Voicework within Music Therapy as part of rehabilitation for substance use disorders: creating opportunities for connection

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by

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ABSTRACT

Substance use disorders (SUD) are among the most significant worldwide public health challenges. Isolation and separation are some of the more common indicators of SUD. Even though various music therapy interventions are used to address clinical goals when working with clients with SUD, voicework, specifically, has not been abundantly researched with this client group. Research has shown that the use of the voice has the ability to turn isolation into connection. This qualitative study therefore examined whether voicework with this client group could facilitate connection. Seven clients participated in six group music therapy sessions held at a halfway house over three weeks. The sessions as well as the one focus group were transcribed, and thick descriptions were written of musical excerpts; all were then analysed thematically. From the data, the following four themes were developed: *(1) multiple forms of connection were afforded through voicework in music therapy*; *(2) music therapy offered multiple opportunities for facilitating connection*; *(3) particular techniques were useful for enhancing connection*; *(4) a music therapy process, centred around voicework, offered participants an experience in which they could reflect on connection and disconnection.* The findings suggest that voicework can be a useful intervention within music therapy to create opportunities for connection to both the self and other.

Keywords

Music Therapy; Humming; Voicework; Substance Use Disorder; Addiction recovery; Arts-Informed Research; Addiction

DEDICATION

I would like to dedicate this dissertation to Amy Viljoen. My dear friend, I miss you every day and I wish I could have completed this journey with you. You would have been a phenomenal music therapist. You will always be loved and remembered. May this work be a small legacy of you.

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CHAPTER 1: INTRODUCTION

1.1 Background and context

Substance use is one of the most important global public health challenges (Mennis et al., 2016). Substance use disorder (SUD) is diagnosed based on "a pathological pattern of behaviors related to a use of the substance" (5th ed.;DSM-5; American Psychiatric Association, 2013) that leads to clinically significant impairment, distress, tolerance, and withdrawal. Hari (2016) has defined SUD as a disease of separation. In fact, two of the indicators of SUD are isolation and separation (Narcotics Anonymous, 2008). Connection with others is an innate human need. Barrett-Lennard (1993) explains that

> the experience of being literally heard and understood deeply, in some personally vital sphere, has its own kind of impact – whether of relief, of something at last making sense, a feeling or inner connection or somehow being less alone, or of some other easing or enhancing quality (p. 6).

Group music therapy creates opportunities for connection (Aldridge & Fachner, 2010; Hohmann et al., 2017). When people sing together, this particularly enhances feelings of connectedness (Moss et al., 2018). As a result, I decided to research voicework within group music therapy with persons in rehabilitation from an SUD. Voicework encompasses any form of expression using the voice (Austin, 2011). A more specific definition is offered by Baker and Uhlig (2011): voicework refers to "the use of the human voice within the therapeutic approach to achieve health and well-being including improved vocal abilities, health and homeostasis, and human relationships" (p. 32). In this way, voicework can be considered an approach involving the deep expression of primary emotions and identities, without relying only on verbal communication. Voicework can be experienced simultaneously on both an internal level (experiencing the embodied vibrations as the sound is being produced) and an external level (having an audible experience of the sound being emitted into the space around oneself) (Goldman & Goldman, 2017). Connection to others can be achieved through voicework because voicework creates a sense of unity, collaboration, and co-subjectivity. DeNora (2000) writes that musicking is a "postmodern form of communitas – a co-subjectivity where two or more individuals may come to exhibit similar modes of feeling and acting, constituted in relation to extra-personal parameters, such as those provided by musical materials" (p. 149).

The isolation that characterises SUD, and the need for connection that often underpins the experience, can potentially be addressed through the multiple benefits of voicework within music therapy. However, further research is required in this regard. During this qualitative

study therefore, I conducted six music therapy sessions[1] at a halfway house: a residential facility intended to assist people with transitioning into independent living. My goal was to create opportunities for the participants to form connections with others through various music therapeutic processes (among which voicework played a central role) and for them to explore their experiences. All the sessions were audio recorded so that they could then be transcribed. The research methodology entailed a combination of Arts-Informed Research (AIR) and elements of Participatory Action Research (PAR) focussing on Clinical Inquiry Research (CIR).

1.2 Research Aim

This study aimed to investigate the value of voicework in music therapy in the context of substance abuse rehabilitation. The study sought to explore how music therapy, specifically focussed on voicework, could offer people who are in rehabilitation due to an SUD an enhanced sense of connection.

1.3 Research Question

The research question that guided this study is:
Can music therapy, centred around voicework, in rehabilitation for substance use disorder create opportunities for an enhanced sense of connection and, if so, how is this experienced by participants?

1.4 Chapter Overview

The second chapter contains a review of the literature on SUD and the use of music therapy with people suffering from and/or recovering from an SUD. The literature review explores what voicework entails and how it could contribute to the treatment of SUD. It also describes the way in which connection through the use of the voice is facilitated. The third chapter explains the research paradigm and methodology that grounded this study, focussing on AIR approaches and CIR. The fourth chapter presents a detailed account of the data analysis including highlights of the findings. In Chapter 5, I reflect on the relationship between the literature and the research findings and integrate this into a broader discussion of the findings. Chapter 5 also gives an account of my reflexive process during the research. Chapter 6 concludes the dissertation with suggestions for future research and an acknowledgement of the limitations of this study.

[1] Due to the restrictions of the COVID-19 lockdown I was only able to conduct six sessions instead of 12, as initially planned.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

In this chapter, I present a review of the literature regarding SUD and of the music therapy processes used with people suffering from SUD. Voicework, and the benefits of voicework, both in terms of connection to others and of connection to self, are also discussed. For this particular study, the term "self" is approached phenomenologically through emphasis on the participants' experiences thereof, as opposed to through the lens of predetermined theoretical frames.

2.2 Substance Use Disorder

SUD, as described by the *Diagnostic and Statistical Manual of Mental Disorders* 5th ed., (American Psychiatric Association, 2013), is characterised by a problematic pattern of substance use involving various groups of criteria related to impaired individual control, risky substance use, social impairment consequent to use of the substance and pharmacological consequences of a sustained high level of substance use. There are various disorders within this category based on the specific substance (alcohol use disorder, stimulant use disorder, etc.). SUD does not discriminate between race, age, gender, and socioeconomic status (Mennis et al., 2016), and the effects stretch from the personal to the social (Matsuzaka, 2018).

2.3 Social and Environmental Factors Relating to SUD

It is evident that there is no single cause for SUD. The development of SUD involves a complicated interplay of social, biological, and psychological vulnerabilities (Koob & Volkow, 2010). Research by Volkow et al. (2011), in the field of neuroscience and related to SUD, emphasises the long-lasting effects of chronic substance use on the brain. Social functioning is one of the areas of daily living affected by SUD. Neuronal circuits in the limbic system that are central to appropriate functioning in social environments are impacted by chronic substance use. These systems in the brain usually help us to navigate complex social environments successfully but can become dysfunctional with chronic substance use.

The first group of criteria for the diagnosis of SUD in the DSM-5 (American Psychiatric Association, 2013) are related to impaired control. These criteria are affiliated with determinants and patterns of substance use: cravings, increased substance use, a desire to decrease or control use, and a wish to cut down on the time spent obtaining and using the substance as well as recovering from its effects. In comparison, the second group of criteria for diagnosing SUD refer to social and occupational impairment. Nolen-Hoeksema and

Marroquin (2017) discuss the social and occupational impairment in relation to an inability to meet responsibilities at home, school, or work; the abandoning or limiting of important social, recreational or work-related activities; and the ongoing use of the substance regardless of repeated social or relationship difficulties. People suffering from SUD often find themselves forgetting appropriate social conduct and acquire bizarre habits and mannerisms. Work and play become inhibited; likewise, general expression and concern for others gets pushed to the side-lines (Narcotics Anonymous, 2008). In fact, the severity of social impairment in relation to SUD may differ from person to person.

The reward centres in the brain are involved during substance use (National Institute on Drug Abuse, 2018). The medial forebrain bundle – the reward system of the brain – is one of the areas that regulate appropriate social functioning. According to Koob and Volkow (2010), continuous exposure to a substance of choice can cause neuroadaptations in the brain's reward systems. This emerges from conditioned associations between the rewarding experience created by substance use and the other cues surrounding the experience, such as locations where the substance is typically used as well as situational factors (Koob & Volkow, 2010; Volkow et al., 2011). Once a person has an SUD, the reward created by substance use is exaggerated, and normal rewards, such as visiting friends or family, do not create the same reward experience as substance use does. Social behaviour becomes ruled by the overvaluing of substance use. Immediate reward outweighs delayed reward. Consequently, goals that are important in the present moment, even if they are of less importance compared to future goals, now outweigh these future goals and needs (Volkow et al., 2011).

The ability to control behavioural impulses is fundamental to appropriate social functioning (Volkow et al., 2011). The researchers specifically highlighted how the Prefrontal Cortex (PFC) assists in decision making regarding appropriate social conduct. A study by Copersino et al. (2014) subsequently showed that individuals suffering from SUD and chronic substance use have impairments in the PFC. The study further showed that areas in the frontal regions of the brain are involved in impulse control. Therefore, impulse control is also affected by chronic substance use (Nolen-Hoeksema & Marroquin, 2017).

Social stressors often strengthen SUD and can have an adverse effect on the developmental processes that connect the PFC to the limbic system (Volkow et al., 2011). Stress can create cravings for the substance as stress activates the reward systems in the brain (Koob & Volkow, 2010). Stressful stimuli can therefore have a long-lasting effect on the brain.

There are various environmental factors that have been shown to contribute to SUD. Adverse childhood experiences, for example, can be a contributing factor to SUD in later life (Felitti et al., 1998; Volkow et al., 2011). Mennis et al. (2016) identify some environmental influences on substance use behaviour including neighbourhood disadvantage and disorder, access and exposure to substances of abuse, and environmental barriers to treatment. These authors also mention the contribution of socioeconomic and racial inequalities to the environmental factors that influence substance use.

2.3.1 A Disease of Separation

People suffering from SUD often find themselves isolated unless the connection to others serves to feed their addiction (Narcotics Anonymous, 2008). Frequently, social isolation is not only an indication of SUD but can also be a contributing factor (Volkow et al., 2011). Consequently, anti-social behaviour becomes the norm. There are other factors that also contribute to isolation. One of these possible contributing factors is stigmatisation of the disorder, which inhibits people from seeking help or treatments and, in turn, creates greater isolation for them (Volkow et al., 2011). The occasional ecstasy from substance use can lead to emotional, spiritual, and mental impoverishment (Narcotics Anonymous, 2008), leaving a person suffering from an SUD, isolated. In support of this, Hari (2016) observes that “the opposite of addiction is connection” (p. 299).

2.3.2 The Notion of Recovery

According to (Anthony, 1993), recovery from mental illness is

> a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life, even with limitations caused by the illness, recovery involves the development of new meaning and purpose in life as one grows beyond the catastrophic effects of mental illness (p. 7).

Slade (2010) also emphasises that recovery is a personal process. There is no formal structure or “recipe” for recovery that will work for every person suffering from a mental illness. The process of recovery is determined by the person in recovery.

There are three central factors that have been broadly outlined by Solli et al. (2013) for recovery from mental illness. The first of these factors is regaining control. The second is social inclusion, related to becoming part of a community and being connected to others

through relationship. The third factor says that positive events and general well-being are integral to the recovery process.

Solli et al. (2013) explain that the active involvement of a person in recovery is key to the effectiveness of music therapy. Their participation in music therapy sessions affords clients a variety of positives such as:

1. the enjoyment of being engaged with music
2. opportunities to work on general well-being
3. opportunities for socialising, social inclusion and improving interpersonal relationships
4. the chance to use music for healthy emotional expression and experiences
5. a rediscovery of self-worth.

Solli et al. (2013) point out that it is important for the therapeutic practices involved in the recovery process to be strength-based where possible. The person suffering from an SUD must feel worthy when participating in the music therapy sessions.

According to Hawk et al. (2017), harm reduction refers to “interventions aimed at reducing the negative effects of health behaviours without necessarily extinguishing the problematic health behaviours completely or permanently” (p.1). A harm reduction approach stands in opposition to both the moral model, where all substances are labelled as illegal and “wrong”, and to the traditional medical model of addiction, which classifies any illegal use as misuse. Some harm reduction interventions include opioid substitution treatment, syringe exchange programs, overdose prevention policies and programs, as well as safer injection facilities (Hawk et al., 2017).

Harm reduction psychotherapy, as defined by Tatarsky (1998), entails “psychological interventions that seek to reduce the harm associated with active substance use without having abstinence as the initial goal” (p.11). Tatarsky and Marlatt (2010) outline various clinical principles that place emphasis on the client’s strengths, see the substance use problems within the client’s social context, and do not require abstinence from the substance in order to start treatment. Within the Narcotics Anonymous community, recovery and abstinence from substance use are not equivalent (Narcotics Anonymous, 2008). Recovery is a journey of better understanding the self, not merely a case of no longer using the substance.

Although recovery is a personal process, the journey of recovery can be a unifying experience because all people experience difficulty, trials, and tribulations at some point in their lives.

Treatment and rehabilitation of clients support the process of recovery. Likewise, client participation in a treatment programme can assist in the recovery process (Anthony, 1993).

2.4 Music Therapy with People Suffering from SUD

Various music therapy interventions are used to address different clinical goals when working with clients with SUD (Aldridge & Fachner, 2010). Hohmann et al. (2017) conducted a systematic review of the effects of music therapy and music-based interventions on the treatment of SUD. The researchers found that music therapy and music-based interventions had a beneficial impact on mood, stress, self-esteem, motivation, emotional expression, and social cohesion among those in treatment for SUD.

Music therapy can therefore serve as an effective intervention for people suffering from SUD because clients often experience it as less invasive and threatening than other traditional forms of therapy (Silverman, 2003). Music can attract someone who feels isolated; then their participation in group music therapy can assist them in experiencing a sense of belonging. Group music therapy sessions can create a sense of connectedness and increase social cohesion between the members of a group (Aldridge & Fachner, 2010; Hohmann et al., 2017). Similarly, group music therapy gives members the opportunity for mutual identification that could reduce feelings of shame and isolation (Hedigan, 2010). Participation within group music therapy also allows opportunities for self-expression, imagination, and cooperative group activity (Hohmann et al., 2017). For these reasons, group music therapy can positively support the integration of people suffering from SUD back into social environments that feel safe and are unthreatening.

Hedigan (2010) conducted a qualitative study to discover how adults, diagnosed with SUD and residing in a therapeutic community, experience group music therapy. He focussed on verbal processing of musical experience, relationships, and authenticity. Hedigan's study was guided by questions regarding the experience of group music therapy for substance-dependent adults living in a therapeutic community, and the ability of music to create authenticity at an interpersonal level in that context. He gathered data through individual in-depth interviews two weeks after the final music therapy session. For the purposes of this literature review, I have focussed on Hedigan's findings regarding connection to others and verbal processing of the music. In Hedigan's study, all of the participants reported feeling connected to the other members of the group in the weekly music therapy sessions. Some of them also mentioned that they had realised how the exposing nature of improvisation reflected something about the "discomfort with connection and intimacy" (Hedigan, 2010, p. 52) that

they experienced in their lives. Further, they reported that the verbal processing of the music revealed that they each had a lot in common with others in the group. The participants' abilities to discuss these discomforts in the group had an impact upon their intrapersonal realisations. Hedigan (2010) quotes one of his participants as saying:

> When improvising you're not able to use the façade or use your words to hide behind, or to manipulate or trick. I think when people get such a genuine sense of you that's really comforting. I think that's where the intimacy comes from (p. 56).

Group music therapy can break through the defences of adults with SUD and assist the group members to experience each other in an authentic way. This can lead to a greater sense of connection between the members of the group. Through verbal processing of their experiences in the music, the group members then have the opportunity to further process their inner experiences in a safe and contained space.

2.5 Voicework

Using one's voice has the ability to turn isolation into connection (Austin, 2011). As mentioned in the introduction, Uhlig and Baker (2011) define voicework in music therapy as:

> The use of the human voice within the therapeutic approach to achieve health and well-being including improved vocal abilities, health and homeostasis, and human relationships. Voicework involves the use of breath and rhythm, primal human sounds of expression and communication building a dialogue between the therapist and the client/s and using rhythm, intonation, words, and fragments of sentences and offering inter-subjective vocalisation (p. 32).

Voicework can also be explained as an approach involving the deep expression of primary emotions (Uhlig & Baker, 2011; Newham, 1999). Through the use of the voice, we have the ability to express our identity and our emotions, which is integral to communication (Uhlig & Baker, 2011). The voice is the most intimate of instruments (Austin, 2011; Uhlig & Baker, 2011). Singing is an empowering force that allows life to resonate through our bodies, making us aware of both ourselves and those around us as we sing together. When a person sings, they become the instrument itself (Austin, 2008). In her book titled "Embodied Voicework: Beyond Singing", Sokolov (2020) writes:

> While you are singing, ask yourself: “What am I feeling?” Are you experiencing connection, flow, and aliveness? Are you feeling free? Feel it. Note it. Learn from it. Remember it. Nurture it.

There is a distinct connection between a person’s inner voice and their external voice because inner thoughts and feelings can be expressed through the external voice which is an outward representation of a person’s inner world (Monti & Austin, 2018). There are various definitions of the inner voice. One such definition states that the inner voice is the voice we hear internally when we read and have thoughts (Larrain & Haye, 2012). Newham (1999) found that the voice has the power to be a connection between the inner world of emotions, image, mood, experience, and thought and the outer world of interaction, relationship, and discourse. The voice not only produces sound that vibrates through our bodies, but also connects us with others. As such, the psychological state of a person and the quality of their voice mutually influence each other. How a person experiences themselves within the world influences the quality and use of the voice and vice versa.

According to a study conducted by Clift et al. (2010), group singing can have beneficial effects on general well-being. They found that singing engenders happiness and raises the spirit; involves concentration which inhibits preoccupation of worry; involves deep, controlled breathing that counteracts anxiety; and offers a sense of social support and friendship which ameliorates feelings of isolation and loneliness. Singing also has health benefits, such as decreasing heart rate and blood pressure. Furthermore, singing along with others increases the release of dopamine and other euphoria-inducing opioids in the brain (Austin, 2008). Other benefits of singing include enhanced self-confidence, self-esteem, and self-satisfaction (Moss et al., 2018), as well as the alleviation of anxiety and low mood, and improved mental health (Keeler et al., 2015; Moss et al., 2018).

MacDonald and Wilson (2014) explored the perceptions of well-being and of the health of participants engaged in choral singing. The qualitative data from their mixed methods study resulted in six main themes, namely, social connection, improvements in physical and physiological health, cognitive stimulation, enjoyment, mental health, and transcendence. They concluded that singing in a choir creates the opportunity for social connection and the development of social skills.

2.5.1 Vocal Toning

Vocal toning entails interventions that make use of vocal sounds instead of words. Some of these might include grunting, sighing, and humming (Luethje, 2009). These are considered natural sounds. In *The theory and practice of vocal psychotherapy: Songs of the self,* Austin (2008) explains how vocal toning can afford clients an embodied connection to the self. This occurs because vocal toning creates the opportunity for a client to experience the sound within their body as the sound is being produced, and this is especially true of humming. The process of vocal toning with others can be very intimate as there is an exchange of vibrations and energy. In chanting and singing, a set rhythm and melody is often present; however, this not a prerequisite for vocal toning. These vocal sounds are usually freely improvised with the therapist keeping a set therapeutic intention in mind.

2.5.2 Humming

Goldman and Goldman (2017) describe humming as a form of vocal toning that is one of the simplest natural sounds a person can make. They explain in their book, *The humming effect: sound healing for health and happiness,* that humming has physiological effects which can include stress relief or reduction, calmness, improved sleep, and enhanced well-being. Ansdell (1995) explains that we are all composed of musical vibrations. Humans are “fundamentally rhythmic and tonal beings” (p. 8). Music is a part of our very existence, and the voice is a concrete representation of these musical processes within all humans (MacDonald & Wilson, 2014). When engaged in group humming therefore, an individual experiences not only their own vibration, but also the vibrations of others’ humming, potentially fostering a sense of connectedness (Luethje, 2009).

2.6 Connection Through the Use of The Voice

The voice serves a profound function in our connection to the external world (Austin, 2008). Whether we speak, sigh, shout, cry, or sing, the voice serves as a connection to others and to ourselves. Unlike verbal communication, we can all join in at the same time when communicating through a musical modality (MacDonald & Wilson, 2014).

Tarr et al. (2014) states that one of the qualities of the voice is rhythm. As mentioned in the definition of voicework, breath and rhythm are also used to facilitate dialogue between the therapist and client, or, in the case of group therapy, between different participants in the group through use of breath, vocal improvisations, and sounds. The clients/participants are called to listen to each other in order to respond to musical changes. The musical element of rhythm

serves as a platform on which connection is then built. A sense of synchronisation emerges when we move to the same rhythm, and it creates a connection between self and other (Tarr et al., 2014). Through synchronous breathing and/or singing to the same rhythm, we can also move to the same rhythm. Synchronicity between people can enhance positive social sentiments for each other.

2.7 Musical Identity

Music offers a rich medium for non-verbal expression (MacDonald & Wilson, 2014). Through music, we have the ability to express our inner experience of ourselves. As DeNora (2000) states: “The sense of self is located in music” (p. 68). Music can often be used as a tool for self-reflection, self-expression, and self-exploration (Ansdell, 2014). A person’s musical identity is made up of both social and personal elements (MacDonald & Wilson, 2014). Most people have had the experience of a piece of music – a sound or a song – expressing how they are experiencing life at that moment better than they could using verbal language. Trost & Vuilleumier (2013) refer to musical emotions as the “consciously or unconsciously felt emotional experience during music listening” (p.214). How a person perceives themselves in music is referred to as their musical identity or their sense of self in music (MacDonald & Wilson, 2014).

2.8 Early Interactions Between Caregiver and Infant

The voice and the body’s expressiveness are of great importance to human relationships (Aigen, 2013). Human relationships are built upon the protomusical capacities of early interaction; this is referred to as communicative musicality (Aigen, 2013). Malloch (1999) defines communicative musicality as “the elements of co-operative and co-dependent communicative interactions between mother and infant” (p. 31). The caregiver and infant both contribute to this musical dialogue. The initial dialogue between a caregiver and an infant, both through protomusical communication and singing, is critical for the child’s development of a coherent sense of self (Austin, 2008).

An important component of communicative musicality is synchrony. Synchrony, as defined by Brown and Avstreih (1989), is a harmonious and simultaneous responsiveness between caregiver and infant without fusion or loss of boundaries. Biological synchrony is a form of synchrony where the caregiver’s and infant’s heart rhythms synchronise (Feldman et al., 2011). When there is vocal or affective synchronicity, the biological rhythms (heart rhythms, breathing etc.) become synchronous as well. The musical component of the biological

synchrony between the parent and infant is another example of how humans are musical beings. Musicality, as Aigen (2013) explains, is essential to development and is present in all infants. Humans are intrinsically musical beings.

Synchrony between the voices and the bodies of people has been shown, through conversational analysis, to be the basis of human relating. It influences how we relate to others and how we perceive others as relating to us. Ansdell (1995) explains that, owing to mental illness, self-synchrony within a person can be hindered. He describes how disturbances in self-synchrony (internal synchrony with the self) interfere with interactional synchrony (synchrony between others). This is especially important when working within a music therapy context where our primary goal may need to be the enhancement of intrapersonal synchrony before interpersonal synchrony can be addressed.

2.9 Conclusion

SUD is often associated with isolation and poor social functioning, which influences relationships and inhibits connection. The severe stigmatisation of SUD makes it difficult for people suffering from the disorder to seek treatment and help (Aldridge & Fachner, 2010). This can lead to even greater isolation and hopelessness (Volkow et al., 2011).

Recovery and abstinence are not equivalent (Narcotics Anonymous, 2008). Recovery is an individual process through which a person finds new meaning and purpose as they grow past the ramifications of their disorder. This personal process of recovery can be assisted through music therapy which has been shown to be an effective intervention for people suffering from SUD (Hohmann et al., 2017). The types of techniques that have been focussed on in existing studies have included improvisation, song writing, lyric analysis, song sharing, and other receptive techniques (Aldridge & Fachner, 2010). Voicework specifically, however, has not been researched sufficiently as a therapeutic intervention for people with SUD; hence the value of the current study.

CHAPTER 3: METHODOLOGY

3.1 Introduction

For this research study I drew on a qualitative methodology (including Arts-Informed Research components and principles from Participatory Action Research) within an interpretivist paradigm. The following sections discuss these facets in more detail. I also discuss the data collection, data preparation, and data analysis process as well as the quality and ethical considerations of the research.

3.2 Research Paradigm

A research paradigm is made up of three aspects: ontology, epistemology, and methodology (Bryman, 2012). Ontology refers to the nature of reality and the beliefs about this reality. The current study will be based on a relativist ontology where reality is considered to be experienced subjectively (Scotland, 2012; Smith, 2008). Within a relativist ontology, various truths can co-exist (Denzin & Lincoln, 2008). An objective, common truth can, therefore, not be generated through this type of research. Instead, the perspectives of the participants and researcher play a cardinal role within a relativist ontology.

The process of knowing reality is referred to as epistemology (Spencer et al., 2014). This study was based on a transactional/subjective epistemology. I also made use of interpretive inquiry. Interpretive inquiry focuses on understanding (interpreting) the meanings, purposes, and intentions people give to their actions and to their interactions with others (Smith, 2008). The aim of interpretive research is to gain insight into, and to obtain an understanding of, participants' actions and perspectives. Cultural and historical contexts need to be taken into account when using an interpretivist approach (Scotland, 2012). A qualitative methodology was therefore used because of the interpretivist paradigm that grounds the current study.

3.2.1 Qualitative Methodology

It is the overall aim of a study rather than the form of data collection that determine the nature of the data to be gathered and, therefore, if qualitative research, for example, will be done (Green & Thorogood, 2013). The aim of qualitative studies is understanding a phenomenon in addition to measuring it. When a researcher is conducting a qualitative study, emphasis is placed on both a participant's experience of the meaning of the phenomenon as well as how they interpret the complexity of the phenomenon. Qualitative research aims to explore and understand the interpretation of a certain issue by individuals or groups (Creswell, 2014; Merriam & Tisdell, 2016). For the researcher, it emphasises his understanding of

commonplace practices and associated knowledge (Flick, 2007). Thus a qualitative researcher is interested in the perspectives, perceptions, and experiences of the participants in their natural setting and interprets phenomena as these are experienced by the participants (Flick, 2007).

Within qualitative research, the subjectivity of the researcher is beneficial because their contributions add to the richness of the data (Merriam & Tisdell, 2016). Qualitative research has also been criticised for lacking objectivity; if reflexivity is not a fundamental part of the research approach, it can sometimes lean towards extreme relativism (Green & Thorogood, 2013). Reflexivity requires the researcher to reflect critically on the research itself. It also provokes the researcher to consider the broader social context in which the research takes place. The researcher must also reflect on their position within the research itself, as they are not separate from the research process (Stige et al., 2009). This will be discussed further in Section 3.8, Research Quality.

3.2.2 Arts-Informed Research

AIR is a form of qualitative research that is influenced by the arts (Knowles & Cole, 2008). In AIR, the researcher has opportunities to draw upon resources provided by the arts (dos Santos & Wagner, 2018). Somerville (2014) explains how arts-based techniques can be used during various phases of the research process. These methods are often combined with more traditional qualitative approaches to data collection as was the case in this study. The researcher's use of arts-based methods for data collection allows them to see the emergence of insightful, reflexive, and creative possibilities of participants (Polcin, 2009). It is often more important not only to describe what has been created but also to consider the experiences and new thinking that have occurred while using the art forms (McCaffrey & Edwards, 2015). When individuals, groups and communities use art modalities, an important space is created where they can evaluate their past, their relationships with each other, and their hopes for the future. This evaluation happens not only through verbal expression but also within an art modality (dos Santos & Wagner, 2018). Through AIR, the researcher can expand their understanding of the human condition in creative, alternative ways. AIR also aims to be accessible to a large audience rather than only to academics (Knowles & Cole, 2008).

When multi-modal arts-based approaches are used as part of data collection, they can create challenges for analysing data. Arts-based approaches sometimes reinforce dominant discourses and power inequities when participants resist any effort to challenge dominant messages that arise within their art (Coghlan & Brydon-Miller, 2014). This is especially

relevant to this study as voicework can cause shyness and resistance if people believe they need to have a “good” singing voice in order to participate in voicework activities. The risk of threatening power inequities was managed in this study through the creation of a safe and non-judgemental environment containing spaces that facilitated reflection and exploration.

In the current study, the arts processes that took place during the sessions are included in the data set. Although the arts processes were translated into a textual form through thick description, the role of the arts – particularly voicework – was core to this study; hence an arts-informed frame was included in the methodology.

3.2.3 Participatory Action Research

PAR uses social sciences research methods to develop actionable local knowledge (Somerville, 2014). The aim of such research activities is to shift the balance of knowledge within the community where the research is taking place (Green & Thorogood, 2013). The participants, through the research activities, initiate a series of inquiries and actions that lead to a shift in knowledge and action relative to the particular topic of the study (Somerville, 2014). The research itself aims to evoke change within a practice while studying the process of change. This means that the clients are active participants in the clinical process. As such, it is important that researchers remember that the needs of the clients take priority over the processes of data collection during clinical research (Schein, 2008). The researcher and the participants should have an open and equal relationship throughout the study as the participants are the ones experiencing the phenomenon and are, therefore, integral to its investigation (Schmelzer & Leto, 2014).

CIR is a form of PAR. This form of research involves collecting data in clinical settings that are defined as those with clients seeking help (Schein, 2008). If both the researcher and the participants are highly involved in the clinical process, it creates greater trust between them and allows for the generation of richer data. The key objective of CIR is firstly to help participants, and secondly, to produce/generate knowledge. This was especially relevant to this study as I had to adapt the last few sessions to accommodate the looming/impending national COVID-19 lockdown. As such, I incorporated additional verbal processing activities in the last two sessions as the participants expressed their need to process the upcoming lockdown in this way. It was important for participants to feel free to share their fears, concerns, and needs in order to better cope with the lockdown period and the strong sense of uncertainty they were experiencing.

As a result of the COVID-19 pandemic and lockdown, I had to be more flexible in the application of my research methodology. As I was only able to complete six of the twelve planned sessions, and only one of the three planned focus groups, I had to rely more strongly on data collected during the completed sessions. Similarly, I was unable to check-in with the residents with regard to the findings at the close of the study; this was due to social distancing and the return of some of the residents of the halfway house to their homes, all-in-all moving further away from the fulfilment of my initial PAR intentions.

3.3 Research Question

As mentioned in the Introduction, Chapter 1, the research question guiding this study is:
Can music therapy, centred around voicework, in rehabilitation for substance use disorder create opportunities for an enhanced sense of connection and, if so, how is this experienced by participants?

3.4 Participants

The study took place at a halfway house for persons in recovery from substance use. Sober house living is characterised by substance-free living environments for individuals who have completed in- or out-patient treatment at a rehabilitation centre (White, 2000). Sober house living is financially sustained by residents themselves who pay for their accommodation. At the halfway house associated with this study, residents were also responsible for the maintenance of the house, for ensuring that the house chores were divided amongst themselves, and that they were completed. House managers were responsible for collecting rent, evicting residents who relapsed based on an agreed upon system, and mandating residents attend 12-step meetings (Polcin, 2009). I selected this particular site due to its accessibility and the willingness of the residents to participate.

I used both purposive sampling and convenience sampling. Purposive sampling was used because the criteria for inclusion of participants were specific and strategic. In comparison, convenience sampling was used so that the members who were able to attend could do so. When participants are selected from a specific location, for example a certain halfway house, on a specific day, this is referred to as convenience sampling (Kolb, 2008). There were eight participants in the study; but, as a result of absenteeism and my re-evaluating the norms of the group in light of the various roles people played in the halfway house (Appendix A: Session 3 outline), there were never more than seven group members, including myself, present in a session. Given the nature of the goals of qualitative research, namely for understanding a

specific phenomenon in a highly contextualised and in-depth manner, a small sample size was appropriate, as Morgan (2008) explains.

3.4.1 Criteria for Inclusion of Participants

I asked residents in the halfway house whether they wanted to volunteer for participation in the study. Among the criteria for inclusion were:

- The participants needed to be over the age of 18 to participate in the study.
- The participants needed to be able to communicate in English as that was the language in which I facilitated the sessions.
- The participants needed to be in a process of rehabilitation from an SUD.

Residents of the halfway house are usually advised to stay for at least three months. Initially, the counsellors were included in the sessions as addiction counsellors are often in recovery themselves (Davis & Ellis, 2008). The counsellors at this specific halfway house who chose to participate were also in recovery. During a conversation with the participants in Session 3 however, it was decided that only "patients" (as described by participants – excluding counsellors) of the halfway house would participate in the group therapy. The group therefore changed as the resident participants felt their responses would be filtered and less authentic with their counsellors present in the sessions. It was collectively decided that I would have a conversation with the counsellors; they then agreed that only residents would attend the sessions. I still included the data generated from the counsellors (after discussing this with them) because, as mentioned, they were also in recovery and had satisfied the inclusion criteria.

As mentioned, as a consequence of the COVID-19 pandemic and the anticipated lockdown, I decided to re-adjust the aims of the last two sessions to focus more on creating a safe environment in which to process thoughts and fears around the lockdown. Therefore, I did not keep to the usual session outline that I had used in the previous four sessions. For the last two sessions, I facilitated an open group discussion in light of the need to remain highly flexible due to the social conditions of the approaching COVID-19 lockdown, and I allowed two new members to join the sessions. One of the two new members had just moved into the halfway house and the regular participants thought it would be beneficial for her to join the group as it would create a sense of belonging for her. The second participant was invited by the group for Session 5 as he was very interested in the change he saw in the participants who had been attending regularly.

3.5 Data Collection

The data were collected through the musical and verbal interactions in sessions, and during the one interactive focus group. Appendix A contains a full description of each session, focussing on the chronological order of activities and a brief description of the responses from participants. To gather the musical and verbal interactions, I engaged in participant observation and audio recorded all of the music therapy sessions. The interactive focus group took place between Sessions 3 and 4. I had planned to have a focus group after every three sessions; however, this had to be amended due to the COVID-19 pandemic. Using several data sources allowed me to get a richer understanding of the phenomenon (Ansdell & Pavlicevic, 2001). The following two sections describe each data source in more detail.

3.5.1 Source A: Participant Observation Through Audio Recordings to Gather Musical and Verbal Interactions

Within this study, I was both the researcher and the music therapist. (Further reflection on the complexity of this dual role as music therapist and researcher is provided in Section 3.8, Research Quality). I recorded all six music therapy sessions that I conducted. During the study briefing with possible participants, we decided collectively to do audio recordings instead of video recordings of the sessions to stay in line with the confidentiality requirements of the Alcoholics Anonymous and Narcotics Anonymous programmes facilitated by the halfway house. All in all, I held two sessions per week for four weeks at the halfway house.

During the sessions, group members participated in various therapeutic techniques such as humming, vocal improvisations, sound morphing, instrumental improvisations, drumming, and other creative interventions. (See Appendix A for a detailed outline of each session). These therapeutic techniques offered the participants various opportunities to express themselves. As this study focussed on voicework, I drew on the work of Lisa Sokolov, a music therapist and vocalist from New York. I had a conversation with her prior to my period of data collection to discuss some of the techniques she uses in her book *Embodied VoiceWork: Beyond Singing* (Sokolov, 2020). The conversation informed the history of my voice activity as well as the use of humming. As stated in the literature review, research has been published on the benefit of humming in individual sessions (Goldman & Goldman, 2017; Luethje, 2009; Snow et al., 2018). In light of the reported findings, I was curious about the benefits of humming as a voicework technique in a group music therapy setting to create opportunities for an enhanced sense of connection. I also made use of movement exercises in order to afford the participants a more embodied experience. The sessions ended with a discussion of four or

more words that the participants each offered and that represented what stood out for them during each session.

Another technique I made use of was guided relaxation, which draws on the principle of mindfulness. Mindfulness can be described as a multidimensional construct concerning the self-regulation of attention toward experiences of the present moment and the non-judgmental awareness of these experiences (Bishop et al., 2004). Using the framework outlined by Vago and Silbersweig (2012), mindfulness involves systemic mental training that creates self-awareness, self-regulation, and self-transcendence (S-ART). One of the resultant skills of mindfulness the authors discuss is mindful awareness. This is thought to be essential for cultivating insight and access towards "subject-object relations, such that the most fundamental nature of objects (including the self) is perceived "as they truly are," without distortions or biases inherent in cognition" (p. 2). This assisted participants to experience connection to their inner selves.

A client-centred approach was used, and the participants were instrumental in determining how the sessions evolved. Throughout the process, I reiterated and encouraged an accepting and non-judgmental stance. It was a priority for me to always inform group members that there were no expectations and no "right" or "wrong" responses in regard to our musical interactions as a group. According to Schein (2008), in clinical research, the aim of gathering data is secondary to the potential benefits of the therapeutic process. An example of this in the current study relates to the changes that needed to be made to our final two sessions that took place a week before the country went into a stern lockdown. During these sessions, we focussed on what each person would need in order to cope during the COVID-19 lockdown. There was ample opportunity throughout the sessions for participants to express how they experienced the voicework and music therapy process and to share insights that they had obtained through the sessions.

3.5.2 Source B: Interactive Focus Groups

In a conventional focus group, the researcher/moderator leads the discussion. Conversely, in an interactive focus group, the researcher has a less prominent role (Davis & Ellis, 2008). The participants played the chief role in leading the discussion and creative exploration. Unfortunately, only three of the eight participants were present during the interactive focus group. This method of data collection allows for a more even distribution of power between participants and researcher as the participants have control over the direction of the conversation (Braun & Clarke, 2006). This was very much the case during this interactive

focus group as the three participants led the conversation and the pace of the creative activities. Various arts-based techniques (drumming circle, decorating words, mapping out words, clay representation of words) were included during the interactive focus group as they provided participants with alternative ways to express themselves other than verbally. I printed out the words that the participants gave at the end of each session (Appendix A: Session outlines) and invited them to interact creatively with these words. They chose to colour and decorate then, and then plot them throughout the room as a landscape which they subsequently reflected on. Braun and Clarke explain the importance of having multiple focus groups to ensure a rich quality of data. This was, however, not possible in this study due to the restrictions caused by the COVID-19 pandemic and lockdown.

3.6 Data Preparation

I wrote verbatim transcriptions of all the verbal interactions from all six sessions and thick descriptions from excerpts of musical interactions. A thick description is a detailed writing of the recordings that provides rich information of what occurred. Thick descriptions provide the reader with information about the events in context (Ponterotto, 2006). I selected four musical excerpts from the six sessions that fit one or more of the following criteria:

- Connection and/or disconnection between participants is evident through synchronicity and/or asynchrony
- Notable shifts are evident in dynamics, timbre, tempo, or tonality of the music
- The excerpt shows musical support of one or more participants
- The excerpt contains voicework techniques

As the researcher, I transcribed the focus group verbatim. I also took pictures of the creative work made by the participants during the focus group to keep a record of what was being done during the process. This assisted in providing additional context for the transcriptions and in documenting the session outlines.

3.7 Data Analysis

All six session transcripts of verbal content, the focus group transcription, and the thick descriptions of the four musical excerpts were analysed through thematic analysis. Thematic analysis is not bound to a particular epistemological or theoretical framework (Gibbs, 2014, chapter 4; Saldana, 2013, chapter 1). There are four suggested stages for thematic analysis, namely becoming acquainted with the data, generating codes, developing themes, and lastly writing up the findings (Chenail, 2008). Coding entails the assignment of a single word or

phrase to a meaning unit of material in the data that relates to the research question (Chenail, 2008). A code in qualitative analysis symbolically allocates a salient, summative, essence-capturing quality to a set of data (Saldana, 2013). After generating codes, I placed the codes into an Excel workbook (hereafter referred to as the Categories Table). This is further explained in Section 4.4.2. During the process of constructing the Categories Table, it was important to me to be cognisant of my research question, keeping in mind what I was looking for (Rowley (2014). The rows of the Categories Table represented the forms of connection that were identified, and the columns represented the types of opportunities that facilitated connection. The process of thematic analysis is, however, not purely sequential. de Freitas (2008) explains that while it might be convenient to think about thematic analysis as a sequence, moving from coding to themes in a linear manner, this is, in fact, not accurate. Leavy (2017) lists “developing visualisations of the data” (p. 241) as a strategy to summarise and assist in understanding relationships in the data. This was indeed useful in the current study as I used mind maps to illustrate the relationship between the rows and the columns of the categories table. After constructing the mind maps, I identified the main themes in the data.

3.8 Research Quality

In order to ensure good research quality, I made use of triangulation and reflexivity. Through triangulation, a researcher uses various methods and data sources to increase the quality of the research (Flick, 2007). As such, I collected data both from musical interactions and verbal interactions in sessions and from the interactive focus group.

Reflexivity within research refers to the task of assessing the presence of the researcher within the research context. According to de Freitas (2008), “it is both an epistemological statement about the connected nature of knowledge and a political statement about the noninnocence of research” (p. 470). Corey et al. (2013) explain that one way to ensure reflexivity in qualitative research would be to write reflexive memo notes during the data collection and data analysis period (chapter 6). I documented my own experience through writing reflections in a journal, through making art installations, improvising on the piano, and in using my voice as a reflexive practice. As I thought about my relationship with the participants and about keeping with the CIR model, I leaned greatly on my intuition with regard to ensuring I was attuned and flexible to the therapeutic needs of the participants. As researcher, it was my responsibility to approach the data with a sense of humility, to understand that I was looking at it from my lived experiences, and that the lived experiences of the research should be highly valued (de

Freitas, 2008). Through receiving both clinical and research supervision throughout the process of this study, I was able to approach the study ethically and with humility.

3.9 Ethical Considerations

Ethical approval was granted for this study by the University of Pretoria's Faculty of Humanities Ethics Committee. As stated by Brinkmann and Kvale (2008), clear informed consent is needed for all qualitative research within therapeutic processes. This entails informing the participants of the purpose of the study, the design and main features, the possible benefits, and risks if they choose to participate, as well as ensuring confidentiality and privacy by not using their names or including identifying information in any documentation. All of the information regarding the study was given to the participants upfront. Also, participants were informed that they had the right to withdraw from the study at any time with no adverse consequences, as stated by Brinkmann and Kvale (2008). As such, this study did not deceive any participants. The informed consent form included consent for the sessions and focus group to be audio recorded. Consent for future researchers to use the anonymised written data was also included.

Ethical considerations included confidentiality during the music therapy process and ensuring that participants did not feel any pressure to disclose personal experiences that they were not ready to disclose as Davis and Ellis (2008) highlight. I assured participants that the choice was theirs to determine what they wanted to share. The setting of norms and values aligns with the initial stage of group therapy. Farrell et al. (2018) explain that in the initial stages of a therapeutic process, the group needed to actively discuss the goals and norms. The norms of a group are the shared beliefs that aid in regulating the behaviour of the group and assist in creating trust and safety. These norms can be both explicit and implicit.

When one person performs a dual role of music therapist/researcher, additional ethical considerations are required. Aigen (2008) explain that most researchers who embrace dual roles find that the potential benefits outweigh the problems and issues that accompany the dual relationship. Reflexivity is required, however, in order to not favour the one role above the other. As de Freitas (2008) defines, "reflexivity in research is meant to trace the presence of the researcher onto the research context, marking their interference, their participation, their desire" (p.470). Within CIR, it is important to remember that the welfare of the participant/client is the primary goal (Schein, 2008). The role of the therapist during the therapeutic sessions therefore takes precedence over the role of the researcher. According to Brinkmann and Kvale (2008), the main goal of research is to further knowledge and the main goal of therapy is to

elicit change within the client. It was therefore important to constantly be aware of my own primary interest, whether it was of the research or of the therapy.

The storage and sharing of the data also need to be secure. For archiving purposes, all data are securely stored for 15 years, in a password protected electronic format, at the University of Pretoria.

CHAPTER 4: THE DATA ANALYSIS AND FINDINGS

4.1 Introduction

In this chapter, I present a detailed account of the data analysis. Firstly, I offer a brief description of both the participants and the sessions, then I give a detailed account of the data preparation. That is then followed by an explanation of the analysis, focussing on each step. The chapter ends with a list of the themes and subthemes which will be discussed in Chapter 5.

4.2 Participants

After a briefing with the residents of the halfway house, I provided all participants who wanted to volunteer with a brief summary of the study and the consent forms. The first music therapy session took place on 3 March 2019. As mentioned in Chapter 3, owing to the COVID-19 pandemic, the planned 12 sessions had to be reduced to six sessions.

Table 1

Description of Participants[2]

Name	Gender	Additional Details
James	Male	He only attended Session 1 and strongly connected with the use of the voice.
Annie	Female	She attended Sessions 1, 3 & 4. She was soft spoken and very reflective. She missed sessions because of scheduling conflicts with her personal therapist.
Richard	Male	He attended all six sessions and the focus group. Richard engaged well with the medium and often shared his reflections. Richard, Terry, and Sean seemed to be good friends, and this created a sub-group within the group.
Sean	Male	Sean attended all six sessions and the focus group. He brought a lot of humour to the group, often acting in a childlike, playful manner. He reflected with great insight on his personal journey and how he connected to music and the instruments.

[2] All names used are pseudonyms for the participants consistent with the agreed terms of confidentiality and informed consent

Terry	Female	Terry attended all six sessions and the focus group. She often felt indifferent to the medium of music, explaining that she was very sensitive to sound. Towards the end of our process, she did mention that the volume and intensity of the sound of the music was no longer good or bad, but neutral.
Martin	Male	Martin was the halfway house manager. He was also in active recovery. He only attended Session 2. Martin seemed interested in what the music could offer, but found not knowing exactly what would happen next in the music to be difficult.
JB	Female	JB joined Sessions 5 & 6. She connected deeply with the music, especially with the improvisations involving humming and instrumental playing. She had a bubbly personality and connected to others through sharing her inner world and engaging in humour with them.
Mitch	Male	Mitch attended only Session 5. He was fascinated by how seriously the other members engaged with the humming, and this allowed him to reflect more deeply within himself during the humming activity.

4.3 Session Outlines

Appendix A gives full account of the session structures including a brief description of each activity. Table 2 is a summary of the sessions, listing the participants that attended as well as the activities that took place in each session.

