVES AND THE POTENTIAL FOR THAT FOR OUR PEOPLE AND OUR GIFT TO THE NATIONS OF THE WORLD. I've been inspired by my community I have been called to heal myself and others MY PEOPLE ARE RESILIENT AND NOBLE
4.8 Describing Importance: Cultural significance 150th generation of my family lineage to share this responsibility VERY MUSICAL PEOPLE NATURALLY Without [me] there will be so many gaps You must look at cultural practices absolutely. It is using Western models to meet the needs of Africans

Figure 39: Professional titles of MTAGs

Figure 40: Professional titles of SIMTs

Figure 41: Professional titles of TIMPs

Table 31: Most frequently occurring words among TIMPs

Word	Frequency
music	40
integrative	10
human	8
body	8
students	8
therapy	7
researcher	6
therapist	5
studied	5
musicology	5
ethnomusicology	5
founder	5
director	5

Word	Frequency
unique	5

Table 32: TIMP descriptions of their academic background

4.5 Describing the work

I am the founder/director
I am an academic researcher
 I do Research
I initiated a grant-funded music and healing program
Music is the backbone to Musicology and ethnomusicology
I'm not a Music therapist. I studied Musicology and ethnomusicology and I am the founder/director of the unique Institut de Musicologie de Gitega here in Burundi since 2013. I have worked, researched, and developed music therapy programs in Kenya
Researcher and Professor of Music
I am Doctor of Psychology of music at the Faculty of Specific Education at Cairo University. It is worth mentioning that, I am the first Egyptian researcher to tackle Music Education Psychology and to earn a PhD in this major in Egypt.

Table 33: Trends among MTAG and SIMT practitioners

4.4 Describing Music Therapy **MTAGs** and **SIMTs:** "Practice" and "Bodily categories"
4.5 Describing the work *What the work entails* The clinically informed application of music The application of therapeutic goals Utilizing different modalities Implementing goals and objectives Implementing with a theoretical underbuilt. Facilitate the CREATIVE ARTS The deployment of music in healing *Specific sessions/activities* I sit with them and do some interactions with them on the mat while they wait for their physiotherapy I ran a children's choir I have a separate session for… I conduct consultations
4.6 Describing motivation **I am motivated by how my works makes me feel; How it feels/"I" statements** I am passionate about working with people It is extremely rewarding I am comfortable in doing music therapy I intuitively sensed from the beginning this was what I wanted to do It is stimulating and meaningful I am very passionate It is a pleasure providing music therapy At times I feel completely overwhelmed by the cultural differences… find it very difficult to know whether or not my work is making an impact. It is my vocation. My motivation is fluid I enjoy making people happy **It has been beneficial to me and that's what motivates me** I've learned to speak many languages universally I've learned music skills I've met and interacted with different classes and categories of people I've gained confidence It's allowed me to step out of poverty Its allowed me to develop interpersonal relationships **It advocates for and services those in need and that's what motivates me**

It service those in need
It benefits them
It is serving marginalized populations
It services individuals with disabilities
Music therapy can address the needs of… children with disabilities and with autism
[It helps] Survivors of physical, sexual and emotional abuse
I want to change that to those who might be going through the same [the hardships I experienced].
I want to give back to others
My clients have experienced VERY TRYING THINGS…PAIN AND TRAUMA

There are unique/secondary attributes that motivate me

There is a broad and creative application
It fosters therapeutic relationships
There is great potential for its growth
It connects with the human community and more-than-human world

I am motivated by certain interests and desires

social work
I was interested in music, the health sciences and psychology
I had a deep desire to work alongside other health care professionals
I've always been fascinated with psychology

4.7 What the work does for the community

Performances and opportunities to Perform

There was an expo where the children displayed their artwork
It has been providing opportunities
My clients performed
It provides performance opportunities

Education/Learning

The children are learning
I educate
It promotes knowledge
The children learn new skills

Challenges

I'm not sure what effect my work has on the community
It is unclear based on the fact that I'm white
I'm afraid I'm operating off of expectations of Ugandans that aren't well-founded
My work is rather clumsy
It is possibly my work undermines local knowledge and recapitulates imperialistic dynamics
The parents responded negatively
Music therapy is something new and unfamiliar
Parents restricted their children and denied them access to the music therapy