Table 2

Summary of the Outlines of each Session

Session No.	Date	Participants	Activities
1	03 March 2020	James Richard Terry Sean Annie	Activity 1: Drumming circle Activity 2: Breathing and humming Activity 3: History of my voice Activity 4: Creative reflection Activity 5: Four words

			Activity 6: Words representing how you feel right now
2	05 March 2020	Richard Terry Sean Martin	Activity 1: Drumming circle Activity 2: Mindfulness body check-in Activity 3: Breathing and humming Activity 4: Drumming and vocal improvisation Activity 5: Letting go – drumming Activity 6: Free writing Activity 7: Improvised song (I am held) Activity 8: Four words
3	10 March 2020	Richard Terry Sean Annie	Activity 1: Drumming circle Activity 2: Humming/vocal improvisation Activity 3: Sound morphing Activity 4: Instrumental and vocal improvisation Activity 5: Spontaneous drumming improvisation Activity 6: Four words
4	12 March 2020	Richard Terry Sean Annie	Activity 1: Picking three words Activity 2: Drumming circle Activity 3: Reflection on words and voice Activity 4: Instrumental improvisation Activity 5: Four words
Focus Group	17 March 2020	Richard Terry Sean	Activity 1: Guided relaxation Activity 2: Mapping out words Activity 3: Moving to the word Activity 4: Making an object with clay representing your words
5	19 March 2020	Mitch Richard Sean Terry JB	Activity 1: Dedication of session Activity 2: Stretching and breathing Activity 3: Humming/vocal improvisation Activity 4: Recovery soundscape Activity 5: Song (When I'm free) Activity 6: Four words
6	24 March 2020	Richard Terry Sean JB	Activity 1: Drumming circle Activity 2: A survival guide to lockdown Activity 3: Moving to a song Activity 4: Sharing of survival guide

	Activity 5: Creative activity for processing the approaching COVID-19 lockdown

4.4 Data Preparation

4.4.1 Transcription

I prepared the data by writing verbatim transcriptions of verbal interactions in sessions, thick descriptions of the excerpts of musical interactions during each session, and verbatim transcriptions of the interactive focus group discussion. An example of a brief section of a transcribed session is shown in Table 3.

Table 3

Transcription: Session 1 Example – Processing of History of my Voice Activity

Therapist:	Yes, if you want to share please, please do. Share it. Yeah, go for it.
Richard:	The history of my voice, I don't remember hearing myself until I was six when my dad died. Did I cry? My voice must have moved inside. I grew up thinking it was all right. That's what life was all about. Keeping your voice inside. Never letting out. I would scream, I would shout, I would whisper. I would laugh, I would talk, I would sing, but no one was listening. Without me making a sound and if there was no one around? I've journeyed through life alone with my voice in my head, feeling judged, rejected, lonely, dead. Before I die, drift and drift away. I pray that someone will hear my voice one day.
Therapist:	That is very, very profound. And um, your question, would my voice be a voice if there's no one to hear it? Um, is there something if no one—if there is no audience, is it real?
Richard:	That's what I battle with. The story of my life.

Appendices B–I contain the transcriptions of all verbal interactions and focus group discussions.

Table 4 is a sample from the transcription of the focus group discussion.

Table 4

Transcription: Focus Group Example

Terry:	The opposite of addiction is connection.

Therapist:[a]	Yeah. And how, how does that make you experience who you are; that you said you usually distance even in normal life. How does that make you feel?
Terry:	I think I'm still working that out.
Therapist:	Okay, okay. Yeah. Connection. I think what is quite evident, and you guys can agree or disagree, or we can, we can find a nice way to—to put it, but connection isn't just super deep. That's what I'm kind of—what I'm—What I'm getting from today is connection doesn't have to be speaking about my deepest, darkest fears (T agrees saying “yeah” and nodding her head) and everything, but connection can be humour and giving each other grief and—
Richard:	That's the way in; a foot in the door and, kind of, be like now that we've laughed and cried, let's talk about what it is that's making us cry or that's making us laugh.

[a] Therapist refers to me, the music therapist.

4.4.2 Thick Descriptions

After I transcribed the sessions, I wrote thick descriptions of the four musical excerpts. (See Section 3.7 for the criteria used for the selection of the thick descriptions.) Table 5 gives a brief description of the four excerpts. They were from Sessions 1–4 and I selected an excerpt from each session. Each excerpt has the same number as that of the session it came from.

Table 5

Brief Depiction of Thick Descriptions

Excerpt	**Duration**	**Reason/Criteria for Inclusion**	**Short description**
Excerpt one: Humming activity	03:06 minutes	Notable shifts in dynamics, timbre, tempo, or tonality of the music The excerpt contains voicework techniques	This was the second activity of the session. There was some hesitance from the participants to join in. James’s voice was quite prominent throughout the activity. There seemed to be some disconnection between the participants which created dissonance in the music. The dynamics decreased and the

			dissonance resolved. The dynamics increased after the dissonance was resolved. Some participants seemed to struggle to regulate their rhythm of breathing and humming.
Excerpt two: Improvised song at the end of session two	05:09 minutes	The excerpt shows musical support of one or more participants	I started to sing a song which I created in the moment to support Richard who was quite emotional at the time. Sean joined in after a few repetitions of the melody and lyrics. The moment he joined in, the character of the music changed to more of an anthem than a lullaby. We shifted to humming the melody and then ended the song. The humming changed the character of the song from an anthem to a lullaby, which was the character it started and ended with.
Excerpt three: Humming activity	03:52 minutes	Significant shifts in dynamics, timbre, tempo, or tonality of the music Connection/disconnection between participants is evident through synchronicity The excerpt contains voicework techniques	In this excerpt, the participants seemed to find a synchronous breathing rhythm. The rhythm between the participants' breathing and humming seemed easier and more organic. There were instances of dissonance as in excerpt one; however, the group seemed to be able to tolerate this more comfortably, allowing the dissonance time to resolve. The music had a sense of cohesion, of shared energy,

			and of intention. The activity ended with complete silence, creating a sense of space for the musical experience to be concluded.
Excerpt four: Drumming circle and improvisation	04:14 minutes	Significant shifts in dynamics, timbre, tempo, or tonality of the music Connection/disconnection between participants is evident through synchronicity	The drumming circle started as most of the sessions did, by allowing each participant to give a beat that was then mirrored by the group. The drumming started with high energy and the tempo of the basic beat kept increasing. Throughout the music, participants encouraged each other and intentionally tried to pay close attention to each other's music in order for their mirroring and attunement to be accurate.

Appendix K contains the thick descriptions of all the chosen music excerpts.

4.5 Data Analysis

In conventional thematic analysis, data would be coded, the codes would be grouped into categories, and the categories would be grouped into themes. The research question guiding this study sought to explore the relationships between individual experiences of the various forms of connection and the opportunities through which these experiences were facilitated. As a result, I undertook a slightly more complex process. I began by coding all of the transcriptions and thick descriptions. I then organised the codes into an Excel spreadsheet (hereafter referred to as the Categories Table) where the rows represented the forms of connection that were identified, and the columns represented the types of opportunities that were facilitated. The rows were important in the development of both the categories and the themes; the columns were also considered important in this process. The relationships between the rows and columns were crucial as well. I then created mind maps of the relationships between the rows and columns and these informed the themes. The following sections describe the analytical process in detail, clarifying each step of the process.

4.5.1 Coding

I began the analysis by first coding the transcriptions and thick descriptions of the audio recordings of the sessions, then coding the focus group transcription. I used a colour system when coding the different sessions and the focus group: session one – yellow; session two – green; session three – blue; session four – pink; session five – grey; session six – white; and focus group - orange. The colours used for the different sessions are shown in Table 10 in section 4.5.2.

Next, I moved all of the codes to an Excel workbook with different sheets for the different sessions. Each sheet was colour coded according to the session number assigned. In total, from all of the transcriptions, thick descriptions and the focus group, there were 686 codes. Table 6 illustrates the coding of a session. Some of the codes were quite lengthy as I felt the essence of the content needed to be represented in the code, e.g., the first code in Table 6.

Table 6

Coding: Session 1 Example

Speaker	**Transcription**	**Code**
Richard:	And not one of us can reproduce the other sound.	R[a] appreciates collectively created sound (that no individual could have created alone)
Therapist:	Exactly.	
Group:	(Agreeing and talking with each other) We all become one sound.	Group appreciates sense of oneness created through humming
Therapist:	Exactly. And that the—the sound together is a sound in itself.	
Richard:	It's unique.	R appreciates the uniqueness of the sound created through group humming
Therapist:	It's not that, if you take one part—	
Richard:	It's no longer that sound.	R appreciates the role of each group member in

		creating the collective group sound
Therapist:	So that's um, yeah. It's very, very important that we stay breathing. They, um— to find within yourself that rhythm where you mentioned that you [are] struggling to find that in and out. Am I coming, am I going? Am I singing or am I humming while breathing? Like what's the—this dance? But just finding that flow, where it does this the whole time (gestures flowing movement with hands).	MT[b] acknowledges importance of group attunement and flow
Richard:	I think it's also easy to find rhythm when somebody else carries it for you while you're still finding yours.	R acknowledges role of music support by others in the group while he is finding his own sound
Therapist:	Yes.	

[a] In the transcriptions and codes, participants are referred to by the first letter of their pseudonym

[b] MT is an abbreviation for Music Therapist for the purposes of the codes.

Table 7, in comparison, contains an example of a thick description from Session 3.

Table 7

Thick Description and Coding: Session 3 Example

Session number	**Thick Description**	**Code**
3 03:52 min	Vocal improvisation – humming and vowels The therapist starts the vocal improvisation with an “Ahh” sound on B below middle C (B3); the participants join the therapist with some hesitancy on the third round (not sure how to explain breath cycles) of sound. The therapist moves to an “Ohh” sound and some participants move to a “Hmm” sound. As the members join, the tempo stays the same and the	MT[a] opens the improvisation Participants join with hesitancy Participants move to different sound Character of the music is gentle and cohesive

	characteristics of sounds holds a quiet and gentle quality. The entire group mirrors this humming together. There is a synchronous breathing rhythm for quite a few cycles. There is movement in the music; a gentle but energetic, constant moving. At times there are moments of dissonance as the intonation of the different participants vary slightly. This causes some tension in the music. The group members (including therapist) seem to be able to hold the dissonance for longer than in previous sessions, not resolving it immediately. The tension and dissonance resolve themselves.	Synchronous breathing Gentle and energetic movement in the music Dissonance in the music Group feels comfortable in the dissonance of the music

[a] MT is an abbreviation for Music Therapist for the purposes of the codes.

Table 8 shows an example of the coding done for the focus group discussion.

Table 8

Coding: Focus Group Example

Therapist:	There's a lot of—you can dig in the goody bag. (points to stationery bag) There are pastels. Then there is—there is rope if you want to tie them together.	
Group:	Group moving around, looking through the stationery bag etc.	Group goes through stationery bag
Music:	The therapist puts on soft instrumental music in the background as the group works on changing the words; colouring in the words, etc.	MT[a] puts on soft instrumental music in the background
Group:	S[b] asks R for a pencil and a sharpener. R gets slightly irritated with S and sighs as he hands him the pencils and sharpener.	Playful irritation from R towards S

[a] MT represents the Music Therapist

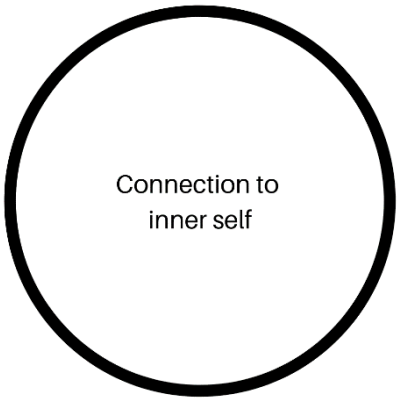
[b] Participants are represented by the first letter of their pseudonyms

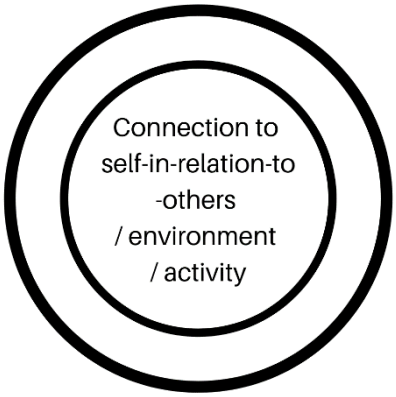
4.5.2 Development of Categories

I used the research question as a guide when organising the codes into categories. The research question had three facets: (a) *can* music therapy, centred around voicework, in rehabilitation for substance use disorder (b) create *opportunities* for an enhanced sense of connection and, if so, (c) *how* is this experienced by participants? I created a Categories Table so that I could specifically examine codes related to the opportunities that had been created. These opportunities were organised as columns in the Categories Table. While I was organising the remaining codes within the rows (through the lens of seeking forms of connection that appeared in the data), six forms of connection became apparent: connection to inner self; connection to "self-in-relation-to-others"/environment/activity; connection to "self-in-addiction"; connection to "self-in-music"; connectedness; connection to others. These forms of connection were labelled with letters from A–F and formed the basis for reorganising the rows in the Categories Table. In Table 9, each of these forms of connection is illustrated with further explanatory details.

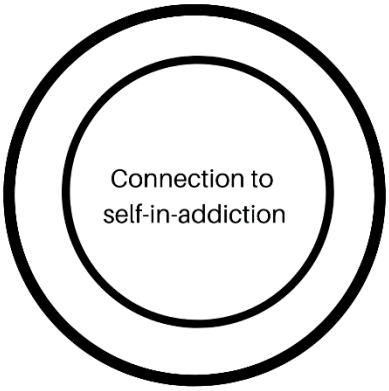
Table 9

Illustrations and Descriptions: Different Forms of Connection

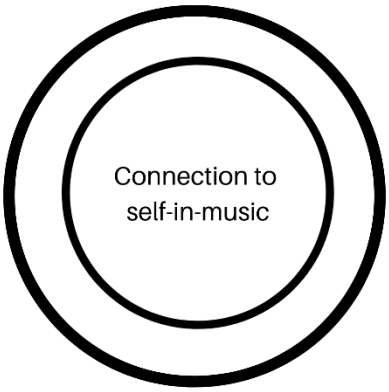
Forms of Connection	Description
	(A) Connection to inner self As stated in the aims of the study (section 2.1), the notion of the "self" or inner self can be defined in various ways. For the purpose of this study, the participants' own descriptions of the notion of self/inner self, and the codes related to this notion, were grouped within the form of connection called connection to inner self.



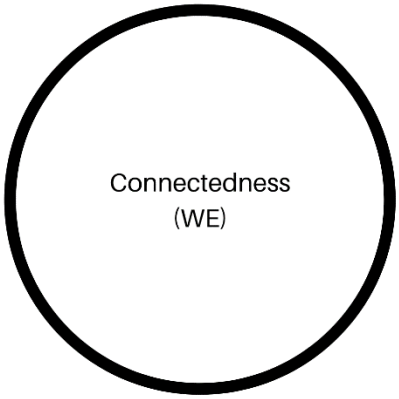
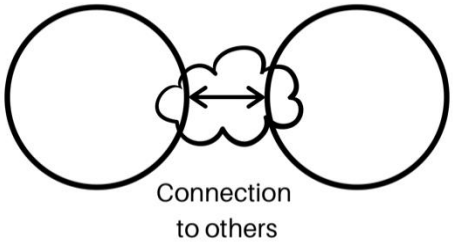
(B) Connection to self-in-relation-to-others/environment/activity
Connection to self-in-relation-to-others/environment/activity includes codes for the ideas of the socially formed self: we gain a sense of who were are through our soial connections with others.



(C) Connection to self-in-addiction
Connection to self-in-addiction includes codes that drew on participants' sense of who they were because of their relationships with addiction.



(D) Connection to self-in-music
For this form of connection, codes included reflect how music acted as the vehicle for participants to have an experience of the self in the presence of the music and thereby allowed participants to connect with themselves.

	(E) Connectedness For the purpose of this study, this form of connectedness includes codes describing how the participants experienced being part of a greater whole (a “WE”). This can be understood in relation to an explanation of connectedness offered by Farrell et al. (2018): “the feeling of belonging and the creation of bonding relationships” (p. 75). Separate selves are less relevant in these codes as the focus is on experiencing being part of a collective.
	(F) Connection to others The focus of the codes that were grouped into this form of connection lay on the connection between two or more individuals. Instead of the primary experience being that of merging within a whole (as in the form of connection described above), the individuals still retained a distinct sense of individuality and saw interaction between themselves as occurring between separate beings.

I previously described the process whereby I grouped the codes into a Categories Table that was structured with these forms of connection functioning as rows and the opportunities that were created for these types of connection functioning as columns. The columns were numbered from 1 to 23 and grouped together according to the intervention (e.g., breathing, humming/vocal improvisation, voice as a character, and vocal sound morphing, as forms of voicework) or to the similar opportunities (e.g., structure and pacing, initiating by therapist, initiating by participant, and relaxation and holding space). The columns were also subdivided into connection (+) and disconnection (-). This indicated whether the code displayed connection or disconnection as facilitated by the specific opportunity. Codes that were not related to any specific forms of connection were sorted within columns G–I, and labelled music. The columns were titled (G) Enjoyment; (H) Soundscape; and (I) Familiarity.

As I reviewed all of the codes, I noticed that some related to experiences that occurred within the music therapy sessions and others portrayed reflections about events or experiences outside of the sessions. I separated these two types of codes and divided the Categories Table over two spreadsheets in Excel. The first sheet, Experiences, included codes portraying experiences from the music therapy sessions and reflections upon these experiences; the second sheet, Reflections, contained the codes portraying reflections about events or experiences from outside of the sessions. Appendices L–Q contain the Experiences sheet disaggregated by the forms of connection. Appendices R–W contain the Reflections sheet disaggregated by the forms of connection.

Table 10 illustrates the colours used to distinguish between the various codes of the different sessions.

Table 10

Colour Key for Different Sessions

Colours used for coding
Session 1
Session 2
Session 3
Session 5
Session 4
Session 6
Focus group

Table 11 shows a segment of the Categories Table featuring Row E along with the relevant sections of the columns of opportunities (3) and (4). As the entire Categories Table is extremely large, for the purposes of the appendices, I divided it into separate documents each displaying one form of connection (row) along with all the associated opportunities (columns).

Table 11

Example of Categories Table for the Category Connectedness (WE) and for Voicework Opportunities – Breathing and Humming/Vocal Improvisation

			3		4	
			Voicework - Breathing		**Voicework - Humming/vocal improvisation**	
			Connection	**Disconnection**	**Connection**	**Disconnection**
Connection	**E**	**Connectedness (WE)**	MT[a] invites group to take a deep breath		Synchronised breathing while humming	A[b]: I struggled to zone into the humming a bit
			Synchronised breathing while humming		Synchronous breathing in humming	Group starts improvising in unison and then drifts into dissonance
			MT invites group to take a few deep breathes		Group joins in after a few seconds	Group finds it difficult to shift to different vowel
			Synchronous breathing in humming		Tangible energy in the humming	Participants join with hesitancy
			MT invites group to breathe together		Group breathing at the same time – in sync	Group starts improvising in unison and then drifts into dissonance
			MT invites group to breathe		Group starts improvising in unison and then drifts into dissonance	Group's unison breathing starts becoming differentiated
			Therapist invites group to breathe together		R expresses pleasure at feeling collective vocal vibration of group	Flow of music disrupted by clearing throat
			MT asks group to take a deep breath		J notes experience of vocal synchronising	Music comes to a halt when MT talks
			Through vocal improvisation, A experienced silencing surroundings and fully focusing on the shared musical moment		R appreciates collectively created sound (that no individual could have created alone)	Heaviness in sound
			MT asks group to take a deep breath		Group appreciates sense of oneness created through humming	

[a] MT represents the Music Therapist

[b] Participants are represented by the first letter of their pseudonyms

4.5.3 Mind Maps Illustrating the Relationship Between the Forms of Connection and Opportunities

In order to identify themes from the table, I examined the relationships between the headings of the columns and the headings of the rows, and I looked at what codes had been placed at the intersections of each (both for experiences in sessions and for reflections on experiences outside of sessions). Initially, I created mind maps from the data in the "Experiences" spreadsheet and the "Reflections" spreadsheet. I made two mind maps for each form of connection on each spreadsheet. I gathered the codes that related to connection (+) on one mind map and the codes that related to disconnection (-) on the mind map next to it. I placed the various relevant opportunities for connection (the corresponding headings of the columns of the table under which codes had been placed for that particular form of connection) around each centre (the form of connection). This is illustrated both in Figure 1 which shows the example "Connection to inner self" from the data related to "Experience" (+) and in Figure 2 for "Connection to inner self" from the data related to "Experience" (-). The numbers next to the names of the opportunities refer to how many codes fell into that intersection (e.g. in the mind map from the "Experiences" spreadsheet, there were seven codes placed at the intersection of the row "Connection to inner self" and the opportunity "Relaxation").

Figure 1

"Connection to inner self" from Data Related to "Experience" (+)

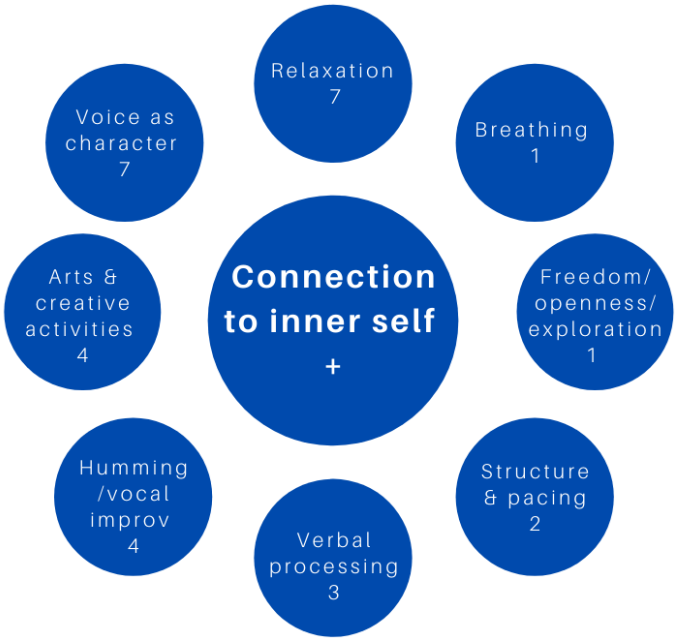
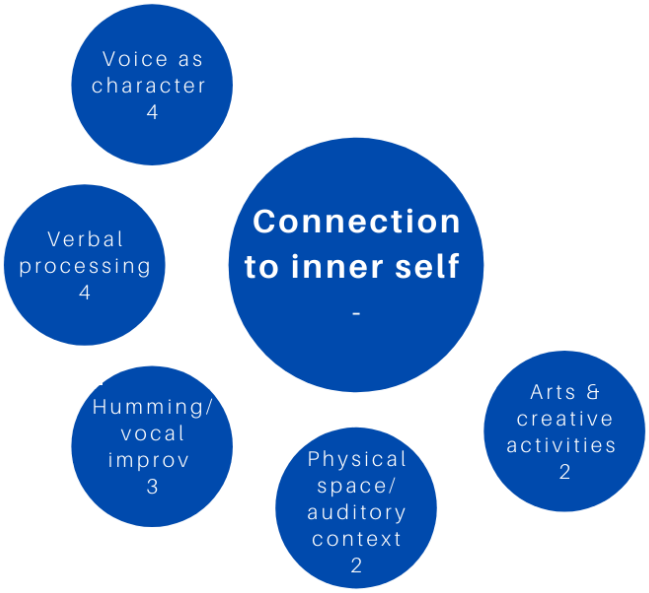


Figure 2

"Connection to inner self" from Data Related to "Experience" (-)



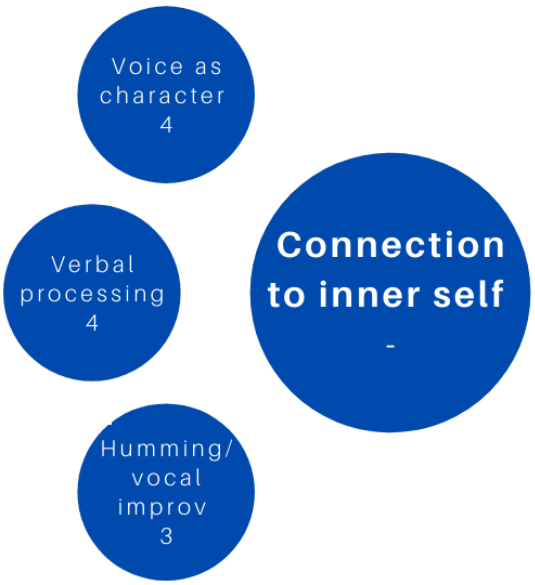
To focus on the most prominent connections in the data, I reduced the opportunities around each form of connection to those that appeared most frequently (i.e., the opportunities with the greatest number of codes). This process was followed for both the Experiences spreadsheet and the Reflections spreadsheet of the Categories Table. As an example, Figure 3 shows the reduced mind map for "Connection to inner self" from the data related to "Experience" (+) and Figure 4 shows the reduced mind map for "Connection to inner self" from the data related to "Experience" (-).

Figure 3

Reduced Mind Map of "Connection to inner self" from Data Related to "Experience" (+)

Figure 4

Reduced Mind Map of "Connection to inner self" from Data Related to "Experience" (-)



Appendix X contains all the mind maps for the various forms of connection for both the Experiences sheet and Reflections sheet. For each form of connection of the Experiences sheet, there is a mind map for both connection (+) and disconnection (-).

4.5.4 Identifying Themes from the Data

I reviewed the Categories Table then summarised the mind maps according to the foci of the research question: (a) *can* music therapy, centred around voicework, in rehabilitation for substance use disorder (b) create *opportunities* for an enhanced sense of connection and, if so, (c) *how* is this experienced by participants? The analysis of the rows and columns of the Categories Table as well as the relationships between them (as illustrated through the mind maps) were important in the development of the themes. In analysing these multiple layers, the following themes emerged:

Theme 1. Multiple forms of connection can be afforded through voicework in music therapy

1.1. Connection to inner self
1.2. Connection to self-in-relation-to-others/ environment/activity
1.3. Connection to self-in-addiction
1.4. Connection to self-in-music
1.5. Connectedness

1.6. Connection to others

Theme 2. Music therapy offered multiple opportunities for facilitating connection

2.1 Voicework
2.2 Exploration and dissonance
2.3 Individual facilitation of structure, initiation, and relaxation
2.4 Instrumental improvisation
2.5 Verbal processing and reflections
2.6 Group interaction
2.7 Other arts-based activities

Theme 3. Particular techniques were useful for enhancing connection

3.1 Humming / vocal improvisation

- Connection to self-in-music (experience)
- Connectedness (experience)
- Connection to others (experience)

3.2 Instrumental improvisation

- Connectedness (experience)
- Connection to others (experience)

3.3 Voice as character

- Connection to inner self (experience)

Theme 4. A process of music therapy, centred around voicework, offered participants an experience in which they could reflect on connection and disconnection

Experiences created through the music allowed the participants both to reflect on events and experiences that occurred outside of the sessions and to apply that which had occurred in the sessions to other aspects and areas of their lives. The Reflections sheet of the Categories Table informed the fourth theme. Below I will give a brief explanation of the various subthemes.

4.5.5 Subthemes

The subthemes for Theme 1 were the different forms of connection previously shown in Table 9. In order to better summarise the various opportunities that afforded a sense of connection, I grouped the appropriate opportunities that were related to similar interventions or

opportunities. Table 12 illustrates the subthemes of Theme 2 as groupings of the related opportunities.

Table 12

Grouping of Opportunities into Subthemes of Theme 2

Theme 2: Music therapy offered multiple opportunities for facilitating connection	
Subtheme	**Categories**
Voicework	• Voice as character (opportunity 2) • Breathing (opportunity 3) • Humming/vocal improvisation (opportunity 4) • Sound morphing (opportunity 5)
Exploration and dissonance	• Freedom/exploration (opportunity 6) • Fragmentation/dissonance (opportunity 7)
Individual facilitation of structure, initiation, and relaxation	• Initiation (opportunities 8 and 9) • Structure and pacing (opportunity 10) • Relaxation and holding space (opportunity 11)
Instrumental improvisation	• Instrumental improvisation (opportunity 12)
Verbal sharing	• Verbal sharing/processing (opportunity 13) • COVID-19 (opportunity 17) • 12-step programme (opportunity 18) • Four words activity (opportunity 23)
Group interactions	• Laughter/humour (opportunity 1) • Support/acceptance/encouragement (opportunity 14) • Physical and auditory experience/space (opportunity 15) • Teasing/criticism (opportunity 19) • Group movement (opportunity 20) • Dedication (opportunity 22)
Other Arts-Based activities	• Arts-Based activities (opportunity 21)

The subthemes of Theme 3 related to the most prominent techniques that enhanced various forms of connection. Table 13 below displays a summary of the information from the mind maps. It illustrates the relationships between each form of connection and its most prominent opportunities. The bracketed terms in the table indicate whether the relationship was identified from the Experiences sheet (experience) or the Reflections sheet (reflection). This informed

the subthemes of Theme 3, focussing on the specific techniques that were most prominent in affording opportunities for connection.

Table 13

Summary of Most Prevalent Relationships Between Form of Connection and Opportunities

Theme 3: Particular techniques were useful for enhancing connection	
Form of connection	**Opportunities that facilitated the form of connection**
Connection to inner self	• the voice as a character (experience) • verbal processing (reflection)
Connection to self-in-relation-to-others/environment/activity	• the structure created by the music therapist who explained and guided the activities (experience) • verbal processing (reflection)
Connection to self-in-addiction	• verbal processing (reflection)
Connection to self-in-music	• humming (experience)
Connectedness (WE)	• humming (experience) • instrumental improvisation (experience)
Connection to others	• the structure created by the music therapist who explained and guided the activities (experience) • the instrumental improvisation (experience) • humming (experience) • verbal processing (reflection)

Theme 4 does not have any subthemes as it pertains to the notion of reflection as a whole.

The themes and subthemes are discussed in greater detail in Chapter 5. In that chapter, I expand further on the findings of this study and situate them within the existing literature. I also discuss how these findings contribute to the current body of knowledge and look to the future.

CHAPTER 5: DISCUSSION

In this chapter, I account for and discuss my research findings based on the four main themes, that emerged, namely:

1. Multiple forms of connection were afforded through voicework in music therapy.
2. Music therapy offered multiple opportunities for facilitating connection.
3. Particular techniques were useful for enhancing connection.
4. A music therapy process, centred around voicework, offered participants an experience in which they could reflect on connection and disconnection.

In doing so, I elaborate by drawing upon the subthemes, relevant literature, excerpts from the transcriptions as well as audio examples. In order to add texture to the discussion of the findings, I also situate the excerpts and quotes within their specific context.

As the themes overlap, owing to the nature of the research question and the interrelationships that arose within the Categories Table, I refer to content from Theme 3 within the discussions of Themes 1 and 2. Whilst Theme 1 focusses on the types of connections that were present, I drew on examples of certain opportunities that were facilitated through the music making (as identified in Theme 3) when describing these types of connections. This is to clarify how the connections were observed. In reflecting upon Theme 2, I explain the usefulness of a wide range of techniques for facilitating connection and integrate the elements of Theme 3 when discussing how some techniques were specifically meaningful in this regard. When integrating information from Theme 3, I make use of different colours as illustrated in Table 14. Finally, Theme 4, relating to how the participants reflected both on connection and disconnection, is discussed at the end of the chapter.

Table 14

Colour Key for the Subthemes of Theme 3

Theme 3
Subtheme 1: Humming/vocal improvisation • Connection to self-in-music (experience) • Connectedness (experience) • Connection to others (experience)
Subtheme 2: Instrumental improvisation • Connectedness (experience) • Connection to others (experience)

Subtheme 3: Voice as character

- Connection to inner self (experience)

5.1 Theme 1: Multiple Forms of Connection Were Afforded Through Voicework in Music Therapy

As mentioned in Chapter 2, addiction is often referred to as a disease of separation, with connection being understood by some as the antithesis of addiction (Hari, 2016). Connection, therefore, lay at the centre of this study. The forms of connection that emerged during the music therapy sessions were:

A) Connection to inner self
B) Connection to self-in-relation to others/environment/activity
C) Connection to self-in-addiction
D) Connection to self-in-music
E) Connectedness
F) Connection to others

For each form, aspects of disconnection are evident as well. The presence of both connection and disconnection is notable as disconnection was often the catalyst for participants to reflect on their experiences inside and outside of the sessions.

5.1.1 Connection to Inner Self

Participants often described feeling calm and reflective after the guided relaxations. This could be due to experiences of mindfulness. Guided relaxation in sessions offered experiences of mindfulness through focussing on a specific “object of awareness”. This also included external or internal experiences such as focussing on the sensations of breathing, sounds, or other bodily sensations (Luberto et al., 2020). In this way, participants were able to connect to their inner self through reflection and gaining insight.

Solli et al. (2013) refers to three central factors for recovery from mental illness. The first factor entails being self-determined, or being able to make choices and take back control of your life. For the purpose of this study, this first factor for recovering from mental illness could relate to connection to inner self. The personal nature of recovery requires a person to be connected to their inner self as it is the person in recovery who determines the process of recovery (Slade, 2010).

An activity that particularly afforded participants the opportunity for reflection on their connection to inner self was the activity titled *History of my Voice* which took place in Session 1. In the quote below, one can see how James was able to connect to his inner self through expressing his emotions as well as reflecting on the history of his voice. He used the history of his voice as a metaphor for his own journey from childhood to the point when he started using substances, then ending with his need to find his silent voice again.

> James: Sho, I got very emotional, writing this. I got very emotional because my voice, my voice is, I am who I am because of my voice, you know. So growing up where I've always been this introvert and I had to, make myself an extrovert to fit in so I can't even have, you know, and music helped me a lot to soothe and comfort me. Yeah. And I started, you know, singing to the songs that are aligned on my own, to myself, comfort me. And that's adolescence, right? And I became a teenager, the drinking, the weed smoking. And then there was a new voice that I did not understand what this thing was. And being a tope, I played at that high school, I became very popular. I was very shy. But my first dream just brought out this voice that was loud, fast talking, aggressive, demanded respect, I found my place. And I worked so hard to get that voice in high school. And then as an adult I'm working so hard to get rid of that voice. All I want is my silent voice and go back into my corner because the true self is the introvert. So I've spent almost 20 years being an extrovert that I'm not wanting to, you know, to be then.

The process of connection to inner self is important in creating a level of self-awareness that can aid in the recovery process. As outlined by Narcotics Anonymous (2008), recovery is not just a case of abstinence from a substance, but it is an evolution as one moves towards a better understanding of the self. This was particularly true for a few of the participants as their reflections illustrated a deeper understanding of themselves across the period of study. In the quote above, James refers to wanting to connect to his silent voice. Sokolov (2020) explains that when we connect to and follow our inner voice, we can harness our inherent creativity, thus opening possibilities for transformation and becoming “independent beings” (p.90). The connection to inner self that was facilitated through the music therapy process therefore allowed the participants to explore possibilities of a deeper understanding of the self as a means of enhancing their recovery and regaining control of their lives.

5.1.2 Connection to Self-in-Relation-to-Others/Environment/Activity

In the case of this study, participants were allowed to explore the creation and expression of self within a variety of therapeutic activities. Terry, for example, often found it difficult to engage with the activities or interventions. Many times, she expressed feeling indifferent or apathetic towards a specific activity. In the following example, we read about a verbal interaction between Terry and me, as the therapist, after the drumming circle in Session 2. Terry showed connection to self-in-relation-to-activity (the drumming circle) through knowing why she felt indifferent towards the activity. This sparked a reflection on her experience of always being a composed person. She explained that she did ballet and enjoyed the structure, discipline, and predictability of it.

> Terry: I'm genuinely a very composed person, I'm very structured. Um, ja.
> Therapist: Do you feel like if you move outside of your structure becomes dangerous or what keeps you inside your structure?
> Terry: I prefer being composed. Yeah. Like even if something's wrong or something's wrong, like I know like, um, when I first got into recovery, you had to kind of like identify emotions and people always used to say it was not normal that I, I'm composed, but, um, or this composed like I can't do anything outside of it. But it is something that I was trained to do since I was very small. Yeah. Yeah.

In various sessions, Terry would account for her lack of engagement in the activities as being due to her nature as a composed person. It appeared that experiencing control over herself, her behaviour and her reactions helped her to feel safe and less vulnerable. She therefore decided to rather let herself be composed at all times.

5.1.3 Connection to Self-in-Addiction

This form of connection was found in the data within the Reflections sheet as it pertained to experiences of the participants outside of the sessions. The majority of the participants' reflections regarding addiction entailed feeling disconnected from self. This could be due to the concept of recovery, as outlined by Narcotics Anonymous (2008) above, being understood more as a process of continuous self-growth. Therefore, a person in the process of recovery would regard connection to their internal active addict as disjointed and negative. The 12-step programme calls those in recovery to confront their past behaviours and make amends. During James' reflection on the *History of my Voice*, he recalled all 12 steps. I asked him if he had made amends to himself and he responded stating that he had wronged himself the most, so

he had had to do so. Participants' reflections on the self-in-addiction related most strongly to feelings of disconnection since they live with the memories of how their past self, the self that was in active addiction, caused harm to self and others, resulting in feelings of isolation. As the conversation quoted below shows, James described the substance as a voice he needed to gain confidence and be accepted by others. He explained that he believed he "had" to be in active addiction in order for people to like him. He experienced inner conflict regarding wanting to be liked, accepted, and included, in contrast to wanting to return to his introverted, silent voice (Appendix B: Session 1 transcript). This conversation took place in Session 1 after the *History of my Voice* activity.

> Therapist: No, you're absolutely right. And also, um, how your, the moment that you started drinking and so on, another voice came to play, like you said, that it's almost as if the alcohol gave you this voice that you aspired for.
>
> James: Yeah. And I had to drink only to get the attention because I knew when I drank, you know, um, um, you know, aggressive, loud, fast talking. I get attention. I needed from the girls, from everybody even my friends. I'm the Go-to guy, I'm the one, you know, like from nowhere for me this quiet dude to be running the show, you know? And so, it was like, Oh, okay. So, I'm, um, when I talk, when I express myself, what helps me express myself is the drink. It's the weed when I smoke weed and then I have all these profound things to say and people actually fucking like it…Those guys who used to bully me, when I'm drunk, they listen to me, I'm their buddy, you know? So I had to maintain it.

The *History of my Voice* activity assisted James in being able to reflect on some of the reasons for his substance use. Volkow et al. (2011) explain that social stressors can contribute to SUD. The social stressors for fitting in that James experienced added to his continuous substance use. The reflection on the history of his voice helped him to put his apparent need for substance use into a context that brought him to the desire to reclaim his true voice, possibly motivating him along his recovery process.

5.1.4 Connection to Self-in-Music

Ansdell (1995) explains that many of music's crucial processes are evident within the human body and in the ways humans interact with each other. Human beings are therefore musical beings. As explained in Section 2.7 of the literature review, humans are "fundamentally

rhythmic and tonal beings" (p. 8). Similarly, DeNora (2000) explains that "the sense of self is located in music" (p. 68), and this was evident in the data. As outlined in Chapter 2, music can act as a means for self-reflection, self-expression, and self-exploration (Ansdell, 2014). Connection to self-in-music refers to how the connection to self was facilitated through the music. The connection to self-in-music happened both on a physiological and intrapersonal level. Sokolov (2020) advises her students and clients to notice on all levels what happens when they sing: to take note of what they hear, feel and sense. In the following quotation from Session 2, we see Sean reflecting on feeling the vibrations of the humming in his mouth and being acutely aware of the physical experience of producing the sound.

> Sean: The "ooohh" sound: I guess it's helped me thus far to become more vocal. From the first session to now. In the "ooohh" sound, I realize, I guess muscles in my mouth where I lose control so they can get, when my lips go automatically, they start shaking because I am running out of breath and automatically just shows like unused muscles, which could be a damper to my vocalization of words as well, cause now I'm feeling them. Yeah.

Not only did the humming create a physiological awareness of producing the sound but it also gave him an alternative experience of just being. He later explained that when he allowed his breathing to be more organic and natural, he felt calmer and more contained (see Section 5.2.1).

The following exchange illustrates an interaction between the therapist and some participants after the humming activity ended. In this excerpt, the internal connection to self-in-music is apparent. As explained by Goldman and Goldman (2017), humming has physiological effects that can bring about stress relief, create a sense of calm, and bring "inner balance" (p.13). The music called the participants to be completely present.

> Therapist: Just take a few breaths with your eyes closed (you can softly hear A still humming to herself), and just come back into the present moment when you're ready to open your eyes you can open your eyes. Thoughts?
> Mitch: That was very meditative.
> JB: Very relaxing (T agrees with JB). For the first time there's actually nothing going on in my mind.
> Richard: (group agrees) Ja, same here.

The participants showed a general awareness of their internal state of calm after the humming. Mitch reflected on feeling slightly awkward initially since this was the first time he was engaging

in this activity; but once he saw how comfortable and, in his words, “into it” the other participants were, he was able to fully participate in the activity, which led to a sense of connectedness.

5.1.5 Connectedness

The second factor for recovery mentioned by Solli et al. (2013) is social inclusion and integration, linking to the notion of connectedness as used in this study. Connectedness relates to an experience of being part of a collective. Connectedness was often facilitated through voicework interventions. In the excerpt below, Richard shares his experience of the humming activity in Session 1. He describes how the individual sounds of each participant became one collective sound with its own character. The group agreed with Richard that their respective humming sounds became one unique sound during the session.

> Richard: And not one of us can reproduce the other sound.
> Therapist: Exactly.
> Group: (agreeing and talking with each other) We all become one sound.
> Therapist: Exactly. And that the, the sound together is a sound in itself.
> Richard: It’s unique.

In Session 5, Sean elaborated on this idea of a unified goal by saying, “it's like we're all different yet we're the same, and together even though we're forming our own thing, unitedly it's to a bigger purpose, to a bigger goal” (Appendix G: Session 5 transcript). The experience of contributing equally towards the music allowed participants to experience equality in a way that is not always present in the “outside world”. Social cohesion and a sense of belonging decreases isolation and feelings of shame (Hedigan, 2010). Throughout this study, the humming/vocal improvisation activities created a sense of connectedness, cohesion and social inclusion for the participants. The non-threatening nature of humming, as all people can hum, allowed participants to feel less self-conscious. The ability to be less judgemental of themselves through this group activity made it easier for the participants to feel a profound sense of connectedness, and brought them into another supportive experience for their recovery journey.

5.1.6 Connection to Others

For people with SUD, being in the process of recovery alongside others can be a unifying experience (Anthony, 1993). The experience of mutuality often decreases feelings of isolation; therefore, participating in a treatment programme with others can assist in the recovery

process. This allows people undergoing similar challenges to feel less isolated and, to an extent, normalise their experiences. (Section 5.2.6 highlights an example of mutuality in the study).

The excerpt below shows how connection to others occurred within the music itself. It is from a musical description of the humming/vocal improvisation activity during Session 5. A sense of connection to others allowed participants to find structure and safety in the "known" music of the group and then to individually explore their voices within the vocal improvisation.

> The therapist takes a backseat and invites individuals to take the reins of the music. Various participants explore their vocal range through melody and changing pitch. There is a swaying character to the melody lines and two cycles of synchronous breathing occur. JB introduces a crying-like melody line. The synchronous breathing breaks up a bit as each participant establishes their own rhythm of breathing. The dynamic level of the music dies down as everyone moves from the vowel sounds into a hum. Everyone takes a few deep breaths. There is a moment of silence.

Follow the link below for the musical excerpt of the humming/vocal improvisation of session 5.
https://www.dropbox.com/s/uzgx4f7zd2wqnjl/Humming%20_%20vocal%20improvisation%20session%205.m4a?dl=0

It appeared that it was from a sense of connection to others that participants felt able to explore musically on an individual basis. This only took place once the safety of the connection had been established and participants felt confident to venture away from the known structure and containment of the music.

5.2 Theme 2: Music Therapy Offered Multiple Opportunities for Facilitating Connection

Whilst some examples of techniques/opportunities have been mentioned in the previous section to illustrate the types of connection that emerged in the sessions, here, in Theme 2, the focus is on the broad spectrum of opportunities that were appropriated by the participants for the purposes of connection. As explained in the introduction to this chapter, specific examples from Theme 3 that both refer to techniques and also stand out as being particularly useful for connection (in terms of their frequency and the specific mention that was made by participants about their meaningfulness in this regard) are integrated into the discussion. These examples from Theme 3 are differentiated by the colours shown in Table 14.

Opportunities for connection were both created intentionally by me and occurred organically through the group process. The 23 opportunities that were identified are grouped into eight subthemes. Each category (group of opportunities) is discussed below with examples of the intention behind the creation of the individual categories and how these intentions were realised in the sessions.

5.2.1 Voicework

For the purposes of this study, as mentioned in Section 2.5, voicework is defined as the use of the human voice to achieve well-being and health (Uhlig and Baker, 2011). In this study, voicework afforded participants the opportunity for an enhanced sense of connection to self-in-music, connectedness, and connection to others.

The opportunity offered through the exploration of voice as character occurred in Session 1 within the activity titled *History of my Voice.* I used Sokolov's first activity, titled “History”, to inform this process (Sokolov 2020, p. 8).As I played soft instrumental music in the background to create musical containment for the activity (see Appendix B: Session 1), I gave the participants the following prompts:

- What is your relationship with your voice?
- Where has your voice been put on a stage to perform?
- Who is your inner audience and what have they been telling you?

The voice can be both an internal and an external object. In this sense, it can be both an intimate, internal part of the self and an external “object” that can receive projected meaning. The participants verbally shared their experiences of the *History of my Voice* activity. It allowed them to externalise and project their experiences both of themselves and of their inner worlds onto the meaning they had created about their voices. Externalisation of an inner aspect of the self onto an external object is a technique often used in Analytical Music Therapy (Ahonen-Eerikanen, 2007). This technique is less confrontational than asking the participants to directly share their personal stories with the group. Rather, it allows them to share their stories through the history of their voices as they recall it. The excerpt below is of Richard’s response to the activity.

> Richard: The history of my voice, I don't remember hearing myself until I was six when my dad died, did I cry? My voice must have moved inside. I grew up thinking it was all right. That's what life was all about. Keeping your voice inside. Never letting out. I would scream, I would shout, I would whisper. I

> would laugh, I would talk, I would sing, but no one was listening. Without me making a sound and if there was no one around? I've journeyed through life alone with my voice in my head, feeling judged, rejected, lonely, dead. Before I die, drift and drift away. I pray that someone will hear my voice one day.

Richard's response reflects his feelings of isolation and of not being heard, seen, or appreciated for who he is. In the music therapy sessions, he was able to integrate his experience of his voice with the role his voice has played in his life. The participants did not only use the history of the voice as a projective screen, but they also acknowledged themselves in their voices. So, instead of writing/talking of the voice in the third person, they chose to write/speak of the voice in first person representing a meaningful progression in the context of connection with the self.

Breathing also provided an opportunity for connection. Newham (1999) explains that even though breathing has a physiological function, the quality and the nature of the inhalation and exhalation reveal much about the physical and psychological state of a person. Deep and controlled breathing can counteract anxiety (Clift et al., 2010). Other physiological effects of deep breathing include slowing heart rate, decreasing blood pressure, feeling more focused, feeling relaxed, and being centred (Goldman & Goldman, 2017). During the sessions, I invited participants to take a few deep breaths before and after each activity. This created an opportunity for them to focus and become present. The breathing appeared to facilitate an enhanced sense of connection to self-in-relation-to-others/environment/activity and connectedness. As explained by Feldman et al. (2011), interactional synchrony occurs with biological synchrony. In the case of this study, when the breathing of participants happened in synchrony, this seemed to afford a sense of connectedness within the group.

The humming/vocal improvisation was at the centre of the voicework intervention for this study. It served as a central opportunity for affording connection. We did the humming activity during every session except Session 6[3]. Humming is a natural sound that does not require a specific set of skills or musicality. For this reason, humming is less confrontational than singing as the participants did not have any doubt in their ability to hum. As I introduced the activity during each session, I invited the participants to hum on one note in order for us to try to create a more collective sound. The humming/vocal improvisation did not always facilitate a sense of

[3] Due to changing the focus of the session to coping with the approaching COVID-19 lockdown.

resonance and pleasurable cohesion, however, which was clear in Session 3 when Annie described the humming as distortion:

> Annie: It's like this, you know when you're too close to a speaker. And then the sounds can be distorted. Felt like there's this turbulence. Felt like it's so silent but it gets so much meaning.
> Richard: Yeah. There's a point where everything comes into, like, a vibration sound, yeah.
> Therapist: You mentioned the word distortion. Okay. Explain a bit more why, how you connect that to...
> Annie: Metaphorically??
> Therapist: Or however you meant it. Give us a bit more.
> Annie: So, for me it almost sound like how you, well, were humming and how Richard was humming. We were humming the same thing, but each one of us hit something different and it could be like maybe it was that feeling in our hearts, our minds, everything put together was distorted. It wasn't the same even though we were doing the exact same thing.

As Luethje (2009) explains, when we participate in group humming, we are not only experiencing our own vibrations but also the vibrations of others. Annie's experience of the humming was therefore both physiological (internal) and audible (external); in addition, the intention of each participant appeared to contribute to Annie's experience in her mentioning "maybe it was that feeling in our hearts, our minds". The emotional quality of the humming seemed to add to her experience. Goldman and Goldman (2017) attribute this emotional quality of humming to intention. As Annie mentioned, the "feeling in our hearts, our minds" contributes to how the music is perceived. So, likewise, the resonance and quality of the voice carries meaning (Sokolov, 2020).

Follow the link below for the musical excerpt of the humming/vocal improvisation of session two.
https://www.dropbox.com/s/3fj6as4sarbksgx/Humming_vocal%20improvisation%20session%202.m4a?dl=0

Throughout the humming/vocal improvisation activity in each session, I reminded participants to find their own rhythm of breathing that felt organic and comfortable to them. During the first and second sessions, the participants expressed having some difficulty with finding the rhythm of breathing and humming. After the humming activity in Session 1, Sean explained that he

struggled with feeling that he would “run out of breath” when attempting to align his humming and breathing. In Session 2, he explained that when he allowed the breathing to be more organic (instead of the more structured, collective breathing he had tried to regulate during Session 1), he found his flow of breath and humming to be easier.

The humming activity in the first session contained more dissonance and generated more uncomfortable feelings for participants. It therefore ended abruptly. In comparison, Session 5’s humming activity contained a lot of musical movement and autonomy; as a result, participants felt a sense of connectedness. The humming/vocal improvisation during Session 5 also ended more organically. At that point, the group collectively took a few deep breaths to absorb the experience that had just occurred, with some participants explaining, “wow, that was amazing” after the silence was broken. The distinction between the two experiences in Sessions 1 and 5 could be a reflection of a shift in the group’s stage within the therapeutic process. The first session occurred while the group was still in the initial stage as outlined by Corey et al. (2013) whereas, by the fifth session, the group had begun to shift into a working stage. As mentioned in Section 5.1.6, in Session 5, participants explored with their voices during the humming activity by adding different melodies and other harmonic material. The importance of group stages to the quality of participants’ experiences will be reflected on further within the discussion of Theme 4.

The opportunity of vocal sound morphing took place in Session 3. The aim of the activity was to encourage participants to listen to each other and explore their voices through making different sounds. The first participant made a sound which the second participant was invited to imitate and then add their own sound to extend the sequence. In general, this activity created more feelings of disconnection than connection. After the activity ended, Richard reflected on his belief that people often listen to respond instead of listening to hear. He also explained feeling self-judgment when he made his sounds:

> Richard: Yeah. Like, if you listening to the person talking, but you really going through a response to what they having to say and then responding on that. I also think as it goes around the group you had that anticipation building up. Soon as you pass it on, you feel relaxed. As soon as it starts getting closer, you know, you're like okay now I've got to say something. That expectation and maybe self-judgment like, am I going to make the right sound, am I going to make something silly? You know, are they going to laugh at what I make? Do I make the same noise as somebody else? And

> what's wrong with that? It's like we all try to do something different. But you know, and that created an uncomfortable feeling. It was easy to kind of replicate the same sound somebody else made but then to add your own spin on it was, that's the challenge.

The other participants reflected on feeling uncomfortable when copying the sound of another participant. They also explained feeling relieved after their turn was over. I was curious about the responses of the participants when they expressed their feeling that their voices had been put on “display”. This more individual level of display seemed intimidating and uncomfortable in comparison to the collective experience of the humming/vocal improvisation. It was interesting to note the discomfort of the participants, even though they never laughed at each other, but rather with each other. It seemed like the collective participation in voicework was less threatening than the individual experience of the sound morphing activity. Sokolov (2020) explains that we stop “singing” because we do not want to disrupt the norm; we rather stay quiet. People fear being judged. For this reason, the collectiveness of the humming, and the nature of humming being a very natural sound that most people can make, allowed for less self-judgement and greater participation.

5.2.2 Exploration and Dissonance

During the first two sessions, the dissonance in the humming/vocal improvisation seemed uncomfortable for the participants. From Session 3 onwards, the dissonance in the music seemed more comfortable. When considering how to analyse relational interaction in musical excerpts, Pavlicevic (2004) explains that there is more at play than musical talent, spatial awareness, self-esteem, or the gross motor dexterity of the participants. Communicative musicality and the interactional synchrony of the individuals contribute to the music-making experience and create a sense of connectedness (Pavlicevic, 2004). It could therefore be argued that interactional synchrony offered a sense of comfort and connectedness in the group.

5.2.3 Individual Facilitation of Structure, Initiation, and Relaxation

This subtheme consisted of initiation by the therapist, initiation by the client/participant, structure and pacing, and relaxation/holding space. These categories were grouped together because the various opportunities relied on a single person to facilitate them.

Dickinson et al. (2017) explain that a music therapist needs to “lead the session, structure assignments and offer exercises” (p. 95). When I structured the activities clearly by offering direction and initiating musical change, this appeared to create opportunity for connection to self-in-relation-to-activity for each specific activity. Bruscia (2014) explained that the directiveness of the therapist can relate to deciding which methods to use, providing music, and managing the sessions. This was true for this study as I created a sense of familiarity and safety within the therapeutic space by explaining the activities. Some of the codes related to this subtheme included “MT explains activity”, “MT offers suggestions for musical structure when group is unsure”, and “MT leads group for final beat”. In Session 1, I briefly explained the drumming circle; however, there was confusion. After I explained the activity a second time, the music had a greater sense of flow. The explanations allowed for containment as observed through the musical flow and, to an extent, for predictability, enabling participants to know what would happen next. I tried to explain the sequence and the logistics of each activity without imposing the outcome of the activity. This study showed that structure, facilitated by the music therapist, allows participants to feel a sense of containment, familiarity and ease in order to fully participate in the activities, which in turn creates more opportunities for connection.

As mentioned in Section 5.1.1, guided relaxations during some of the sessions afforded participants a sense of connection to inner self. This can be a tool to achieve mindfulness and to provide a state of relaxation. Guided relaxation can also increase emotional and physical well-being (Pizzoli et al., 2020). Through the guided relaxations, I aimed to give participants the opportunity to self-regulate and look inward, creating connection to the inner self. Before the humming/vocal improvisation of Session 2, I facilitated a guided relaxation as I could sense that the participants were distracted. Martin indicated that he still felt distracted after the guided relaxation and the humming/vocal improvisation, however, as he remembered that his mobile phone was with him and it was not on silent. This distraction caused disconnection from self-in-relation-to-activity. His sharing of feeling distracted allowed the group to reflect on their own sense of distraction at times and the self-talk that occurs when one feels distracted. We moved from the conversation into a drumming improvisation in an effort to use an active tool to “let go” of the distractions and to become more aware of the present moment. The following section addresses how instrumental improvisation can aid in creating connection to self and to others.

5.2.4 Instrumental Improvisation

Most of the instrumental improvisations occurred during the drumming circle, which was the opening activity of each session. Winkelman (2003) states that drumming can be an effective technique for treatment of addiction as it creates a sense of connection to self and others. Group drumming decreases isolation as it fosters connection (Aldridge & Fachner, 2010; Hohmann et al., 2017). Another activity that can be used particularly to foster connection is call-and-response, as it requires participants to listen to and engage with each other. During the sessions, this activity was referred to as “mirroring on the drums”. Winkelman (2003) explains that drumming affords group members the experience of “fitting in”. He also describes how drumming “induces relaxation and produces natural pleasurable experiences, enhanced awareness of preconscious dynamics, a release of emotional trauma, and reintegration of self” (p. 650). Therefore, I opened each session with a drumming circle. Owing to the pleasurable experience, relaxation, and enhanced awareness that this activity afforded, it also created a sense of connectedness. Below is an excerpt from Session 5; it is during the period after the drumming circle. This drumming circle differed slightly from the previous sessions as it was divided into two sections. We did the mirroring activity first, and that was followed by an open improvisation where participants were encouraged to freely improvise along with the other group members.

> Therapist: And? Experiences?
> Mitch: Wow, that was great.
> Richard: Vibration.
> JB: I felt it was calming and relaxing. I forgot about all of my problems.
> Mitch: It resonates, Yeah.
> Sean: I felt rhythm.
> Richard” [inaudible] It was like an escalation of power and energy and ja. (group agrees)
> JB: Pulse
> Therapist: Pulse yes. And when we, uhm, how did the first part of the exercise feel different to the second one, when we first just like mirrored back and when we each did our own thing, but it made a unit.
> Sean: Yeah, it's like we're all different yet we're the same and together even though we're forming our own thing, unitedly it's to a bigger purpose, to a bigger goal. So, it's kind of like from a rhythm you got a beat.
> Mitch: [inaudible] Ja. It created like a constant rhythm ja.

The collective experience and the connection to others was clear here through participants' agreeing with each other and speaking about feelings of unity. In a study conducted by Hedigan (2010), participants also stated that during their weekly music therapy sessions they felt connected to the other members of the group. Rhythm in particular can serve as a platform on which connection is built (Tarr et al., 2014); hence the value of participating in a drumming circle.

In addition to the drumming circles, we also did an instrumental improvisation in Session 4 during which I encouraged the participants to play an instrument that they had chosen and connected with. The participants reflected on their chosen instruments and the manner in which they played these. They used their chosen instruments as symbols to represent themselves. The technique of symbolism is often used in therapy. Symbols comprise both a concrete quality and an abstract meaning. Musicking also offers both a concrete event (music making) and allows for abstract meaning making (Leite, 2003). This improvisation afforded an opportunity for participants to reflect on their connection to self-in-relation-to-instrument and created a sense of support between participants. Annie, for example, chose the bells tied to an elastic band covered in fabric (Figure 5). She explained that she felt as if she was about to snap at any moment.

Figure 5

Bells on an Elastic Band

Once the music stopped and we had taken a few deep breaths, I asked Annie why she had chosen this specific instrument; she responded by stating,

> So, the circle is just because it's, it's infinite. And um, [Inaudible] and like the hooks are attached to it and I feel like each one is a cry for like a different type of help, all the time. And the hair band like stretches you and pulls you all the time. But there's just so much you can take before you snap.

Annie and I reflected on the manner in which she played (Appendix F: Session 4 transcription) to explore further the internal resources she could draw on so as not to "snap". Richard offered support through expanding on Annie's symbol of a snapping band. As highlighted in the excerpt from Session 4 below, he explored the idea of moving with smaller steps towards one's goals instead of jumping to where you want to be and, possibly, snapping as a result.

> Richard: I did a process once where they explained that kind of analogy where you've got an elastic band, you're here (gestures with hands) and you want to be here. If you take it and your stretch to there, it will snap. But if you take it just as far as you can and hold it there and move that closer (makes small gestures of moving a small step at a time) you will eventually get to where you want to go, without snapping. So, it's just those baby steps and not putting too much pressure on yourself otherwise you do snap, but as long as you are moving forward bit by bit.

As O'Bannon & McFadden (2008) noted, when participants reflect together in a group, it can allow for new perspectives to emerge. In Theme 4, I discuss further the possibilities of group reflection and how it was found to be important within this study.

5.2.5 Verbal Processing and Reflections

At the end of each session, I asked the participants to give four words to describe the session. The purpose of this was to assist the participants in summarising and bringing the session to a close, as well as to provide material for the focus group.

Within both the Experiences and Reflections analysis sheets, the category "verbal processing" contained data related to moments of reflection about the participants' experiences both within and outside of the music therapy sessions. The majority of the verbal processing and reflection was prompted by an activity where participants were able to explore their inner worlds in greater depth and make sense of their experiences. Verbal processing during music therapy sessions affords participants the opportunity to make personal connections between the activities that take place during the session and their individual life experiences (Pitts &

Silverman, 2015). An example of verbally processing an activity is seen in Session 1 with the *History of my Voice* activity. Another example can be seen in Section 5.2.4 where Annie reflected on her chosen instrument. The verbal processing of her chosen instrument, as a symbol, afforded the opportunity for reflecting on real life experiences. The participants in Hedigan's (2010) study stated that the verbal processing of the music revealed that they had a lot in common with each other, adding to their feelings of connection and mutuality. The participants in this study often expressed agreement with each other's comments, similarly adding to their experience of mutuality.

Some of the reflections that did not result from an activity included those about the 12-step programme (see Section 5.1.3) and the approaching COVID-19 lockdown. Session 6 was dedicated to coping with the lockdown. I asked the participants to write down what they thought they might need in order to cope with the COVID-19 lockdown. After each participant shared their "survival guide", we proceeded to make a poster with contributions of all participants (see Figure 6).

Figure 6

Poster Depicting How to Survive the COVID-19 Lockdown

The participants drew a comparison between (1) lockdown and isolation, and (2) freedom and what they need to survive lockdown. This informed their poster which displayed the need for freedom, both on an internal and an external level. In order for the participants to feel free, they stated that they needed support, connection, positivity, self-worth, laughter, humour and some form of productivity. As the participants worked on the poster together, it was evident

that the group's interactions played an important role in the process. The process of working together created a sense of mutuality and teamwork which led to a feeling of connectedness.

5.2.6 Group Interaction

Positive events and general well-being are integral to the recovery process (Solli et al., 2013). One of the main group interactions was laughter and humour. The participants often shared in laughter together. During the focus group, we discussed how laughter and humour can facilitate connection. Terry reflected on her difficulty in connecting to people on a deep level although she enjoyed spending time with people having fun, laughing, and connecting on a more superficial level. Richard explained that laughter and humour can be the "foot in the door" towards connection as illustrated in the excerpt from the focus group discussion below. Once people have laughed and cried together, they can explore the deeper reason for their laughing and crying together.

> Therapist: Okay, okay. Yeah. Connection. I think what is quite evident, and you guys can agree or disagree, or we can, we can find a nice way to—to put it, but connection isn't just super deep. That's what I'm kind of—what I'm— What I'm getting from today is connection doesn't have to be speaking about my deepest, darkest fears (T agrees saying "yeah" and nodding her head) and everything, but connection can be humour and giving each other grief and—
>
> Richard: That's the way in; a foot in the door and, kind of, be like now that we've laughed and cried, let's talk about what it is that's making us cry or that's making us laugh.

Kurtz and Algoe (2015) explain that the "contagiousness of laughter is thought to rest on the mirror neuron system" (p. 576), which is also responsible in part for the experience of empathy. This resonates with what Richard was explaining: empathy and connection can be achieved through humour. Kurtz and Algoe (2015) also state that laughter is more likely to happen between individuals who are relationally closer. This was also evident in the findings of this study as laughter often occurred within smaller groups in the music therapy sessions. Terry, Richard, and Sean expressed in the focus group that the three of them were a close-knit group. Therefore, when looking at the transcripts, it is evident, and it makes sense, that there are more humorous interactions between the three of them. Laughter has the potential to create a sense of connection to others as it offers opportunity for individuals to engage spontaneously in a shared experience of humour.

Sometimes the humorous interactions also included teasing and criticism. Richard and Sean occasionally participated in “playful” teasing. This often created disconnection between participants, especially when the teasing occurred over something a participant did or shared from a place of vulnerability. There was a duality of teasing and criticism, and support and encouragement, present within the relationships and connection between the participants.

Apart from laughter and humour, the participants also engaged in support/acceptance/encouragement of each other. Participants expressed feeling supported both within the music and in general, such as during conversations that took place in the sessions. Richard, for example, reflected on feeling supported during the humming/vocal improvisation activity in Session 1:

> Richard: I think it's also easy to find rhythm when somebody else carries it for you while you're still finding yours.
> Therapist: Yes.
> Richard: Somebody else's carrying that, that beat or that rhythm so you can take a breath and catch up with the beat.
> Therapist: Knowing that there's someone else that's keeping the flow going.

We were able to reflect on the significance of the feeling that even if one person took a break within the improvisation, someone else would keep the flow of the music going. Through this activity, Richard was able to gain an alternative experience of feeling supported.

JB also encouraged Annie when she was unsure of what to play during her journey of *the Recovery Soundscape* in Session 5. JB used the words “no judgement” during her encouragement which could possibly have given Annie the freedom to play whatever came to her mind. The excerpt below is a snippet from a musical description in Session 5.

> The therapist asks Annie what her journey would sound like. Annie says she doesn't know. JB encourages Annie to just close her eyes and play whatever comes up, no judgement. Annie taps on the drum with her fingers and then increase her movement. The group immediately follows.

Both the examples of Richard and JB show how the music afforded opportunities for participants to feel support and to support others, which I speculate may have facilitated a sense of connection to others.

Support and encouragement also occurred outside of the music during the sessions. During Session 6, for example, we discussed what each participant would need to cope with the COVID-19 pandemic. As the other participants were sharing, JB, who joined our group for Sessions 5 and 6, initially showed some resistance to sharing her list of points for how to survive the COVID-19 lockdown; but in the end, she shared what she wrote. JB explained that her needs were not limited to the next 21 days of lockdown, but to life in general. In the quotation below from Session 6, Richard showed empathy and understanding towards JB's experience of being new in the house.

> Richard: Yeah. What you just said, about support you know, support you don't know in what way, but just by sharing it, finding out what your triggers are, and where I can help. And where I can step in when you're enjoying things, and when I can support you when you're not enjoying things. And honestly I think it's, you know, I mean it's difficult for all of us, but I think you especially, because you're new in the house, so you come into a new place and suddenly you're on lockdown for three weeks. It's like, you know, there's no escape for a little bit, you know. So, whereas we've been in here for a while. We've come and gone, and we settled in, you know, you've basically come in and been locked in. So, I think it's, yeah, it's important for us or to support ourselves. But I think especially for the newcomer to make this a good experience for you and purposeful and therapeutic and helpful one.

It is notable that active music is not the only part of the sound of a music therapy session; the auditory landscape of the environment also plays a role in how the session is experienced. The category "physical and auditory space/experience" related to the way in which the participants experienced the sound of the environment itself. Terry explained that she was sensitive to sound and easily became distracted by a ticking clock or a miniscule noise. She also described the drumming during Sessions 1–3 as loud; however, in Session 5, she explained that she had become used to the "loudness" of the sessions and it did not bother her anymore. Her ability to adapt over time could be related to the familiarity of the dynamics of the drumming. In Section 5.1.2, Terry had described herself as a composed person. Therefore, the familiarity and predictability of the dynamic levels could have contributed to her feeling more at ease towards the end of the therapeutic process.

I also included active group movement in the sessions. Physical movement is often a part of music making (e.g., hitting a drum, swaying while humming) and this was present to an extent in all of the sessions. During Session 6 for example, I invited the participants to dance to a

well-known song. Only Richard and JB joined the dancing; Sean and Terry worked on their lists for coping with COVID-19. Since the atmosphere of the session thus far had been quite heavy and JB seemed quite tense, I decided to invite the participants to move, as movement can allow for enhanced positive social sentiments towards each other (Tarr et al., 2014). Terry did not join us in dancing despite her being a dancer. She explained that dancing "freaks her out". This links with her feeling disconnected to self-in-relation-to-others through possibly feeling exposed.

At the beginning of Session 5, I asked the participants to dedicate the session to anyone. As we were entering into the period of uncertainty and isolation prior to the COVID-19 lockdown, I felt it would be beneficial for the participants to feel connected to their larger community/world during a time of collective distress. The need to feel connected to a greater community creates some sense of security in a time of uncertainty. Some participants dedicated the session to their families, those still in active addiction, healthcare workers dealing with the pandemic, at-risk people during the pandemic, other participants in the session, and people in recovery. This dedication set the tone for the session as it allowed participants to focus their attention on others and how, as a collective, we can keep others in mind.

5.2.7 Other Arts-Based Activities

I decided to incorporate other art-making activities in the focus group, offering participants the opportunity to further explore and reflect upon the use of another art form. As planned for the focus groups, I used the four words provided by the participants at the end of each session to map out the words in the room (see Appendices I and J). After discussing which words the participants were drawn to and which words they wanted to avoid, I asked them to make a representation of the words out of clay. This allowed them to explore the words in a more sensory manner, creating space for deeper reflection as they were able to change the shapes/representations they made from clay as they reflected.

5.3 Theme 4: A Music Therapy Process, Centred Around Voicework, Offered Participants an Experience in Which they could Reflect on Connection and Disconnection

As I was analysing the data, I realised the need for a sheet in the Excel workbook that allowed for data oriented around reflections from participants. These reflections included experiences and thoughts related to events outside of the music therapy sessions as well as insights that

were brought about by the activities during the sessions. This formed the basis of the final theme. As opposed to Theme 3, which relates to the Experiences sheet, the data here was not categorised into moments of connection and disconnection, but rather, was categorised according to how participants reflected on the concepts of connection and disconnection. The activities within the music therapy sessions had created a space for such a reflection to take place.

Music therapy can be defined as the clinical use of music with patients/clients with social, physical, educational, or psychological needs. Music therapy is used to increase the quality of life of clients (Wigram et al., 2002). The purpose of therapy is to alleviate symptoms and/or effect change. In *Where music helps,* Stige (2010) explains that the group can be a medium for help. He continues by saying that "when a supportive environment is established…group members become free to express their thoughts and emotions with others who share a similar reality and experiences" (p. 80). This was the case within the current study. The participants shared similar experiences and realities through all being in recovery from an SUD. They were able to reflect on their shared and individual experiences because of the supportive nature of the group. The participants were also able to develop, learn and change by witnessing each other in the group. The aims of a music therapy process may be to reduce symptoms, effect change and empower clients by creating critical awareness (Bruscia, 2014). The structure of the group (see Section 5.2.3) afforded the participants the opportunity to increase both their self-awareness and their awareness of others through constructive musical and verbal dialogues leading to reflection and some amount of personal change.

As outlined by O'Bannon and McFadden (2008), reflection allows a participant to extract meaning from an activity or past experience. Refection does not just serve the purpose of integration and meaning making, but when participants share their past experiences and knowledge, this acts as a form of self-validation. As outlined earlier in the quotation in Section 5.2.6, Richard's support validated both JB's experience and his own knowledge as he was able to share this with her. It was through engaging in reflection that the participants were able to make meaning of both their experiences inside and outside of the sessions.

As outlined by Merriam and Bierema (2013), at the centre of adult learning is "engaging in, reflecting upon, and making meaning of our experiences, whether these experiences are primarily physical, emotional, cognitive, social, or spiritual" (p.104). Reflections of external and past experiences often occur after an activity or intervention which aligns with adult learning theory. This reflection of past experiences after an activity can be seen in Sean's reflection on not conforming to society's expectations (Session 4).

> Sean: Well, when I feel peace, I surrender. I understand that I don't have to conform to everything society expects of me…I think I stopped to breathe and feel. I started to have peace and love and have mercy for myself, I'm able to just step back, alter the chaos of my mind. I see it's in front of me, I think it's what I want. And then learning to accepted it and let it be. If it's not, I have to reflect and do what's best for me. Because I can only be content once I'm truly free. (group nodding at S, acknowledging what he shared)

Sean's offered his reflection after we did an activity where each participant was asked to choose words from a pile of words that they most related to. Sean's words were "peace" and "surrender". The various opportunities used to facilitate connection also afforded space for reflection and integration of abstract concepts learnt from the sessions into the daily lives of the participants. This makes them useful tools for supporting the participants' recovery journey whether in sessions with a therapist or in regular situations.

5.4 Reflexivity of the Researcher/Therapist

The duality of being both the therapist and the researcher did not come without its challenges. Not only was I the researcher and the music therapist but also a full human being entering the space with my own interpretation and understanding of the world. As this study was based in a transactional epistemology, I was keenly aware of my inability to remove myself, the observer, from what I was observing (as a researcher and as a music therapist). I therefore needed to process my own feelings, observations, and personal experiences of the sessions and the participants. I did this through supervision, journaling, music making and other arts-based processes (Figure 7 below).

As I have embarked on my journey of becoming a therapist, I have always been vividly aware of this involving working with real people, with real challenges, and real lives. The people who participated in my study were not merely participants, but were individuals who brought their full selves into the study. As I was reflecting on my relationship to these participants, I created an art installation. I tried to construct the interconnectedness of our relationships and how this matrix of connectivity acted as the framework within which both the therapy and the research took place.

Figure 7

Creative Illustration of Relationship Between Myself and the Research Participants

I contemplated the purpose of the sessions, the research, as well as how these all fitted together. The shredded pieces of paper represented the personal story, history, lived experiences outside the sessions, and experiences in the sessions of each participant, and myself. The string and ribbon represented the connections that were present prior to the music therapy sessions: for example, the relationships between participants, their relationships to music, my relationship to music, my relationship to and understanding of SUD and more. I realised, after reflecting on my installation, that I could acknowledge all of this and still be an observer: not drawing conclusions out of thin air, but accounting for that which I had witnessed, having my personal viewpoint, and being aware of how that might impact my observations. This assisted me in transcribing, coding, and analysing the data with less criticism of myself as the therapist and without wanting to draw conclusions during the data preparation stage.

The findings from this study have relevance both to the field of SUD recovery as well as that of voicework and are likely to contribute to therapeutic decisions around the use of this specific area of music therapy for persons overcoming an SUD. Chapter 6 presents a summary of the findings and the limitations experienced within the study as well as recommendations for future research.

CHAPTER 6: CONCLUSION

The purpose of this qualitative study was to explore the significance of voicework in music therapy in the context of substance abuse rehabilitation. I investigated how music therapy, centred around voicework, could offer people who are in rehabilitation for SUD an enhanced sense of connection. The data for this study were collected from six music therapy sessions and one focus group. After writing verbatim transcriptions and thick descriptions, I made use of thematic analysis for discerning the themes in the data. In this chapter I offer a short summary of the findings, discuss the limitations of the study, and give recommendations for future research.

6.1 Summary of the findings

Four main themes were developed: (1) multiple forms of connection were afforded through voicework in music therapy; (2) music therapy offered multiple opportunities for facilitating connection; (3) particular techniques were useful for enhancing connection; and finally (4) a music therapy process, centred around voicework, offered participants an experience in which they could reflect on connection and disconnection.

As outlined in Theme 1, the voicework in the music therapy sessions afforded participants multiple forms of connection such as : (a) connection to inner self, (b) connection to self-in-relation-to-others/environment/activity, (c) connection to self-in-addiction, (d) connection to self-in-music, (e) connectedness, and (f) connection to others. Voicework is experienced on both an internal level (feeling the vibrations of the sound production within the body) and an external level (hearing the sound produced by yourself and others). Thus, the group music therapy sessions not only afforded connection to others (connectedness and connection to others), but also connection to the self (connection to inner self, connection to self-in-relation-to-others/environment/activity, connection to self-in-addiction and connection to self-in-music). This dual internal and external experience of voicework allowed for both inward (connection to the self) and outward (connection to others) connection.

There were various opportunities that facilitated connection throughout the music therapy sessions. These included: (i) voicework; (ii) exploration and dissonance; (iii) individual facilitation of structure, initiation, and relaxation; (iv) instrumental improvisation; (v) verbal processing and reflection; (vi) group interactions, and (vii) other arts-based activities. These opportunities included specific music therapy activities such as the voicework and instrumental improvisation as well as more indirect opportunities such as group interactions. The indirect opportunities occurred organically within the sessions and were not specifically planned. The

more direct opportunities, such as the music therapy interventions and other arts-based activities, were planned beforehand and I consciously facilitated them. Of these direct planned opportunities, the following techniques were particularly useful for enhancing connection: humming/vocal improvisation, instrumental improvisation, and voice as character. The humming/vocal improvisation afforded participants the opportunity for connection to self-in-music, connectedness and connection to others. Even though the music therapy sessions were centred around voicework, instrumental improvisation was included in the sessions. In this study, connection to others was often facilitated through instrumental improvisations. The instrumental improvisations created opportunity for participants to pay attention to each other, especially through the call-and-response activity of the drumming circle. The participants were attentive towards each other's playing, and this created a sense of inclusion, of being heard and of feeling acknowledged.

Participants were able to reflect on their experiences of connection and disconnection both during the sessions and outside of the sessions. They could integrate the experiences within the sessions with insights gained through verbal processing within the group. It is hoped that this integration of insight will allow for growth and change outside the therapy sessions.

6.2 Limitations

There were various limitations to this study. The COVID-19 pandemic lockdown resulted in a reduction of the data collection period to three weeks instead of the planned six weeks. Along with this shortening of the data collection period, the fear and uncertainty created by the pandemic and lockdown generated the need to include some additional verbal processing as well as voicework in Session 6, as participants elected to discuss their needs and fears about how to cope with the lockdown. Participants were, however, able to experience support and connection to each other as they created a poster about how to cope with lockdown.

The fact that some participants joined at a later stage in the process and some participants did not attend all the sessions had a negative impact on the overall therapeutic process. That the participants all lived together both aided the group process (as the participants knew each other prior to joining the music therapy group) and challenged it (because of the creation of smaller sub-groups within the larger group during the sessions).

Qualitative studies often involve smaller sample sizes than quantitative studies owing to the nature of the techniques to be used and the interests of the researcher in probing deeply into the occurrence and meaning of the phenomena of interest. As such, smaller sample sizes are

often seen as more beneficial in terms of the depth of analysis that can be possible (Collins, et al., 2007). Since, in this study, the sample size was small and only a single therapeutic process was conducted, the generalisability of the results to the entire client group of people in recovery from SUD is limited. In addition, the limitations of the small sample size make the findings more context specific. Nevertheless, the study revealed a wide array of relationships that music therapy can initiate and has illustrated that voicework can be a very useful and enjoyable addition to an existing treatment programme at a halfway house.

Along with the sample size another limitation to this study was the lack of attention to the specific ethnic, cultural, age and gender of the participants. This could have brought to light additional information regarding the use of voicework for those in recovery of SUD.

The dual role of researcher and therapist posed some challenges such as making clinical decisions within the session structures while knowing that it might have an impact on the data; on the other hand, as researcher, I was able to make observations within the data because of knowledge I had from being the therapist. It did, however, contribute to meaningful experiences and observations, as I was a part of the sessions. I do believe that it would have been beneficial to code and analyse my process of reflexivity and probe any shifts in perspective form researcher to therapist that were prompted by participants' responses during activities, as it would have added another layer of complexity to the findings.

Finally, the relationship between the quality and ethics of qualitative research is often complex (Flick, 2018). The rigour of the analysis might leave participants feeling that their deepest struggles and hardships have been deeply analysed when they read the findings leading the participants to possibly feel slightly exposed. Due to the COVID-19 lockdown, the planned member checking was unable to take place. If the study had made use of member checking, it would have eliminated the fear of participants' feeling exposed as participants would have been given the agency to request specific information be left out or written in a more discrete way.

6.3 Recommendations for future research

In this study, only six of the twelve planned number of sessions were conducted due to the limitations explained above. It would be beneficial to conduct longer-term processes that could entail deeper exploration of voicework.

I would also recommend that multiple groups making use of the same interventions/activities be studied. If researchers can have more groups being studied at various halfway houses, it would allow for a broader scope of experiences of the interventions/activities.

Furthermore, I would recommend focus groups or interviews be held at the end of the therapeutic process in order to get a deeper understanding of the experiences of the participants. The reflections after a completed therapeutic process would add another valuable layer of complexity to the data.

6.4 Closing thoughts

Connection is a basic human need (Seppala, et al., 2013) and in a time of social distancing and isolation we have become even more aware of the impact of healthy connection to others and ourselves. Persons who are in recovery from SUD have a heightened disposition to self-isolating, therefore the notion of creating opportunities for connection is significant. Music therapy, particularly with a focus on voicework, offers a means for enhancing connection to self and others. This study has contributed to an ongoing conversation about the value of music therapy within substance use rehabilitation services. SUD recovery is a journey of self-discovery which voicework can contribute to.

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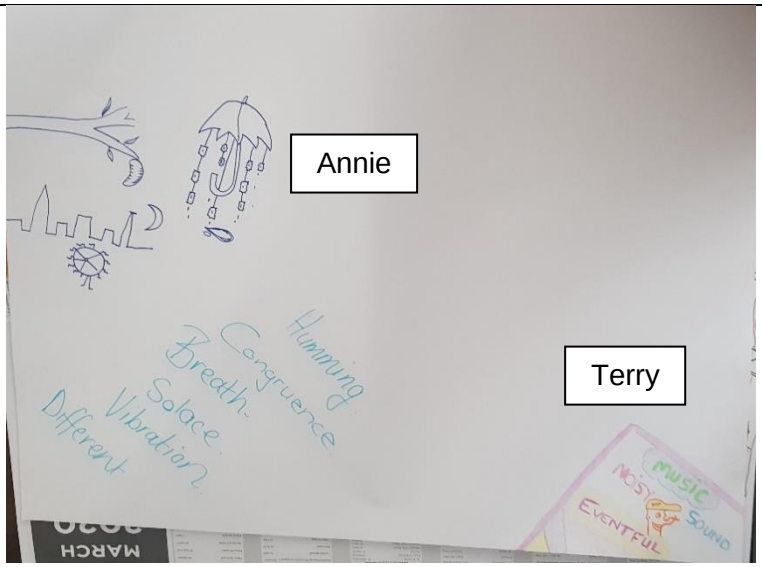
APPENDICES

Appendix A: Session Outlines

Table 1

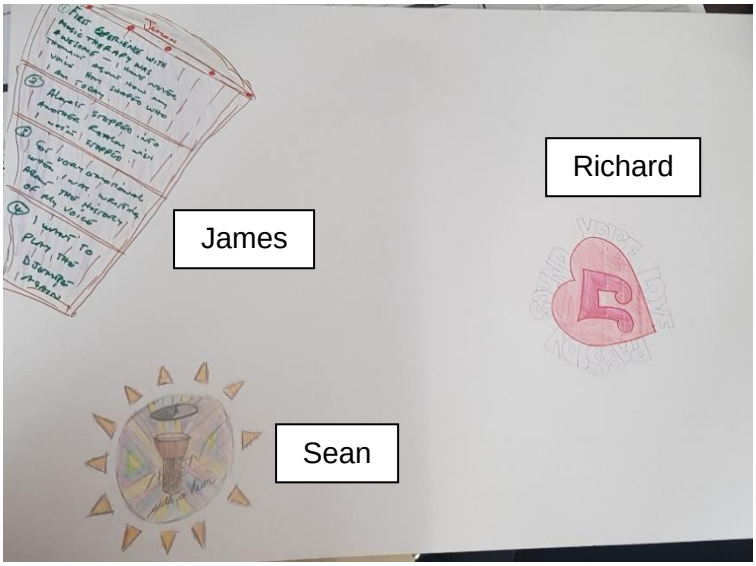
Session 1 Outline

Date	03 March 2020
Duration	1.5 hours
Participants	James, Richard, Terry, Sean, Annie
Pre-talk	The session started with a quick check-in regarding the consent form to ensure that everyone fully understood the form.
Activity 1	Drumming circle I asked the participants to mirror each other's beat on the djembes as we went around the circle. During this activity, I had to stop and explain the activity a few times as this was the first time most of them had participated in something like this. The participants struggled to meet each other musically. There was a short conversation about how the different drums have different sounds. James explained how he enjoyed drumming and how it felt like a heartbeat.
Activity 2	Breathing and humming I introduced a note on which the entire group hummed in unison. The aim of the activity was for each participant to find their own rhythm while breathing, humming and listening to each other. James stopped much later than the rest of the group and explained that he felt like he was going into a trance. The humming made him think of meditation. Richard experienced joy and pleasure in the collective vibrations of the group humming. The group also discussed how it felt like the music was synchronising and that at times some of the participants lost their sense of self and became one with the sound.
Activity 3	History of my voice During this activity I asked the participants to write the history/story of their voice. This was left quite open as to not impose any ideas on to the participants. I played soft instrumental music in the background while the participants were writing. The group displayed some discomfort with writing the story of their voices. Some of the participants found this to be a very emotional exercise as they've "never been asked to do something like this". Themes of needing to alter their voices to fit in as well as substance itself having a voice appeared in our discussion afterwards. Participants also reflected on how their inner audiences have influenced their decision making in life.
Activity 4	Creative reflection Each participant had the opportunity to creatively express their reflections of the session on the page. See pictures below. **Figure ???** *Session 1 - creative process drawn by participants*



Figure???

Session 1 - creative process drawn by participants



Activity 5	<u>4 words</u> Solace Breathe Congruence Humming Vibration Different
Activity 6	<u>Words representing how you feel right now</u> Relaxed Chilled Good Introspective Indifference

Table 2

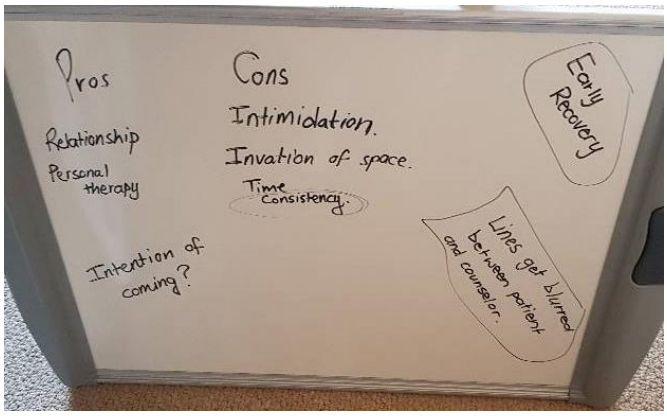
Session 2 Outline

Date	05 March 2020
Duration	1 hour
Participants	Richard, Terry, Sean, Martin
Activity 1	Drumming circle During this drumming circle, I invited the participants to add their voice, making a vocal sound that represents how they feel. The music seems to move between cohesiveness and irregularity. There are still moments where the participants struggle to find each other musically. The group reflects on how, for some, drumming completely takes them out of their comfort zones. Some express judging themselves, but then feeling relieved when the group is able to mirror their beat. One participant explains that he finds it easier to get the rhythm if he looks at the person's hands while they play. The participants reflect on how being in the moment is sometimes difficult. While the participants reflect, I sense some tension in the group and decide to do a mindfulness body check-in.
Activity 2	Mindfulness body check-in I put on some gentle instrumental music and ask the participants to close their eyes, if they feel comfortable, and just concentrate on their breathing. While they concentrate on their breathing, I lead them in a guided relaxation. Inviting them to release any tension in their bodies. As the music comes to an end, I invite the group to join in a humming improvisation as we did in the previous session.
Activity 3	Breathing and humming The group took a collective breath before starting and the synchronous breathing seemed to stay like this for a few cycles. I started talking and the music stopped. I encouraged the group to continue while I spoke. I invited the group to move from humming to an "oohh" sound. This led to an increase in the volume of the music and the group fell back into a synchronous breathing pattern. There was slight dissonance in the sound as the intonation of the different participants differed slightly. This seemed to create some tension and some participants decided to start humming again instead. The rest of the group followed, and the sound came to an organic stop. Some participants reflected on the difference between the humming and vowel sounds and their ability to find a rhythm in their breathing. Others reflected on feeling distracted while the activity was taking place. We further explored the theme of distractions.
Activity 4	Drumming and vocal improvisation We all started with a basic beat and I invited the participants to keep the steady beat. Once it felt regular and steady, I added a two-note melodic motif and invited the group to join in. The group joined in and we kept the melodic line and the basic beat going. Once I introduced change in the melodic motif and asked half of the group to maintain the original motif, the music seemed to become disjointed and irregular. We all fell back into the original motif and beat and the music came to an end. The group reflected on distractions and how not knowing what to do made it difficult. There was still a sense of tension in the group.
Activity 5	Letting go – drumming Since I sensed tension in the group, we briefly discussed letting go and trying to be fully present in the moment. We all grabbed a drum and just started drumming together on a basic beat. I invited the participants to channel all their frustrations into the drum and allow their voices to express some of it as well. I let out a scream and invited the participants to do the same. Martin left the session due to someone being at the gate. They reflected afterwards that, for some reason, they are just unable to "let it go" in such an embodied way. We reflected on what we have been taught in the past, and how we have been told to "shut up" by those around us.
Activity 6	Free writing After the discussion that followed the 'letting go', I invited the group to just write down whatever came to mind, in the moment. As the participants were writing, I put some gentle music on in the background. Richard started to cry, so as the music faded out, I picked up my guitar and we start singing an improvised song.
Activity 7	Improvised song (I am held)

	The lyrics to the song were: I am held I am free I can see what I have I am held I am free Don't you see? I invited the group to sing along if they felt comfortable and Sean sang along with conviction. As we sang, Richard sat with his head facing downward. We sang through the song a few times. We changed the lyrics slightly to "I can see how far I've come." We ended the session with a brief check-in and Richard left the room.
Activity 8	<u>4 words</u> Indifference Good Sadness (body language)

Table 3

Session 3 Outline

Date	10 March 2020
Duration	1 hour
Participants	Richard, Terry, Sean, Annie
Conversation before the session	While reflecting on the previous session as a group we decided that the head of the house should not be sitting in on the sessions. We had a lengthy conversation around the pros and cons of the situation as well as the reasoning behind it. We decided that only patients of the Halfway house can be participants in the session. **Figure??** *Pros and cons of having only "patients" in the group* 
Activity 1	<u>Drumming circle</u> As with the previous sessions we started with a basic beat giving each group member the opportunity to present a beat and a vocal sound that the group mirrored. We moved directly into the humming and vowel sounds activity.
Activity 2	<u>Humming/vocal improvisation</u> I started the improvisation on an "ahh" sound, and the group joined in. Some participants preferred the humming sound, and the music seemed to rather move towards a humming sound. There was some dissonance in the music as some participants slightly caused the unison pitch to shift. The dissonance seemed more comfortable than in previous sessions. The music organically came to a halt. As the group took a few deep breaths you could hear the birds in the background. Annie compared the sound to that of a microphone being placed close to a speaker. Even though we were all doing the same thing, it was still possible to distinguish each individual's sound.
Activity 3	<u>Sound morphing</u> Each participant began with a sound, then the next participant had to make the previous person's sound and evolve it into a sound of their own. This activity required careful listening in order to really try to get to the essence of the previous person's sound. The activity started off quite slow as people were trying to think of what sounds to make. It quickly became quite humorous when participants started making animal sounds. Everyone laughed together and enjoyed being silly. Richard explained how he thought it would be easier if we only listened, with our eyes closed, so as to not have many distractions. He explained that the activity felt like a dialogue to him; how we often don't listen first, but rather, automatically think of what our response will be. The moment one participant became uncomfortable, the group's sound fell apart. Sean reflected on feeling awkward copying the sound of another person. The participants reflected on how the expectation to copy someone else's sound and add to it caused some anxiety which was then relieved once the participant's turn was over.
Activity 4	<u>Instrumental and vocal improvisation</u>

	I invited the group into a free improvisation activity. The group made use of a variety of instruments such as rain sticks, djembe drums, the voice and other percussion instruments. The improvisation was filled with vitality and energy. As the improvisation came to an end, Annie started humming 'Tula Tula', and I joined in. Richard reflected on the joy he experienced while making music. There was a sense of shared joy and laughter between the participants.
Activity 5	Spontaneous drumming improvisation Richard spontaneously started playing on the djembe in front of him and I invited the rest of the group to join in. The group's music was filled with laughter and humour as they discussed how we should form a band and go play for money in shopping malls.
Activity 6	4 words Uplifting Connection Diarrhoea Rhythm Jackson Pollard Unstructured Messy in an artistic way

Table 4

Session 4 Outline

Date	12 March 2020
Duration	1 hour
Participants	Richard, Terry, Sean, Annie
Activity 1	Pick three words From a stack of descriptive words such as: “peace”, “frazzled”, “jubilant”, and “enraged”, the participants were asked to pick three words that best represented how they felt in the current moment. There was a bit of a discussion around each person’s words, and Richard, Sean and Terry shared their words. Annie did not share her words with us.
Activity 2	Drumming circle We moved into the usual drumming mirror exercise. The general character of the music had agency and a sort of haste to it. The tempo of the music kept increasing. It seemed that the group found it much easier to catch on to each other’s rhythmic patterns and there was more flow within the music.
Activity 3	Reflection on words and voice I asked the group to reflect on how the words they chose reflected how they use their voices; if there was any connection between the words and their voices. While they were writing in their journals, I put on some soft instrumental music in the background. The conversations and reflections were more focussed on the words themselves, rather than the connection they had to their voices. Richard explained how his words were all reflective of where he is in his life at the moment. Sean explained that in order for him to be content he needs to be truly free from the expectations of society. Annie explained how moving away from numbing your pain is “hard as hell” and she is trying to find the balance between good and bad. Terry did not want to share her reflections.
Activity 4	Instrumental improvisation I encouraged the group to choose and instrument they connect with. We then started with a free improvisation exercise. The music seemed slightly disjointed and fragmented. The general character of the music was soft and hesitant, except for the egg shaker, played by Sean. Afterwards we reflected on why each participant chose their instrument and what the significance of the instrument was to them. I asked the participants to think about the statement “I am….” for our focus group the next day.
Activity 5	4 words The session ended with us checking in with our final four words to represent the session. Sean: insight Annie: I am Terry: frustrated Richard: comfortable

Table 5

Focus Group Outline

Date	17 March 2020
Duration	2 hours
Participants	Richard, Terry, Sean
Activity 1	Guided relaxation I put on relaxing music and conducted a guided relaxation for 5 minutes with the group. I encouraged them to focus on their breathing and becoming aware of their bodies. We focussed on being fully present in the moment.
Activity 2	Mapping out of words I invited the participants to 'map out' all the words they had chosen in the previous sessions by decorating them and moving them to different positions around the room, depending on their feelings towards the words. First, the participants changed the words through colouring etc. This took quite some time and the participants seemed to get quite distracted.
Break	5-minute break
Activity 3	Move to the word[4] I asked the participants to move to the word they were most attracted to, and then to the word they felt least attracted to. I also asked them what they wanted to do with the word they were least attracted to. Some wanted to rip it up and others wanted to cut it into little pieces with a pair of scissors.
Activity 4	Make an object out of clay to represent your words I invited the group members to each make an object out of clay, or any other materials, that represented their words. I then asked them to place their objects in the circle on a page that represented the group. Each participant explained their object and how it represented their words. Throughout the process the participants kept joking around, criticising each other's objects, and goofing about. **Figure??** *Focus group creative process*

[4] See appendix J

Figure??