4.8 Describing the importance of the work

Cultural significance

150th generation of my family lineage to share this responsibility
VERY MUSICAL PEOPLE NATURALLY
Without [me] there will be so many gaps
You must look at cultural practices absolutely.
It is using Western models to meet the needs of Africans
Music is a core existing part of the culture

4.9 Describing the role of music

Emotions/Feelings
emotional regulation

make people feel relax
uplift people's spirits
bring joy

Music Is…
Music IS my work
Depending on the work
Music is always the central and main part in my work.

4.10 Describing how music is used

Activities
Active Music Making

Therapist and client use active music making (using instruments and the voice)
group music making
active music participation
encouraged to play on a range of musical instruments and use voice
vocal exercises
breathing, drumming, singing
music making
singings songs
moving and dancing to the music
composition
I play various instruments with my clients
play call and response
singing hello in the child's language (or a shared language
musical games
matching what the child does.
Musical activities
improvisation

MAKE MUSIC WITH OUR BODIES BY SINGING, CLAPPING, STOMPING, BODY BEATS
USE VARIOUS INSTRUMENTS
I play various instruments and give the contextualization of how these instruments function in the various places of origin

4.12 Descriptions of other practitioner's work

Neutral Descriptions

From their own perspective
Mixed feelings depending on the people/type of work

I don't know anything about their work
I have never heard any creative arts therapists working in Sudan except an art therapist and an expressive arts therapist who came to the school which I was working at.
I feel they know more than I do

4.13 Describing interest in collaboration and connection

To Learn

There is so much to learn and understand about the potential of MT in various settings.

Yes, to learn

The more we can learn from one another the more we have to offer those within our own circle of influence. If I can learn from someone else's successes or challenges, I am more likely to succeed where I am. There is strength and empowerment when we can share our passions with like-minded people.

I WOULD LOVE TO EXPERIENCE AND LEARN FROM OTHERS HOW THEY APPLY MUSIC IN HEALING AND WELLNESS. I BELIEVE THAT THERE ARE MANY WAYS THAT HEALING CAN BE PRACTICED AND EXPRESSED. I THINK ITS IMPORTANT AS WELL, THAT THESE WAYS ARE STUDIED, TO ADVANCE THE PRACTICE. BUT MUSIC AND WELLNESS ARE DYNAMIC AND EVER EVOLVING ENTITIES THAT CANNOT BE ENTIRELY, QUANTIFIED AND EXPLAINED IN BOOKS OR BY ONE CULTURE OR PEOPLE. MUSIC DEMANDS THAT WE REMAIN, OPEN, CRETIVE AND INNOVATIVE TO GET THE BEST OUT OF IT.

I would like to learn new ideas on music therapy

Themes of decolonization and culturally sensitive/humble collaboration

I'd like to connect with anyone who is concerned about decolonizing music therapy in general. It would also be nice to have a collective of like-minded people who are having similar experiences in Africa.

If there is a chance to let music lead the way in a truthful way, rather than someone's personal or professional interests. I believe in networking.

Table 34: Trends among MTAG and TIMP practitioners

4.4 Describing Music Therapy **MTAGs** and **TIMPs:** "Certified"
4.5 Describing the work **Clinical needs of the wider setting** Within a context of high levels of community and domestic violence My works aims to improve the quality of life for children My focus takes on a wider scope *"I am" statements* I am the founder/director I am an academic researcher I do Research I am a student therapist I follow AMTA guidelines I am a researcher I am currently working
4.6 Describing motivation *Access* It has made music therapy accessible to children and their communities who would not otherwise be able to do Certain things which music affords Children with special needs are continuing to be neglected and music therapy addresses this Through music therapy…share ways of using it for healing Burundian young people are thirsty to study Music
4.7 What the work does for the community **Specific Projects/Implementation** The Circle of Courage The program is not based on material possessions but on courtesy (service above self), integrity (character before career), perseverance (participation), self-control (wisdom above scholarship) and an indomitable spirit (I can accomplish anything if I work for it). Slowly, we are training leaders who will become effective leaders in whatever community they find themselves. I hosted a concert/exhibition I led a project I initiated a grant-funded music and healing program