Creative representation by Richard

Figure??

Creative representation by Terry

Figure??

Creative representation by Sean

A lengthy conversation about the value of humour for connection transpired after quite a long and frustrating period of teasing and goofing around between Richard and Sean.

Table 6

Session 5 Outline

Date	19 March 2020
Duration	1 hour
Participants	Mitch, Richard, Sean, Terry, JB
Activity 1	Dedication of session We started the session by dedicating the session to others. Some participants dedicated the session and its music to those still in active addiction, their family members, people who are vulnerable during the coming pandemic, etc. A brief discussion arose about the focus group and the theme of humour and laughter that fosters connection. We moved into a drumming circle, starting with the usual style of the group mirroring a participant, and then moving into a more improvised collaborative drumming experience. There was a lot of energy in the group and the improvisation ended with the group laughing together.
Activity 2	Stretching and breathing I invited the group to do a few stretches; focussing on tightening all the muscles in their bodies and then releasing them. We moved into the humming activity.
Activity 3	Humming/vocal improvisation The group started humming in unison. The participants started exploring by humming on different sounds and experimenting with vowel sounds in between the humming. Some of the participants introduced different melodic material, differentiating this humming activity from previous sessions. The music had lots of movement and direction. There was a very tangible energy in the music. As the activity came to an end, I asked the group to take a few breaths and reflect on the experience. Some of the reflections included feeling relaxed, experiencing a meditative state, and feelings of togetherness.
Activity 4	Recovery soundscape I invited the group to participate in a song writing activity. They then responded that we should do something around the journey of recovery. As a group we discussed what the journey of recovery would sound like. We started drumming together. The improvisation moved through the various elements of the journey of recovery that the participants described. Each element was led by a participant. The group reflected on the process, expressing their enjoyment of the activity and how it was interesting to realise that not every person needs to play the same part. “You don't have to be loud to make a sound and to contribute.”
Activity 5	Song (When I’m Free) I facilitated a song that gives the participants the opportunity to “fill in the blanks” with their own words. We sang the verse a few times without the participants filling in any of their own words, and then allowed for participants to “fill in the blanks”. This did not happen very organically, so we reverted to just singing the lyrics without adding any new words.
Activity 6	4 words The session ended with the usual ‘4 words’ activity to describe the session. Sean: awesome Mitch: centring JB: cognitively relaxing Richard: transcending

Table 7

Session 6 Outline

Date	24 March 2020
Duration	1 hour
Participants	Richard, Terry, Sean, JB
Background	Due to this being our very last session, because of the COVID-19 lockdown, we decided to rather focus on what each participant needed to feel safe at that time.
Activity 1	Drumming circle During this drumming circle, the group's music was slightly more disconnected and fragmented than in previous sessions. The participants also reflected on this by saying, "It doesn't seem like we're getting any better." This could have been a result of the sense of unknown surrounding the pandemic.
Activity 2	A survival guide to lockdown I invited the participants to each work on writing their own 'survival guide' for the following 21 days. I asked them to consider what they may need and what might trigger them to move into a space of isolation. Each participant wrote down their ideas and reflected on what they thought would be necessary for them to stay connected to themselves and others during the upcoming difficult time.
Activity 3	Movement to song I invited the group to move with me to "Meant to be" by Bebe Rexha. Some of the participants joined by getting up and dancing along to the music. Others sat and listened. The participants that moved with the music explained that it relieved stress and made them feel more relaxed.
Activity 4	Sharing of survival guide Each participant shared what they wrote and reflected on. JB was hesitant to share but, ultimately, decided to share anyway. She showed great vulnerability by sharing her fears of triggers that might cause her to stray from her journey of recovery. The other participants showed great support and validation of what she shared.

Activity 5	<u>Creative activity to process the approaching COVID-19 lockdown</u> Together we created a poster that combined elements from each of the participant's survival guides. We reflected on how this poster not only applied to lockdown but to life in general and how we can be in "lockdown" when we isolate and are disconnected from ourselves and others. **Figure??** *Poster illustrating what participants may need to get through the lockdown*

Appendix B: Session 1 Transcription

03 March 2020

Speaker	Transcription	Code
Therapist:	So, we're going to start with a very, very basic beat that sounds good.	MT invites to basic beat.
Music:	Therapist introduces a basic beat on the djembe drum - group copies the basic beat. The group starts to increase their tempo and the therapist reminds them to listen to each other and stay with the steady beat. The group struggles to keep together, and James and Richard add various other beats to the basic beat. MT invites group members to give their own beat and group mirrors (copies) beat back to Terry that gave the beat. James gives the first rhythm that the group then copies. He gives a loud "aaahhhh" with his very quick rhythm and some of the participants copy his beat and sound while others still seem unsure of what to do.	Group members following the MT's basic beat. Group members not listening to each's music. Attempts to musically find one another with mixed success. Group mirrors one of the member's beat. Attempts to musically find one another with mixed success.
Therapist:	So, let's—[5]are we going to copy each other? (Some participants frown, signalling that they don't quite understand.) Okay. So, if you make a sound, then we copy whatever [sound][6] you're making with whatever [beat] are you're playing. And then we go fall back into our basic beat. Okay. So, James, we'll just go back into our basic beat.	MT affirms groups musical initiation. MT offers suggestions for musical structure when group is unsure.
Music:	Group falls back into the basic beat. We start by copying Participant J's beat and sound again, then move on to the next person. The group still feels slightly out of sync while playing the basic beat together and some participants do not copy the others, and instead just continue to play the basic beat over what the soloist is playing at the time.	Group mirrors one of the member's beat; lack of synchrony in music. Musical uncertainty. Group members not listening to each's music.
Therapist:	We can put them (gestures to djembe drums) to the side.	MT directs group to put away drums.
James:	Is it just me or do I feel like I have the best drum in the house?	J asserts prominence in group.
Terry:	Yeah, you got the pretty one. (James reaches over and hits Terry's drum - signalling to her to hit her drum again and then hit his drum.)	Sarcasm towards T.
James:	[inaudible] There you go. Hit yours, feel the difference. Come on!! (gesturing to T to hit the drum in front of him)	J asserts prominence in group.
Terry:	I felt it! I felt it!! (exclaims annoyedly)	T shows annoyance towards J.
James:	Hit it again.	
Terry:	No thank you, no thank you!! (James giggles as Terry exclaims, "No thankyou," a second time) [Inaudible] [inaudible].	T shows annoyance towards J.
Therapist:	Okay, I want you to just take a deep breath in… and out, and when we sigh when we breathe out, just sigh it out; very audibly. (Group sighs together loudly.) And once more (group sighs out together). Okay. So, what we going to do next is going to challenge your comfort zone. Um, at any time if you do not want to participate, you can be quiet. That is fine. I do want to challenge you; it is weird all of these things are going to feel weird and slightly odd, and out of the comfort zone. But there is method behind the madness. Okay. So, if we can just pull our chairs slightly in. So, we're going to, just on a single note, we are just gonna hum. Okay. So, I'll start just on a note go hum together. Okay. So, if you want, you can close your eyes, if it makes you feel	MT directs group for breathing activity. Release of tension through sighing. MT affirms group that participation is voluntary. MT encourages group to participate. MT inviting the group into vocal improvisation.

[5] — abrupt break or interruption
[6] [ ] extra text added for clarification

	slightly better, then you can do that. We're just going to hum together on this note.	
Music:	The therapist starts on a B below middle C. The group joins in and hums on the same note. Some of the group members immediately hum with enthusiasm while others are cautious and start by humming softly.	Group participates in vocal improv. with a mix of enthusiasm and caution.
Therapist:	Please remember to breathe.	
Music:	The group starts humming in rhythm, all breathing at the same time - the pitch of the note starts to shift slightly and there is some dissonance in the pitch.	Group breathing at the same time – in sync. Group starts improvising in unison and then drifts into dissonance.
Therapist:	As we're humming, just continue to find your rhythm of your breath and humming. I am going to change our note now.	MT reminds group to focus of rhythm of breathing.
Music:	The therapist changes her note to A below the B the group was humming - this causes great confusion as some participants continue on the B, while others stop humming. James continues after everyone has stopped and taken a few breaths. As he stops the group bursts out in laughter.	When MT introduces a musical change, the group's music disintegrates.
James:	Must I stop?	
Therapist:	You don't have to, we just— (group talks over each other, some mumbling "yes," others saying "no") Yeah, but what I'm trying to say is find your breath, find your rhythm as well. And then when we, um— we now kind of abruptly stopped, but that's fine. But we take the process as it goes. I want to hear from you how—what stood out?	MT asks for feedback on the group's experience of the vocal improv.
Sean:	[Inaudible] There was a lot of thinking.	S found it cognitively taxing to align humming and breathing (intrapersonal synchrony).
Therapist:	In—in a way, explain a bit more.	MT prompts for explanation.
Sean:	Like, I can't breathe and hum at the same time; I suck at it. On the bright side it was relaxing.	Ambivalence: attempting to align humming and breathing experienced as both difficult and relaxing.
Richard:	You can't suck and hum at the same time. (said sarcastically)	R shows sarcasm towards S.
Sean:	Oh, you're supposed to breathe first? (Richard and Sean laugh together.)	Shared laughter between S and R.
Richard:	It was hard to find your breathing rhythm when you're—I think—how do you put it? You kind of exhale everything you've got. [inaudible]	R: Difficulty finding flow in breathing and humming.
Therapist:	Yes.	
Richard:	And then there's one point where everybody's vibration kind of gets to a certain pitch where you can feel about—you can feel it. It's kind of wow.	R expresses pleasure at feeling collective vocal vibration of group.
Therapist:	Hhhmmmm. And when we shifted?	MT invites reflection.
James:	Shifted to what?	
Therapist:	When the notes started to—	
James:	Syncing.	J notes experience of vocal synchronising.
Therapist:	Yes.	
James:	Well, I think for me, for me it's um, alright. No questions asked, I was enjoying it. You know, because we [are] doing meditation and yoga, and when I can— When diving again and all this, do the breathing exercises. And it was like,	Enjoyment of humming.

	wow, you know? I'm [I've] always been taking this thing for granted. I like doing this kind of stuff and haven't been doing it for a long time. So, just to get back into meditation, you know? Like if you do a meditation and I just had all this [these] thoughts of being [inaudible] and yoga and it's like—I got into this rhythm and couldn't stop. I was really enjoying it, you know? I'm like, I've got a rhythm going and I couldn't stop. And then I could not tell if it was the only one still doing it and it happened that I was the only one still carrying on. So yeah.	J links experience in singing to breathing in yoga, meditation and diving. J: Pleasure in humming and breathing; recognition that he has taken such pleasures for granted. Group humming and breathing experienced as a flow that gains a life of its own and pulls one along effortlessly (stopping when the music wants to stop). (Pleasurably) Lost sense of a separate self within the flow of the music. Sense of handing over agency to the music.
Therapist:	Getting very much into yourself.	
James:	Yeah, (others agreeing with participant J) like, like some kind of congruency going on here.	J felt part of the flow of the music (not a separate autonomous self in control; but following where the flow of the music took him).
Richard:	I don't know how to explain it, but I'm gonna try it this way. If you're walking to off—an open plan office and everyone's talking, and there's this noise, and if you're going to a beehive and everything is vibrating, and there's this harmonious hum. Just like we were talking amongst ourselves and talking, it's a lot of noise, but when it's humming it's kind of more cohesive. You feel more of a group when just the vibration or just the noise of talking over each other and [inaudible] and there's connection.	R: Musical vibration of group improvisation provides a sense of connection and cohesion (note: music experienced this way by the group was not always in unison; sometimes dissonant).
Therapist:	And for you?	MT invites reflection from all group members.
Terry:	Ditto.	
Therapist:	Which part of what he said?	
Terry:	All of it.	T agrees with other's contributions rather than offering her own statements.
Therapist:	So, the connectedness, the drowning out [of] the noise?	MT reflects on how the humming drowns out the noise within and outside of us
Terry:	Hhmm. (agrees)	
Therapist:	And for you?	
Annie:	It's just the shift of focus. I mean, it's easy to um, silence everything that's outside and just focus on one thing.	Through vocal improv., A experienced silencing surroundings and fully focusing on the shared musical moment.
Therapist:	And it's almost as if I like, um—and if you use the word 'congruent,' that it's as if, all of a sudden, that's very difficult to distinguish what's my sound and what's the sounds around me, and how—how that kind of, the you and me	MT reflects on the creation of a shared sound (that sometimes creates a sense of fusion).

	become one (Richard says “one” with therapist). Where there's this shared space and shared sound that has a bit of each of us.	
Richard:	And not one of us can reproduce the other sound.	R appreciates collectively created sound (that no individual could have created alone).
Therapist:	Exactly.	
Group:	(Agreeing and talking with each other) We all become one sound.	Group appreciates sense of oneness created through humming.
Therapist:	Exactly. And that the—the sound together is a sound in itself.	
Richard:	It's unique.	R appreciates the uniqueness of the sound created through group humming.
Therapist:	It's not that, if you take one part—	
Richard:	It's no longer that sound.	R appreciates the role of each group member in creating the collective group sound.
Therapist:	So that's um, yeah. It's very, very important that we stay breathing. They, um— to find within yourself that rhythm where you mentioned that you [are] struggling to find that in and out. Am I coming, am I going? Am I singing or am I humming while breathing? Like what's the—this dance? But just finding that flow, where it does this the whole time (gestures flowing movement with hands).	MT acknowledges importance of group attunement and flow.
Richard:	I think it's also easy to find rhythm when somebody else carries it for you while you're still finding yours.	R acknowledges role of music support by others in the group while he is finding his own sound.
Therapist:	Yes.	
Richard:	Somebody else's carrying that—that beat or that rhythm, so you can take a breath and catch up with the beat.	R appreciates vocal support from others so he can take time to catch up musically.
Therapist:	Knowing that there's someone else that's keeping the flow going.	MT reflects: acknowledges comment that group members support one another musically.
Richard:	Yes, ja, ja.	
Therapist:	So, even if I have to take a breath, it's still moving, and um, I think that that is a very, um, connected to life. We—sometimes you need someone else to keep the flow going, for you to just take a breath and tomorrow you [may be] providing the flow for someone else to take a breath and to be able to kind of realize, where, where am I at? You said that it's—you find it very easy or—I can't remember what word you used. You used the word ‘easy’ to kind of just go focus on this one thing.	MT reflects on finding support in others to assist with flow. Group vocalisations enable focus on the moment (blocking out external distractions).
James:	Just to block anything out there.	
Therapist:	Yes, just to do this, just to say, “Okay, I'm going to just focus on this one thing.” So, I've got a, um, song that we can do to, um—actually before we do the song, I brought some journals which I thought, maybe at some point, I think M asked me if, um, I was going to give homework for the people that missed out or whatever. No homework, no homework, just, um—but having	MT explains activity MT invites group to reflect in journals after sessions.

	the space to journal whatever comes up for you during our sessions. So, if it is, um, you making the connection of saying, “I need to find my rhythm.” Like, “I feel like I'm out of sync with myself; I feel like,” um— whatever the case might be, write it down. This is—no one's taking this; no one's reading your stuff. This is purely for you. You know, like, I'm not reading it. No one is seeing it as [it is] just for you. And if you feel the need to share, you can do so. I want to challenge us to write. I'm going to—I've got pencils. I hope that's fine. (hands out books and takes out pencils)	
James:	I've got a pen. Do we need to use pencils?	
Therapist:	Doesn't matter, pencils, pen, um, [it] doesn't matter at all, uh—to just take some time. And, um, I've got a few pens in here, if you've got a journal or whatever, but, um, to kind of write, I'm going to give us some prompts. Uhm about, ‘the history of my voice.’ Okay. So, we're going to write, and you can, if you want to move to a table, move to a table. If you want to move out of the circle, you're more than welcome to do so. Um, this is like I said 100%. I'm gonna give us so—um, ten minutes and I'll put some soft music on for us, and then we [are] just gonna write a bit about ‘the history of my voice.’ And that can, um, include pretty much anything; from your physical voice to your inner voice. Anything that tells us the story of your voice up until now.	MT assures group there is no right or wrong in what they write.
History of voice activity: In the background soft instrumental music is playing while the therapist gives the following prompts: 1. What is your relationship with your voice? 2. Where has your voice been put on a stage to perform? 3. Who is your inner audience and what have they been telling you?		
Therapist:	How was that?	MT invites reflection on activity.
James:	We've never done it before.	
Group:	(Participants speaking over each other) Ja, we've never been asked this question before.	
James:	And then, all of a sudden, you have a whole lot of stuff to say.	
Group:	(Participants speaking over each other) It’s been there to say.	
Therapist:	Let's just take a deep breath in… and sigh it out... One more (breathes in) and out. (Everyone sighs out.) How was that?	Therapist invites group to breathe together.
Group:	(mumbling - someone says softly) It was weird.	Group displays discomfort with writing about the journey of their voice.
Therapist:	What was weird about it?	
Richard:	Like I said, I'm going to be honest. I didn't even have to think, it just came out.	
Sean:	[inaudible] So the first thing I wrote— (someone else clears their throat) like the djembe, like the djembe allows me to like externalise, look at myself outwardly; it allows me to let the rhythm, the beat, the pace. It helps me to see how I'm feeling.	
Therapist:	Hmm.	
Sean:	Because I'm hearing and sensing myself from the outside; and humming allows me to sync myself. [inaudible] I felt that I was struggling with breathing, so it shows me my state, and if I can just, like, become in sync with it, then it can calm me down. Yeah. And then I realised like a lot of people have said "Sean you must share louder," and stuff like that. I think it also has to do with my low self-esteem and stuff. And because it became such a habit, now I	S explains sensing self externally and internally. S shows need to control his state of being.

	never thought of it was such a problem, because I usually speak soft. And—so this is a good question about the voice.	Awareness of other's perception of the self.
Therapist:	But, I want to also—I don't think it's a problem. I just think it's where you're at. Um, yeah. I think we, especially with our voices, we often—this is the way to do it, this is the wrong way to do it. And sometimes it's just, it's where you [are] at. And first realizing like, "Whoa!" like you said, first seeing myself from the outside seeing, "Oh well this is where I'm sitting," you know? First seeing yourself from the outside before you even got, "Oh my word, I'm doing it wrong. How must I do it?" You know, it becomes this performance anxiety of this is what is expected of me in this space. Yeah. That—that was a big part of my voice journey, um, was saying I'm not putting her on a stage anymore. She—she must be who she is.	MT explains that we need to first realise where we are at before we can "improve" / alter ourselves. MT explains that the voice can often act as an actor on a stage.
James:	Sho, I got very emotional writing this. I got very emotional, because my voice, my voice is—I am who I am because of my voice, you know? So, growing up where I've always been this introvert and I had to make myself an extrovert to fit in, so I can't even have—you know, and music helped me a lot to soothe and comfort me. Yeah. And I started, you know, singing to the songs that are aligned on my own, to myself, comfort me. And that's adolescence, right? And I became a teenager, the drinking, the weed smoking. And then there was a new voice that I did not understand what this thing was. And being a tope, I played at that high school, I became very popular. I was very shy. But my first dream just brought out this voice that was loud, fast talking, aggressive, demanded respect; I found my place. And I worked so hard to get that voice in high school. And then as an adult, I'm working so hard to get rid of that voice. All I want is my silent voice and [to] go back into my corner, because the true self is the introvert. So, I've spent almost 20 years being an extrovert that I'm not wanting to, you know, to be then. And, so it's funny, this time around I'm actually doing the work. So, it's good for me. You know, as a facilitator, as a counsellor, I'm always making people do stuff. So, now I'm doing the work and I've seen like one I know—I know when I was doing the—the hum thing, I almost stepped into a different realm, you know? And then you pulled me back and that's scary. That's great. So, I wrote a lot of stuff here. So, I like, kind of, summarize[d] [as] much as my life story and how often will voice cause my, my, my inner audience was my step mom, you know? She was the most critical person; the most critical person in the family in a way where I wouldn't say anything in the house. I'll be quiet. I'll just do whatever I needed to do and get the fuck out, you know, that was my, inner audience, and I never had an external voice. Um, you know, I never had one. I only found out about what my external voice was when I was 15 or 16 in high school, and then now, you know, it's the inner voice connecting a game that is—that I actually always had, and [had] known as a child. So, I don't know. I don't know if I'm making sense.	J expresses getting emotional while thinking about the journey of his voice. J felt like he had to alter self to fit in. Substance was a new voice introduced into J's life. Substance gives confidence that J yearned for. The voice of substance was needed. J explains that putting in the work is good for him. Humming opens another realm where I lost a sense of other. The inner audience being the critical voice inside. The inner audience silenced the external voice.
Therapist:	No, you're absolutely right. And also, um, how your—the moment that you started drinking and so on, another voice came to play, like you said, that it's almost as if the alcohol gave you this voice that you aspired for.	Mt reflects on the connection between the substance acting as another voice / enhancing an inner voice.
James:	Yeah. And I had to drink only to get the attention because I knew when I drank, you know, um, um, you know, aggressive, loud, fast talking. I get attention. I needed [attention] from the girls, from everybody, even my	J; Not being heard without substance voice.

	friends. I'm the 'go-to guy', I'm the one, you know? Like from nowhere, for me, this quiet dude, to be running the show, you know? And so, it was like, "Oh, okay." So I'm, um, when I talk, when I express myself, what helps me express myself is the drink. It's the weed, when I smoke weed and then I have all these profound things to say and people actually fucking like it. And they said to me, would drink and I get aggressive and people, right? Yeah. Those guys who used to bully me when I'm drunk, they listen to me, I'm their buddy, you know? So, I had to maintain it.	J: Substance helped me express myself. J: People liked me when I used substance. J: I had to maintain my substance use to stay "relevant".
Therapist:	Hmm.	
James:	Which was a lot of heartbreak that I carried all over wherever I went to. And then working the program, you know, and then it's like I'm getting rid of the shit that does not belong to me. You know, those voices. Yeah. Yeah. The inner audience. What I'm searching for is for the silent voice. [Be]cause that's, you know, that, that's what completes me.	
Therapist:	How was this whole experience for you? (looks to Annie)	
Annie:	So, I didn't want to tap into like—I feel like it's layers for me. So, I started writing an Eminem song about seeing [seizing] the moment, and then I eventually found I moved on to the next layer. And um, mine is mostly to do with relationship and that my sort of suffering in silence was understood by another person's voice. And that's just the buzzing???	A explains that going into the self is like layers. A: My suffering in silence can be understood by another voice.
Therapist:	So did you feel that someone else's voice could carry?	Suffering in silence carried by another's voice.
Annie:	Yes.	
Therapist:	You're suffering.	
Annie:	Yeah, that's what I'm saying.	
Therapist:	And um, you [are] hitting the nail on the head; it's layers. All of this is layers, you know, and you—I think you did a very, very safe thing to say, "Okay, I first need to be here for a while and then go to the next layer." You know, yourself, you know, where I can go for now. So, you did a—I think you did a very safe thing to be where you are at and to contain yourself. Um, so yeah, Terry?	MT reflects on feeling safe while looking inward. It is good and safe to be containing oneself.
Terry:	Um, actually, [I] realized why I don't do impromptu things. So I was, um, raised to be very composed. I'm a very composed person and um, they always say like, [be]cause I'm a ballet dancer, and you don't go outside of technique. And this was like just random stuff. And I'm like, "Why I can't do like hip hop and all of that stuff?" [Be]cause—but I, I prefer to be this way. That's the thing. Like I don't feel like I'm suppressing anything, and I just prefer it to be this way. Ja.	T preferring structure and being composed.
Therapist:	I often find, um, I can—I didn't know that you did ballet, that you're a dancer, but your movement is, is talking as well. The way you move, how you dance, that's expression in itself.	MT reflects on movement being expression.
Terry:	Yes.	
Therapist:	So, this might not be 100% your comfort zone, but you've got an outlet of expression that is very, like you said, very contained and very specific. And, and yeah.	
Terry:	I've been dancing since I was three.	
Therapist:	And how does, how does your world change when you dance?	MT reflects on dancing as expression.

Terry:	I'm happier. So, I decided I wanted to be a ballerina for the rest of my life. My mom said that's not practical, you know, so I had to go study, but that's what I wanted to do. But it is, it's, it's a form of expression it's just not this. But, I still do it. I mean, I've hurt my leg, I tore the ligaments in my leg from last year, so the last time I danced was in November, 2018. I danced the Nutcracker. Yeah. So, I do have an outlet.	T: Dancing makes me happy. T: Dancing as expression.
Therapist:	I want to lead us in one more—well not lead us.	
Richard:	Can I share mine?	
Therapist:	Yes, if you want to share please, please do. Share it. Yeah, go for it.	
Richard:	The history of my voice, I don't remember hearing myself until I was six when my dad died. Did I cry? My voice must have moved inside. I grew up thinking it was all right. That's what life was all about. Keeping your voice inside. Never letting out. I would scream, I would shout, I would whisper. I would laugh, I would talk, I would sing, but no one was listening. Without me making a sound and if there was no one around? I've journeyed through life alone with my voice in my head, feeling judged, rejected, lonely, dead. Before I die, drift and drift away. I pray that someone will hear my voice one day.	R: Hearing myself. R: Voice moving inward after difficulty/trauma. R: Making sound without anyone listening. R: Feeling unheard. R: Praying to be heard.
Therapist:	That is very, very profound. And um, your question, would my voice be a voice if there's no one to hear it? Um, is there something if no one—if there is no audience, is it real?	MT affirms R's reflection.
Richard:	That's what I battle with. The story of my life.	
James:	UUUUHHHHMMMMM. I like that question. I think, I think, um, I don't know, maybe it's my age. I don't need no audience. [inaudible] I only listen to my own voice. Yeah. [Be]cause I never did. I've been listening to other people's voices. You know, the inner audience, you know, I want listen to my own voice, you know, I think that's the true me. So, when I look at the step work that we do [in] the twelve steps, you know, you, you're doing step one through 12. I accept, you know, I have a problem. Step two: I can't do it on my own. Step three: I need some source greater than myself to help me with my problem. Step four: let me get rid of this layers that I don't need. You know, the, they're making— you know—it's just unnecessary weight I need to get rid of. Step five: connect with others. You know, I need to be honest to somebody, another human being, or to the god of my understanding. Step six: you know, look at my character defects, you know, six seven [is] when [we] become honest. You know, and get rid of, in our hearts, to remove the character defects. Eight: I make a list of all the people that I've harmed and—and I've hurt you know to, to forgive me, I make amends. I'm making this step nine, I make amends. 10: I take, you know, a daily inventory. You know, you know, if I've hurt somebody, I need to apologise, I don't need to go to wake up with that in the morning. Step eleven: so what's step 11? Something through prayer and meditation to practice. Come on, somebody help me, come on guys, you're in recovery and I keep practicing all these principles in all my passcode things. Step 12: I carry the message to this [those] who's suffering. So, step 12 itself is talking about me being true to myself, so I can help others who are still suffering. And for me to be able to help those still suffering, I have to be true to myself. I [am] kind of not [a] nobody.	J reflecting on not listening to the inner audience. J: Others opinions mattered more than my own. J wants to listen to his own voice. J reflecting on the 12 step program.
Therapist:	I think, um, something that—have you been on your list of amends?	
James:	Yes, I have, I had to. I harmed myself. That's step four. So, step four; you're looking at harms, resentments, fears and sex conduct. So, I had to be one of those people that I harmed. I harmed myself and I needed to forgive myself,	

	you know, as much as I wanted others to forgive me. And then we'll make a list of all the people that I've harmed and those who [have] harmed me. At the end of the day, it's to ask for forgiveness and for them to forgive me, for me to forgive them as well.	
Therapist:	And to—and to also—what I keep hearing you say is find the true, the true self, the true self, what does that, what is that even about? Is it real? Can it be is the ultimate like, um—I see those Russian dolls in my head, you know? Is the, that baby, if we've peeled off all the layers, is, is that, can I construct that? Is it something that's there and that is all of our processes in ourselves? Do I believe there was something that I was born with and that is who I am or can I dictate or grow into something?	MT reflecting on the notion of a true self.
James:	The question is how many, how many of us actually know who we are? Because we're running on what we were taught and the people who taught to us, they were taught. So, 80 or 90% of the shit that we're running on is not even us. When we talk about who don't know better than themselves. Yeah. They're running on shit that they were taught by people who were so fearful, you know, and all of the brainwash and um, um, indoctrination, you know that, that, we still believe today. Because my great, great granddad or my father or my mother work for them. So, therefore, I have to be in and I believe that. But does it really work for me? No. That's the inner audience and the true self. [I] don't even know the true self, because I never worked on the true self.	J asks do I know who I am J: People taught us who we are. J: Not listening to my inner audience. J: I don't know my true self.
Therapist:	But, also, if this is, um—it's a lifelong journey. It's not a figuring out who I am after these 12 sessions. It's not a guarantee I can get through that. After these 12 sessions, all of us will know exactly who we are, and we'll have no issues into finding our inner voice.	MT reflects on finding the inner/ true self is not a quick journey.
James:	Yeah. When you would drive to la la land.	
Therapist:	Yeah, exactly. That is not—	
Sean:	Yeah. You know my take on it, like in terms of therapy, it's like life, I always got what I wanted. Like, if I look at my voice, like when I was younger, I'm talking about from when I could remember, I would be very—I was still soft spoken. That would be funny. I would be laughing, I would cry. Like, if I just met James and I like James I would cry together, kind of thing. And through high school that changed because of expectations. This is how you're supposed to be if you want to be in the "in crowd," or I want to be in the "in crowd," let me rephrase that. Then we could—eventually that changed for, I've gotten back that soft voice, so I wasn't even still there. So, I acted out physically, I thought that I could out smart it, but I never really cared, so call just wanting to fit in society and I compare my past [be]cause I say I need to know where I come from in order to see who I am, to know where I'm going and, umm, in hindsight, I actually wanted that and I need to hold up to that. So, now I'm here and this habit is stuck with me. Do I still want it, or what do I want from this program? That's why work and like I said, it's, it's nice having a soft voice. I think the sad part—like if I, I even wrote it here, it's like people say, "Sean, talk louder in the meeting; we want to hear what you're saying." Some people would come up to me after meetings saying, "You've got a valid point, but you must talk louder." So, in a way, what I can extract from that is um, maybe someone wants to hear, but my own self esteem keeps me down. My own fears, my own expectations, my own disappointments, [are] keeping me down when	S: I changed when I had to grow up. The notion of the supposed to's S: I compared myself. S: I acted out because I didn't fit in / know who I was. S: My own fears and expectations silence my voice.

	these, these, these, how can I put these pedestals—I put myself on all these levels I would like to attain. And it comes down to, like they say, step work. Just accepting that step one; accept, listen, “You're okay where you are. It's not about perfection bru.” And— [inaudible] it's a constant battle with myself.	
Therapist:	And also, um, like, it's like you said; this is, on the one hand, accepting, but also then realizing if people say, “Speak up,” maybe it's because they actually want to hear you and there's actually people that are saying, “Shit, you've got something I want to hear,” and validating that what you, your voice is carrying. So that's, yeah. That's very true.	MT reflects on response.
James:	Are you one of those people who struggles with taking compliments?	
Sean:	Just one thing, can I ask for a break?	
Therapist:	We can have a smoke break. Yes, yes, yes. We can have a smoke break. Perfect. Okay, perfect. Let's have a smoke break and then we'll come back and do the song.	
Sean:	Thank you.	
Therapist:	Sounds good.	
	Smoke break	
Therapist:	No, no, no, no, we won't take that long. We all a bit, I can see everybody is a bit like saturated. It was hardcore. Okay. So, we're gonna, um—I've got some pencils. Maybe if we can clear—would it be possible to clear that desk? Then we just move it there.	MT explains / directs group activity.
James:	We can just put the stuff on the chairs.	
Annie:	Why do you have a timer on? (points to recorder on phone)	
Therapist:	No, it's just the audio recording just doing its thing.	
Annie:	Now my voice is gonna be there, sorry.	
Therapist:	No, why are you saying sorry? It's all about the voice, you know.	
Group:	[inaudible] (talking about moving furniture etc).	
Therapist:	I'm going to give us one for—Yes, I think that's cardboard. Let's see if we can all fit around the one page and just, like, um—ag no, let's do two. That's fine. Then it's a bit bigger. Um, at the end of every session, um, we [are] gonna do like a, a bit of a creative thing. It'd be just—whether you want to draw write, whatever. Like three things that you either learned about yourself—	
James:	That you what?	
Therapist:	Learned about yourself, or that you want to, obviously what you're comfortable, comfortable with putting on the page, um, or that you enjoyed or [did] not enjoyed. For instance, if the sound was too much, put it on the page. We want to know what the session basically looked like, on the page. (talking about different arts materials available)	
Group:	(Sean asking if he has to draw - while group talks over each other)	
Therapist:	You can write.	
Group:	(group discussing how Sean shouldn't draw)	
Therapist:	You can write, you can do whatever.	
Annie:	(points to sharpener) I need something for my Smashbox eyeliner.	
Therapist:	Aw, sorry. (laughter) So anything that stood out, was good, was bad. Like three things. It's—everyone can give three things. (talking about arts materials)	
James:	Say that again, it's like three things that?	

Therapist:	That either stood out to you as positive, as negative, that you enjoyed or didn't enjoy, or that you learned about yourself. Anything that was—stood out to you basically. And it can be good or bad.	
Group:	(Busy with writing/drawing)	
Therapist:	I'm going to give you, so, five minutes.	
Terry:	I don't even have clocks in my house [be]cause I don't have the sound of the ticking. I know. (laughs nervously)	T explains discomfort of clock ticking.
Therapist:	So, you are quiet uhm, auditory sensitive.	
Terry:	Yeah. But, generally, even like dripping, I can't do it.	
James:	Yeah. But when you do your dancing, don't they play music?	J enquires about T's discomfort.
Terry:	Yeah, but it's very composed. (soft-spoken)	
James:	[inaudible] But it's all rhythm.	
Terry:	Ja, but it's also, look, [be]cause I'm off my meds. So, everything is like oversensitive, like noises.	
James:	Off your meds?	
Terry:	I'm off the ritalin. Yeah.	
James:	So, it's not the djembe?	
Terry:	It is as well. Yeah.	
Therapist:	So do you feel a bit over stimulated easily?	
Terry:	Uhhmm [inaudible] Mmm. I get frustrated easily.	
James:	How do you say Djembe?	J changes topic.
Therapist:	D J E M B E.	
James:	Thank you.	
Richard:	How do you spell it?	
Group:	(group talks about saying and spelling of djembe)	
Therapist:	Three minutes.	
Group:	Yes. (group members talking softly)	
Therapist:	Okay, one minute.	
Group:	(group talking) Yeah, but James you filled the WHOLE page (laughter).	Group laughs together at J.
Richard:	you're so extra James.	
James:	I'm an addict. That's just my disease at the moment. Were we suppose[d] to just fill out a little bit?	J: Addiction seen as disease. J identifying as an addict. J's identity in addiction.
Therapist:	Are you guys almost finished? Okay. Four words, we're looking for four words, four phrases or—that we all agree on, that represents the whole session, so we've each done our little part.	MT prompts for 4 words / phrases that represent the session.
James:	Four words or letters. Four words?	
Therapist:	Four words or four like phrases. Short words.	
Sean:	Inspire with a hum. Yeah.	
Therapist:	So that worked for you, hey? The humming.	4 words: Humming
Sean:	Yeah.	
Therapist:	Okay. What else was helpful? Challenging? Stood out?	
James:	I think 'congruence'.	4 words: Congruence
Richard:	(group talking softly) Breathe.	4 words: Breathe
Annie:	Solace.	4 words: Solace
Group:	(Spelling of Solace - inaudible)	
Richard:	Touch, physical and emotional. Vibration.	Feeling touched emotionally through the music.

		R: Experiencing vibration in the music.
Group:	(group talks about a sound from a horror movie after someone made a sound)	
Therapist:	Oh, one more. One more. One more. If you could sum it up, the whole session, in one word. It doesn't have to be pretty. It doesn't have to be anything.	
Annie:	Hmm.	
Therapist:	Cool. Okay. Final song then I will leave you to your peace.	
Richard:	Find a song?	
Therapist:	Final song.	
Annie:	Oh, it's not the song, Danny boy. (starts singing Danny Boy)	
Therapist:	The song goes as follows: it's a fill in the blank song.	
Music:	Therapist explains song. Sings first verse, "As I breath I ....." and fills in "feel relaxed" or whatever.	
Therapist:	And you can sing along if you want.	
Music:	As the therapist plays guitar and sings the verses, some participants sing with while others sit and listen and continue drawing. Some fill in the blanks.	MT explains activity.
Richard:	Are you still alive? (looks to Terry) Okay.	
Therapist:	Are you guys almost done? (Looks to people who are still busy with arts materials)	
Group:	(Sean speaks about how he never gets crayons, so he wants to continue)	
Therapist:	I just [want] to take one final check in. Once you are finished colouring.	
Terry:	I just colour everywhere [inaudible]. Sorry.	
Therapist:	No worries Just take a deep breath [in] and out. And in… and out... Let's just go around and just—how are you feeling now? Just one word. One word.	MT invites group to take a deep breath and reflect on how they feel.
Richard:	Relaxed.	R: relaxed
Sean:	I feel good.	S: good
James:	I feel chill. Like, it was tense when I came.	J: chill
Terry:	Introspective.	T: introspective
Annie:	Indifference?	A: indifference
Therapist:	Awesome. Thanks guys, I shall see you on Thursday.	
James:	I'm not going to be here on Thursday, I'm going to a funeral. So, if you'll excuse me.	
Therapist:	Of course.	

Appendix C: Session 2 Transcription

05 March 2020

Speaker	Transcription	Code
Therapist:	Okay. So, I'm just gonna quickly —[7]first, we just take a deep breath [in][8] and out. Sigh it out super loud. And in, and out, last one. Good. We are going to start by doing a check-in like we did last time with making a sound that kind of represent[s] what you're feeling today. How are you feeling, what space you're in, tired, whatever, but making a vocal sound to represent that. Okay. Yes. And we [are] just going to first—once you give us your sound, we [will] reflect it back to you. We are keeping a basic beat uh, rings and so on (therapist reminds group to take off their rings).	MT invites group to breathe together. MT invites group to basic beat. MT invites group to make a vocal sound representing how they feel.
Terry:	Ja, last time I forgot mine here.	
Therapist:	Oh shoot. Yeah. Just because the rings—(people taking their rings off) P erfect.	
Terry:	What if we don't have a sound?	
Therapist:	If you don't have a sound, you don't have a sound; that's fine.	MT affirms that you don't need a sound representing how you feel.
Terry:	I don't have a sound.	
Therapist:	If you don't have [a] sound, that's fine. Okay. As I said, the drum has to be open either this way, if you want to play it this way, or this way; I prefer it this way. Just feels a bit more, um, easy to hold the drum. Whichever way is comfortable to you. So, we're going to just keep a very steady beat and last work—last, uhh, on Tuesday, we had a tendency of like speeding up hey, and it just became fast and fast and faster. And I want us to really concentrate on feeling that inner beat, that it just stays the same.	MT explains Activity MT encourages group to keep the beat steady – trying to feel it in the body.
Music:	We start with a very basic beat of quarters in 4/4 time.	
Therapist:	And remember to breathe.	MT reminds group to concentrate on breathing.
Music:	Keeping a steady beat on the drums.	
Therapist:	If you've got any sound that represents how you're feeling today. Keep it steady. She has no sound. (Music playing) Then we give it back to him. Keep it steady. Give it to us again.	T does not have a vocal sound.
Sean:	Can I make a beat as well?	S asks if he can make a beat with his sound.
Therapist:	You can make a beat as well if you want.	
Music:	Participant S gives a few quick beats and the group mirrors them back to him. The group's basic beat gets a bit lost as they reflect participant S's beat. The therapist encourages everyone to participate in reflecting his beat by adding a repetitive "yeah" to his beat. Participant S says to the group, "S ay yeah," when only a few of them repeated the "yeah". He especially directs that to participant M. We fall back into our steady beat. While keeping the beat, participant R lets out a downward melodic motif of "uuggghhh" and the group reflects that back to him while keeping the basic beat. The group's basic beat gets slightly disjointed and irregular but then goes back to a steady 4/4. The therapist is next in line and gives a big sigh, dropping her shoulders	Group mirrors beat back to S. S asserting himself through repeating an instruction to the group. Group struggles to meet each other musically. Organic transition from beat of individual to beat of group.

[7] — abrupt break or interruption
[8] [ ] extra text added for clarification

	while keeping the basic beat. The group follows. Participant A changes the beat to 4 quavers on the side of the drum followed by two crotchets in the middle of the drum. The group initially struggle to get this beat and we repeat it a few times until everyone plays together. This organically becomes the new basic beat. Participant T wanted us to skip her, so we did.	
Therapist:	We are going to go around, and you give us something else.	MT directs group in activity.
Music:	The group starts with a second round after everyone has had a turn.	
Therapist:	You can play anything.	MT encourages group to play anything that comes to mind.
Music:	Participant T then does a beat with 8 semi-quavers and two crotchets. We all reflect this back a few times. As with the previous beat, it takes a while for everyone to get the groove of the beat presented by the participant.	Group struggles to meet each other musically.
Therapist:	And once more (everyone hits the drum together)	MT leads group for final beat.
Therapist:	Yes. Good.	
Terry:	Martin loves the drum.	
Martin:	This takes me out of my comfort zone completely.	Drumming takes M and T out of comfort zone.
Terry:	Me too.	
Martin:	I love it. When you went around and you asked him to do something and Richard did it so well, what am I going to do? And then I found something. It's actually completely out of my comfort zone.	M reflects enjoying activity.
Therapist:	And being, um, yeah. So, what other experiences—?	
Richard:	I think you almost, you have that anticipation of being judged until you do it. And then when it's reflected back, you're like, " Wow, it wasn't that bad."	R: in the music being reflected back – I judge myself less.
Sean:	I think today's a [the] first time I'm feeling a rhythm.	S: Feeling connected to the rhythm.
Therapist:	Okay. A bit more, from compared to what?	
Richard:	So, like the first day I was, like, off beat. It felt like a Savannah add.	
Sean:	Yeah. and today, like I feel, a part of—and I can feel the rhythm of the group.	S: Feeling connected to the rhythm of the group.
Richard:	On Tuesday, like you say, we speed it up and you, kind of—when you slow down, it's easier to catch a beat. When you speed up, things just got confusing. Slowing down, you find your rhythm and you can pass it on easier because of this constant.	R: When you slow down it's easier to catch the beat. R: Slowing down makes the activity easier.
Therapist:	Yeah. And for you? (looks to participant T)	
Terry:	Oh, Generally the same.	T: Ambivalence towards the activity.
Therapist:	Okay. Compared to the previous session?	
Terry:	Still the same.	
Therapist:	Okay.	
Terry:	I don't know if it, it's drums, I think. Yeah, I know at harmony, we have to do this every Thursday.	T recalls doing this activity at a Rehab facility.
Martin:	You see, remember you guys did it on Tuesday. So, what I've found myself doing is watching Richard's hands. So, you know, then it's easier for me.	M watching another p's hands to get the rhythm.
Therapist:	I also do that.	
Martin:	Tuesday must've been quite difficult. More difficult for you guys, and when you sit—I could check in with a feeling. I wasn't sure how to do that because she doesn't know (looks at participant T).	

Terry:	I am generally like this in groups.	
Martin:	And then I'll watch Richard's hands and then, you know, then it's easier for me. Okay, oh okay. And then I lose a bit of rhythm and then I'll look at the hands again. So, I can imagine that you say [it] must have been a bit more difficult.	M watching another p's hands to get the rhythm.
Therapist:	That thing of, I almost feel like also having done it before kind of makes it a bit—	MT reflects on the comfort of doing something you've done before.
Sean:	Easy. Easy. Yeah.	
Richard:	Well, I think on Tuesday your rhythm was just quiet. Now you're alive (looks at participant T).	R Commenting on T's playing – more lively playing
Terry:	Maybe it was a bit quiet. I think it was just the drum. I mean, it doesn't sound the same and you all took the same ones.	T deflects comment away from playing – making it about instrument.
Martin:	I think this is a nice way to get somebody out of their shell. I guess it isn't something I would normally do.	
Terry:	No, it's also for me, I know it's not something I would normally do.	T expressing being out of comfort zone.
Therapist:	I think the vibration through body wakes your body up. It calls you to be here.	MT reflects on being called to be present.
Richard:	To be present.	R echoing what MT says.
Therapist:	In the here and now. Just like, take you from your thoughts that are somewhere else to put you in a right here, where you are.	MT reflects about being present in the moment.
Sean:	It sounds like a survivor theme.	
Richard:	You get voted off the island.	
Therapist:	We all, we [are] all staying on the island, don't stress. Okay. Well, we can put our djembes to the side. I want us to—I'm going to read the words that we wrote down as a group on Tuesday and I just want us to think a bit about, um, if there was anything else that came up afterwards, you know, if you still agree with the words about the session or how yeah—anything that comes up, then we can just have, like, a short recap of Tuesday's session. Okay. So, the first word that came up was 'congruence', then 'breath', 'solace', 'vibration' and 'different', okay. So, keeping that in mind, I am going to ask just to, um—we're going to close our eyes and just do a bit of a check in on our bodies. So, I'll lead us through it and just checking in what you're feeling in your body as we're going, keeping these kinds of words in mind. Just feel your breath. (puts on gentle instrumental nature music while guiding the group in a relaxation and body check-in). Take a deep breath in and out. And in and out. As you keep on breathing, concentrate on your forehead, and feel the tension release out of your forehead and how this peace trickles through to your cheeks and through to your neck, and keep breathing. (pause in talking allowing for participants to feel their breath) Now the tension in your shoulders releases (pause in talking allowing for participants to feel their breath) And how your arms, all the way through to your hands just feel very relaxed. [inaudible] Feel how you[r] chest moves when you breathe in, and out. Mmm. And how you can feel where you are sitting, feel your body being on the chair. Feel where it touches the chair. How this feeling of calm moves down your legs and your thighs reaches your knees. And how the tension in your knees just—it's going completely. And your calves. There's absolutely no tension. Just this flow of peace and tranquillity going through your body,	MT instructs group to move i nstruments. MT explains relaxation and body check-in activity. Focus on feeling your breath in your body. MT leads a relaxation and mindfulness body check-in. MT asks participants to become aware of their bodies while focussing on their breathing.

	all the way to your feet where your feet touches the ground. You can feel yourself become a one with all the pieces of surface that you are touching from the chair to the floor. We're just going to take a few breaths. Just find your rhythm in breathing in, and out. Find your own rhythm. (Slowly fading out the music) We're now going to subtly move into where we just hum the same note, and just remember that there's no right or wrong. There's, um, pressure to be doing the correct thing. Just hum along with the group on same note. Just constantly check in with yourself that you're breathing and that you find your own rhythm in humming along with the group.	MT directs attention to finding your own rhythm of breathing. MT explains humming activity. MT reminds group to remain focussed on their breathing.
Music:	We start by humming on an A below middle C. The group seems to breathe at the same time, with humming sections of about 6 seconds at a time. Some dissonance starts to occur as one of the participants drifts away from the initial note. Our breathing starts differentiating between participants as the therapist starts taking shorter breaths. One of the participants clears their throat and it seems to shake the flow of the sound a bit. We continue humming fairly softly. The same participant clears their throat again. The humming continues on an A, and the group seems to fall back into a steady breathing rhythm. The therapist shifts her note to a G and the group seems to struggle to adjust to the new note. This creates strong dissonance between the A and the G. After a few breath cycles, the group seems to all come back to the same note.	Group starts improvising in unison and then drifts into dissonance. Group's unison breathing starts becoming differentiated. Flow of music disrupted by clearing of throat. Shift in note creates dissonance but resolves after some time
Therapist:	And as we continue—(the group stops humming) You can continue, we are going to try and switch it over to "oooh"; to singing an "ooohh". Yes. Oh, so we're just going to do—	Music comes to a halt when MT talks.
Music:	The group take a collective deep breath and transition the humming to an "ooohhh". The participants seem to each be breathing at their own tempo. There is some slight dissonance in the sound as the intonation isn't exactly the same. The sound is slightly louder than when the group was just humming. The group falls back into a synchronous breathing pattern. The sounds get slightly softer as some of the participants stop humming. The sound feels heavy. As the sounds get softer, the group transitions into a "hmmmmm" sound, and it comes to an organic stop.	Synchronised breathing while humming. Vowel sounds cause increase in volume. Heaviness in sound. Group moves from vowels to humming in organic manner.
Therapist:	Just take a deep breath in and out. And in and out. When you're ready, you can open your eyes, but take your time. (waits while everyone takes their time to open their eyes) Any feedback?	MT invites for reflections.
Sean:	The "ooohh" sound; I guess it helped me thus far to become more vocal. From the first session to now. In the "ooohh" sound, I realize—I guess muscles in my mouth where I lose control, so they can get—when my lips go automatically, they start shaking because I am running out of breath and automatically just shows, like, unused muscles, which could be a hamper to my vocalization of words as well, [be]cause now I'm feeling them. Yeah.	S reflects on feeling the sound in his mouth.
Therapist:	Uh, how did you experience—? You said that you felt your lips start shaking when you ran out of breath. Did you find it easier to regulate your breath? When we did "hmmm," or compared to the "oohhh"?	MT reflects on difference between humming and "ooohhh" sound for S.
Sean:	I think the same this time around; I just like—I followed, because before I couldn't get my breathe. Like the last session, the session I got my breath, and like, and I planned to just let it be. So no, even though it was like going, (shows tremor movement) but the breathing in that was steady [inaudible] yeah.	S finds it easier to find rhythm of breathing through letting it just be.
Therapist:	Good.	

Martin:	I was quite distracted because I brought my phone for the gate and I'm scared it's going to ring and, you know, while we were supposed to be quiet and yeah, I hope the phone doesn't ring, you know what I mean. So, I was quite— I was quite distracted through the exercise. In fact, I want to ask you if I can just take that phone out. (therapist nods and smiles)	M explains how his phone distracted him from being present.
Therapist:	And for you? (Looks to R)	
Richard:	I'm just totally distracted and not here.	R explains that he feels distracted.
Terry:	No, the same. Just nothing to do. I'm just very, very distracted. I can't concentrate.	T explains that she feels distracted.
Therapist:	I think it is—it happens when we get so distracted and it's as if struggling to tune in to this moment and to, kind of, just bring myself back here.	MT reflects on tuning in to the current moment.
Therapist:	So, I'm going to, um—	
Martin:	So, it's very similar to meditation. If you try and meditate, but your head just keeps on— [inaudible]	M compares the humming to meditation.
Terry:	Ja, I genuinely struggle to meditate.	T explains she struggles to meditate.
Martin:	Your head just keeps on going.	
Terry:	My brain just never stops, it never stops. I wish I could shut it down. Just stop it.	T explains how her brain just doesn't quiet down.
Therapist:	Hmm.	
Martin:	And then trying to put yourself back for people.	
Terry:	Yeah.	
Therapist:	And then when you get so distracted, what's the kind of self-talk that's happening on the inside? Are you upset with yourself for being distracted?	MT reflects on the type of self-talk that happens when one struggles to switch your mind off.
Martin:	Yeah. Well for me it was, I was like upset. You know, everybody's now so into the— sort of—if the phone rings, it's really going to just mess it all up. This is what I was thinking. You know what I mean? Which, can you imagine, just all of a sudden, loudly the Scottish theme, it's—you know what's going on. So, I said, "Just please don't; nobody wants to be at the gate. Why didn't I leave the phone outside, and then I come back again in a bit?" But then, "Jees, I hope it's not going to be much longer." I almost want the activity to be over because of my own unmanageability. You know because I brought the phone in. Yeah.	M explains that he feels upset – he doesn't want to disrupt the activity for others. Because of the distraction, M want the activity to be over.
Sean:	Like [inaudible] or [inaudible] because they can recognize well—	
Therapist:	Okay then I'm going to ask us to grab the drums again and just really trying to keep the steady beat; concentrating on that. Let that be the only thing that we are thinking about. We are very soft. The moment another thought comes into your mind, allow it to be there and then let it drift away. Almost as if your mind is a boat and the thoughts are like the leaves in the stream. I'm going to start singing a melody, we can all just sing it together. It's just on a "la". If you want to join in, join in. I would challenge you to join in and try and just keeping it steady.	MT directs group to take drums again – concentrating on a steady beat. Acknowledge the thought then let it pass by. MT explains activity.
Music:	The participants each grab a djembe drum and we steadily start with a basic beat. We start with descending two note melodic pattern from Db to Bb on "la", keeping the melodic pattern quite slow (half note for each note). Participant S participates with a sense of surety. Participant R keeps looking	

	down and his motions are small and slightly lifeless. The melodic motif changes slightly to a dotted crotchet followed by two quavers (Db - Eb - Db) for two bars and then goes back to the original motif.	
Therapist:	Yes.	MT affirms participation.
Music:	The melodic line then moves between the two motifs, doing motif 1 for two bars and then motif 2 for two bars. Keeping the beat steady. The sound is quite strong as the therapist leads with intensity, trying to motivate the group to participate with greater energy.	MT leads group in vocal improvisation.
Therapist:	As we keep that—	
Music:	The therapist then stops playing the djembe and the group does the same. We continue to sing the melody line we've been using. The therapist stops singing and the groups stops as well.	Group follows MT.
Therapist:	Keep that going.	
Music:	The group starts with the melodic line again and keep a steady pulse in the singing.	
Therapist:	Can I ask you to keep it?	
Music:	As the group keeps the melodic line, the therapist hits the djembe on the 4th beat of every bar. The group follows.	Group follows MT. Group playing rhythm in unison.
Therapist:	Then we're going to continue. And... (the therapist hits the drum on the last beat of the bar) You've got it.	MT affirms group participation.
Music:	The therapist introduces a different higher melodic motif and tells the group to continue on the original one. The group, doing the original melodic line, seems to get slightly confused when the new motif is introduced. Even though there is confusion the group "keeping" the first motif, does so without hesitancy. They become almost stuck in their own world. The group keeping the original melodic motif loses the basic rhythm. The therapist then moves back to the original motif and the group does this in unison. The therapist instructs the group to go slower and softer and the four bars are repeated 3 times and playing comes to an end.	L oses rhythm – gets stuck in their own rhythm. Group sings melody in unison.
Therapist:	Take a deep breath [in]… and out. And in, and out. I feel a lot of built-up energy—	MT reflects on the music – built- up energy that is not releasing.
Martin:	For me, you know what was difficult for me? Firstly, I mean, I battled to get the rhythm and then when I got it, and then you two did something else, you know what I mean? And then I battled to stay with what I was supposed to do because I'm hearing you two go “LA, LA, LA” or you know, a bit higher, and then when you tried to do something, I just lost it.	M finds the rhythm difficult.
Sean:	I can relate, it's distractions.	
Martin:	So first, just to get that “la” and then I've got that right.	
Sean:	Even then like for me, like the expectations I put on myself, I had to pause and remind like myself to be open minded, just to be game.	Putting pressure on self to get it right from the beginning.
Therapist:	And like I said, I get a sense that there's a shit ton of built-up'ness and not wanting to let it go. So now I'm going to challenge you, and I'm going to challenge you. I'm going to challenge you, I'm challenge you. I'm going to challenge myself and we are going to let rip on these drums. You're going to let it all out. Okay. So, we are going to start with just beating the shit out of these drums and if you don't feel comfortable, you can stand back. Okay. This is supposed to be a safe space for everyone, but I think we need to let	MT challenges group to fully project their built-up energy onto the drum.

	go of this. Keeping it all together, keeping it all together, keeping it contained, having to be in a certain way, having to react in a certain way and we are going to get—let it go and, we as a group, are here to hold the space. Hold it for each other to let it go. Okay. So, we [are] just going to start.	MT enquires about safety of group to let go. MT reflects on letting go of "supposed to's".
Music:	The therapist starts beating the drum quite fast, one hand at a time; the group follows. The tempo increases and one of the group members seems to be beating the drum much faster than the rest of the group. There are a few moments of high energy sounds, where each group member seems to be focussing mainly on his/her own drum and rhythm, whereafter, the group slowly starts moving into a more synchronous steady beat. The therapist invites the group to take a few deep breaths while keeping the steady beat. There is a moment where someone hits the drum lightly with their fingers and the group follows. There is a built-up tension in the room that seems to just not be able to break through. Participant S lifts his hands and shakes them - signalling his hands are sore.	Group follows MT in drumming. One P expressing a lot of frustration on the drum. High energy in playing the drum. MT invites group to breathe. Group follows one P.
Therapist:	If you go at it, your hands are gonna feel it. What is keeping us from just exploding?	
Richard:	I'm exploding.	R expresses need to explode.
Therapist:	What do you think is keeping you from allowing it to completely rip outside of your mind?	
Richard:	I don't know. Habit. Comfort. Comfort zone.	R doesn't want to move out of his comfort zone. R: Being contained is a habit. R: Having it all together is comfort.
Terry:	I'm, genuinely, a very composed person. I'm very structured. Um, ja.	T expresses being a very composed person.
Therapist:	Do you feel like if you move outside of your structure, [it] becomes dangerous, or what keeps you inside your structure?	MT reflect on T's response: danger of moving out of the known.
Terry:	I prefer being composed. Yeah. Like even if something's wrong or something's wrong, like, I know like, um, when I first got into recovery, you had to kind of like identify emotions and people always used to say it was not normal that I, I'm composed, but, um—or this composed, like I can't do anything outside of it. But it is something that I was trained to do since I was very small. Yeah. Yeah.	T prefers being composed. T was told her composed nature was not normal. T was taught to be composed from a young age.
Martin:	Well, yeah, I figured we'd beat the drum very well. I can't scream like that, you know, when you [said] to just let it go and scream, I can't do that. I don't know why. I mean it's nothing. Because it's like Richard says, "It's up here." (in my head). And I scream here, but for me to sit, here and you know like what you did. Hmm. I don't know.	M expressing he wants to scream, but it doesn't want to come out. The explosion is in M's head. M identifies with what R said.
Therapist:	How was that for you (looks to S)?	MT asks S to reflect.
Sean:	My voice isn't loud.	S shares his voice isn't loud.
Martin:	I think somebody is at the gate for me. (M gets up and leaves).	M leaves the session.
Therapist:	Did you find it easy?	

Sean:	Yeah, I used to be aggressive by nature, and now I've, like, changed [be]cause they say my aggression does not help me one bit, but it's a good space to let out, because I still think it builds and there's nothing I can do about this kind of thing. And then it's like, ”Okay Sean, you can't hit the wall, you'll hurt yourself.” This was a good way of expressing that emotion.	S explains how anger still builds up – it needs to come out in a non-aggressive way.
Therapist:	We have been taught to have inside voices, to be calm and collected, to talk quiet[ly] when you're inside and that letting go has been told “No you can't.” And for some—	MT reflects on what we have been taught – have soft and quiet voices.
Richard:	I haven't been told to keep quiet, I've been told shut up. Hmm.	R expresses being told to shut up.
Therapist:	And what's the difference for you?	
Richard:	Talk to you. Quiet. There's less aggression. Don't shut up. There's much more aggression. Just shut up and deal with it.	“Keep quiet” – less aggression tha n “shut up.”
Therapist:	Hmm, and where does that dealing with it happen?	
Richard:	My head, my heart, my soul. Hmm. And it's isolated, I think (R starts to get emotional).	R explains that dealing with being told to shut up is isolating.
Therapist:	Okay. Just keep breathing. What does that isolation do to you? Now that you're by yourself in your head. Okay. Let's grab our journals. Just, just put it down, like I said. I want to see in this, not taking him—and it's not a test. Just put down, right. Scribble anything, the first thought that's in your mind, right? The first thing that comes to mind with—it is there isn't it? No thought. Write that down just as it is; go for it. Go for it.	MT invites group to grab their journals - write anything that comes to mind (free writing).
Therapist:	Go for it. Go for it. (giving some time to write down whatever comes to mind).	MT invites group to write down whatever comes to mind.
Music:	MT puts on some relaxing music while the group is busy doing the activity. R gets quite emotional and is crying. MT picks up her guitar and starts gently strumming chords. Strumming stronger on the first beat of each chord. She starts singing. "I am held, I am free, I can see, what I have, I am held, I am free, don't you see? "She repeats this twice and then invites the group to join in, if they want to. The participants join in quite tentatively. The intensity of the music grows as the characteristic of the music becomes almost anthem like. “Don't you see?” The MT asks, "Is there anything that makes you feel free, held, anything that comes to mind?" They repeat the song a few more times. The words of the song change slightly to "I am held, I am free, I can see how far I've come, I am held, I am free, don't you see?" The MT asks the group to sing along once more. As the song continues you can hear S singing along. R is sitting with his head bent over his shoulders, not making eye contact with anyone. The group continues to hum the melody through once more, ending with the words "I am held, I am free, don't you see?”	MT puts on soft music. R starts crying. MT takes guitar and starts improvising. Song is created – supporting R. MT invites group to join in singing. Group joins with hesitation. Intensity of music increases when group joins in. S sings a long with strength.
Therapist:	Just take a deep breath, and once more, in and out. Let's just do a check in before we end off, or as we end off. Okay, can we go this way?	MT asks group to take a deep breath. MT checks in with group.
Terry:	Emotion?	
Therapist:	Anything. Where [are] you at?	
Terry:	I'm indifferent. Just generally, not in regard to this group.	T is indifferent.
Therapist:	Okay. Where [are] you at?	
Sean:	Yeah, umm.	
Therapist:	How [are] you feeling?	

Sean:	Good.	S expresses feeling good.
Therapist:	Where [are] you're at? (looks to R - he doesn't respond) A difficult day? (R nods his head) Thanks guys, I'll see you on Tuesday. Yeah, I know it was a difficult, difficult session, but that's going to be—the process is going to be up and down, up and down, and we are here to walk through that. Cool.	R does not reply with words to question – body language (sad).

Appendix D: Session 3 Conversation Transcription

10 March 2020

Speaker	Transcription	Code
Therapist:	And you can, like five centimetres. (Addressing participant's suggestion to move backwards - participant sings 'In the jungle' in the background)	
Richard:	We just come closer to you.	
Therapist:	Yip. That's yeah, that looks about right. So, I feel the spirits are up today. Despite the uh—[9]	MT commenting on the energy of the group.
Richard:	Corona virus.	
Sean:	Ya. I can legit do more without alcohol. That's it.	
Therapist:	Nice. Nice...okay that's good.	
Richard:	Ya, my sound for today is, (makes nauseous sound and then plays a short rhythm on the drum. He repeats the sound, and everyone laughs.)	R spontaneously makes a sound without being prompted. Shared laughter in the group.
Therapist:	Oh, you guys are funny (Inhales deeply before speaking). Um, I want to quickly, before we even—not start [be][10]cause technically—anyway—	
Sean:	Is this on recording? (Interrupts therapist)	
Therapist:	No, no, not yet. Um, I want to quickly speak about this. So, what I realized is I made a big mistake, big mistake, but I— (therapist pauses and exhales) I want the space to be your space, and then, having Martin sit in might have compromise[d] that. I don't know what the feeling is for you guys. Yeah.	MT addresses having the head of the house in the previous session.
Richard:	Yeah. Yeah, I could say the same. (participant chuckles) I just felt—yeah.	Nervous laughter by R.
Therapist:	Okay. Yes. Yeah, because I, I realized obviously he has a very different role in the house that plays in different ways and has its place and whatever. (Therapist speaks slowly with a calm tone of voice) But, if the—this is not his space; this is not the house space. This isn't my space. This is your space... And mine, when I'm here, you know, but you know what I'm saying? So just to—I want you guys to determine the parameter[s] if that makes sense. Five centimetres that way and five centuries that way. Sounds good (therapist responds to participant in a playful manner). So, yeah. So just to—I'm opening the floor, what—It's just so we can write it down then it's there. So, because last time we had fun in the first session, we spoke briefly about there being no judgment and, you know, it being safe space, blah, blah, blah. But now that you, kind of know what it's about—	Discussing role of M in the house. MT explains that the therapy is the group's space. The group can determine the parameters of the space. MT explains that there is no judgement.
Sean:	I honestly don't see anything wrong. Uh— [inaudible]	S doesn't mind having M in sessions.
Richard:	I also get the point that he's in a different role in this house.	R agrees M has a different role.
Sean:	Yeah. It's a bit intimidating.	S agrees it's intimidating having M in the session.
Richard:	Yeah. He's not part of—he supports the house, but he's not really part of the therapy. He doesn't do any groups with us. I think if he was involved in groups and, you know, understood how we are each day, and then it would be	R expresses that M is not a part of them.

[9] — abrupt break or interruption
[10] [ ] extra text added for clarification

	different, but now he doesn't spend that much time that he knows what space you're in each day.	R: M doesn't understand our day to day and where we are at.
Annie:	Here's a random thought but, like, do you think that (clears throat) maybe he sits in to see how effective this [is] so maybe he can use it in Akeso? [Inaudible]	A speculates why M sat in – to see effectiveness of the therapy?
Richard:	Well, I think, you know, he, like you said, he's done this before. So, he knows how this is effective, I think that's what part of the study is.	
Therapist:	Yeah. For—to—I'm definitely going to, with your permission, report back to him at the end of the process, you know? So, he doesn't have to sit in to necessarily know if it worked or didn't work. Not that that's really the goal. Um, but what the process was, if at the end, like as a group, we feel we want to—	MT explains that she will report findings of the study to M at the end of the process.
Sean:	Yeah, I think there's pros and cons.	
Therapist:	Yeah. Pros and cons. Um—	
Richard:	Oh, sorry. I also feel we're very new in our recovery and he's here for, what, fourteen years...so this isn't really going to—	R: we are new in recovery and he has been in recovery for a long time.
Therapist:	Okay. So, let's do—	MT creates pros and cons list per suggestion from S.
Richard:	Okay. You wanted that so you start.	
Sean:	Okay. So, a pro would be he knows us a bit better and ultimately [inaudible] patients—	
Richard:	He knows us better than who?	
Sean:	No, I said he needs to know us better in terms of (inaudible).	S: Pro – he needs to know us better.
Therapist:	Ooh so...so...relationship building.	
Sean:	Yeah.	
Richard:	Okay. The con is, I don't think this is the right place for that.	R: Con – this is not the right place to get to know us.
Sean:	Okay. Con is intimidation. Okay. So, we, we've got that down. Right. And not the thrill maybe instead of playing as well. Other days also, we just assuming Glen [inaudible].	S: Con – it is intimidating.
Richard:	How's your pros and cons in this coming? [inaudible] (Speaks in playful manner.) No, could be adding to resentment because Martin has been further in recovery. Maybe it was obvious.	R speaks in playful manner to S.
Richard:	I think this is all for us.	
Sean:	Ah Okay.	
Sean:	[inaudible] Is invasion of space. Yeah. Let's keep the words simple. What kind of an essay bruh? (Inaudible)	S: Con – invasion of privacy.
Annie:	I think his intentions. What are your intentions coming here?	A asking about his intentions for coming to the sessions.
Sean:	Okay, that's a pro and a con.	

Richard:	He always seems busy. This is the first Thursday he's ever been here. So doesn't he have other commitments? It's the first time he's ever been here though. He's never been here on a Thursday for us.	
Sean:	That's so sad. Um, so you come late, I'm thinking, ya, okay. Richard doesn't like it but that is a con for now. (Participants debate between pros and cons).	S expresses that it's sad that M does not spend more time with them.
Therapist:	No, it's not a personal thing man.	MT suggests they vote whether to allow "supervisors, etc" to join.
Richard:	I think we should just have a vote. Like we do in the process.	
Sean:	I'm trying to process this, can you assist me?	
Richard:	I say no.	R: No
Sean:	Okay. So, you say no, it doesn't mean I have to say no.	S asks if he needs to say no because R said no.
Therapist:	No, you don't.	
Richard:	That's what a vote is about. (sarcasm)	R Sarcasm towards S.
Sean:	(Participant makes a loud sound to demonstrate frustration) [inaudible] Yeah, yeah, yeah. I think it should. Yeah. (Inaudible) So like a pro would be it's two opinions towards the therapy class, because our opinion can be very bias[ed], unless a person reports back. But it's, if Martin sits in, it's a holistic view, because ultimately this is to help people, to help us.	S makes vocal sound showing frustration. S expresses discomfort with the different views of M sitting in on the sessions. S also expresses that the sessions are there to help them.
Sean:	Okay, con: I'm selfish!	S: con – I'm selfish.
Therapist:	No. So I think, all in all—	
Richard:	I think the fact that it was brought up means there is an issue, and I felt that on Thursday.	R: this topic was brought up for a reason.
Therapist:	Yeah. So, I don't think an issue. I mean, [the word 'issue'] has a negative connotation. I think that this space should be sacred. Yes. And that is quite a big thing. Consistency. I don't know what my spelling is like, you will need to excuse me. But, um, uh, but the thing is, if we are planning on going on a process together, you know, of 12 sessions, then it is quite important to be here.	MT explains that this space should be sacred to the group.
Annie:	Ya.	
Therapist:	Yes. But we, we can speak about your therapist going to your therapy, because I know you've got to first say yes. (looks to participant A - as she has therapy in one of our group slots) [Inaudible] We all do.	
Annie:	I'll be here this Thursday though.	
Therapist:	Okay. Okay. So—but we can chat and maybe, um, yeah, we can chat about that. Um, and then I want to ask you guys, is it possible to maybe just call Terry? She doesn't have to be a part of the session, but just in this discussion. The fresh air will do you well—	MT asks group to call T.

Group:	[inaudible] (Group laughs together)	Shared laughter.
Richard:	I'm gonna put together a “kick your ass” list (to S). [inaudible]	Joking between S and R.
Therapist:	(Participant R and S joke around, teasing each other and participant A gets annoyed.)	A gets annoyed at S and R for joking around.
Therapist:	He's an interesting guy.	
Richard:	Interesting? Is that the word you want to use?	
Therapist:	Yeah. No, not going to disrupt the group just because—no, you're not. It's not disruptive. That's—I am thinking of your process as well, seeing, because there is, um, there's use in, in—	
	GOES TO FETCH T.	
Therapist:	Okay, you guys. (Playful interaction takes place between therapist and participants.) [Inaudible] So, just to bring you up to speed, we are just having a short discussion about, um, Thursday's session about having Martin in the space, because I was just, um, I realized that he holds a much different role in the house. And if having him as part of our sessions, if that doesn't compromise what gets shared, what, um, how people, how we as a group interact and whatever. So ya... maybe if—	Playful interaction between participants. MT explaining conversation to T.
Richard:	I vote that, I think he shouldn't join us.	R explaining that he voted no.
Sean:	Richard convinced me to practice my democratic rights.	
Terry:	And that is? (Small talk between participants).	T says maybe yes maybe no – she doesn’t mind.
Richard:	So, yes or no?	
Terry:	Maybe.	
Richard:	Okay. Maybe, so you don't mind.	
Annie:	The thing is I can't give my opinion because I wasn't here, but I don't think I would want him here.	A explains she thinks she wouldn’t want M in the sessions.
Therapist:	Okay.	
Terry:	Problem is ugh, I don't actually mind, like, I'm indifferent. It's just, that's not really, it doesn't, doesn't really bug me. Okay. So—	T is indifferent to the decision of the conversation.
Richard:	And if you don't mind and she doesn't mind, you don't mind then—	R stating everyone’s votes.
Group:	Group talking over each other.	Group talking over each other.
Terry:	No, she said that she may mind, right. So—	
Therapist:	That she didn't experience it, but she thinks she would—	
Richard:	James. Well, James.	R asks about J – if he can join because of his various roles in the house.
Group:	What about James?	
Richard:	Joining this kind of session?	
Annie:	He is part of the group, sort of.	

Group:	Talking over each other.	Group talking over each other.
Richard:	Ya, then I think he needs to change as role as teacher when he's here.	R discussing the role of J as a teacher.
Terry:	Who, James?	
Richard:	Because he is teacher on Wednesdays. When does he come? Wednesdays.	
Group:	Okay. Um, and I guess I'll say yes. (inaudible) Group talking over each other.	Group talking over each other.
Therapist:	So, is the consensus is that we keep it like this? (making circular movements to indicate specific people in the room)	MT bringing group back to the present conversation.
Sean:	Yeah. Just the patients.	S agrees that it should only be patients in the group.
Terry:	Is it not that Martin would want to experience what it is that we're doing?	T questioning why M wants to sit in.
Therapist:	I'm more than willing to do a group experience after our process. Where we can then invite, you mentioned you've got a friend that—	
Group:	[inaudible] (Small talk and laughing among group members)	Shared laughter.
Therapist:	I'm more than willing to have like an experiential thing where if, um, the people who are not in the closed group would like to know what it's about. Whatever. I can do an experiential thing if—	
Sean:	There is a line between counselor and patient.	
Richard:	You mentioned that you worked—when he was a patient, he did this.	
Sean:	[inaudible] Yeah. Yeah. That's where it comes to like a, “Listen here bruh,” in the space now and everything [inaudible].	
Richard:	Yeah. I think James was keen for longer. When he says— (interrupted by S)	
Sean:	Let's not make this about James right now. It's about you and the intimidation towards it.	S interrupts R.
Therapist:	It's, it's about the group. It's not about um, intimidation. It's about the process for me, the, the process. I can't say whether your process gets affected or not, whether the group process gets affected or not. To me, um, like I said in the very first meeting, that my biggest hope and biggest goal is to hear your voices, not your counselors’ voices or what you [are] supposed to say or my voice or whatever. This whole study is about really hearing what works for you. Yeah.	MT reflecting on the importance of the group process.
Sean:	Yeah. So, okay. So, we have to make sense of these answers.	
Richard:	They might have stepped in because—(interrupted by S)	
Sean:	Because James does all our step work with us. It's, it's a very personal thing. So, the third comes in terms of remission basically. What is said in this group (inaudible). Because it would blur lines because not everyone is perfect.	
Terry:	I wouldn't particularly exclude James. I don't think—I'm indifferent when it comes to Martin so, so I think that whatever you feel like, I would take that into consideration, because [I] want everyone to be comfortable.	
Sean:	You see those are things you'd want to say here, and like example: some people do their step work on their time or in their process. So, it might be able to come out here and not there, but [it] might be able to come out there and not here, and I think that's a comfort or a luxury that should be afforded to the person who's wanting to do this, because I might be straightforward and straight honest this with you. If James is sitting here, his role and his purpose	S reflects on keeping the different spaces separate – step work in one space and this therapy in another.

	is to assist us and he gets paid to do that, so he'll try at all means [inaudible] best and that comes in basically understanding us and taking our information all inventory, so important to assist us but sometimes, in terms of a process, it might not just be what a person is sitting want.	S reflects on the purpose of J being a part of the group.
Terry:	How do you feel Ally, about Jason?	
Annie:	I don't mind James [being] here to be honest. I feel like he's really, like he's—His intentions when he comes into the rooms. He's like, he forms part of the group. He doesn't become like superior in anyway. Like, he just settles down and flows into the group.	A feels impartial to J being in the group.
Terry:	I think if, um, it makes you uncomfortable for Martin to be here, then I don't think that we should—I think it should be a safe space for everyone and if it makes even one person feel uncomfortable—	T agrees M should not be a part of the sessions.
Therapist:	Yeah. I 100% agree with that, um, so uh, I think this is very, very true. The lines being blurred, you know, and having—sometimes boundaries are very necessary to the process, there's a time to be both counselor and friend and confidant and whatever, but sometimes and equal or um, peer but—	MT reflects on the discussion of boundaries and various roles of the group members.
Richard:	Yeah, I mean I've been to other rehabs before, but the one that I was (inaudible) another lecturer didn't sit in another lecturer's session as a patient, they held their own spaces individually so that the lines wouldn't get blurred. Yeah, because certain sessions bring out something in patient or therapists you know.	R reflects on lines getting blurred.
Annie:	Isn't it for like varsity that you are, like, you [are] doing this whole program? So is Martin supposed to write a review on your teachings?	A is concerned that M needs to write a review for the study.
Therapist:	Not at all. No.	
Sean:	[inaudible]	
Therapist:	So, um, I, I hear your concern, mmm, about wanting this study to be as good as it can, but I'm throwing the study out the window, like we're not worried about it being a study. We're not worried about any of that. The concern is this is still therapy. So irrespective [of] if it gets written up, whether it gets applied somewhere else, whatever, like that is not the main purpose. The main purpose is to be a contained safe space to assist, hopefully assist to, kind of, see if it assists in the recovery process. Especially in this, like you said earlier, recovery.	MT explains study protocol and that her first priority is the therapy and second, the study.
Richard:	I also feel with us as patients here, we hold different space there we bring it in here, we use the it and we go out and we socialize with it. Whereas James comes just for this, he goes back to another environment. Martin goes out, but we kind of hang around. So certain things might come in and out the group, but we know that it's just us.	R reflects on the patients all living together and reflecting about the sessions afterwards, whereas M and J don't live with them.
Sean:	It takes that sense of involvement away from him. Because what happens [inaudible], it defeats the purpose of vocalization or expressing oneself. Because if a person is feeling, how can I say, suppressed—uhm having a person who makes a person feel suppressed in the space, just continues the cycle, doesn't it?	
Therapist:	I think I'm getting from the two of you, that your consensus is, let's keep the lines very—	MT brings group back to present conversation.

Sean:	Me? I don't mind, I'm just full of shit.	
Richard:	I think if they're here and it works, then it works. But when they are here, and it doesn't work, it does more destruction than good if they are here. I must say I've found more support last week from these two— (looks to S and T) Sorry you weren't here, (looks to A) than I did from Martin afterwards. And I think that's what's important. I'm safe enough to feel, and they know that they can carry this outside this group in support, whereas James and Martin step into other roles, even for them, the lines might be blurred. You know here, "Do I help and share and where do I discipline?" And—	R reflects about different roles played by M and J.
Therapist:	So, it's not just about your lines and your containment and whatever, but I think, um, it might be best if we keep the boundaries. Yeah. Is that consensus? Okay, cool.	MT brings group back to present conversation and makes a final vote and decision.
Sean:	I can always change my mind (makes small talk in the group). Change is good. I'm so glad you relate, [be]cause okay.	
Therapist:	Okay. Okay. Okay.	
Sean:	So can I change my name?	
Terry:	What would you like to be called?	
Therapist:	You do you. Okay. But now that that is resolved, I just said today, this is being resolved. I think not to—	
Terry:	I don't understand what's happening right now.	
Therapist:	I think let's all, physically, leave the space and come back and then that's it. All of us, we're going to go take a deep breath outside and come back in.	

Appendix E: Session 3 Transcription

10 March 2020

Speaker	Transcription	Code
Therapist:	Um, (takes a deep breath) Terry, if you just want to sit, please, you are more than welcome to just sit and listen. Being—[11]listening is very much a part of the group. Okay. So, if you want— (gets instruments - group laughs)	MT includes T, that is not feeling well. Listening is participation. Group shares laughter.
Music:	(Interaction happening between group members and therapist as they explore the instruments)	Group explores instruments.
Therapist:	I also have the frog—yes, and I've got all kinds of interesting instruments in here if you preferred using another instrument. So, I'll just do this— (takes out instruments) It's the Mary Poppins box; full of nice things. So, I'm going to open it up to everyone. If you want to grab something else as well, or (someone playing with the shakers) anything. So, there's bells, there's—	
Richard:	A rattle for a baby.	
Therapist:	A rattle, yeah. There's shakers, that's what they call it, a tambourine, rain stick that does this, (demonstrates instrument to participants) um, egg shakers as well. So ya, I'm putting them there; please feel free. I think—let's just take a deep breath in, (takes breath in with the group) and out, (breathes out with the group) and really sigh it out. Get all the air out, (participant reacts to the breathing and therapist responds by acknowledging his reaction) ... Yes... One more...okay. We are going to do a dial circle. Okay. So, I will start and we're going to see if we can dial up the intensity, not necessarily the speed, just the intensity. Okay. So, it's the same thing that we did the previous time, where once she's played something, we reflected [it][12] back to her. If you want to use your voice, use your voice as well. A sound, a rhythm, a tempo, whatever. That kind of just uh, gives us, uh, uh, audible representation of how you [are] feeling, where you're at. Um, yes. Okay. So, I think, um, let's just start with the basic beat.	MT asks group to take a deep breath. MT explains activity.
Music:	Therapist starts a slow and basic 4/4 beat on the drum, “Then you can start for us.” The therapist opens the space for each participant to make a sound and then probes the first participant to give his sound. The participant responds with a short two-beat rhythm matching the tempo that was presented by the therapist. The group mirrors the sound of each member. The second and third participants match the tempo as well, with an added beat. The fourth participant increases the tempo and adds 3 short rhythms on the second beat. The next participant breaks the tempo of the given rhythm and plays a new rhythm with a slightly slower tempo. The tempo increases and a basic rhythm disappears with the next participant playing loud and fast on the drum. The tempo then dies down with the group playing short and quiet rhythms on the djembe, which moves into a quiet, rubbing sound. The therapist probes the	Group mirrors a p’s beat. Tempo in music increases.

[11] — abrupt break or interruption
[12] [ ] extra text added for clarification

	next participant to make a sound, and she makes a sound with her voice. As the exercise comes to an end, the therapist facilitates a deep breath in and out.	
Therapist:	Take a deep breath in, and out. Now we are going to take our humming activity, and we are going to turn it into vowels. Okay. So, any vowel that you would like to sing? (S says the different vowel sounds) Yeah. Any one vowel that you would like to use, you use that vowel, and we try and stay on the same note. And then once you feel like you need to start breathing again, then you do that. Okay. And we will allow the sound to fade out by itself. So, I'm not going to stop us. Um, once you feel you've done enough, you can stop and just focus on your breathing. Okay. So, it's gonna fade out by itself. Okay. Let's, um, you, you can close your eyes, if you feel comfortable doing that. And then we can just start.	MT invites group to take a few deep breaths. MT explains humming activity. S clarifying the vowel sounds. MT reflects on the importance of breathing. MT reminds group to focus on breathing while in the vocal improvisation.
Music:	Therapist starts the vocal improvisation with an “aaahh” sound, the participants join the therapist on the third attempt. R joins with a gentle and quiet “mmm” sound. The group mirrors this together. As the members join, the tempo stays the same and the characteristics of the sounds hold a quiet and gentle quality. There is movement in the music, a gentle but energetic, constant moving. There are times when different group members change the pitch and there is an almost organic shift in the tonality and character of the music. The sound is at times dissonant, but the group members (including therapist) is able to hold the dissonance for longer; Not resolving it immediately. The sound of the birds is very evident on the background. The therapist ends the exercise and invites participants to reflect.	MT starts with vowel sounds and participants join in. R joins on a humming sound. Movement in the music. Comfortable dissonance in music. Sound of birds add to the character of the music.
Therapist:	What were your experiences?	MT asks for reflections.
Richard:	It's hard to maintain your breath (takes deep breath) or breathe through.	R explains how breathing through the phrases were difficult.
Annie:	It's like this, you know when you're too close to a speaker, and then the sounds can be distorted? [It] felt like there's this turbulence. [It] felt like it's so silent, but it gets so much meaning.	A compares the sound to distortion. A compares movement in music to turbulence.
Therapist:	And for you as listener?	
Terry:	I don't know.	T is indifferent.
Richard:	Yeah. There's a point where everything comes into, like, a vibration sound, ya.	R feels the vibration of the sound.
Therapist:	You mentioned the word distortion. Okay. Explain a bit more why—how you connect that to—	MT asks for more clarity from A.
Annie:	Metaphorically??	
Therapist:	Or however you meant it. Give us a bit more.	
Annie:	So, for me, it almost sound[ed] like how you, well, were humming and how Richard was humming. We were humming the same thing, but each one of us hit something different and it could be, like, maybe it was that feeling in our hearts, our minds, everything put together was distorted. It wasn't the same, even though we were doing the exact same thing.	A reflects on everyone doing the same thing, yet you can hear/distinguish each individual’s sound. A contemplating about the reason for this collective experience – feeling in heart.
Therapist:	Uhhhm, ja. I want us to, um, now go into something that—I'm gonna make a sound and—or whoever starts it, and we pass the sound on, and then the person next to you makes your sound and then	MT invites group to sound morphing activity.

	changes it. Okay. So, morphs it into something else. With, um, with our voices. We're going to try. If you sit out, you just nod, and we send it on.	
Richard:	So, it goes like that, (shows one motion with hands and then changes the movement) and then you change it? (MT nods)	R reflects on / confirms instructions.
Therapist:	Okay. Yeah, so whatever sound, and remember there's no beautiful and correct way, okay. This is all about being able to listen and take, like you said, your sound and giving another one. Okay, we're gonna try it. There's no correct, there's no right, there's no wrong. If it becomes weird, we take it as it is, and we continue. Okay. The important thing is that it keeps going. Okay. So, try and keep it to going, so I'll do—	MT affirming there is no right / wrong. MT explains to keep the sound moving.
Music:	Therapist makes a sighing sound - A mirrors the sound and adds her own. She then adds a "grrr" sound. The sounds stops and S looks to therapist for guidance.	S looks for guidance.
Therapist:	Then you'd take her sound and make it something else. So, keep the sound going, [so] that there's no pause.	MT explains activity again.
Music:	S makes a sighing sound and then R turns it into an audible exhalation sound. Then, T mirrors the exhalation sound and adds a "woo" sound on a high tone. The therapist mirrors the sound and adds a laugh with a high-toned pitch. The group responds with chuckles and the next participant voices a similar sound, leaving the group laughing. The tempo of the sounds picks up and the members start to create sounds more naturally. Animal sounds start emerging in the exercise.	Shared laughter.
Annie:	Um, I'm trying to think of a sound.	A stops to think of a new sound.
Therapist:	Anything? Anything. You actually made a sound already (referring to the um).	
Music:	The sounds continue.... As the group makes more intricate sounds, the pauses between the sounds become longer as the next person is trying to figure out how to make the sound.	As sounds get more complex, pauses between sounds get longer.
Sean:	No, I can't do it.	
Music:	As the sounds continue, the participants start laughing at the sounds that are emerging. It does not seem like they are laughing at each other, but rather laughing with each other. As the sounds become complex, the activity makes a few turns and participant A says she can't think of anything else. The activity organically stops.	Spontaneous shared laughter.
Therapist:	Okay let's take a deep breath… And?	MT asks group to take a breath and reflect.
Annie:	I don't like it.	
Therapist:	Why? Why don't you like it?	
Annie:	It's like an artwork. It's abstract. Not that controlled. I don't think about what I want to do. I just do. I don't like it.	A explains that she didn't like it – it was not controlled, but abstract.
Therapist:	Okay.	
Richard:	Yeah. It was kinda easy in the beginning to make any sound. And then it was like, "Oh, now what sound have I not made before?" Yeah. Uhmm, it almost felt like we started copying similar sounds. Um, and it's kind of like a reflex, you know, when somebody says something, you reflect it back to them and then add something more	R reflects on how he was trying to think of a new sound. R compares activity to conversation. When one got uncomfortable, it fell apart.

	to it. Like almost like a conversation, or broken telephone thing, but you know, holding the space. But yeah—and then as soon as it became uncomfortable for one, we all kind of fell apart.	
Sean:	It's difficult to make sense of it. Like a sigh without the sentences, not knowing. It's like trying to read a person's body language without the book.	S explains how he found it difficult to make sense of the sounds.
Therapist:	How was it—uh, listening to sound and then changing it?	MT asks to reflect on listening to the sounds.
Sean:	I felt more awkward than the person doing it [Inaudible].	S felt awkward copying the sound. Watching someone make a sound takes away from actually listening to the person.
Richard:	Uhm, just something I think, I don't know what you just said, but I was maybe thinking while you were busy. I think it's different if you're watching that person make the sound and then carrying it out, than if we had our backs turned, we were just listening to the sound passing. I think when looking at the person, there's that expectation and then there's—ya. But, if we take that out of the picture and we just hear the sound, I think, we're gonna hear that sound. Um, yeah, I think, it would've been a different kind of—we would be able to go longer.	R reflects on if we only listened and didn't look at each other, it might have been easier.
Therapist:	Hmmhm... I think we often—Did you think of your sound before you heard mine?	MT & R reflects on thinking of your sound instead of first listening.
Richard:	Yes. Which made us not really listen to your sound, hey?	
Therapist:	Yes. So, we were all, kind of, we were so nervous about it being our turn, that you're not really focusing on what's coming your way, hey? And I think, um, we have a tendency in life to think about what I'm gonna respond instead of listening [to] what you're saying. I don't know if that—	
Richard:	Yeah. Like, if you [are] listening to the person talking, but you [are] really going through a response to what they having to say, and then responding on that. I also think as it goes around the group, you had that anticipation building up. [As] soon as you pass it on, you feel relaxed. As soon as it starts getting closer, you know, you're like, "Okay, now I've got to say something." That expectation and maybe self-judgment, like, "Am I going to make the right sound, am I going to make something silly?" You know, "Are they going to laugh at what I make? Do I make the same noise as somebody else?" And what's wrong with that? It's like we all try to do something different. But, you know, and that created an uncomfortable feeling. It was easy to kind of replicate the same sound somebody else made but then to add your own spin on it was—that's the challenge.	R reflects on how it is similar to conversation. R reflects on feeling a sense of expectation before his turn and then relief when it is over. Feeling self-judgement.
Therapist:	Yeah. So, let's grab um, our drums, um, or any instrument—nd we are going to make our own soundscape. So, you can use the drum, you can use any of the stuff and we are going to— (group takes instruments). Take any of the—the stick goes with this one (shows the other wooden stick). That's just sticks (Therapist demonstrates some of the instruments).	We try to do something different, but is it necessary? Making someone else's sound, your own is the challenge. MT explains next improvisation activity.
Therapist:	If you want to go lie down, you can (looks to T, who is feeling unwell).	