4.9 Describing the role of music

Creativity:

It **encourages** creativity and **expression**
Creatively reflects all of these **cultures** in one **voice**.
It **allows** for **self-expression**, creativity, empowerment, growth and therapeutic change
It fosters creativity

Music…:

motivates
plays a different role with different clients
values peace
It captures children's attention
It sets me aside and makes what I do unique
Children would otherwise not be curious enough
*exploring a variety of musical styles and sounds with

4.10 Describing how music is used

Clinical Needs
for addressing their cognitive and motor domain
addressing client needs

to help them develop their affective, psychomotor and cognitive domains.
 Find the required behavioural change.

Contexts
with teenagers playing in rock bands

to students with special abilities

Table 35: Trends among SIMT and TIMP practitioners

4.6 Describing Motivation
My motivation is expressed from cultural influence or expressions of calling I am charged with this responsibility by virtue my lineage. I COME FROM A NATION OF JOYOUS PWERFUL, CREATIVE PEOPLE IT IS A TOOL TO HELP US DISCOVER OUR HEALED SELVES AND THE POTENTIAL FOR THAT FOR OUR PEOPLE AND OUR GIFT TO THE NATIONS OF THE WORLD. I've been inspired by my community I have been called to heal myself and others MY PEOPLE ARE RESILIENT AND NOBLE I witnessed many musicians serving as healers and it inspired me to investigate
4.7 What it does for the community **Honoring Traditions** It is connected to traditional music It has been used since ancient times

Table 36: The "trifecta" occurring throughout the study

4.4 Describing Music Therapy **All Categories:** "Use of music"
4.5 Describing the work **Populations** I work with many populations I work with individuals with dementia With trauma I work in Paediatric Oncology With disabilities at a private school in Sudan I work with both African (Rwandan Ugandan, Kenyan and Congolese living in Kigali) and Expat (Canada, European, American and Asian). I work with children suffering from cancer and cerebral palsy I work with teachers, children with Nodding Syndrome, children and adults with HIV and AIDS, and the youths that were abducted by LRA.

With refugees, homeless and those with learning difficulties.

Teaching/education
I taught recorder

I educate people, integrate socialization
I TEACH
I teach music.

I teach

What music does

Music is a medium to connect to/communicate
Music addresses various needs
Music allows for self-exploration
Psychosocial wellbeing
Music facilitates wellbeing

Music accesses the inner child
Music allows children live a stress-free life
Music allows these kids to be kids

I focus on the impact of music
Music helps develop and change
I focus on the impact of music on children's behaviors

Locations

N'djamena, the capital of Chad
Rwandan
Ugandan, Kenyan and Congolese living in Kigali)
Communities in South Africa

Egypt

Kenya

4.7 Describing what it does for the community

Effects of the services; What music therapy does/its benefits

It offers support, connection, growth, and empowerment
It fosters communication and contact
It helps community members to communicate/cope
It creates a safe space
Helps those express difficult feelings
To manage difficult feelings
Allows them to voice their challenges
Creates a space where they are supported by their peers

Creates a sense of mastery
Creates a sense of belonging
Promotes generosity
A sense of independence
Strengthens the resilience
Brings happiness
Supports family
Helps those to cope
Offers a mental health resource
Addresses health/addiction treatment

Facilitates sharing in each others joy and pain
It heals
Brings JOY, HEALING, HEALTH AND WELLNESS
GIVES MY PEOPLE PERMISSION TO LIVE FREE AND WELL.
It HEALS!
It brings joy

It resolves conflicts
It allows the patient to be deeply involved
Every organic disease affects the patient's psychological state, and the psychological and moral state of a person greatly affects his predisposition to several organic diseases.
Music itself has the propensity to heal
It can teach tolerance

4.8 Describing the importance of the work

Effects/Benefits

It is bringing about change and health in many settings.
It provides critical support and care to communities
It is proven to be a medium to reach people on various levels of functionality
It enhances quality of life