Richard:	You talk in your sleep (participants joke around and laugh).	
Therapist:	So, we are going to—we are going to—I'm just going to play some chords and we try and just improvise together again. I know it is extremely scary, but we [are] gonna do it anyway. Ready everyone?	MT invites group to improvise together.
Music:	Therapist opens musical improvisation on G with strong and slow strumming on the guitar. The melody ranges between major and minor chords. The participants join immediately with their instruments, and the rain stick is evident. There's a strong basic beat on the djembe, following the basic beat on the guitar that the therapist is leading. The therapist then adds her voice, beginning with an “mmm” vocal sound. She then moves to “laa”. The quality is changed when she adds a beat by muting the strings of the guitar. The djembe follows by holding a steady rhythm throughout. The rain stick gets turned on the beginning of every changed beat. As the therapist stops using her voice, the instrument playing in the group becomes louder and the quality of the playing becomes more confident. The therapist then adds her voice with another melody on “daa”, the group follows this change by allowing a pause between the rhythms and slowing down the tempo. They also lower the dynamic. The therapist ends the improvisation with a perfect cadence and strumming the guitar on G.	
Richard:	(The group breaks the silence by laughing among one another and singing short snippets of familiar songs such as TulaTtula). It was fun.	Shared laughter. Singing of familiar songs. R expresses joy after improvisation.
Therapist:	I liked that song (Therapist responds to participant by humming Tula Tula).	
Richard:	Have you ever been serenaded to before? In such beautiful voices? (looks to T). (group laughs together)	Shared laughter.
Therapist:	Okay. I feel we've had quite a bit of a deep discussion this morning. Um, so I'm going to ask us to end off with, um, just one final round on the drums and then we'll just do our four words.	MT reflects on conversation before session started.
Richard:	Should we remix it?	
Therapist:	We can put it to work, to music. We can definitely do that.	
Richard:	Then we can do tours to each group. [inaudible]. (participant plays drums)	Participant spontaneously starts playing the djembe.
Therapist:	Yes. Yeah. You had a good one going. And then you can add whatever you want (Therapist opens space for drumming improvisation).	MT invites others to join spontaneous improvisation.
Music:	Participants start to lead on the drums with short and loud rhythms. The quality is provocative and confident. The rhythms build on one another and as the improvisation develops, a groove quality emerges.	Group cohesion through improvisation.
Annie:	We should go play at malls and get money. (Group laughs and make jokes).	Humour emerges in the group.
Richard:	We can put Terry in a wheelchair, and she can sit there and collect the money (group laughs).	
Therapist:	Okay. Yeah. Just, four words. (participants keep playing on instruments) Are you guys still in it? Four words, themes, or anything.	MT asks for four words.

Sean:	Yeah, that's it. Four words or anything (counts on his fingers - the four words he just said).	Humour.
Richard:	Uplifting.... Connection.	
Sean:	Rhythm.	
Annie:	Diarrhoea	
Richard:	Oh. Gosh! (group laughs)	Shared laughter.
Annie:	I know this is gonna sound weird, but I'm kind of thinking of Jackson Pollard.	A: Jackson Pollard.
Therapist:	Unstructured, kind of almost just messy in an artistic way.	Four words: R: Uplifting R: Connection S: Rhythm A: Diarrhoea
Therapist:	Okay messy, unstructured.	R: Unstructured A: Messy in an artistic way
Sean:	No more words.	
Therapist:	Good guys. Then, we'll see each other on Thursday.	

Appendix F: Session 4 Transcription

12 March 2020

Speaker	Transcription	Code
Therapist:	Oh wow. Oh, so yeah. This is just for, your own keep sake. Yeah. Just to give you some background. (hands background of study to participants)	
Richard:	Should we have a focus group tomorrow?	
Therapist:	Yes, yes, yes. So, we can discuss the time that suits all of you best.	
Richard:	Five to six.	
Therapist:	Five to six in the morning? (giggling) Let's hold on to that one and get some other options.	
Richard:	Yeah. I hear you, but—[13]	
Therapist:	So, we can just—yeah, because the very last week is the week before Easter weekend, so I know, because it's a long weekend, people go away. Um, so if you guys are fine with having the Tuesday, Thursday, Friday thing, then we can do it. But I'm guessing, because I think the Monday is also a long of public holiday. The Monday after that, they're away or going home. Yeah. We can discuss those dates a bit later. Cool. So, let's just take a deep breath in and out, and in and out. Today we're going to do it a bit the other way around. I've got words, let's put them out there, different words, and you get to pick three words. Okay. So, you can go through them, three words.	MT explains activity.
Sean:	From the stack?	
Therapist:	Yes, three words from the stack, um, that represents how you're feeling. So, you can go through it. I'm going to give us, but, um—	MT explains activity.
Richard:	How are we feeling today?	
Therapist:	Yes. I'm going to give us about. Like, two minutes.	
Sean:	Explain this meaning (holds up 'frazzled').	
Richard:	Like um agitated, not sure.	
Therapist:	(People struggling to see all the words) If we, we can throw them on the floor, if that makes it a bit— (S & R laughing) There we go. Sorry, Terry, (Terry's leg is in a brace; she tripped over something a few days ago) here's some space for your leg.	
Therapist:	There are doubles. So—and no, it's not "a spot the same one" game. (Discussion about flipping the cards and finding the same word type of game).	
Sean:	I'm choosing the ones that I like.	
Therapist:	That you are experiencing, feeling?	
Sean:	Look, I don't know what I'm experiencing, so I'm just going to choose the ones that I like, is that fine?	
Therapist:	I guess.	
Richard:	So, what are you feeling today?	
Therapist:	How are you feeling?	
Sean:	I'm irritated. Let's see if there's irritation here?	
Richard:	There's agitated.	
Therapist:	And if your word is not here, and you've got a very specific word, then you can write it down as well. If there's a very specific word.	
Sean:	How many?	

[13] — abrupt break or interruption

Therapist:	Three. If there's a fourth one that you [are][14] desperately feeling, then you can pick it as well. Okay. We [are] going to try and uh, okay. Everybody has their three words?	MT invites reflection on words.
Therapist:	Okay, so of your three words, which one is the most present at the moment? Okay. Ally? Okay, so keeping your words in mind. I want us to just—yeah, if you want to tell us a bit about your words, why you chose your words? You can. If you don't want to. You don't have to know—yes, why you chose your words.	
Sean:	For myself, I chose peace (inaudible).	S chose peace for himself.
Therapist:	Anyone else want to share?	
Richard:	[I] Didn't get much sleep last night, but I'm feeling energetic today. I'm also very creative; I've got a meeting after this that's going to need that. And ja, just feeling more present and engaged today.	R reflects on feeling more present today, despite not getting a lot of sleep.
Therapist:	(Looks to Terry) If you want to. If you don't want to you don't have to.	
Terry:	Hhmmm, disconnected, but I actually generally feel disconnected from people every day. I genuinely am pretty disconnected. Um, I'm tired, I really didn't sleep well last night. Casey (her dog) was very restless. And stuck, (inaudible).	T's words: disconnected, stuck. T generally feels disconnected from people.
Therapist:	(Looks to Annie) If you don't want, you can just say you don't want to.	
Annie:	I didn't really choose any of the words for a specific reason.	A doesn't want to share.
Therapist:	Well, keep the words to the side and then we're gonna just, um, take a moment to, to just go around and put that which we are experiencing. (Moves the extra words from the centre of the floor to the side and brings in the drums). I'm going to really challenge us to, to listen to each other, to try and tune into being here and being present right now. So, we're going to just start, who would like to start us with a basic beat? You can start (looking to Terry).	MT explaining activity. MT encourages group to closely listen to each other.
Terry:	No, really, I'm good. The drum isn't my favourite.	T affirms that she doesn't like the drums.
Therapist:	But, but, you get to choose where we go. So, if you just want to do this, (lightly tap fingers on the drum) with you, okay.	
Terry:	Okay, here we go.	
Music:	T starts with the same motif the therapist presented to her. She plays quite fast and the group's tempo increases. The therapist reminds the group to keep the tempo. (therapist: "Remember to breathe.") There is some sort of haste in the music as the tempo keeps increasing. When T passes the beat on, R slows down the tempo with a more regular 4 beats, two in the centre of the drum and two on the sides. Once again the tempo seems to increase. When the turn comes to the therapist, she wipes her hands across the skin of the drum followed by 3 short beats in the middle of the drum. The group takes a few bars to catch on to the pattern and it takes on the character calling for immediacy and presence. The character of the music continues as such, as the beats change between the participants. The group seems to find it easier to internalise the different rhythmic patterns and seem to be able to listen to each other. After the music gained momentum and a groove, T stops and goes back to the finger tapping pattern she did at the beginning of the activity. When we move to A, she drags her nails across the skin and it makes the shrieking sound of nails on a black board. When the therapist invites the group to add their voices the music, it seems to fall apart and sound comes to a stop.	T repeats example motif by therapist. Vitality and immediacy in the music through increasing tempo and light playing. Group cohesion in the music through unison playing. Group seems hesitant to add their voices to the activity.

[14] [ ] extra text added for clarification

Therapist:	Okay take a deep breath, [in] and out, and in, and out. If you've got your journals here—Oh, please quickly grab them. (Therapist hands out paper to those who forgot their journals - A)	
Richard:	(inaudible) What are you doing on the floor? (looks at T sitting on the floor)	R: Sarcasm towards T.
Therapist:	Okay. (conversation in the background) Can you remember your words? If you can remember them— (conversation between R and S) There's some pens. Okay. So, what I want—I'm going to put some music on for us and, taking your words, how, how do these words reflect on how you use your voice? If there's any connection between them, between your voice and the words. How [do] these three words that you took, how do they reflect, um, or just, what are they saying about you? I'm going to give us seven minutes for this. (Switches on music) You can move away if you want. If you want to write, you can write. If you want to draw something that represents it, you can draw. Just allowing for a few minutes. What are these words saying to me? Why did they stand out to you? (therapist gives group a few minutes to finish their journal writing). Okay. Take a deep breath, [in], and out. And in, and out. If there is anyone that would like to share. You don't have to.	MT explains activity. MT asks group to reflect on the connection between their 3 words and their voices. MT invites group to take a few deep breaths.
Richard:	For me, so my words were: 'creative', 'engaged' and 'energy'. Um, and [the] words surrounding creative was: purpose, vibrant, expression, passion and talent, colour, vision and self-awareness, and self-love. And then connecting that to 'engage' with the greater whole and being, your sense of connection, learning, sharing love, future. Um, and being humble, which kind of flowed into energy and transferring it, um, sense of sight, laugh, light, sense of community, and expression, and love, and connection. Again, vibration healing, so they will kind of flow from one to the other.	R's words: creative, engaged, energy. R reflects on how the word 'creative' links to the self and how he views himself. R reflects on how 'engage' connects to the greater whole – feeling a sense of connection to that beyond the self.
Therapist:	So, you found a thread that ran between your words.	
Richard:	Ja, so then you came back again to love and connection.	
Therapist:	If you want to share, you can share.	
Sean:	Well, when I feel peace, I surrender. I understand that I don't have to conform to everything society expects of me. There are no better words than any other person [inaudible]. I think I stopped to breathe and feel. I started to have peace and love and have mercy for myself. I'm able to just step back, alter the chaos of my mind. I see it's in front of me, I think it's what I want. And then learning to accepted it and let it be. If it's not, I to reflect and do what's best for me. Because I can only be content once I'm truly free. (group nodding at S, acknowledging what he shared)	S's words: peace, surrender (not sure of the final one). S reflects on not having to conform to society's expectations. S: once there is peace, love and mercy towards the self, he can alter his thinking(mind). S: I can only be content once I am free.
Annie:	I don't know what I was doing. I just like uhm—This is what I drew, (drawing of needle and syringe) I just put inside poison and then was—my words were 'numb', 'temptation' and 'anxious'. So, I just— [inaudible] Poison will—we want to feel the temptation, and then comes the numb, and there comes the anxiousness, and	A's words: numb, temptation, anxious. A explains that going from numbing your pain to not

	sometimes it doesn't. Hmm. Sometimes it's just—going from numbing to not numbing is hard as hell! And then I just put there “six months”, I mean six years active, six months [of] sobriety. Start over or dissolve into the sky.	numbing your pain is hard as hell.
Therapist:	So do you feel your words almost—hearing that, you're feeling, like, that almost trickled down from the one word into the other?	MT asks for A to say more.
Annie:	Yeah.	
Therapist:	And you were mentioning that, um, you're there, start over. Okay. And the fear of letting go. Okay. I think, go on.	
Annie:	Just in general in life, I mean my therapist, she always tells me that, like, I pushed everything good that comes into my life away. The things that are bad for me, I'll keep putting that into my life. But I see so much of goodness in those bad things. Like, I see so much goodness and that's why I continue, continually, do what I need to do to keep that badness in my life. So, I'm just trying to figure out where—	A: I push away that which is good for me. A: I put that which is bad in my life. A: I see goodness in the bad and that’s why I keep going back.
Therapist:	The balance is….	
Annie:	Where the letting go and where the start over is.	A: I am figuring out where the letting go is and when to start over.
Therapist:	Terry, (she shakes her head, signalling that she doesn't want to share) I want to play us a song and it's a very, very well-known song. But um, I think you hit the nail on the head Annie, by saying that there's so much good in the bad and bad in the good and there's this constant battle of realizing, and this is me saying that black and white is not that realistic. The thing that's all things are either good or either bad or right or wrong; those absolutes, um, that one wishes were true, so often say two things at the same time. Um, so I'm going to ask us to maybe move back all the chairs, if we can, and then we're gonna—and then we can throw these out there (empties the bag of instruments).	T shakes her head – doesn’t want to share. MT reflects on things not being either black/white. MT explains activity.
Therapist:	If you could choose an instrument that represents how big or small, um, um, yeah—what—how you experience yourself. Do you experience yourself as this big a drum, you know, being over the—not over the top—being a bad or good thing, you know? But being saying what you need to say, but you don't need to say whatever or yeah, where do you find yourself and then what do you need to say? What does this instrument need to say? Yeah. And the drums—that was a part of—so you can, and I have the norm, right? We are going to just take a moment and allow your instrument to say what he needs to say. So, if you, yeah, just allow it to say what it needs to say; if it needs to be louder, let it be louder. If it needs to be softer, allow it to be softer, be, yeah—just let your instrument tell us what it needs to say. (you can hear S playing the shakers already as the therapist is talking)	MT explains activity MT asks group to choose instrument that represents them. MT: allow the instrument to say what it needs to say.
Music:	R takes a deep breath and S plays a motif on the egg shaker of quaver-quaver-crotchet. The therapist plays a very soft first beat on the drum with two fingers on the drum. The rain stick is audible as T turns it in time with the egg shakers. You can softly hear the bells come in with a short and tentative, irregular, rhythmic pattern. The therapist adds the other beats of the bar. After a few bars, the therapist adds a humming pattern on top of what is being played by the group. The music is slightly irregular and there seems to be a kind of disconnect between the different players and instruments. The group finds it difficult to maintain the meter of the music as the egg shaker is quite evident and S seems to play more and more irregular beats. The therapist invites the group to hum with her and R joins in. They	R takes a deep breath before he starts playing. Cohesion between S and T’s playing. Participants find it difficult to meet each other musically. The music becomes irregular as S stays stuck in repetitive playing.

	move between the tonic and the 5th, and the egg shaker continues its original rhythmic motif.	
Therapist:	Why did you choose the bells? (looks to A)	
Annie:	(pauses to think and plays with the bells in her hand) I can explain why I chose the entire object.	
Therapist:	Okay.	
Annie:	So, the circle is just because it's, it's infinite. And um, [inaudible] and like, the hooks are attached to it and I feel like each one is a cry for, like, a different type of help, all the time. And the hair band like stretches you and pulls you all the time. But there's just so much you can take before you snap.	A explains that the circular band of the bells are infinite and each bell connected to it is a cry for help. A reflects on what it would take to snap. MT reflects on the manner in which A was playing.
Therapist:	And do you think, (pauses) while you were playing, did you feel the band snap?	
Annie:	(shakes head) No. (says it softly)	
Therapist:	And why, why do you think it didn't snap?	
Annie:	(waits a while before answering in a very soft tone) Because some things in life are inevitable. [inaudible]	A reflects on the inevitability of things in life.
Therapist:	And I think you were not playing like this (shaking excessively), you were playing it here (small movements), so you were holding that instrument. You are allowing it not to snap. And I think by you not overextending it, it didn't snap. So, if you allow yourself, if I can take your metaphor that you said, that you felt connected or that this (hold bells) kind of presents a bit of where you're at. If you allow yourself to just stay here (small gestures towards the floor) for a bit that—and not expect yourself to constantly be there (big gestures) and overstretching.	
Annie:	[inaudible].	
Therapist:	Can you snap right now? (A sits on the floor with her head facing down - playing with the bells in her hand)	
Richard:	Can I reflect on something?	
Therapist:	(nods) Yes of course.	
Richard:	I did a process once where they explained that kind of analogy where you've got an elastic band. You're here (gestures with hands), and you want to be here. If you take it and your stretch to there, it will snap. But if you take it just as far as you can and hold it there and move that closer (makes small gestures of moving a small step at a time), you will eventually get to where you want to go, without snapping. So, it's just those baby steps and not putting too much pressure on yourself, otherwise you do snap, but as long as you are moving forward bit by bit—	R reflects on A's metaphor of the elastic band snapping. R reflects on overextending oneself and wanting to move forward too quickly. R explains that taking smaller steps creates space to not snap.
Therapist:	I think that's much easier said than done.	
Richard:	For sure.	
Therapist:	Because I think it's a human condition to want to be there. Yeah. I can also add, I mean, I, yeah, I also have many areas of my life. That's the case. I want to be—I want to already have a practice that helps 60 people a month. That's all, I wanted to know exactly what you're saying at this moment. And then afterwards—maybe if we can go round and think what are areas that you feel like you want to be there already and you're feeling stuck here?	
Terry:	Uhm, everything. I'm just stuck.	

Therapist:	It was one of your words?	
Terry:	Yeah. I'm just stuck.	T explains that she feels stuck.
Therapist:	And that “stuck’ness,” where does it sit in your body?	
Terry:	I don't know. (pauses)	
Therapist:	Is it uncomfortable, being stuck?	
Terry:	It's frustrating.	T: the stuck’ness is frustrating.
Richard:	Well, for me, um, when I first got here, or when I first went into recovery, I wanted to be back home. Um, back with my parents. It's been five years, well till last weekend, five years since I've been home. So, I wanted to be back there to fix that. Um, and last weekend I think it was about four months, ja, four months I've been in recovery, when I eventually got to go home and it, you know, it was just that vision and having a little bit of insight that I can be where I want to be, but I am where I need to be right now, and if [I] try and stay there, I'm going to be stuck. I need to be comfortable being here and know that it's going to be that small process [to] get going to where I want to go. But yeah, before I went home, I wasn't sure if this is where I wanted to be? But after being home, this is where I need to be; I realised that. Yeah, my life coach has a saying with me, which really, like, hits something. [inaudible] And she says, "Let it settle in your spirit," and that's what I've found as well. That's where it's got to sit comfortably, otherwise you're unbalanced, there's that uneasiness and ja, this definitely has settled in my spirit. I am where I need to be in order to get what I want and I need to be okay with that, because then I accept the process, then I do the work. If I don't want to be where I want to be and I fight it, I'm going to resist everything that comes this way, you know, all the positives as well and creates more negative around that.	R reflects on his recovery journey – he wanted to go home. R reflects on wishing to be somewhere else is what creates the feeling of being stuck for him. R: allowing contentment in one’s spirit before acting.
Sean:	I can say why I chose this thing though. (holds up egg shaker) We, you said something, [inaudible] then I saw instruments come out. At first, I wanted the drum because it's the biggest and coolest. Then I wanted this thing, because it has the shiny things on, I'm not sure what they call it. (not sure of instrument - bells) Then I saw the eggs and choose the egg, because of all the items here, this is the most common. I think in a way it represents me [inaudible]. I think it's perfect, because it's not round, it's oval and it represents an egg, like an egg that's hard. It's tasty or it's horrible, depends on how you take it. It stands or it can fall, (shows motions with the egg) [inaudible] it can change. A cool part about this, it can be hard if it wants to be. It's not perfect and that would represent me. [Inaudible] The beautiful this is that rhythm, it's a pulse, it's a heartbeat and it's pointless in adding that if there is only one egg. That's why you buy them in pairs I suppose. Yeah, also the nice part of it is, like, each one of these eggs are, like, different, but they do the same. [inaudible] [inaudible]I need to allow myself to accept that, be here man, like, flip. Like I always, like I said, I always conform to society and what they want me to do. [inaudible] What's the flippen point, you know? All my life I've chased this flippen success, [inaudible] but I'm not fucking happy. I'm not happy with who I am. And I step back and it's not what they expected. I can go and say “Listen boys, stop dictating like shit like that, like you my brother, it's nice to hear you.” And that changes his heart. It allows him to accept things and if he doesn't that's his thing. That's okay. It's okay. It's okay to be flawed, it's okay to fall. [inaudible] Shit, instead of just like, okay it's happened, so cool [inaudible]. It's a choice. That's the most empowering thing about this egg, it's a choice. How I want to shake it, do I want to shake it and which beat do I want to make? And there's no right or wrong, that's the thing. [inaudible] There is no right or wrong and I think that's life. There's no	S explains that the egg shakers are the most common – he chose it because it represents him. S: The egg (me) can be various things depending on how you see it. S: There is a rhythm within the egg determined by the player. S explains that he needs to allow himself to be present and not allow society to dictate who he is. S: If I am happy with who I am and stand up against those dictating my life it could change their hearts. S: the empowerment is in the choice. S: the concept of right and wrong only happens if we accept other people’s law to be our own.

	right or wrong the only time it becomes right or wrong is when we accept other people's opinions to be our law, our decree. [inaudible] It stems from control issues, because if I know what I want, [I] can focus on [it], I can sit, even if it's shit for a day, I know this will last. Because I'm happy, I can just be there.	
Therapist:	That's good. Annie, places where you'd want to be right now?	
Annie:	I'd be in Atlantas, where there's dolphins and [inaudible].	
Richard:	In a good place (everyone nods and smiles).	
Therapist:	Utopia, a place without darkness and fear and it's just beautiful rainbows and unicorns and dolphins [inaudible] we can [inaudible] (group laughs together).	
Group:	Discussing the different types of utopia, etc.	Shared empathy in the group.
Therapist:	I want to—and at the beginning of the process, I said we [are] not doing homework, it's not homework, because I won't be marking it. But for our focus group of tomorrow, I want to challenge you to maybe think about “Who am I? What? This is me.” If you, if you had to have, “This is me, dot, dot, dot.” what would the “dot, dot, dot” say?	MT asks group to think of the statement “I am” for the focus group.
Annie:	What is tomorrow?	
Therapist:	The focus group. I speak to you afterwards, don't stress.	
Sean:	So, it's due for tomorrow?	
Therapist:	Due for tomorrow... Oh my word, no man. (Richard rolling his eyes)	R: Playful rolling of eyes towards S.
Sean:	It cannot be homework for two reasons. We are already at home, or we are not at home, but can't go back there. [Inaudible] So when is it due?	
Therapist:	Just think about it. Think about it. Then we'll discuss it when the time is. Four words to represent today.	Four words: S: insight A: I am T: frustrated R: comfortable
Sean:	Four words???? (reaches to the pile of words)	
Therapist:	Four words, not from the file. What was the session? What stood out? What was good? What was bad? Four themes.	
	Sean: Insight.	
Therapist:	Insight. One from each of you. Let's do that.	
Annie:	I am.	
Therapist:	I am.	
Terry:	Frustrated.	
Therapist:	One word. (looks to R)	
Richard:	Comfortable.	
Therapist:	I will see [you] tomorrow. What time? 11h00, 10h00?	
Richard:	10h00 is good.	

Appendix G:Session 5 Transcription

19 March 2020

Speaker	Transcription	Code
Group:	There is shared laughter in the group.	Shared laughter
Therapist:	So, I'm going to, um, ask us to, as we start, maybe just take a deep breath in, and out, and really try, when we [are][15] breathing in, to try—[16] (someone commenting - don't spray on me) Um, it's not airborne, it's not airborne. (therapist and client laugh together) And when you breathe in, try and, like, really fill your whole body. And in (therapist guides the breathing), and out. And I think, um, because we know that music has such an amazing power of, not only connecting us, but connecting us to, to whoever, um, it might be space between people—might be that, um, and—I know we were joking about it, but the drums aren't even from South Africa, you know, that playing the drums connect[s] us to other parts of the world.	MT asks group to take a deep breath. Commentary about COVID-19. MT comments on power of music to connect us. MT: the drums we play connect us to other parts of Africa.
Mitch:	I think they're from Ghana.	
Therapist:	Well, yes. (participants laugh with therapist - they joke together) Yes, yes, but I think that, um, yeah, if we could maybe dedicate the session. I know it sounds very “airy fairy,” and for a lot of people, that is a bit weird, and if you're not comfortable with that, like, if you don't— (participants interrupts therapist - members speak to one another; the group laughs with the therapist and there's a playful and joking interaction between the members) [inaudible] I would like to dedicate our session to the hospital staff. So, the people that are, like, first on the forefront, um, and, and also, um, yeah, uh, I know it's their jobs, but they—they're going in anyway. Um, and I think, yeah, I'd like to dedicate our session to them. (participant asks therapist a question - inaudible) They didn't, they didn't, I promise you, I see the pay checks, they don't. If there's anyone else that would like to dedicate it to—(group interrupts therapist again and talks to each other) [Inaudible] I agree. The hospitals and the black people [inaudible], and the white ones, shame. Anyone else—[you] would like to dedicate to, anyone else?	Shared laughter. MT invites group to dedicate the session to something / someone. Shared laughter and humorous interaction. MT dedicates the session to frontline workers. MT prompts participants to dedicate the session.
JB:	My family, it's always big—our families.	JB dedicates the session to her family – all the people in the room’s families.
Group:	(Other participants agree) [Inaudible] Yes, and people in recovery.	Group dedicates the sessions to people in recovery.
Therapist:	I like that. People in recovery, our families—(group continues to make suggestions as to who they would like to dedicate the session - inaudible).	
JB:	Ja, because they get affected by our choices.	
Group:	(group talking over each other)	
JB:	Yes. And those that are still in active addiction.	JB also dedicates to those still in active addiction.
Group:	(inaudible - group talking over each other)	
Richard:	Yeah. So, everyone outside this room.	

[15] [ ] extra text added for clarification
[16] — abrupt break or interruption

Therapist:	Yes. Okay.	
Sean:	And inside this room—	
Mitch:	And Annie.	Mitch dedicates the session to Annie.
JB:	And who she would like [inaudible].	
Annie:	And HIV and TB patients.	A dedicates the session to TB and HIV patients.
Group:	Yeah, yeah. (The group agrees as the suggestions are made.)	
JB:	And the old tannies.	JB also dedicates to the old and frail.
Therapist:	The, the, the at-risk population.	Dedication from group to the high-risk population.
Group:	Hmm, ja, the high-risk population.	
Therapist:	Um, and I also think those that can't afford private healthcare (group agrees with nods), because as [it] is, our government health sector is overextended without Corona. So, adding that to the mix. Um, and yeah, so we just together, are you fine on your—(looks to T) You can choose. You can choose another instrument as well, because I know you don't really like the drums. (Group members make suggestions as to what instruments they would like - a quiet and spontaneous drumbeat emerges from one of the participants).	MT dedicates to those who cannot afford private health care. T affirms that she doesn't like drums.
Terry:	I want the elastic thing.	T asks for the elastic bells.
Therapist:	The elastic bells?	
Terry:	Ja.	
Therapist:	So, we are going to, um, just take a moment, first of all, uh, I want to also just say after Tuesday's session, the focus group, (some group members giggle) Yeah. I got a feeling that we need, (some participants comment - the unfocussed group - inaudible) the unfocussed group. (group makes inaudible comments) But that humour is important. Humour is important in connecting us and, um, yeah. In expressing ourselves. And I think there's a—this group gives us opportunity for both that and to really zone into the present moment. Um, so I think—let's try and just give it a moment to—and when there's really space, we go for it. And we laugh uncontrollably and, um, yeah, because it is important. So, we're going to start by just, um, like I've explained.	MT reflects on the focus group that happened. Group refers to it as "unfocussed group." MT reflects on the need for humour to connect us.
Sean:	I have PTSD now. (in a joking manner)	S expresses he has PTSD from the focus group.
Therapist:	Why?	
Sean:	(Inaudible)	
Therapist:	I'm so sorry. You can, we can just, uh, try and—	
Richard:	[inaudible] Much open to that experience. No, it's not an experience.	
Therapist:	But we, so, like I mentioned the, um, the, the best way to—well, not [the] best way, but a way to get more sound out of the djembe is, obviously, to keep the hollow end open. So, I prefer, um, tilting it forward, but there are people that prefer playing it like that (therapist demonstrates playing the	MT explaining and demonstrating the djembe.

	djembe). Um, you can also pinch it between your legs. So, we're going to start by just doing a very basic beat together. Um, and then we're going to pass on where you can give us a beat or something, and we reflect it back to you. Okay. So, we [are] all going to play at the same beat, and once you've, kind of, really embodied the rhythm, you now pass it on. Okay. Okay. So, uh, let's just start.	MT invites group to a basic beat.
Music:	Drumming circle starts with the mirror exercise and turns into a free improvisation. The music is filled with vitality and energy. The music has a lot of movement and direction. There is a sense of spontaneity in the music as well. The music comes to an end, and the group laughs together as they end off with a big sigh, after an increased crescendo movement on the drums.	Organic movement in the music. Spontaneity and energy in the music. Flow in the music. Shared laughter. Vitality in the music.
Therapist:	And? Experiences?	MT asks for reflections.
Mitch:	Wow, that was great.	Mitch: enjoyment in the music.
Richard:	Vibration.	R felt the vibration in the music.
JB:	I felt it was calming and relaxing. I forgot about all of my problems.	JB: relaxation and calmness of the mind in the music.
Mitch:	It resonates. Yeah.	
Sean:	I felt rhythm.	
Richard:	(inaudible) It was like an escalation of power and energy and, ja. (group agrees)	R explains the build-up of energy.
JB:	Pulse!	
Therapist:	Pulse yes. And when we, uhm, how did the first part of the exercise feel different to the second one? When we first just like mirrored back and when we each did our own thing, but it made a unit.	MT asks about comparison of the two parts of the exercise.
Sean:	Yeah, it's like we're all different, yet we're the same and together, even though we're forming our own thing, unitedly it's to a bigger purpose, to a bigger goal. So, it's kind of, like, from a rhythm, you got a beat.	S reflects how we are all different even when we do the same thing. S felt a sense of purpose and working towards a bigger goal in the music.
Mitch:	[inaudible] Ja. It created like a constant rhythm, ja.	Mitch felt the constant rhythm and pulse of the music.
Therapist:	And for you? (looks to T).	
Terry:	[Inaudible] Loud?	
Therapist:	What was the problem with—or not problem? But what, what was your experience of loud? She just said that her experience was loud.	
Richard:	Everything is loud for her.	
Terry:	Ja, everything is loud for me. I'm not joking. Like, I'd have to take my watch off because—	T explains that she is very sound sensitive.
Mitch:	I find it ironic that your dog is deaf.	

Group:	(group jokes and laughs together)	Shared humour and laughter.
Therapist:	Was the loud bad? Was it good? Was it just loud?	
Terry:	It was just loud.	T: it was loud but not a good or bad loud.
Therapist:	Just loud? And uhm, from our first session to now? Your experience of loud?	
Terry:	Uhm Well it makes it different—a difference with two extra people.	
Therapist:	But, I think the first time, in our first session, you said the loud was like you wanted to leave.	
Terry:	Oh no, I'm used to it now.	T explains that she is used to the loudness in the sessions now.
Therapist:	Okay.	
Richard:	She's actually enjoying it, is what she's trying to say.	
JB:	Ja indirectly, it's a nice loud.	
Annie:	The first one was very structured by following protocol, yeah. And then you move into panic, waiting for a climax to happen.	A reflects on how we moved from structure to panic and climax in the music.
Therapist:	Yeah, And the structure, the structure— was that comfortable or uncomfortable?	
Annie:	Right now, comfortable.	A explains the structure feels comfortable.
Richard:	For me, the structure allowed me to find my rhythm. And then once I found it, I could be different and create different rhythms.	R: Structure allowed me to feel comfortable and then explore from there.
Therapist:	Almost. Um, I—when we mirror back, I feel like what I'm doing is not complete bonkers. You know, like if people can do it, like mirror it back to me, I feel like, “Okay, well that wasn't complete horse shit, if other people can do it as well.” So it, kind of, just brings that sense of affirmation. Um, yeah. So, I want to challenge us now to move into the vocal realm. Okay. So, um, so we are going to— (hands client a tissue she requested) We're going to do our usual humming activity, but also, while we are seated as we are now, I want you to just stretch your body out, feel where you need to just let some tension go. So, it's up to you, you know, where you feel the tension and just stretch it out. Just let it go, let go of your tension.	MT reflects on feeling seen and heard when beat is reflected back to her. MT invites group to humming exercise. MT facilitates stretching exercise.
Group:	(Inaudible-group comments on stretching exercise) Yeah.	
Therapist:	Just let all the tension go. And I want us to, um, try and pull every muscle in your body stiff, like try and pull everything as tight as you can and just let it go. And pull it in again, and let it go. (therapist facilitates the stretching exercise) Just feel your entire body relax and let go. (therapist breathes out) And as— We're going to take three breaths together, and when we exhale, just sigh... Let, whatever sound needs to come out, come out. So, whether you want to sigh, whether you want to, whatever sound needs to come out. Exactly. Just let it come out. So, we [are] gonna take a deep breath in, and out. (group responds to the therapist's facilitation of breathing exercise)	MT facilitates stretching exercise. MT facilitates breathing. MT explains humming activity.

	And we are going to—if you want to close your eyes, you can do that. And we're just going to hum together. And when you feel like you want to change the humming into, uh, a vowel sound, we can go for that. Okay. (group discusses what vowel sounds are) Okay. So, let's just take a deep breath again, to just focus our minds, and out...	
Music:	The therapist opens the activity by humming. Mitch starts on a much lower note and the rest of the group joins in. After a few breath cycles, the group's intonation meets each other. The therapist changes her note, and after a few cycles, the group joins on the same note. The group seems to have a synchronous breathing pattern and they all breathe together. The therapist moves to a vowel sound and some of the participants follow. The music has a tangible energy that fills the space but is not invasive. Some participants start exploring different melodic patterns. At times there is harmonic movement in the music. The therapist starts moving melodically. As the group continues to hum, some participants start exploring with different notes and humming as one. There is a sense of some participants wanting to explore but they seem a bit hesitant. Almost as one, the group moves into vowel sounds without any prompt from the therapist. Some interesting harmonies come into play as the participants explore more freely. The therapist introduces a descending melody line that she hums and sings on a vowel sound a few times. R clears his throat a few times. The therapist takes a slight backseat and allows individuals to take the reins of the music. You can hear various participants exploring their vocal range through melody and changing pitch. There is a swaying like character to the melody lines and to cycles of synchronous breathing. JB introduces an almost cry-like melodic line. The synchronous breathing breaks up a bit as each participant is establishing their own rhythm of breathing. The dynamics of the music dies down and everyone moves from the vowel sounds into a hum. Everyone takes a few deep breaths. There is a moment of silence.	MT starts humming. Group joins in after a few seconds. Participants meet each other musically. Synchronous breathing in humming. Group follows MT's shift to vowel sounds. Tangible energy in the humming. MT makes melodic movements. Some participants start to explore within the humming and vowel sounds. Comfortable dissonance occur in the harmonic structure. Participants explore freely their own humming and rhythm of breathing. Music has swaying movement. JB introduces new melodic material. Dynamics of the vowel sounds decrease and organically moves to humming. Activity organically stops. Silence after everyone stopped humming.
Therapist:	Just take a few breaths with your eyes closed (you can softly hear A still humming to herself), and just come back into the present moment. When you're ready to open your eyes you can open your eyes. Thoughts?	MT invites group to take a few breaths and return to the present moment. MT asks for reflections.
Mitch:	That was very meditative.	Mitch: that was meditative.

JB:	Very relaxing (T agrees with JB). For the first time there's actually nothing going on in my mind.	JB: relaxing – cleared my mind.
Richard:	(group agrees) Ja, same here.	R agrees with others.
Mitch:	I was completely present.	Mitch: the humming called me to be completely present.
Therapist:	It was stunning, hey, like—I felt like we all—for me, everyone started together and, at some point, it organically moved. (Mitch agrees with therapist) You know, it wasn't that we had planned that we [were] gonna move, you know, people are going to start humming on different notes or—but it, kind of just evolved on its own. Yeah.	MT reflects on the moving together vocally, exploring, and then coming back to the group
JB:	Yes, it was a cacophony. Did I say it right?	
Mitch:	Yeah, it was good.	
Sean:	Can we have a smoke break?	
Therapist:	Hmm. I just—before we take [a] smoke break, and I promise I've got it here [inaudible]. So, any other, yeah—Any other thoughts on that?	
Richard:	Um, I was just, like, experiencing, like, we were all together and we allowed some people to drift away, but they were still being held by the group.	R reflects on the spaciousness of the humming – allowing for exploration. R: everyone exploring was held by the group.
Mitch:	Yeah, that's true.	
Group:	Hmm [inaudible] some members talking over each other.	
Mitch:	No, but it was interesting. Like everyone kind of took a step back to, kind of—I think, like, recognize knows where they are. And like organically came back. It's interesting.	Mitch reflects on the organic movement of the humming.
Richard:	Like, letting everyone have their voice.	R: the humming allowed everyone to have their voice.
Therapist:	And did, did, uh—remember this is, this is a space where you can also express your discomfort. Just because a lot of people said, it's, you know, they experienced this euphoric—	
Mitch:	Yeah. I mean at first, I started looking around and I was like, “Is everyone actually taking this seriously?” And everyone was; it was quite weird.	Mitch: I thought people wouldn’t take the humming seriously, but everyone did.
Therapist:	How was that for you? Did you struggle to zone in or was it—? (looks to A).	
Annie:	A little bit.	A: I struggled to zone into the humming a bit.
Richard:	I kind of found your, your eyes are your windows to your mind, your brain. Because when you close them, you switch off here. But when you open them, you're worried about what people are thinking. What they [are] doing in there. So, you kinda feel it more.	R reflects on having our eyes closed during humming allows us to feel it more in our bodies.
Mitch:	That's true.	
Therapist:	I find it interesting that you [are] doing this gesture, you know that—because I felt it in my chest as well. You know, I felt the almost like it was—	

JB:	It felt genuine.	JB: the feeling created by the humming felt genuine.
Mitch:	And that's where the vibration hit.	
Richard:	And the stretching exercise, tense up and you relax.	
Group:	[inaudible] Joking together.	Shared humour and laughter.
Therapist:	Yeah, yeah, absolutely. Um, I'm going to allow—but I'm dead serious,—about four minutes.	
Group:	Why don't we just not take a break? (Group chats about smoke break)	
Therapist:	Um, I, based on this, I want us to—I thought it would be nice if we wrote a song together. Yeah. And it can, yeah, it can be—so, give me some ideas of topics.	MT invites group to song-writing.
Mitch:	(hums a loud and familiar tune-group laughs)	
JB:	It needs to be a journey. Like, uh, you know, maybe start somber. It's like the journey of recovery. Somber, dark.	JB suggests we must do a journey of recovery.
Therapist:	(writes down suggestions) The struggles with addiction...	
Mitch:	(Making musical suggestions) Maybe, like, it's almost out of rhythm out of beat, and then it slowly starts finding its feet.	
Richard:	Kind of like the steps...	
Group:	[Inaudible]	Group discusses how the journey would sound.
Therapist:	We, there's no need to have a structure. So, I think what we can do is—that was your idea lead us in it.	
Mitch:	Okay.	
Music:	Sound scape for the journey of recovery. Mitch starts the music with a fragmented beat and the group follows. The tempo of the music increases, and it becomes more regular. Some participants add in different beats. The therapist looks to JB and asks, "You mentioned the struggles; what would it sound like?" JB plays a very quick succession on the drum, followed by two loud beats. The group follows. The therapists asks if anyone could give it a vocal sound. [Inaudible] The group starts shouting and making all kinds of vocal sounds. The drumming has a lot of agency and movement, and Mitch introduces short chant-like vocal sounds. The drumming becomes a bit fragmented as the group tries to fit the chant-like sounds into the existing rhythmic framework. The drumming adapts to rather fit the chanting. The intensity of the drumming escalates without chanting. And then rapidly dies down. The therapist asks A what her journey would sound like. A says she doesn't know. JB encourages A to just close her eyes and play whatever comes up; no judgement. A taps on the drum with her fingers and then increases her movement. The group immediately follows. The therapist starts rubbing on the drum and adds a vocal motif. The group follows. They sing it a few times and some different beats come into the music. There is some fragmentation in the music. But after a while the group falls back into a groove. The therapist invites the group to join in with their voices. Various participants explore using their voices in different ways. While people are exploring, there is constant	Mitch starts the journey of recovery sound scape. Tempo increase in the music along with slight irregular rhythms – signalling the stumbling into the journey of recovery. MT invites group to use their voices. Agency and anticipation in the music as we move into the journey of recovery. Slight fragmentation in the rhythms as the group tries to meet each other. JB encourages A to play whatever comes

	movement in the drumming. High energy and vitality. The group seems to be falling into a groove, which sometimes loses the basic beat, but then, somehow, returns back to a more regular beat. JB starts making sounds with her voice, which immediately changes the character of the music, which was quite tribal, to a more hip-hop like character. The music goes back into an irregular beat. The therapist invites everyone to do a drum roll and end together. Everyone exhales with pure excitement.	to mind – saying there is no judgement. Group follows MT. The group finds a musical groove – character of the music is tribal like. Participants exploring their voices in the improvisation. Slight irregularity in the rhythm that is restored organically by the group. Character of music changes when JB introduces new vocal sounds. Everyone ends the improvisation together on a final beat. Enjoyment in the music.
Mitch:	That was fun.	Enjoyment in the music.
JB:	That was really fun.	
Therapist:	I want to really, really—I know that you desperately need a smoke break, but I want to invite you to this space. So, today was a bit different or anything. Today was what today was. Um, but you come into a space where you allow your voice to come up. There's no—there's really no right or wrong. Like we heard in our, um, humming, there was times when the notes didn't match, but it was—there's something beautiful about it. There was something about the dissonance about the mismatching, the, the searching for the breaking free, that, that added to the experience. So sometimes there will be voices that are strong and that have a very set idea of what they want to do. But that's not the only voice that's valid in the space. When you added what you added with your voice, that was stunning, because it was what you had to bring. So it wasn't—you didn't conform to what I was doing, what he was doing. You brought what you had to bring, um, yeah.	MT reflects on the use of the voice in the improvisation. MT reflecting on different voices and the value of various voices in the space.
Richard:	I suppose our voices are unique. [Be]cause I've tried to imitate it and I couldn't do it.	R: all voices are unique.
Group:	Laughing together.	Shared laughter.
Therapist:	Ja, how stunning is that?	
Group:	Group joking and laughing together.	Shared humour and laughter.
Therapist:	Yeah. Really allowing—and this is a space to explore your voice as well, because, um, we don't, we have a very set idea of what our voice is and what it can do, and what it can't do, and where its limits [are].	MT reflects on our own expectations of our voices.
Mitch:	What it should sound like.	

Therapist:	Yes, what it should sound like, what people expect it to sound like, what I want it to sound like, um, how I want to present myself, you know? Um, but the limits are way further than what we expect it to be. Um—	
Richard:	And even some, you know, when some people's voice is very quiet or the rhythm is really quiet, you kind of feel like if you aren't hearing it. [inaudible] You don't have to be loud to make a sound.	R reflects on how you don't need to have a loud voice to add meaning and to contribute.
Therapist:	And to contribute.	
Richard:	You don't have to be loud to make a sound that feels good.	R: you don't need to be loud to make a sound.
Therapist:	Um, yeah. I want us to take a deep breath (therapist facilitates a breathing exercise) Um, there's a bunch of instruments. Yeah. And then I promise you can have your smoke break.	MT invites group to final song for the session.
Group:	Group discusses different instruments and which one each participant wants.	Participants join in singing and playing instruments in song.
Music:	When I'm free - fill in the blanks. (Therapist plays a strumming pattern on the guitar and hums a melody with her voice as she leads the group into a song) Okay. "When I'm free, I will..." A joins in as the therapist sings the base melody and the group joins in soon after. Some of the participants harmonize with the melody. All participants are playing instruments and the volume and intensity of the music is quite high.	Volume and intensity of music is high – energy levels during the session were very high.
Therapist:	Okay. Um, we're going to allow everyone to fill out the sentence. (As the therapist starts singing again and prompts for someone to complete the sentence, T explains that you don't have to sing it, you can also just say it).	T explains activity to those that do not know it.
Music:	There is laughter as everyone adds their sentences and rhymes. The music is slightly fragmented and the therapist invites everyone to just sing the melody line instead of filling out the sentences.	Music is slightly fragmented as there is a set structure for the song.
Therapist:	Thanks, guys. Yeah. Thank you very much. Four words to summarize the session. Everyone can give the word. It doesn't have to be four.	MT thanks everyone for being in the session.
Sean:	Awesome.	Four words: S: Awesome.
Mitch:	Centering. Hmm.	Four words: Mitch: Centering.
JB:	Cognitively relaxing.	Four words: JB: cognitively relaxing.
Mitch:	Sho.	
JB:	Yeah. I know. Coming from a black person, ey.	
Group:	Laughing together.	Shared laughter.
Therapist:	Can we have one more then I promise we're done.	
Richard:	Transcending.	Four words: Transcending
Therapist:	Transcending. Thank you very much, you can have your smoke break!	

Appendix H: Session 6 Transcription

24 March 2020

Speaker	Transcription	Code
Therapist:	We can just start with a basic beat and then, as we've done before, pass it on, and go from there. Okay.	MT invites group to basic beat.
Music:	Therapist introduces a slow and basic beat on the djembe. The first participant builds on the beat of the therapist and adds a shorter beat in between, while holding the basic beat. The basic beat is very evident. The next participant plays a percussive instrument between the beat. The rain stick gets introduced over the beats of the drums. As the beat progresses, there is laughter, and the participants comment in between, "That's it." The movement in the music feels slightly forced and instances of irregularity and disconnect occur. An overall "long short, short, long" beat emerges from the group and the tempo starts to increase. As the tempo increases, the beat obtains a staccato character until it reaches a loud climax with the group ending their beats together. Silence follows as the improvisation stops.	Basic beat in the music is evident and keeps the structure. Participants encouraging each other in the drumming exercise. Tempo increases and music reaches a climax. The improvisation is followed by silence.
Therapist:	Wow.	
JB:	It was actually much harder this time.	JB: it was actually much harder to follow each person this time.
Richard:	I think we're all on different highs [inaudible] (The group laughs and comments on the experience) Clearly, we're not getting better.	R: it doesn't seem like we're getting better.
Therapist:	Or, we are. Okay, take a deep breath in (Therapist facilitates deep breathing) and out. Okay. I was thinking of doing, maybe, a bit of a creative process on how to survive quarantine, how yeah, so we can—[17]	MT invites group to a creative process on how to survive quarantine.
Sean:	How not to die. A survival guide to quarantine. (group laughs)	Shared laughter.
Therapist:	Yes! Survival guide to quarantine. Yeah. And maybe we can each um—	MT praises S for his idea of a survival guide to quarantine.
Sean:	Add a point. Make a book.	
Therapist:	Yes. Make a book, make a poster, whatever, but just also do a bit of thinking of, like, what do you need?	
Richard:	So, can we just cut it in strips and use it as toilet paper? (Group laughs) [Inaudible]	
Therapist:	Yeah. Apparently, that's a problem. Oh, my word. So, yeah. So, I was thinking maybe, um—I see you don't have the books here, but that's fine.	
Richard:	Which books?	
Therapist:	The little A-5 books I gave you guys.	
Richard:	Um, yeah, must we go get it?	
Therapist:	Yeah, I think maybe go quicker[quickly][18] grab them. (Group discuss getting the books)	
Therapist:	So, I'm gonna give us, um, let's say, five minutes to think about what do you need in this time? So, I'll put on some music for us then we can, each of us can just—	MT explains activity.
Sean:	What, right now?	
Therapist:	Yes.	
Sean:	With our books?	

[17] — abrupt break or interruption
[18] [ ] extra text added for clarification

Therapist:	Yes. So, we've—just so you've got it. And then we're going to have like—see how—what do you need for the next 21 days?	MT asks participants to reflect on what they need for the next 21 days.
Sean:	So, my survival guide basically.	
Therapist:	Yes, for yourself.	
Terry:	I need a pen.	
Therapist:	There should be one in my—in the bag here. (group members take instruments while small talking)	
Therapist:	Okay. Just, what do you need for the next—to keep sane—to whatever? What do you need?	
Music:	The therapist puts on soft instrumental music in the background.	MT puts on instrumental music in the background.
Therapist:	It can really be anything. It can be from, staying in contact with your people, not being in contact with your people. It can be whatever.	
Music:	(music continues to play)	
Therapist:	Also think about how—what are things that could possibly trigger you in this time?	
Terry:	I just feel like if I had my puppy, my whole life would be sorted.	
Therapist:	Can you think about why?	
Terry:	I love my puppy and she makes me happy.	
Therapist:	Then write that down. I'll give us two minutes. (each participant quietly sits and writes in their own journals) You can finish up. Take a deep breath in and out (Therapist facilitates breathing), and then when you breathe in, concentrate that you feel it against your back, deep breath in. Okay. Any thoughts and feelings that came up? It doesn't have to be what you wrote down. Just how, yeah—any—	MT asks for reflections.
Richard:	Yeah, for me, there's quite a lot.	
Therapist:	Yes.	
Richard:	Yeah, I guess I'm keeping busy and try[ing to] keep balance.	R: for me to survive I need to keep busy and find balance.
JB:	And, I think for me, um, I get into negative, sad space. Um, I find it hard for me to move to a positive space. So, for me, it put me in a temporary dark space.	JB reflects on moving into a dark space when thinking about needing to cope.
Therapist:	This activity or thinking about the 21 days to come?	
JB:	I think I started with thinking about the 21 days, but then it ended up being, well, my whole life, not just these 21 days.	JB feels deep sadness when reflecting on her life.
Therapist:	And you mentioned that the, just— A feeling of darkness—	
JB:	Maybe not darkness, that's a bit deep. Maybe like sadness.	
Therapist:	And for you guys? (therapist probes group members).	
Terry:	I miss my puppy a lot, but that's about it.	
Sean:	Keeping busy keeps me sane [inaudible]. I make my bed, but just to do the next day, um, and meditation. So, I pray. Um, socialization was like, get distance a little but, socialization is actually an important part, because being in my head is just bad. Um, I love music, journaling, games and books. Um, Skype therapy too. So, it has to be a balance between discipline and relaxation. So, like, do, like, discipline as best I can. Whenever I feel I can't continue, just relax for that day and start again. Worst case scenario, my triggers [inaudible] focus on isolation, have an accountability partner, uhm, hygiene and nutrition. So, like cleanliness and a well-balanced diet; all this.	S reflects on using healthy coping mechanisms to survive the next 21 days. S reflects on finding a balance between discipline and relaxation. S reflects on how he must be aware of isolation and having an accountability partner.

	Not only that, like, hunger, anger, loneliness and tiredness are, if you can say, triggers for my addiction. [inaudible] And try get a new goal [inaudible].So, walk cycle, exercise, you just work on something. Do something physical. Yeah.	
Therapist:	So, you've got a pretty listed, um, bullet point survival guide. Hmm.	MT reflects on S's bullet point survival guide.
Sean:	Hopefully, we can add on if it's longer than the 21 days.	
Therapist:	Yeah, I think that's, uh, um, thinking about these 21 days is actually—I think you mentioned it as well. It's almost as if it's a concentrated view on your life, um, to triggers that we'll experience, you probably experience in general life, um. Things we need in order to cope, are almost the magnified when there's distress and difficulty. So— (responds to participant's question) If you want to give the list to us. Are you okay? Are you with us? Okay, what do you need right now? (looks to JB).	MT reflects on how the idea of the 21 days of lockdown brings a spotlight on to all areas of life. MT checks in with JB who seems quite emotional.
JB:	Ja, I don't know.	JB is unsure what she needs from the group, as she is feeling down.
Richard:	So, what I need from myself during this lockdown period: uh, fun, creativity and music, Wheezly, meditation, laughter, quiet time, friends, personal space, family, work, connection, patience, focus, and purpose, and Netflix. (everyone laughs) Um, and the things I need to look out for is: isolation, limitations, lack of stimulation, irritation, boredom, distraction, and annoyance. Just to be wary of when those pop up where—just balance it out.	R: to survive lockdown I will need to stay busy and focus on connecting to others. R: to survive lockdown I will need have a sense of purpose. R: my trigger for lockdown might be isolation. R: my triggers for lockdown might be distractions and boredom.
Therapist:	I like how, when you said Netflix, everyone kind of had a grin.	Shared laughter in group.
Richard:	(participant laughs) Judgement [inaudible] Well, I hesitated when I wrote that. I was like, "Seriously, do I really have to write this?" But also, I'll watch a lot of documentaries, so it's more rather education. Just not being stuck in, like, dream world there's some reality to it; some bit of useless information.	
Therapist:	Mm Hmm.	
Richard:	Oh, and wifi would be nice.	
Therapist:	Yeah. I um, just want to quickly get the song.	
	The therapist puts on some music (Meant to be by Bebe Rexha) And invites the participants to move their bodies.	MT invites group to listen / sing along to a pre-recorded song.
	Maybe just where you [are] at. However your body wants to move, just let it move.	
	The therapist plays a song and joins with the chorus. JB and R join in the dancing and sing along to the song here and there. The participants are still a little hesitant to join in and move.	
	I'm going to play it again. And I want to invite us to actually get up. (song plays) (Therapist probes participants) I want you to get up and give us something to do, to move to, come. Come on guys. We'll give you time to finish I promise.	MT invites group to dance to a pre-recorded song.
	Okay and breathe.	

	That actually freaks me out.	T explains that dancing freaks her out at the moment, after her injury.
	What?	
	ke to—(inaudible).	
	For you to dance at the moment?	
	But then it's fine that you stayed seated. (inaudible) I'm sorry. What does it do to your body when you move?	MT affirms T's discomfort.
	It helped me get out of my head, I don't know how to explain it, but it did accomplish change [inaudible] so thank you, that you suggested that we dance.	JB explains that the moving helped her get out of her head.
	And it's weird, hey; at the beginning.	
Richard:	Ja, we think this is a safe space and then as soon as you need to—you get all scared.	R explains how he had some reservations for dancing in front of the group – scared of judgement.
Therapist:	Sean?	Shared laughter in the group
Sean:	Yeah.	
Therapist:	How was that for you?	
Sean:	I need to loosen up. I'm as stiff as a pole.	
Group:	Group laughs together.	
Sean:	[inaudible] It's a good reminder to loosen up.	
Therapist:	I think and Terry, do you want to share with us what is going on in your mind?	
	No, I'm also not an impromptu dancer, I struggle to randomly move.	T explains that she does not dance impromptu – she is a trained dancer.
	How was it watching us?	
	I wasn't watching.	
	And listening to the music? [inaudible] This is a space—How—Let me rather say, because I can have my ideas of what the space is. But I want to say, I'm, I'm glad that we are able to express both our discomfort and someone else's comfort in the same space and someone's good experience and someone's bad experience and it's—we can hold all of that together. Hmm. So, I'm handing it over to you guys. We can do another song. We can maybe do a massive drawing or like collage of how we [are] going to—yeah—what we need. Would you like to share what you need, what you wrote down? If not, that's fine.	MT reflects on being able to have both comfort and discomfort of different people in a space. MT invites group to drawing activity. MT invites JB to share.
	Um, Yes and no. I don't know if it's what I need in general. I don't think it's just for these 21 days. I think it goes much deeper than that. I know I should share, but there's that part of me that doesn't want to share? Um, I guess I might as well. This is what I think I need. So, um, love, emotional and mental freedom, forgiveness, mostly myself, laughter, a break, purpose, meaning, value and support. Yeah. And I think my triggers is loneliness, people pleasing, approval. I'm always feeling the need to be right, emptiness, focusing on others and not so much on myself and boredom.	JB is hesitant to share as she feels vulnerable. JB shares her list of needs and triggers in spite of feeling vulnerable. JB reflects on needing emotional and mental freedom. JB: needing support. JB: needing forgiveness – mostly from myself. JB needing laughter.

		JB needing purpose and value. JB: trigger might be loneliness. JB triggers might be: focussing on others more than myself, people pleasing. JB triggers might be boredom.
Therapist:	Hmm. I think you hit the nail on the head. Um, this is so much bigger than just the 21 days to come. You know. Um, I think if we—firstly, thank you for sharing, for breaking through that barrier, being like, "Okay well, here I am." Um, yeah. Yeah. Um—	MT reflects on our fears, needs and concerns are bigger than lockdown. MT thanks JB for sharing.
Richard:	Yeah. What you just said, about support you know, support, you don't know in what way, but just by sharing it, finding out what your triggers are, and where I can help. And where I can step in when you're enjoying things, and when I can support you when you're not enjoying things. And honestly, I think it's, you know—I mean it's difficult for all of us, but I think you especially, because you're new in the house, so you come into a new place and suddenly you're on lockdown for three weeks. It's like, you know, there's no escape for a little bit, you know. So, whereas we've been in here for a while. We've come and gone, and we [have] settled in, you know, you've basically come in and been locked in. So, I think it's, yeah, it's important for us, or to support ourselves. But I think especially for the newcomer, to make this a good experience for you and purposeful and therapeutic and helpful one.	R offering to support JB – thanks her for sharing because now he knows when she might be triggered. R empathises with JB for being new in the house. R reflects on the importance to support each other.
Sean:	[inaudible] So, because we tend to forget, so whaever was working for you there, can maybe work for you here. You just apply the same methodology or system you used, then we can pick up from you that, something that can also make our lives easier, because it worked.	S reflects on learning from each other about coping mechanisms.
Richard:	And, I think it's important that for me to keep reading the list aloud, you know, when people are around [inaudible] away, we might forget certain things, to do certain things that push you back into those spaces. So just being aware that it's my trigger, you will trigger your happy space. There's a saying that I've got on the board there from Dolly Parton, "If some, if you see somebody not smiling, give them one of yours." We've all got something to give somebody else of what we've got an abundance of. So—and I think it's easy in this house, [be]cause we have our own rooms to just lock the door, watch the laptop on and watch Netflix all day. So Yeah, don't be afraid to read that list out again or call us out, or call me out on doing something that doesn't support you.	R reflects about importance of being aware of each other's triggers in order to support each other. R reflects on it being easy to isolate while having your own room, etc.
Sean:	I do also get that, sometimes, people do need alone time.	
Richard:	Yes, no, for sure, but there's a difference between alone-time and isolating.	R explains difference between alone-time and isolation.
JB:	So, what are my biggest challenges asking for help? Um, it's just something I'm still working on in my mind. Um, I've got this, like, ridiculous programming that asking for help, to me, seems like a weakness. It shouldn't be like that, but that's, you know, that's where my mind is.	JB reflects on struggling to ask for help – she still sees it as weakness.
Richard:	[inaudible]	
Therapist:	But let's do that on the page. And we can have like a— (responds to a suggestion that a participant made) I think that's a brilliant idea. And what—the words that are coming to my mind is 'lockdown versus freedom.' What are the things that make me locked down and feel isolated versus what helps	MT invites group to put their collective needs and triggers on a big poster. MT invites group to be creative.

	me to feel present, in the moment, in my freedom? So, let's maybe move some stuff around, um, and then—but we're gonna draw as well. We're going all creative. Okay. So, we've got all kinds of cool stuff here. (Group makes small talk while preparing the space for the exercise) Okay. So, there's even bells if we want to stick bells to the thing. Okay. So, I'm gonna, um, put it on again for us. Just to get some inspiration. (Making the art: Participants make small talk with one another and the therapist, while creating the art-work.)	

Appendix I: Focus Group Transcription

17 March 2020

Speaker	Transcription	Code
Music:	The therapist puts on relaxing music and invites the group to just breathe and find their own rhythm of breathing.	MT encourages participants to find their own rhythm of breathing. MT facilitates a guided relaxation.
Therapist:	As the music is playing the therapist invites the group to "feel all the stress trickle down your body and out your feet. All the way from your head, down to your cheeks. Flowing down your neck. Feel your shoulders relax. And as you're breathing, become aware of your chest and how it rises and falls. How the energy moves down into your stomach, and a sense of calm and relaxation comes over your body. Become aware of your pelvis as you sit, letting your legs become more relaxed, and try and focus on your breathing. How the muscles in your knees and palms fall into a sense of relaxation. Fully become aware of your feet and toes and how you are grounded to the floor. Just find your rhythm in breathing. Letting your mind become quiet. Focusing on the rise and fall of your chest. Feeling where every breath is. Just taking a deep breath in, and out. As thoughts come into your mind, witness them and let them go. Try and concentrate on clear[ing][19] your mind; just get them clearing. Take a deep breath in, and out. When you're ready, you can open your eyes."	MT explains activity.
Group:	The music stops and people slowly open their eyes.	
Therapist:	It's been a crazy weekend, for everyone. Hi. I'm just that —[20]that's been, uh, yeah—It's been a crazy weekend, so I want to suggest that we take the next hour and a half and really just try and, like, push all the stuff out from, um, and try and like really zoom in to be present here. If—obviously, if stuff comes up, we deal with it, but try and not be in the weekend or in the weekend to come and just be present here. Ah, sorry. Okay. So, at the end of every session we had words that people gave us, and they are all lying on the table. So, what I want us to do now is to use the room as a map. So, if you feel a certain word needs to be hidden under a drum and not seen, we do that. If it has to be, like, big, there's paper. If you want to make the words bigger—you feel like that's a more focal point, then we do that. Okay. So, we are going to use the room as a map. We're going to map out the words as well as if you think these two words are closer to each other, put them closer, put them further, put them on the chairs. Uh, these, um, Prestik as well if you want to like put them on the walls or on the roof or—	
Terry:	[inaudible] Asks question about the words.	T asks for clarity on activity.
Therapist:	Just the words in relation to each other.	
Terry:	Not to you personally?	
Therapist:	You personally, the experience, however you feel. So, I'm leaving it open to you. If you want to put the words in relation to each other, if that's your, your focal, what do you want to do, then you do that. If you want to do it in relation	MT gives clarity on activity.

[19] [ ] extra text added for clarification
[20] — abrupt break or interruption

	to how you [are] feeling, do that. And then I'm going to give us about 15 minutes.	
Sean:	To play with words.	
Therapist:	To play with words. If you want to colour them in, colour them. And if you feel like a certain, uh, a word needs to actually be another colour. Yeah, but please afterwards, we're going to have a bit of a discussion about it. Hey, so think about, and you guys obviously discuss it amongst yourselves. If you think certain words needs to—whatever you want to do with them.	MT points to stationary bag.
Therapist:	There's a lot of—you can dig in the goody bag. (points to stationary bag) There are pastels. Then there is—there is rope if you want to tie them together.	
Group:	Group moving around, looking through the stationary bag etc.	Group goes through stationary bag.
Music:	The therapist puts on soft instrumental music in the background as the group works on changing the words; colouring in the words, etc.	MT puts on soft instrumental music in the background.
Group:	S asks for a pencil and a sharpener from R. R gets slightly irritated with S and sighs out as he hands him the pencils and sharpener.	Playful irritation from R towards S.
Sean:	They said we can discuss, now we [are] sitting in silence.	
Group:	Group laughs as R jokes towards S. The participants are exploring the art materials and share in laughter.	Shared laughter.
Richard:	Can I write ‘idiot’ and stick it here? (looks to S - T laughs)	Slight mean goofing around from R towards S.
Group:	Laughs at suggestion made by R regarding the word ‘idiot’. The three participants talk about house related matters.	Participants relating to each other through goofing around with each other.
Therapist:	Remember you still need to map them out as well.	
Terry:	What is it going to be a reason for placing it somewhere? Well, I mean, what if there's no reason?	
Therapist:	Then you can just place them.	
Group:	R and S make jokes with T about her catch phrase "bitch please" and how she was born with attitude. The group continues to discuss house related matters and their relationships with other house members and their WhatsApp statuses.	
Terry:	No, that's not what I would say. Stop being stupid. You like to stur, like a lot of shit comes out of your mouth.	
Group:	The group further discusses their current issues in the house. And how there are speculations that T's WhatsApp statuses are about people in the house. They also discuss how S is creating a new word that should technically be two words. T corrects him and S replies to T saying, "Don’t be so extra."	
Therapist:	10 minutes guys.	
Richard:	We need a bit of extra time.	
Sean:	Wow.	
Richard:	Can we use that word? Sorry.	
Terry:	Wow. Not wow, and not spicy, and not extra.	
Sean:	Don't be so cheeky.	
Richard:	Well, we need extra time.	
Group:	Discussion about using words that T uses, and how some people use words that she deems inappropriate like ‘shap’. They speak about the "Linda, listen"	

	joke. The participants are still busy working on changing the wording by colouring them in, etc.	
Richard:	Please put this up your ass, (hands S a word: 'pain') because you're a pain in the ass.	
Group:	The group starts placing the words around the room as they're finishing off the words.	
Therapist:	You need to place them as well hey.	
Terry:	I don't have anywhere to place them.	
Group:	Discussing where they want to place the words.	
Therapist:	5 minutes guys, 5 minutes. Remember all these words need to be placed.	
Richard:	All of them? Oh. Did we really use all these words? (therapist nods) I think you picked this word (holds up a word and shows it to T).	
Terry:	No, I didn't use 'congruence'.	
Richard:	I think it was James.	
Group:	Group talking about the dog and the stationary.	
Richard:	What does 'congruence' mean?	
Sean:	Like together, as one.	
Group:	Talking about the cat and the dog getting along. "You look healthy" R tells T. (T looks taken a back).	
Richard:	How'd you see that? (looks to therapist)	
Therapist:	As a compliment.	
Richard:	She says, "Oh no, that means you're getting fat."	
Terry:	Yeah. He actually had like—if someone says you're looking healthy—they're just like, like, like, it's a nice way of saying you—you're actually looking quite chubby.	
Group:	Banter around weight and how people say, "You're looking good." The group finishes off mapping the words. R takes a pencil from S and S tells R to leave his stuff alone. But then S helps R look for what he's looking for.	
Richard:	You've done one. I've done 16.	
Sean:	Good for you.	
Richard:	Tricia. Did you do one?	
Terry:	Two.	
Richard:	These people. Where's your commitment?	
Group:	Group talks about the words. Therapist encourages to finish mapping the words that are left. R tells T to participate.	
Therapist:	Come, come, come. One minute. One minute then we [will] take a break.	
Richard:	We're not taking a break. We're using our coffee break because these two—come now I'm kind of—I'm going on a break because I've done 17,18,19, 20 things.	
Group:	Group starts losing focus and they seem very distracted.	
Therapist:	Okay, I'm going to give us a five minutes break.	
Richard:	Pass it back. (points to card saying "pain in my ass") Give it here, Sean .	
Sean:	Tell him he can't do that; it's insulting and you're hurting my feelings in this.	
Group:	Banter between participants. They are being quite mean to each other in a joking manner.	
Therapist:	Now that the words have been placed, we are going to do a few activities. You are going to place yourself with the words. First the words that you feel the most drawn [to].	MT explains activity – move to the word you are most drawn to.
Sean:	I can't stand on the roof, now can I?	R drawn to: 'I am'.

		S drawn to: 'Discern'.
Therapist:	You can stand under it.	
Therapist:	Okay.	
Group:	Participants move to the words.	
Therapist:	Now the words that you are least drawn to. (Participants move around the room) Is this also your least drawn to word (looks to T that stayed in the same position)?	MT explains activity – move to word lea st drawn to.
Terry:	Yeah.	
Therapist:	These words here as well. Me—his words—they—there's a word thing in the corner. If you could, would you completely destroy the word? (Group laughs) Which word would you completely destroy? Okay. The one you [are] least drawn to for you (looks to S - he nods). Okay. Okay. Which word would you destroy if you could? (looks to T and R) Okay. So, I want to ask you, just take a moment. Okay, so let's just take a deep breath. This—just take a deep breath. (group laughs - S is standing by the words R wrote for him) Slowly. Okay. Laugh [at] it. Laugh it all out. I'm just laughing. (therapist invites group to just laugh) Oh, okay. Take a deep breath in.	Shared laughter. MT asks participants if they would destroy the words they are least drawn to. Shared laughter. MT invites group to take a deep breath.
Sean:	Can we just say that this class is going to shit for me, because you wrote this (points to words R wrote).	
Therapist:	Give me two seconds. Okay.	
Sean:	I'm decerning myself in terms of choices and I'm trying to make the right choice.	S: Discernment gives me the choice – I get to make decisions.
Therapist:	So, you are now going to take your word that you would most likely destroy or want to destroy. And you can —you can either rip it up, you can scrunch it up. You can—	
Richard:	Burn it.	
Therapist:	Yes, you can. There's scissors. How do you want to, what do you want to do with your word? Say you get to do whatever you want with your word, that you would most likely like to destroy.	
Group:	Group moves around to find something to do with their words. T cuts up her word.	
Therapist:	Okay. What do you want to do with your word you are like least?	
Sean:	I'm learning about it, and saying that I need to accept that I am an asshole. I'm gonna learn from it.	S: I can learn from what others say about me.
Therapist:	Okay.	
Therapist:	You are cutting up yours and you? (looks to R).	
Richard:	I'm waiting for the scissors.	
Sean:	But, you know what's funny neh? It always takes one to know one.	
Therapist:	Okay. So, let's just take a moment and let's um, yeah, let's—if you can help me just make some space—if we can put a flat sheet of paper down. Okay.	
Richard:	We'll take one out.	
Therapist:	Yes, please.	
Group:	Group discussing mosquito bites, etc.	
Therapist:	Okay, so you are now—we are going to take a moment and kind of map out on the piece of paper. You can create yourself with anything. With a picture, with a piece of clay.	
Sean:	Um, must I make myself?	
Therapist:	Yeah.	

Group:	[inaudible] Laughs together while making fun of each other's "creative skills" in making themselves.	
Therapist:	It doesn't have to be realistic. You can make whatever you can.	
Group:	Group talks over each other as they hand each other the different colours of clay.	
Therapist:	You are going to give the word you are most attracted to; a shape, or picture, or whatever, and you are going to give the word you are least attracted to; a shape.	
Sean:	Okay cool.	
Therapist:	So, you are going to create two spaces.	
Richard:	So, not the one you had to destroy?	
Therapist:	So, the one you destroyed and the one you are most drawn to. So, you will have two polars. You get to—and then you can decide whether you feel um, where you are as well. Where these words fit within the group.	
Terry:	Can we keep the clay? S and R look at T saying, “We [are] not even finished, and you want to keep the stuff” .	
Therapist:	Okay. I'm giving an—I'm really going to try and keep us to the time please. I'm giving [you] 15 minutes. 15 minutes.	
Sean:	Mine is very easy. I don't know how to drawn a pain though?	
Richard:	Can I change my word?	
Therapist:	If you'd feel like you'd want to change a word because you're more drawn to it or more, then that's fine. But if, if you [are] changing it because you have a clearer picture—	
Richard:	Of this, yes. Which makes more sense to the word.	
Therapist:	Okay.	
Sean:	[inaudible] If this is what you guys do, you need to deal with what comes out of it. (lifts his clay representation of “pain in the ass”)	
Richard:	It's a pen in the asshole, not a pain. Not a pen in the asshole. (There is shared laughter between S and R.)	Shared joking and laughter between participants.
Sean:	My emoji is a symptom [inaudible].	
Therapist:	If you want to also incorporate your word into your picture, you can do that.	
Sean:	That is very easy to make.	
Terry:	Wow. (while looking at R's objects).	
Group:	Discussions around the various objects made. Teasing of each other's objects.	
Therapist:	We are going to try—(group talks over therapist and continues making their objects).	
Sean:	Ooh. I think I need a smoke after I get three minutes.	
Therapist:	Three minutes, guys. You still have two shapes to make. (looks at T)	
Group:	Group making comments towards each other as they're finishing off their objects. They seem to be quite mean towards each other. S comments that they are too busy laughing and they need to get their things done.	
Therapist:	Okay, one minute. What's your other word? (looks to T)	
Terry:	‘Pain’.	
Group:	Discussion of the art materials and where people can get them	
Therapist:	Okay, so, speak to me.	
Richard:	I think that one says it all (points to S's "pain in my asshole”).	
Therapist:	What is your little man doing?	

Group:	Joking and making rude and inappropriate comments about each other's objects.	
Therapist:	Speak to me. Speak to me. What's happening?	
Sean:	Oh me?	
Therapist:	Yeah.	
Sean:	So, the word I wanted to destroy was created by this guy, this is Richard there. (S describes his object and the figure next to it being Richard) And my feeling towards it, is honestly to decern now. So, I have a choice to accept it or not, so I left it there on the table.	
Richard:	But what [does] 'decern' mean.	
Sean:	To choose.	
Therapist:	What does it mean for you?	
Sean:	It means that I can make the choice. I can only then learn from it and enjoy the moment, and makes fun out of it, or I can let it bring me down. It should have, but unfortunately it didn't.	
Richard:	Unfortunately, maybe it wasn't meant to.	
Therapist:	Okay.	
Group:	R and S teasing each other.	
Therapist:	You now, said that your — your word that you're drawn to is 'decern'.	
Sean:	I like decern because it allows me to stick to choices and there's a lot to it.	
Therapist:	And how— how does your— you feel your voice adds to the word?	
Sean:	To decern? The nice part about 'decern' is silence is a voice. It's awesome because it allows me to [inaudible] deal with it.	
Therapist:	Okay. Terry, your two words?	
Terry:	'Disconnected' but not disconnected from myself, disconnected from other people.	
Therapist:	And explain your— (what she did to the word)	
Terry:	I cut it in half. The other word was pain. I don't know if you know that analogy when something happens you put a nail in a piece of wood, and take it out, and there's still a mark. Yeah.	T: Pain is like a nail in a wooden plank – if you take the nail out, the hole is still there.
Therapist:	So, the word you are least drawn to is pain. And you, you mentioned now that you sometimes feel like, um, like there's a nail hit into the wood and even if you take it out there's still a hole there.	
Richard:	Can I please take a photo? (R and S keeps joking around with their objects.)	
Therapist:	You can take photo with afterwards; we'll keep it like this.	
Group:	Group goofing around making jokes.	
Speaker 1:	Okay. Thank you. Okay.	
Richard:	Um, so my word was 'I am', so it's like a little seedling growing with bright colour and open and moving up. The other one was 'disconnect'. Changing, disconnect to connect. (R cut the 'dis' from the 'connect'.)	
Therapist:	Okay. And how—how do you feel, okay—I see that you, you've placed yourself outside of the circle.	
Richard:	Oh yes, oh the placement.	
Therapist:	Was that intentional? (looks to T)	
Terry:	No, no.	
Richard:	Now you're the centre of attention.	
Therapist:	So, you—well, let me see. With your, um, placement, if you look at it now—	
Terry:	It seems suitable.	
Therapist:	Would you keep it and why would—why did you think that it's suitable?	

Terry:	I'm disconnected. Okay.	
Therapist:	On the outside?	
Terry:	Yeah.	
Therapist:	Okay. And you? (looks to S)	
Sean:	Oh, so this guy here is me right, and what I want to be. So, I'll put him in my inner, inner circle. But I'll put you (looks to R) in the outer circle.	
Richard:	But I'm still there.	
Group:	Making jokes. Therapist getting slightly frustrated with the constant disruption of the process.	
Therapist:	And you, your placements? (looks to R)	
Richard:	I actually haven't thought about it, but it makes sense. Because I always feel like I'm outside of the circle, so the disconnect comes between there and here.	
Therapist:	Okay. And if, if you were able to merge the two, how would you do that?	
Richard:	Merge these two? (points to his two objects)	
Therapist:	Yeah, so if you could take your two symbols—	
Richard:	So, what would make it feel better? If I took a—	
Sean:	Dump? (everyone laughs)	
Therapist:	The two of you are giving each other a lot of grief, hey?	
Sean:	[Inaudible] We have a love-hate relationship.	
Group:	The participants keep joking.	
Richard:	Uhm, how would I merge it?	
Terry:	I wouldn't merge it.	
Therapist:	Okay.	
Richard:	I would grow from connection.	R: I grew from disconnection to connection.
Therapist:	Okay, and you? (looks to S)	
Sean:	It's merged already.	
Group:	S and R goof around and T says, "Things are always eventful with them."	
Therapist:	So, if we just think about it, but about process. How had these, how had this, um, um—(S and R still goofing around) Okay. You can take it off. (looks at word)	
Sean:	We are distracted.	
Therapist:	A bit, a bit. But it's okay.	
Group:	Group making jokes and being fairly distracted and all over the place. Laughing together.	
Speaker 3:	Okay, I think we might have to call it a day.	
Group:	Still laughing at each other.	
Therapist:	Okay. Um, if you would keep your, your symbol, you can—The rest.	
Group:	S starts packing up and moving his things.	
Sean:	We should have taken a photo, but we can always make it again.	
Therapist:	Yes, the rest we can just put away, yes.	
Sean:	I'm so sorry Nat. It's just [that] my mind is not in a good place today.	
Therapist:	I see we are all [inaudible]	
Richard:	It's in a better place though.	
Sean:	No, fuck, this is not a better place.	
Richard:	I felt a bit down this morning.	
Sean:	In terms of laughter yes. We just hijacked Nat's class.	

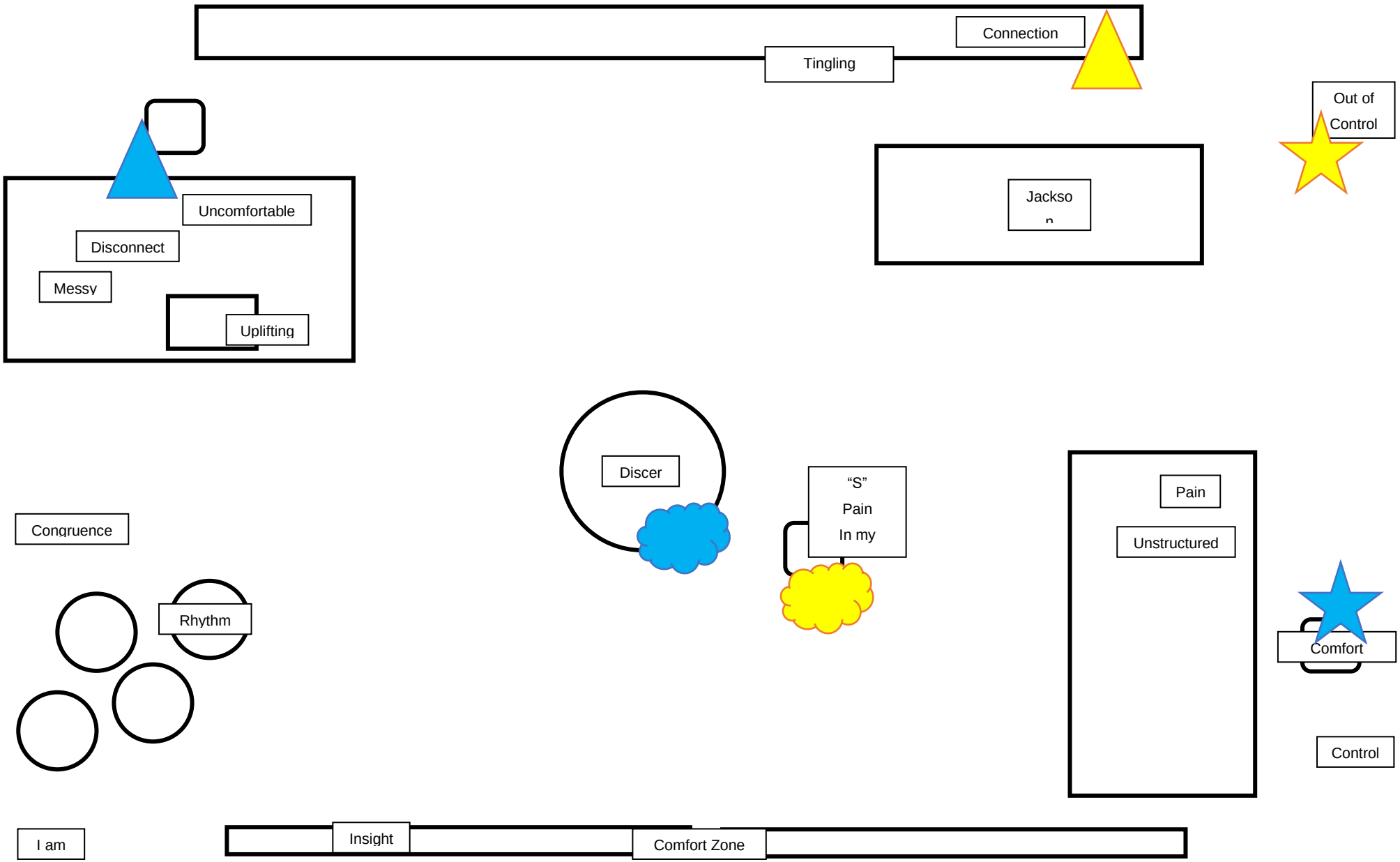
Therapist:	Oh no. First of all, this is not a class and like you didn't hijack it. This is mos, we are having a process together. And a part of that is enjoyment and just letting go completely. Yeah.	
Sean:	Just before we go Nat— (T here is some laughter.)	
Group:	Group discussing closing the clay packets, etc.	
Therapist:	So, you can keep some of the words if you want to. If you want to stick them in your book, you can do that. Yeah, you can do that. Stick them in there.	
Group:	Shared laughter in the group.	Participants share in laughter.
Richard:	We didn't [have a chance] to explain why we put all the other's everywhere else.	
Therapist:	Yes.	
Richard:	Are we not going to go there?	
Therapist:	No, we are. We are just going to conclude our moment.	
Richard:	Are we still going to do that?	
Therapist:	Why?	
Sean:	Why did we disrupt the class?	
Therapist:	First of all, well not first of all. Second and third and all of all, it is not a class. This is a place where we are allowed to be where we're at.	
Sean:	Can I take this off?	
Therapist:	Why did you put it up there?	
Sean:	It's a challenge. [inaudible]	
Therapist:	And you placed most of your words that make you feel comfortable in your space? Well not make you feel comfortable, but that you felt drawn to. (looks to T who placed a lot of words at her working desk)	
Terry:	Yeah.	
Therapist:	Okay. Do you have a very specific place if you feel at home?	
Terry:	Uhm, Like anyway? (therapist nods) I don't know; wherever my puppy is.	
New Speaker:	And we, last week we had a—we tried three words and spoke about them and afterwards, um, we spoke a bit about how those words define the 'I am'... Yeah, and uh, yeah. How's—how is that? How was—how did today's session add to 'I am'?	
Sean:	No, the first thing that came to my mind—	
Richard:	We know what the first thing is.	
Therapist:	What someone else said about me. Okay.	
Sean:	[inaudible]	
Therapist:	And how does, how does being with people determine—	
Sean:	Who I am?	
Therapist:	Yeah.	
New Speaker:	[Be]cause I know who I am.	
Richard:	Have you read what the thing says today? (points to notice board)	
Sean:	No, I don't want to, these control issues. Do I have to? I can't see that far.	
Therapist:	It says—must I read it? Your life isn't yours if you always care what others think.	
Sean:	I don't really care, I'm really just enjoying the moment. Yeah, he's a friend of mine; it is like this. I just put them that act as well. Yeah. It's cool. We have like that thing.	
Richard:	Yeah. Well, that's why this was there, because we have, we are connected.	
Sean:	Like we share a lot of things.	
Therapist:	How has this—because you did say you don't want to be in the middle of this.	

Terry:	Yeah. But these are the two people who spend the most time.	
Therapist:	How does that add to your words that you place there? (points to disconnect)	
Terry:	They don't. (Both S and R go “hmmmm” and start laughing; T laughs with them.)	
Therapist:	Does that add to your feeling of ‘disconnect’?	
Terry:	No, um, I think ‘disconnect’ is more on a deeper level? Like, I can interact on a superficial level.	T: I can connect on a superficial level, but deeper connection is difficult.
Therapist:	Does it, um—so last week you mentioned something about feeling stuck. Hmm. Do you think that these are connected; the feeling stuck and the disconnect and—?	
Terry:	No, no, no, no. I'm generally quite disconnected from people, you know, they say like the opposite of addiction is connection, and I struggle with connection. I'm not talking about getting along with people and like I, I get along with people very easily. It's more like I can—yeah. On like a serious level, you know what I mean?	
Richard:	And I think we will see use humour and that to coax her out.	
Therapist:	To coax her out or to coax yourself out or—?	
Richard:	Well, to connect, I think. Me for to connect to her and her to come out.	
Terry:	I love laughter.	
Richard:	So, I mean, we do have the serious conversations, but then comes laughter.	
Terry:	But even when I'm like, yeah; if we can't laugh, what else?	
Therapist:	And how does—you said—What are you doing, sir? Okay. (looks to S playing with the stationary) If we don't have laughter, if we don't have humour, what else is there?	
Sean:	I think it's more than that. Like the three of us give each other support. Big time support, like we have each other's back through thick and thin. Good or bad we are there for each other.	T, R and S give each other support.
Sean:	In the laughter and in the crying and in frustration and in—	In the good and the bad, we are there for each other.
Sean:	I think, in act of like—we never had that, where we had someone look out, other than our parents.	
Richard:	Yeah, we thought we did, but they weren't there when we really needed them. I mean after that one session where I was very disconnected, these were the two that came up and like, "Are you okay? We are here for you, if you want to talk." And the whole day they would, you know, it wasn't just straight afterwards. It was the whole day.	R: Thinking people had your back and then realising they didn’t.
Therapist:	And you mentioned that that added to the feeling of connection.	
Richard:	Yeah. I think we don't have anything if we don't have some sort of connection. We have thoughts in our head, judgments of ourselves, our own conversations if we are disconnect[ed]. And those other nastiest and the harshest conversations we have, is with ourselves. So, I think through the humour we learn to be a bit more like light-hearted about things. (says something to someone outside the room—discussing the person getting everyone a milkshake from McDonald's) So yeah, I think we pick up on each other's moods and that during the day. We'll just sit with each other and we don't necessarily talk about the issue. We just start a conversation or laugh or—	

Sean:	It's more like a love hate relationship. Yeah, we hate their shit and we love their shit. Five seconds without each other, we can't handle it. Five seconds with each other, we can't handle that.	
Richard:	Yeah, that's true.	
Terry:	It's just very convenient the three of us that are only in this. It would have been very different if Annie was here. It is just the truth, it really just wouldn't have been the same.	
Sean:	Obviously, if this came out then it would have been shit after this session.	
Terry:	What came out then?	
Richard:	That we get on so well. And we [inaudible].	
Sean:	Yeah, it would have been an issue in this house, like you're not allowed to be separate.	
Terry:	There's always an issue in this house.	
Richard:	And that's why I put that there, (points to word next to house name) there is a bit of out-of-control'ness in this house.	
Sean:	But they have their own click there.	
Terry:	No, they don't. Who's the click?	
Sean:	No, I'm saying you see that [inaudible].	
Therapist:	Ja, but that almost translates into the real world as well. (group agrees and nods) There's even in families, there are siblings that get along better. There are, you know, you get along with one of your parents.	
Richard:	Yeah, but I have noticed that our little group laughs when we are together.	
Terry:	Always.	
Richard:	That group skinders and there's always drama. So, we can make—	
Terry:	That group consists of just one person.	
Sean:	No, it doesn't consist of just one person, it evolves around the one person.	
Terry:	We do laugh.	
Richard:	Ja, we do.	
Sean:	D on't worry. [inaudible]	
Richard:	Uhm ja, behind the door there's always an opportunity. And this is my comfort zone—is because this is where I work and I do my stuff. I've put 'solace' in the corner, because sometimes it's a quiet space. Yeah. [inaudible] It's just somewhere quiet where it's hidden behind.	
Sean:	What I like about this group—	
Richard:	I—No, don't interrupt. (T burst out in laughter)	
Sean:	What I like about this group—	
Richard:	Is that I'm in it.	
Sean:	Of course, yes. it's like we have our sense of class in materialism, but no matter what it is, we'll take a walk if we have to, or do something different. And I think that helped me grow, especially like, I still learn this. But prior to meeting Richard or—I never had gay friends, or people were gay nearby and I never understood them. And this year for the first time, I actually stood up for Richard. And I'm like, nah fuck, he's a genuinely nice person, and I saw past this, so-called, prejudice based on—and that helped tells me grow, and this is one of the closest people to me now, who helps me in life. Not just with addiction, general life stuff. And it's a nice journey to have, and having said that, there's no pride, there's nothing. We took a walk remember (Richard nods, "yeah, yeah") and I—out of that, we've learned that we can change even though it was for necessity, we changed it into something else, like a	S: meeting R gave me new insight and let go of my homophobic prejudices S: Small things bring connection in our friendship

	health walk or something. And that's the connection part I like. And then we'll talk like about the music class, or well not class music session, session, session. This is the only person I know who can see me when I isolate. Well two people. This one will come calling me out at twelve o'clock at night "W hat's wrong with you?" (looks to Richard).	
Richard:	I literally drag him out [inaudible].	
Sean:	Yeah, they literally drag me out and say—	
Richard:	But, he does the same to me as well.	
Sean:	And I think that's what's life, because my parents couldn't do that. I isolate and that was the root cause of my problem.	
Therapist:	You mentioned that they say that, uh, the opposite of—	
Terry:	The opposite of addiction is connection.	T: the opposite of connection is addiction.
Therapist:	Yeah. And how, how does that make you experience who you are; that you said you usually distance even in normal life. How does that make you feel?	
Terry:	I think I'm still working that out.	
Therapist:	Okay, okay. Yeah. Connection. I think what is quite evident, and you guys can agree or disagree, or we can, we can find a nice way to—to put it, but connection isn't just super deep. That's what I'm kind of—what I'm—What I'm getting from today is connection doesn't have to be speaking about my deepest, darkest fears (T agrees saying “yeah” and nodding her head) and everything, but connection can be humour and giving each other grief and—	Theme of session is connection. Connection can be humour.
Richard:	That's the way in; a foot in the door and, kind of, be like now that we've laughed and cried, let's talk about what it is that's making us cry or that's making us laugh.	R: Humour is a foot in the door for connection.
Therapist:	It doesn't have to be deep; good.	
Sean:	You know, like, the nice part—it's, it's that friendship that allows me to be transparent. Like I know I've moved on and learned something, and afterwards I don't have this feeling. What's he gonna do, like people are watching you. [inaudible]	S: My friendships with these two allow me to be transparent.
Therapist:	If we could give this session, call it a session, focus group process, class; what would the title be? Okay.	
Richard:	Connection. (Group laughs together.)	
Therapist:	Connection.	
Group:	[inaudible] T alking over each other.	
Therapist:	Connection through laughter. Connection through voice, communication.	
Sean:	Connection to friendships, relationships; connections to just being.	
Therapist:	Connections through just being. One more from you (looks to T).	
Terry:	I said through friendship.	
Therapist:	Therapist closes off the session by thanking everyone for their contributions.	