I see the outcome of it.
INTENTIONALLY RELEASE LIFE THROUGH MUSIC
ENTIRE BEING IS FOCUSED TO RELEASE LIFE AND WELLNESS

It serves the need of our community
because its life changing

Ideas of the "bigger picture"

It is a valuable source for the community
It fosters relationships with others I deem important
The work is around social justice and inclusion.
It can create or develop a society and environment where individuals with disabilities are empowered
It ensures their rights are protected
I provide my clients music therapy to address their needs and to share my clients' potentials, growth, and development

Music, arts and culture are what make our society worth living in
Music is the universal language
It brings unity in diversity
It is INTENTIONAL AND FOCUSED

It is a human experience which means humans can create it at will.

4.9 Describing the role of music

Music Allows:

It allows self-**expression**
It allows for self-**expression, creativity**, empowerment, growth and therapeutic **change**
Allows for **expression**
It allows clients to **express** their **feelings and emotions.**
 Music allows for reflection of the world
It allows for a unique **voice**

Music allows clients to explain how they **feel**

Music allows for the development of their affective, psychomotor and cognitive domains.

Music is…:

Music IS my work
It is the primary means of disseminating

It is a vibrant part of the communities

Music is the backbone to Musicology and ethnomusicology
Exploring with clients through singing, percussion, using different instruments and improvisation

4.10 Describing how music is used

Type of Music
familiar sounds
improvised
pre-composed songs
songs that are written by client with support from therapist.
Various dimensions of music can be utilized/applied in infinite combinations.
Song structures
flexible use of music
Sudanese pentatonic
bongos, keyboard
pre-composed children's songs from the French or English tradition.
Play in the style that I believe the child might be familiar with

Arabic.
My voice with a variety of percussion instruments or my guitar or keyboard
unfamiliar instruments such xylophone, wind chimes

LOCAL TRADITIONAL AND INSTRUMENTS FROM OTHER COUNTRIES
piano, drums or xylophone

Music creativity

More
for spiritual support
rewarded for effort rather than accomplishment
given the opportunity to apply knowledge rather than just absorb it
use what they know to serve others
value of their own contribution
equal opportunity
elicit creativity, depersonalize problematic situations, thicken narratives
reflection
fun

sharing a common song for all of us.
As a means for articulating social commentary.

For my music education students.
Fills the parts of nature with rhythm and rhythms just as it fills the human being with an orderly rhythm
its melodies flow and penetrate to the soul and body to give the desired effect

4.12 Descriptions of other practitioner's work

Positives Descriptions:

From their own perspective
I am privileged to be in association
I support their work
I am excited about their work
They are absolutely fantastic therapists
I am humbled by the resilience of these healing rituals through the years of mutilation and colonialism.
Music therapy can learn from these practices.

I love it, the more we are the better our society

It makes me so much proud and happy.

From the perspective of others
It is supporting the resilience of children and their communities. I also feel that the work is undervalued in the South African context and more needs to be done
There is a place for everything that they and I do
I feel it is overwhelmingly beneficial to patients

It is a source of immense pride and real responsibility
IT IS OUR CULTURE AND OUR IDENTITY
I generally support honest effort to promote music as a healing tool

It is extremely valuable

4.13 Descriptions of interest in collaboration and connection

To Collaborate/ Connect

Expressions of interest in collaboration
COLLABORATING WITH OTHERS KEEPS US, EVER LEARNING, AND IT IMPROVES OUR practice
I would absolutely connect with others who do this work.

Those we seek to help will benefit from our collaboration.
Yes – collaboration is how we learn and expand the reach of the work we so badly want to see happen in the world.
It is in our nature to collaborate and work in diverse communites.
 I learned from my project in Uganda (Music for Peaceful Minds, 2008-2015) that I need to connect professionally with others more... I need particularly to learn both local music and how it is being used from local people and work alongside them, sharing skills and getting them to help me so that anything I start at the hospital can be sustainable, since I do not plan on staying in Chad forever.

I would love to cooperate and do wish first to open the FIRST BURUNDI MUSIC THERAPY CENTER
I am willing to participate.