Appendix J: Focus Group move to word activity



Appendix K: Thick Transcriptions

Session no.	Transcription	Code
1 03:06 min	The therapist starts to hum on a B3. The group joins in. There is quite a bit of dissonance as the group starts joining in. As someone clears their throat there is a short break in the music. Participant J is very audible. The therapist reminds the group to continue to breathe. Each time participant J takes a breath the group follows. As he starts humming again it sounds like he is starting up a car. The therapist reminds the group to find their own rhythm of breathing and humming. Some participants seem to run out of breath as there are some who are able to keep the humming going for longer. The dissonance in the sound creates an uneasy feeling. Participant J's humming seems forceful and dominant. The therapist signals that they will now change the note. This creates great dissonance as many participants continue on their own note. Participant J continues while the rest of the group stops and takes a few breaths. The group laughs as J stops. Participant J says "I'm really enjoying this, screw you guys" and continues for another few seconds and then stops.	Group struggles to find each other musically J asserts dominance in music Group follows J MT reminds group to find their own rhythm of breathing Dissonance in music creates discomfort J asserts dominance in music
2 05:09 min	I am held, I am free Lyrics G D I am held, I am free Em C I can see what I have (how far I've come) G D G I am held, I am free, don't you see As the music fades out after the free writing activity the therapist picks up her guitar and starts gently strumming. The first 3 chords come out slightly loud and messy compared to the very gentle music that had just faded out. As she is strums through the chordal progression there is emphasis on the first beat of each chord. As she starts to sing the strumming becomes more regular and there is more conviction in her singing. After she sang through the song twice, she invites the group to sing a long if they want. The tempo slightly increases as S joins in with some hesitation. The song gains some momentum and flow as the character of the song becomes more anthem like. The therapist sings through the song a few times and S joins in occasionally and with more enthusiasm. The therapist asks the group if there is anything that makes them feel free and held. She continues to song the song a long with S. Both R and T listen to the song and R sits on his chair with his head bowed down. You can hear him sniffing occasionally. They change the lyrics and sing the song once more and then move into humming the melody. This changes the character to more of a lullaby. They end the song with "I am held, I am free, don't you see". S immediately says "that was nice" at the end of the song and the therapist invites the group to take a deep breath.	MT opens musical interaction MT is unsure about what music to use MT becomes more comfortable in the music MT invites participants to join in The song becomes anthem like S joins in with enthusiasm R and T listening R getting emotional (crying) while S and the MT sings Character of music changes to lullaby as the tempo and dynamics decrease MT invites group to take a deep breath
3 03:52 min	Vocal improvisation – humming and vowels The therapist starts the vocal improvisation with an Ahh sound on B below middle C (B3), the participants join the therapist with some hesitancy on the third round	MT opens the improvisation Participants join with hesitancy

	(not sure how to explain breath cycles) of sound. The therapist moves to an Ohh sound and some participants move to a hmm sound. As the members join, the tempo stays the same and the characteristics of sounds holds a quiet and gentle quality. The entire group mirrors this humming together. There is a synchronous breathing rhythm for quite a few cycles. There is movement in the music, a gentle but energetic constant moving. At times there are moments of dissonance as the intonation of the different participants vary slightly. This causes some tension in the music. The group members (including therapist) seem to be able to hold the dissonance for longer than in previous sessions, Not resolving it immediately. The tension and dissonance resolve itself. When the therapist tries to introduce another vowel sound the group seems to find it difficult to transition to the new sound and the therapist moves back to a hmm sound. The dissonance and tension created through different intonation variations create a more sombre character to the music. It almost feels as if the music is gaining a meditative character. As the therapist moves her pitch to A3 some participants (T and R) seem to stay on the B3. A move to a C4 in the same moment. This creates a clash in the music. Giving the music a sombre and eery feel. As A described it "it sounded like distortion". The therapist resolves her A3 to a B3, the group follows. This movement from the unison B3 to the A3, B3, C4 triad occurs twice. There is a type of melodic rhythm to this progression. Somewhat of an ease. The therapist moves to an A3 and you can evidently hear R follow. This continues for 3 breath cycles and comes to an organic stop. There is about 30 seconds of complete silence and you can hear the birds sing in the background. The therapist invites them to open their eyes once they are ready.	Participants move to different sound Character of the music is gentle and cohesive Synchronous breathing Gentle and energetic movement in the music Dissonance in the music Group feels comfortable in the dissonance of the music MT offers different vowel sound Group finds it difficult to shift to different vowel Sombre character to the music T and R showing independence from the group in the music Group cohesion in the movement of the melodic structure of the music The music comes to an organic stop Sombre silence after the humming stopped
4 04:14 min	The therapist invites T to start the drumming circle. She says she doesn't have a beat; the therapist demonstrates a beat (gentle tapping of fingers on the middle of the drum) and T takes what the therapist demonstrated and says, "here we go". The therapist reminds the group to keep their tempo, but the tempo keeps increasing. There is a sense of agency in the music. T passes the beat to R. R changes the movement of his hands to hitting the drum with a flat hand, alternating hands. The tempo stays the same and you can hear one of the other participants fill in the quavers between the crotchets that R is playing. The group soon falls into a groove all playing along to R's beat. S changes the beat to two crotchets and a semi-breve. The group follows within two bars and continues playing together. A changes the feel of the music completely by wiping her hand across the skin of the drum followed by two beats in the middle of the drum. It is slightly irregular, and the therapist changes it slightly to make it easier to copy. She passes it on the therapist. The tempo stays the same with the same sense of energy and vitality as with which the activity started. There is a moment of irregularity in the rhythmic framework of the music and S encourages T to just pass it on. The therapist says "it's fine" as she reframes the beat T presented to something that is easier to copy. R takes the beat that was played but changes the pattern of his hands. The other participants therefore need to watch him to get the "new" pattern. When S changes the beat the group goes quiet listens once and plays along in unison in the very next bar. This continues for a few bars where the group plays in unison. Occasionally there is a slight variation from the initial beat that S presented but the general beat stays the same. T is caught off guard with it being her turn again. She hunches over the drum and starts playing very softly with her fingers mimicking the sound of rain on the drum. R laughs at her doing this and the group follows, not only the style of playing	MT invites T to start the drumming circle T doesn't have a beat MT demonstrates a beat T plays beat demonstrated by MT Tempo of the music keeps increasing Agency in the music through the tempo Group falls into a cohesive groove A changes the character of the music A's beat is slightly irregular MT changes A's beat slightly to make it easier to copy Irregularity in the rhythmic framework S encourages T to pass on a beat Participants watches R's hands to follow the beat Group pays close attention to S's beat

	but her entire body position. The tempo and the dynamics increase. The therapist drags her nails across the drum in a circular motion and exhales on an ahhhh. The group follows. The group organically flattens their hands and starts slowly breathing in and out together. R takes the group back to a previous pattern that is upbeat and playful. Within two bars the group is playing in unison. The cycle goes around again, and each person gets a turn. As the cycle reaches T again the playing becomes disorganised and the music kind of falls apart.	After short observation of new beat group joins the music T caught off guard with her turn T plays in contrast to previous beat Body gesture copied by the group Coherence in the music R creates movement in the music after slow descend Sound becomes disorganised and the music ends

Appendix L: Connection to inner self (Experiences sheet)

			1		2		3	
			Laughter / Humour		Voice as a character		Voicework - breathing	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	A	Connection to inner self			S explains sensing self externally and internally	Group displays discomfort with writing about the journey of their voice	Release of tension through sighing	
					J expresses getting emotional while thinking about the journey of his voice	S: My own fears and expectations silence my voice		
					A explains that going into the self is like layers	J: I don't know my true self		
					J is searching for his silent inner voice	R: Voice moving inward after difficulty/trauma		
					MT reflects on feeling safe while looking inward			
					J want to listen to his own voice			
					R: Hearing myself			

			4		5		6	
			Voicework - humming / Vocal improvisation		Vocal sound morphing		Freedom / Openness / Flexibility / Exploration	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	A	Connection to inner self	Participant explore freely their own humming and rhythm of breathing	S found it cognitively taxing to align humming and breathing (intrapersonal synchrony)			Participant explore freely their own humming and rhythm of breathing	
			Ambivalence: attempting to align humming and breathing experienced as both difficult and relaxing	Ambivalence: attempting to align humming and breathing experienced as both difficult and relaxing				
				R explains how breathing through the phrases were difficult				

			7		8		9	
			Fragmentation / Dissonance		Initiating - therapist		Initiating - client	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	A	Connection to inner self						

			10		11		12	
			Structure and pacing		Relaxation / Holding space		Instrumental improvisation	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	A	Connection to inner self	MT invites group to grab their journals - write anything that comes to mind (free writing)		MT leads a relaxation and mindfulness body check-in		R takes a deep breath before he starts playing	
			MT invites group to write down whatever comes to mind		Acknowledge the thought then let it pass by		One P expressing a lot of frustration on the drum	
					MT facilitates a guided relaxation			
					MT encourages participants to find their own rhythm of breathing			

			13		14		15	
			Verbal sharing / Processing		Support / Acceptance / Encouragement		Physical & auditory space / Experience	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	A	Connection to inner self	R reflects on feeling more present today despite not getting a lot of sleep	JA is hesitant to share as she feels vulnerable			T explains that she is use to the loudness in the sessions now	T explains discomfort of clock ticking
			T expresses being a very composed person	M expressing he wants to scream but it doesn't want to come out				T explains that she is very sound sensitive
			R starts crying	The explosion is in M's head				

				T explains that she feels stuck				
				T: the stuck'ness is frustrating				

			16		17		18	
			Use of symbols		COVID-19		12 Step program	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	A	Connection to inner self						

			19		20		21	
			Teasing / Criticism		Group movement		Art / Creative activities	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	A	Connection to inner self					R: I grew from disconnection to connection	A's words: numb, temptation, anxious
							R's words: creative, engaged, energy	T's words: disconnected, stuck
							S's words: peace, surrender (not sure of the final one)	
							S chose peace for himself	

			22	
			Dedication	
			Connection	Disconnection
Connection	A	Connection to inner self		

Appendix M: Connection to self-in-relation-to-others/environment/activity (Experiences sheet)

			1		2		3	
			Laughter / Humour		Voice as a character		Voicework - breathing	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	B	Connection to self-in-relation to others / environment / activity			J: Not listening to my inner audience	Awareness of other's perception of the self	MT invites group to take a deep breath	
						J felt like he had to alter self to fit in	MT asks group to take a deep breath	
						S: I compared myself		
						The inner audience being the critical voice inside		
						The inner audience silenced the external voice		

			4		5		6	
			Voicework - humming / vocal improvisation		Vocal sound morphing		Freedom / Openness / Flexibility / Exploration	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	B	Connection to self-in-relation to others / environment / activity	Suffering in silence carried by another's voice	Group participates in vocal improv with a mix of enthusiasm and caution		Feeling self-judgement		
			MA: the humming called me to be completely present			R reflects on feeling a sense of expectation before his turn and then relief when it is over		
			Group participates in vocal improv with a mix of enthusiasm and caution			S felt awkward copying the sound		
			MT reminds group to focus of rhythm of breathing			Making someone else's sound your own is the challenge		
			MT reminds group to find their own rhythm of breathing			S explains how he found it difficult to make sense of the sounds		
			MT reminds group to focus on breathing while in the vocal improvisation			A explains that she didn't like it – it was not controlled and abstract		

			MT reminds group to remain focussed on their breathing					
			Group's unison breathing starts becoming differentiated					

			7		8		9	
			Fragmentation / Dissonance		Initiating - therapist		Initiating - client	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	B	Connection to self-in-relation to others / environment / activity		T caught off guard with her turn				

			10		11		12	
			Structure and pacing		Relaxation / Holding Space		Instrumental improvisation	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	B	Connection to self-in-relation to others / environment / activity	S asserting himself through repeating an instruction to the group		Focus on feeling your breath in your body		T and R showing independence from the group in the music	T and R showing independence from the group in the music
			MT explains relaxation and body check-in activity		MT asks participants to become aware of their bodies while focussing on their breathing		A changes the character of the music	T caught off guard with her turn
			MT explains activity – move to word less drawn to		MT directs attention to finding your own rhythm of breathing		T plays in contrast to previous beat	T doesn't have a beat
			MT explains activity – move to word you are most drawn to		MT reminds group to concentrate on breathing		R creates movement in the music after slow descend	A's beat is slightly irregular
			MT asks participants if they would destroy the words they are least drawn to				MT encourages group to keep the beat steady – trying to feel it in the body	T expressing being out of comfort zone
			MT prompts for 4 words / phrases that represent the session				Putting pressure on self to get it right from the beginning	T repeats example motif by therapist
			T asks for clarity on activity				R getting emotional (crying) while S and the MT sings	T: Ambivalence towards the activity

			R reflects on / confirms instructions				MT becomes more comfortable in the music	T affirms that she doesn't like drums
			S clarifying the vowel sounds					T deflects comment away from playing – making it about instrument
			MT explains activity					
			MT asks for reflections					
			MT asks about comparison of the two parts of the exercise					
			MT asks for reflections					
			MT invites for reflections					
			MT asks group to take a breath and reflect					
			MT asks for reflections					
			MT asks for four words					
			MT invites group to dance to a pre-recorded song					
			MT invites group to listen / sing a-long to a pre-recorded song					
			Participant spontaneously starts playing the djembe					
			MT opens musical interaction					

			13		14		15	
			Verbal sharing / Processing		Support / Acceptance / Encouragement		Physical & auditory space / Experience	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	B	Connection to self-in-relation to others /	S: I can learn from what others say about me	A doesn't want to share	R acknowledges role of music support by others in the group while he/she is finding his/her own sound	JA is unsure what she needs from the group as she is feeling down	Group explores instruments	
			MT reflects on being called to be present	T shakes her head – doesn't want to share	MT assures group there is no right or wrong in what they write	MT affirms T's discomfort	Listening is participation	

		environment / activity	MT reflects about being present in the moment	T agrees with other's contributions rather than offering her own statements	MT affirming there is no right / wrong			
				M explains how his phone distracted him from being present	MT affirms that you don't need a sound representing how you feel			
				R explains that he feels distracted	MT encourages group to play anything that comes to mind			
				T explains that she feels distracted				
				R expresses need to explode				
				R doesn't want to move out of his comfort zone				
				M explains that he feels upset – he doesn't want to disrupt the activity for others				
				T affirms that she doesn't like the drums				
				A reflects on what it would take to snap				
				A reflects on the inevitability of things in life				

			16		**17**		**18**	
			Use of symbols		**COVID-19**		**12 Step program**	
			Connection	**Disconnection**	**Connection**	**Disconnection**	**Connection**	**Disconnection**
Connection	**B**	**Connection to self-in-relation to others / environment / activity**	S: There is a rhythm within the egg determined by the player					
			MT: allow the instrument to say what it needs to say					
			MT asks group to choose instrument that represents them					
			S: The egg (me) can be various things depending on how you see it					

			A explains that the circular band of the bells are infinite and each bell connected to it is a cry for help					

			19		20		21	
			Teasing / Criticism		Group movement		Art / Creative activities	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	B	Connection to self-in-relation to others / environment / activity				T explains that dancing freaks her out at the moment after her injury	Drawn to: R: I am	
						T explains that she does not dance impromptu – she is a trained dancer	Drawn to: S: Discern	

			22	
			Dedication	
			Connection	Disconnection
Connection	B	Connection to self-in-relation to others / environment / activity		

Appendix D: Connection to self-in-music (Experiences sheet)

			1		2		3	
			Laughter / Humour		Voice as a character		Voicework - breathing	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	D	Connection to self-in-music						

			4		5		6	
			Voicework - humming / Vocal improvisation		Vocal sound morphing		Freedom / Openness / Flexibility / Exploration	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	D	Connection to self-in-music	(Pleasurably) lost sense of a separate self within the flow of the music	A compares movement in music to turbulence			Participant exploring their voices in the improvisation	
			Sense of handing over agency to the music	T does not have a vocal sound				
			J felt part of the flow of the music (not a separate autonomous self in control; but following where the flow of the music took him/her)	Because of the distraction M want the activity to be over				
			Humming opens another realm where I lost a sense of other					
			Feeling touched emotionally through the music					
			R feels the vibration of the sound					
			Sombre silence after the humming stopped					

			S reflects on feeling the sound in his mouth					
			S finds it easier to find rhythm of breathing through letting it just be					
			S felt a sense of purpose and working towards a bigger goal in the music					
			MA: that was meditative					
			JA: relaxing – cleared my mind					
			JA: the feeling created by the humming felt genuine					
			R reflects on having our eyes closed during humming allows us to feel it more in our bodies					
			M compares the humming to meditation					
			Group vocalisations enable focus on the moment (blocking out external distractions)					
			JA introduces new melodic material					
			MT reflects on difference between humming and ooohhh sound for S					
			R: Experiencing vibration in the music					

			7		8		9	
			Fragmentation / Dissonance		Initiating - therapist		Initiating - client	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	D	Connection to self-in-music						

			10		11		12	
			Structure and pacing		Relaxation / Holding space		Instrumental improvisation	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	D	Connection to self-in-music	MT challenges group to fully project their built-up energy onto the drum		MT puts on soft music		S: Feeling connected to the rhythm	Drumming takes M and T out of comfort zone
							R: in the music being reflected back – I judge myself less	M finds the rhythm difficult
							R: When you slow down it's easier to catch the beat	T plays beat demonstrated by MT
							T is indifferent	T: it was loud but not a good or bad loud
							JA: relaxation and calmness of the mind in the music	
							MA felt the constant rhythm and pulse of the music	
							A explains the structure feels comfortable	
							R: Structure allowed me to feel comfortable and then explore from there	
							High energy in playing the drum	
							R explains the build up of energy	

							T: it was loud but not a good or bad loud	
							R felt the vibration in the music	

			13		14		15	
			Verbal sharing / Processing		Support / Acceptance / Encouragement		Physical & auditory space / Experience	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	D	Connection to self-in-music			MT reflects on the manner in which A was playing			

			16		17		18	
			Use of symbols		COVID-19		12 Step program	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	D	Connection to self-in-music						

			19		20		21	
			Teasing / Criticism		Group movement		Art / Creative activities	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	D	Connection to self-in-music						

			22	
			Dedication	
			Connection	Disconnection
Connection	D	Connection to self-in-music		

Appendix O: Connectedness (Experiences sheet)

			1		2		3	
			Laughter / Humour		Voice as a character		Voicework - breathing	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	E	Connectedness (WE)	Shared laughter				MT invites group to take a deep breath	
			Shared laughter in group				Synchronised breathing while humming	
			Shared laughter				MT invites group to take a few deep breathes	
			Shared humour and laughter				Synchronous breathing in humming	
			Shared laughter in the group				MT invites group to breathe together	
			Shared laughter				MT invites group to breathe	
			Shared laughter				Therapist invites group to breathe together	
			Shared laughter				MT asks group to take a deep breath	
			Shared laughter				Through vocal improv A experienced silencing surroundings and fully focusing on the shared musical moment	
			Shared laughter				MT asks group to take a deep breath	
			Shared humour and laughter				MT invites group to take a few deep breathes	
			Shared humour and laughter				MT invites group to take a few deep breathes	
			Shared laughter and humorous interaction				MT asks group to take a deep breath	
			Group shares laughter					
			Shared laughter					
			Shared laughter					

			Humour emerges in the group					

			4		5		6	
			Voicework - humming / Vocal improvisation		Vocal sound morphing		Freedom / Openness / Flexibility / Exploration	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	E	Connectedness (WE)	Synchronised breathing while humming	A: I struggled to zone into the humming a bit	MT explains to keep the sound moving	When one got uncomfortable it fell apart		When MT introduces a musical change the group's music disintegrates
			Synchronous breathing in humming	Group starts improvising in unison and then drifts into dissonance				
			Group joins in after a few seconds	Group finds it difficult to shift to different vowel				
			Tangible energy in the humming	Participants join with hesitancy				
			Group breathing at the same time – in sync	Group starts improvising in unison and then drifts into dissonance				
			Group starts improvising in unison and then drifts into dissonance	Group's unison breathing starts becoming differentiated				
			R expresses pleasure at feeling collective vocal vibration of group	Flow of music disrupted by clearing throat				
			J notes experience of vocal synchronising	Music comes to a halt when MT talks				
			R appreciates collectively created sound (that no individual could have created alone)	Heaviness in sound				
			Group appreciates sense of oneness created through humming					

			R appreciates the uniqueness of the sound created through group humming					
			R appreciates the role of each group member in creating the collective group sound					
			MT acknowledges importance of group attunement and flow					
			A reflects on everyone doing the same thing but you can hear each individual					
			A contemplating about the reason for this collective experience – feeling in heart					
			Synchronous breathing					
			Character of the music is gentle and cohesive					
			Gentle and energetic movement in the music					
			Group cohesion in the movement of the melodic structure of the music					
			The music comes to an organic stop					
			A compares the sound to distortion					
			Movement in the music					
			Group starts improvising in unison and then drifts into dissonance					
			MT reflects on the moving together vocally, exploring and then coming back to the group					

			MA reflects on the organic movement of the humming					
			MA: I thought people wouldn't take the humming seriously but everyone did					
			Group moves from vowels to humming in organic manner					
			Silence after everyone stopped humming					
			Activity organically stops					
			Dynamics of the vowel sounds decrease and organically moves to humming					
			Music has swaying movement					

			7		8		9	
			Fragmentation / Dissonance		Initiating - therapist		Initiating - client	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	E	Connectedness (WE)	Dissonance in the music	Dissonance in music creates discomfort	MT starts with vowel sounds and participants join in		Group discusses how the journey would sound	
			Group feels comfortable in the dissonance of the music	Music is slightly fragmented as there is a set structure for the song	MT opens the improvisation			
			Comfortable dissonance in music		MT makes melodic movements			
			Comfortable dissonance occur in the harmonic structure		MT offers different vowel sound			

			10		11		12	
			Structure and pacing		Relaxation / Holding space		Instrumental improvisation	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	E	Connectedness (WE)	MT offers suggestions for musical structure when group is unsure				R: Musical vibration of group improvisation provides a sense of connection and cohesion (note: music experienced this way by the group was not always in unison; sometimes dissonant)	J asserts prominence in group
			MT leads group for final beat				Tempo increases and music reaches a climax	JA: it was actually much harder to follow each person this time
			R: Slowing down makes the activity easier				The improvisation is followed by silence	Sound becomes disorganised and the music ends
			Everyone ends the improvisation together on a final beat				Coherence in the music	Irregularity in the rhythmic framework
			Basic beat in the music is evident and keeps the structure				Vitality and immediacy in the music through increasing tempo and light playing	lack of synchrony in music
			MT leads group for final beat				Group cohesion in the music through unison playing	musical uncertainty
			MT invites group to a basic beat				The group finds a musical groove – character of the music is tribal like	Group members not listening to each's music
			MT invites group to basic beat				Group sings melody in unison	Looses rhythm – gets stuck in their own rhythm
			MT invites group to final song for the session				MT invites group to basic beat	S shares his voice isn't loud
			MT directs group to take drums again – concentrating on a steady beat				Agency in the music through the tempo	R: doesn't seem like we're getting better
			MT explains activity				Group falls into a cohesive groove	

			MT gives clarity on activity				Flow in the music	
			MT explains / directs group activity				Vitality in the music	
			MT invites group to song-writing				Tempo of the music keeps increasing	
			MT asks to reflect on listening to the sounds				Group cohesion through improvisation	
							MT invites group to improvise together	
							Organic transition from beat of individual to beat of group	
							S: Feeling connected to the rhythm of the group	
							Group playing rhythm in unison	
							Group follows J	
							Intensity of music increases when group joins in	
							Tempo in music increases	
							Agency and anticipation in the music as we move into the journey of recovery	
							Slight irregularity in the rhythm that is restored organically by the group	
							Tempo increase in the music a long with slight irregular rhythms – signalling the stumbling into the journey of recovery	
							Participants join in singing and playing instruments in song	

			13		14		15	
			Verbal sharing / Processing		Support / Acceptance / Encouragement		Physical & auditory space / Experience	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	E	Connectedness (WE)	MT reflects on the creation of a shared sound (that sometimes creates a sense of fusion)		T, R, S give each other support			
			MT: the drums we play connect us to other parts of Africa		MT affirms groups musical initiation			
			MT encourages group to participate					
			MT affirms group participation					
			MT affirms group that participation is voluntary					

			16		17		18	
			Use of symbols		COVID-19		12 Step program	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	E	Connectedness (WE)						

			19		20		21	
			Teasing / Criticism		Group movement		Art / Creative activities	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	E	Connectedness (WE)					MT invites group to a creative process of how to survive quarantine	

			22	
			Dedication	
			Connection	Disconnection
Connection	E	Connectedness (WE)	Group dedicates the sessions to people in recovery	
			Dedication from group to the high risk population	

Appendix P: Connection to others (Experiences sheet)

			1		2		3	
			Laughter / Humour		Voice as a character		Voicework - breathing	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	F	Connection to others	Participant relating to each other through goofing around with each other	Group laughs together at J	A: My suffering in silence can be understood by another voice	R: Feeling unheard	MT invites group to take a few breathes and return to the present moment	
			Shared laughter			R: Praying to be heard		
			Shared joking and laughter between participants			R: Making sound without anyone listening		
			Participants share in laughter					
			Shared laughter					
			Shared laughter					
			Shared laughter between S and R					
			Spontaneous shared laughter					
			Shared laughter					
			Humour					

			4		5		6	
			Voicework - humming / Vocal improvisation		Vocal sound morphing		Freedom / Openness / Flexibility / Exploration	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	F	Connection to others	Some participants start to explore within the humming and vowel sounds	J asserts prominence in group	S looks for guidance	A stops to think of a new sound	Some participants start to explore within the humming and vowel sounds	
			Participants meets each other musically	T is indifferent		As sounds get complex pauses between sounds get longer	Participant exploring their voices in the improvisation	
			R: the humming allowed everyone to have their voice			Watching someone make a sound takes away from actually listening to the person		
			Group follows MT's shift to vowel sounds			R reflects on if we only listened and didn't look at each other it might have been easier		

			Group humming and breathing experienced as a flow that gains a life of its own and pulls one along effortlessly (stopping when the music wants to stop)			MT & R reflects on thinking of your sound instead of first listening			
			R appreciates vocal support from others so he can take time to catch up musically						
			MT reflects: acknowledges comment that group members support one another musically						
			MT reflects on finding support in others to assist with flow						
			A reflects on everyone doing the same thing but you can hear each individual						
			R joins on a humming sound						
			Shift in note creates dissonance but resolves after some time						
			Comfortable dissonance occur in the harmonic structure						
			Participants move to different sound						
			JA introduces new melodic material						
			The song becomes anthem like						
			Volume and intensity of music is high – energy levels during the session were very high						

			7		8		9	
			Fragmentation / Dissonance		Initiating - therapist		Initiating - client	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	F	Connection to others	Slight fragmentation in the rhythms as the group tries to meet each other		MT demonstrates a beat			
					MT starts humming			

			10		11		12	
			Structure and pacing		Relaxation / Holding space		Instrumental improvisation	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	F	Connection to others	Group follows MT				group mirrors one of the members beat	Group struggles to meet each other musically
			Group follows MT				Group follows one P	Group struggles to meet each other musically
			M watching another p's hands to get the rhythm				Cohesion between S and T's playing	Participants find it difficult to meet each other musically
			M watching another p's hands to get the rhythm				After short observation of new beat group joins the music	The music becomes irregular as S stays stuck in repetitive playing
			MT explains activity				Participants watches R's hands to follow the beat	Group seems hesitant to add their voices to the activity
			MT explains activity				Group pays close attention to S's beat	Group members not listening to each's music
			Group follows MT in drumming				group members following the MT's basic beat	attempts to musically find one another with mixed success
			MT directs group in activity				Attempts to musically find one another with mixed success	J asserts dominance in music
			MT explains activity				group mirrors one of the members beat	Group struggles to find each other musically
			MT directs group for breathing activity				Body gesture copied by the group	M finds the rhythm difficult
			MT explains humming activity				Organic movement in the music	Group joins with hesitation
			MT explains activity				Spontaneity and energy in the music	MT changes A's beat slightly to make it easier to copy

			MT explains humming activity				Group mirrors a p's beat	MT is unsure about what music to use
			MT inviting the group into vocal improvisation				MT invites others to join spontaneous improvisation	
			MT explains humming activity				Group mirrors beat back to S	
			MT invites group to humming exercise				MT takes guitar and starts improvising	
			MT invites group to make a vocal sound representing how they feel				S sings a long with strength	
			MT explains activity				MT encourages group to closely listen to each other	
			MT explaining activity				MT changes A's beat slightly to make it easier to copy	
			MT invites group to join in singing				MA starts the journey of recovery sound scape	
			MT explains activity				Character of music changes when JA introduces new vocal sounds	
			MT explains activity				Group follows MT	
			MT invites T to start the drumming circle				S joins in with enthusiasm	
			MT explaining and demonstrating the djembe				R and T listening	
			MT explains activity				R getting emotional (crying) while S and the MT sings	
			MT explains next improvisation activity				MT becomes more comfortable in the music	
			MT invites group to sound morphing activity					
			MT explains activity again					
			MT invites participants to join in					
			MT invites group to dedicate the session to something / someone					
			MT explains activity					
			MT invites to basic beat					

			MT explains activity					
			T explains activity to those that do not know it					
			MT invites group to use their voices					
			MT asks S to reflect					
			MT asks for more clarity from A					

			13		14		15	
			Verbal sharing / Processing		Support / Acceptance / Encouragement		Physical & auditory space / Experience	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	F	Connection to others	JA shares her list of needs and triggers in spite of feeling vulnerable	A doesn't want to share	R offering to support JA – thanks her for sharing because now he knows when she might be triggered			
			MT prompts for explanation	T shakes her head – doesn't want to share	R empathises with JA for being new in the house			
			MT invites reflection	J asserts prominence in group	Participants encouraging each other in the drumming exercise			
			MT invites reflection from all group members	T shows annoyance towards J	MT checks in with JA who seems quite emotional			
			MT affirms participation	T shows annoyance towards J	JA encourages A to play whatever comes to mind – saying there is no judgement			
			M identifies with what R said	R: Sarcasm towards T	S encourages T to pass on a beat			
			R reflects on A's metaphor of the elastic band snapping	Sarcasm towards T	J enquires about T's discomfort			
			R agrees with others	R shows sarcasm towards S	Song is created – supporting R			
				T agrees with other's contributions rather than offering her own statements	MT checks in with group			
				J changes topic	R Commenting on T's playing – more lively playing			

				M explains that he feels upset – he doesn't want to disrupt the activity for others	MT includes T that is not feeling well			
					Shared "empathy" in the group			
					MT asks for A to say more			
					MT thanks everyone for being in the session			
					R echoing what MT says			
					MT reflects on response			
					MT affirms R's reflection			
					MT thanks JA for sharing			
					MT praises S for his idea of a survival guide to quarantine			
					MT affirms T's discomfort			

			16		17		18	
			Use of symbols		COVID-19		12 Step program	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	F	Connection to others						

			19		20		21	
			Teasing / Criticism		Group movement		Art / Creative activities	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	F	Connection to others	Slight mean goofing around from R towards S	Slight mean goofing around from R towards S			MT invites group to put their collective needs and triggers on a big poster	
			Playful irritation from R towards S				MT invites group to be creative	
			R: Playful rolling of eyes towards another S				MT invites group to drawing activity	

			22	
			Dedication	
			Connection	Disconnection
Connection	F	Connection to others	MT dedicates the session to Frontline workers	
			JA dedicates the session to her family – all the people in the room's families	
			Group dedicates the sessions to people in recovery	
			JA also dedicates to those still in active addiction	
			MA dedicates the session to Ally	
			A dedicates the session to TB and HIV patients	
			JA also dedicates to the old and frail	
			MT dedicates to those who cannot afford private health care	

Appendix Q: Music (Experience sheet)

Experience sheet: Enjoyment

			1		2		3	
			Laughter / Humour		Voice as a character		Voicework - breathing	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Music	G	Enjoyment					J: Pleasure in humming and breathing; recognition that he has taken such pleasures for granted	

			4		5		6	
			Voicework - humming / Vocal improvisation		Vocal sound morphing		Freedom / Openness / Flexibility / Exploration	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Music	G	Enjoyment	Enjoyment of humming					
			Enjoyment in the music					

			7		8		9	
			Fragmentation / Dissonance		Initiating - therapist		Initiating - client	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Music	G	Enjoyment						

			10		11		12	
			Structure and pacing		Relaxation / Holding space		Instrumental improvisation	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Music	G	Enjoyment					Enjoyment in the music	
							M reflects enjoying activity	
							MA: enjoyment in the music	
							R expresses joy after improvisation	

			13		14		15	
			Verbal sharing / Processing		Support / Acceptance / Encouragement		Physical & auditory space / Experience	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Music	G	Enjoyment						

			16		17		18	
			Use of symbols		COVID-19		12 Step program	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Music	G	Enjoyment						

			19		20		21	
			Teasing / Criticism		Group movement		Art / Creative activities	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Music	G	Enjoyment						

			22	
			Dedication	
			Connection	Disconnection
Music	G	Enjoyment		

Experience sheet: Soundscape

			1		2		3	
			Laughter / Humour		Voice as a character		Voicework - breathing	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Music	H	Soundscape						

			4		5		6	
			Voicework - humming / Vocal improvisation		Vocal sound morphing		Freedom / Openness / Flexibility / Exploration	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Music	H	Soundscape	Sound of birds add to the character of the music					
			Sombre character to the music					

			7		8		9	
			Fragmentation / Dissonance		Initiating - therapist		Initiating - client	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Music	H	Soundscape						

			10		11		12	
			Structure and pacing		Relaxation / Holding space		Instrumental improvisation	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Music	H	Soundscape					JA suggests we must do a journey of recovery	
							Character of music changes to lullaby as the tempo and dynamics decrease	

							Vowel sounds cause increase in volume	

			13		14		15	
			Verbal sharing / Processing		Support / Acceptance / Encouragement		Physical & auditory space / Experience	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Music	H	Soundscape					MT puts on soft instrumental music in the background	
							4 words: S: Humming	
							MT puts on instrumental music in the background	

			16		17		18	
			Use of symbols		COVID-19		12 Step program	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Music	H	Soundscape						

			19		20		21	
			Teasing / Criticism		Group movement		Art / Creative activities	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Music	H	Soundscape						

			22	
			Dedication	
			Connection	Disconnection
Music	H	Soundscape		

Experience sheet: Familiarity

			1		2		3	
			Laughter / Humour		Voice as a character		Voicework - breathing	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Music	I	Familiarity						

			4		5		6	
			Voicework - humming / Vocal improvisation		Vocal sound morphing		Freedom / Openness / Flexibility / Exploration	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Music	I	Familiarity						

			7		8		9	
			Fragmentation / Dissonance		Initiating - therapist		Initiating - client	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Music	I	Familiarity						

			10		11		12	
			Structure and pacing		Relaxation / Holding space		Instrumental improvisation	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Music	I	Familiarity					T recalls doing this activity at a Rehab facility	
							Singing of familiar songs	

			13		14		15	
			Verbal sharing / Processing		Support / Acceptance / Encouragement		Physical & auditory space / Experience	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Music	I	Familiarity						

			16		17		18	
			Use of symbols		COVID-19		12 Step program	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Music	I	Familiarity						

			19		20		21	
			Teasing / Criticism		Group movement		Art / Creative activities	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Music	I	Familiarity						

			22	
			Dedication	
			Connection	Disconnection
Music	I	Familiarity		

Appendix R: Connection to inner self (Reflections sheet)

			1		2		3	
			Laughter / Humour		Voice as a character		Voicework - breathing	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	A	Connection to inner self			MT reflects on finding the inner/ true self is not a quick journey	R: Difficulty findings flow in breathing and humming		
					MT reflecting on the notion of a true self			
					MT reflects on our own expectations of our voices			
					R reflects on how you don't need to have a loud voice to add meaning and to contribute			
					R: you don't need to be loud to make a sound			

			4		5		6	
			Voicework - humming / Vocal improvisation		Vocal sound morphing		Freedom / Openness / Flexibility / Exploration	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	A	Connection to inner self	MT reflects on how the humming drowns out the noise within and outside of us					
			J links experience in singing to breathing in yoga, meditation and diving					

			7		8		9	
			Fragmentation / Dissonance		Initiating - therapist		Initiating - client	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	A	Connection to inner self						

			10		11		12	
			Structure and pacing		Relaxation / Holding space		Instrumental improvisation	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	A	Connection to inner self						

			13		14		15	
			Verbal sharing / Processing		Support / Acceptance / Encouragement		Physical & auditory space / Experience	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	A	Connection to inner self	JA: needing forgiveness – mostly from myself	R reflects on overextending oneself and wanting to move forward too quickly	JA reflects on needing emotional and mental freedom			
			JA needing purpose and value	R reflects on wishing to be somewhere else is what creates the feeling of being stuck for him				
			S: I can only be content once I am free	A: I push away that what is good for me				
			S: discernment gives me the choice - I get to make decisions	A explains that going from numbing your pain to not numbing your pain is hard as hell				
			S reflects on finding a balance between discipline and relaxation	T explains she struggles to meditate				
			A: I am figuring out where the letting go is and when to start over	T explains how her brain just doesn't quiet down				
			R reflects on how the word creative links to the self and how he views himself	Keep quiet – less aggression that shut up				
			S: once there is peace, love and mercy towards the self can he alter his thinking(mind)	MT reflects on the type of self-talk that happens when one struggles to switch your mind off				

			S reflects on not having to conform to society's expectations					
			J asks do I know who I am					
			S shows need to control his state of being					
			It is good and safe to be containing oneself					
			MT reflects on tuning in to the current moment					

			16		17		18	
			Use of symbols		COVID-19		12 Step program	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	A	Connection to inner self	S explains that the egg shakers are the most common – he chose it because it represents him		R: to survive lockdown I will need have a sense of purpose	R reflects on it being easy to isolate while having your own room etc.	R reflects on his recovery journey – he wanted to go home	
					R: for me to survive I need to keep busy and find balance	R: my triggers for lockdown might be isolation	J reflecting on the 12 step program	
					R: to survive lockdown I will need to stay busy and focus on connecting to other	R: my triggers for lockdown might be distractions and boredom		
					S reflects on using healthy coping mechanisms to survive the next 21 days.	JA triggers might be: focussing on others more than myself, people pleasing		
					JA needing laughter	JA reflects on moving into a dark space when thinking about needing to cope		
						JA feels deep sadness when reflecting on her life		

	19		20		21	
	Teasing / Criticism		Group movement		Art / Creative activities	
	Connection	Disconnection	Connection	Disconnection	Connection	Disconnection

Connection	**A**	**Connection to inner self**			MT reflects on movement being expression			
					MT reflects on dancing as expression			
					JA explains that the moving her body (dancing) helped her get out of her head			
					T: Dancing makes me happy			
					T: Dancing as expression			

			23	
			4 Words - end of session	
			Connection	**Disconnection**
Connection	**A**	**Connection to inner self**	T: introspective	
			4 words: A: Solace	
			4 words: R: Breathe	
			S: insight	
			A: I am	
			Four words: MA: Centring	
			Four words: JA: cognitively relaxing	

Appendix S: Connection to self-in-relation to others/environment/activity (Reflections sheet)

			1		2		3	
			Laughter / Humour		Voice as a character		Voicework - breathing	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	B	Connection to self-in-relation to others / environment / activity	MT reflects on the need for humour to connect us		MT explains that the voice can often act as an actor on a stage	S: I acted out because I didn't fit in / know who I was	MT invites group to take a deep breath and reflect on how they feel	
					J reflecting on not listening to the inner audience	J: Others opinions mattered more than my own		

			4		5		6	
			Voicework - humming / Vocal improvisation		Vocal sound morphing		Freedom / Openness / Flexibility / Exploration	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	B	Connection to self-in-relation to others / environment / activity	R reflects on the spaciousness of the humming – allowing for exploration		We try to do something different but is it necessary			
			MT reflects on how the humming drowns out the noise within and outside of us					
			MT reflects on the importance of breathing					
			MT reflects on the use of the voice in the improvisation					

			7		8		9	
			Fragmentation / Dissonance		Initiating - therapist		Initiating - client	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	B	Connection to self-in-relation to others /						

		environment / activity						

			10		11		12	
			Structure and pacing		Relaxation / Holding space		Instrumental improvisation	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	B	Connection to self-in-relation to others / environment / activity						MT reflects on the music – built up energy that is not releasing

			13		14		15	
			Verbal sharing / Processing		Support / Acceptance / Encouragement		Physical & auditory space / Experience	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	B	Connection to self-in-relation to others / environment / activity	JA reflects on struggling to ask for help – she still sees it as weakness	S: I changed when I had to grow up	In the good and the bad we are there for each other			
			S: If I am happy with who I am and stand up against those dictating my life it could change their hearts	The notion of the supposed to's				
			S explains that he needs to allow himself to be present and not allow society to dictate who he is	S explains how anger still builds up – it needs to come out in a non-aggressive way				
			R reflects on how "engage" connects to the greater whole – feeling a sense of connection to that beyond the self	MT reflects on what we have been taught – have soft and quiet voices				
			S: the concept of right and wrong only happens if we accept other people's law to be our own	T was told her composed nature was not normal				
			J: People taught us who we are	T was taught to be composed from a young age				

			R: Being contained is a habit	R: Having it all together is comfort				
			T prefers being composed	MT reflect on T's response: danger of moving out of the unknown				
			MT reflects on letting go of "suppose to's"	S expresses he has PTSD from the focus group				
			R: allowing contentment in one's spirit before acting					
			S: the empowerment is in the choice					
			T preferring structure and being composed					
			MT explains that we need to first realise where we are at before we can "improve" / alter ourselves					
			MT reflects on things not being either black/white					
			R explains that taking smaller steps creates space to not snap					

			16		17		18	
			Use of symbols		COVID-19		12 Step program	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	B	Connection to self-in-relation to others / environment / activity			S reflects on how he must be aware of isolation and having an accountability partner	MT reflects on our fears, needs and concerns are bigger than lockdown		
					R explains difference between alone time and isolation	MT reflects on how the idea of the 21 days of lockdown brings a spotlight onto all areas of life.		
						JA triggers might be boredom		

			19		20		21	
			Teasing / Criticism		Group movement		Art / Creative activities	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	B	Connection to self-in-relation to others / environment / activity		R explains that dealing with being told to shut up is isolating		R explains how he had some reservations for dancing in front of the group – shared of judgement		
				R expresses being told to shut up				

			22	
			4 Words - end of session	
			Connection	Disconnection
Connection	B	Connection to self-in-relation to others / environment / activity	R: relaxed	A: indifference
			S: good	T: frustrated
			J: chill	
			A: indifference	
			S expresses feeling good	
			R does not reply with words to question – body language (sad)	
			R: Uplifting	
			R: Connection	
			S: Rhythm	
			R: comfortable	
			A: Jackson Pollard	
			R: Unstructured	
			A: Messy in an artistic way	
			Four words: S: Awesome	
			Four words: Transcending	

Appendix T: Connection to self-in-addiction (Reflections sheet)

			1		2		3	
			Laughter / Humour		Voice as a character		Voicework - breathing	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	C	Connection to self-in-addiction						

			4		5		6	
			Voicework - humming / Vocal improvisation		Vocal sound morphing		Freedom / Openness / Flexibility / Exploration	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	C	Connection to self-in-addiction						

			7		8		9	
			Fragmentation / Dissonance		Initiating - therapist		Initiating - client	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	C	Connection to self-in-addiction						

			10		11		12	
			Structure and pacing		Relaxation / Holding space		Instrumental improvisation	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	C	Connection to self-in-addiction						

			13		14		15	
			Verbal sharing / Processing		Support / Acceptance / Encouragement		Physical & auditory space / Experience	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	C	Connection to self-in-addiction	J: Addiction seen as disease	T: the opposite of connection is addiction				
			J identifying as an addict	A: I see goodness in the bad and that's why I keep going back				
			J's identity in addiction	A: I put that which is bad in my life				
				Substance was a new voice introduced into J's life				
				Substance gives confidence that J yearned for				
				The voice of substance was needed				
				MT reflects on the connection between the substance acting as another voice / enhancing an inner voice				
				J; Not being heard without substance voice				
				J: Substance helped me express myself				
				J: People liked me when I used substance				
				J: I had to maintain my substance use to stay "relevant"				

			16		17		18	
			Use of symbols		COVID-19		12 Step program	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	C	Connection to self-in-addiction				JA: triggers might be loneliness	J: Working the program helped me get rid of the voices that didn't belong to me	
							J explains that putting in the work is good for him	

			19		20		21	
			Teasing / Criticism		Group movement		Art / Creative activities	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	C	Connection to self-in-addiction						

			22	
			4 Words - end of session	
			Connection	Disconnection
Connection	C	Connection to self-in-addiction		

Appendix T: Connection to self-in-addiction (Reflections sheet)

			1		2		3	
			Laughter / Humour		Voice as a character		Voicework - breathing	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	C	Connection to self-in-addiction						

			4		5		6	
			Voicework - humming / Vocal improvisation		Vocal sound morphing		Freedom / Openness / Flexibility / Exploration	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	C	Connection to self-in-addiction						

			7		8		9	
			Fragmentation / Dissonance		Initiating - therapist		Initiating - client	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	C	Connection to self-in-addiction						

			10		11		12	
			Structure and pacing		Relaxation / Holding space		Instrumental improvisation	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	C	Connection to self-in-addiction						

			13		14		15	
			Verbal sharing / Processing		Support / Acceptance / Encouragement		Physical & auditory space / Experience	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	C	Connection to self-in-addiction	J: Addiction seen as disease	T: the opposite of connection is addiction				
			J identifying as an addict	A: I see goodness in the bad and that's why I keep going back				
			J's identity in addiction	A: I put that which is bad in my life				
				Substance was a new voice introduced into J's life				
				Substance gives confidence that J yearned for				
				The voice of substance was needed				
				MT reflects on the connection between the substance acting as another voice / enhancing an inner voice				
				J; Not being heard without substance voice				
				J: Substance helped me express myself				
				J: People liked me when I used substance				
				J: I had to maintain my substance use to stay "relevant"				

			16		17		18	
			Use of symbols		COVID-19		12 Step program	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	C	Connection to self-in-addiction				JA: triggers might be loneliness	J: Working the program helped me get rid of the voices that didn't belong to me	
							J explains that putting in the work is good for him	

			19		20		21	
			Teasing / Criticism		Group movement		Art / Creative activities	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	C	Connection to self-in-addiction						

			22	
			4 Words - end of session	
			Connection	Disconnection
Connection	C	Connection to self-in-addiction		

Appendix V: Connection to others (Reflections sheet)

			1		2		3	
			Laughter / Humour		Voice as a character		Voicework - breathing	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	F	Connection to others	Connection can be humour					
			R: Humour is a foot in the door for connection					

			4		5		6	
			Voicework - humming / Vocal improvisation		Vocal sound morphing		Freedom / Openness / Flexibility / Exploration	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	F	Connection to others	MT reflecting on different voices and the value of various voices in the space		R reflects on how it is similar to conversation	R reflects on how he was trying to think of a new sound		
			R: all voices are unique		R compares activity to conversation			
			R: everyone exploring was held by the group					

			7		8		9	
			Fragmentation / Dissonance		Initiating - therapist		Initiating - client	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	F	Connection to others						

			10		11		12	
			Structure and pacing		Relaxation / Holding space		Instrumental improvisation	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	F	Connection to others					MT reflects on feeling seen and heard when beat is reflected back to her	

			13		14		15	
			Verbal sharing / Processing		Support / Acceptance / Encouragement		Physical & auditory space / Experience	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	F	Connection to others	JA: needing support	T generally feels disconnected from people	R reflects on the importance to support each other	R:Thinking people had your back and then realising they didn't		
			MT reflects on being able to have both comfort and discomfort of different people in a space	T: I can connect on a superficial level but deeper connection is difficult				
			S: My friendships with these two allow me to be transparent	T: Pain is like a nail in a wooden plank - if you take the nail out the hole is still there				
			S: meeting R gave me new insight and let go of my homophobic prejudices	A: I push away that what is good for me				
			MT reflects on conversation before session started	Group refers to it as "unfocussed group"				
			MT reflects on the focus group that happened					

			16		17		28	
			Use of symbols		COVID-19		12 Step program	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	F	Connection to others					S: Small things bring connection in our friendship	

			19		20		21	
			Teasing / Criticism		Group movement		Art / Creative activities	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	F	Connection to others						

			22	
			4 Words - end of session	
			Connection	Disconnection
Connection	F	Connection to others	Theme of session is connection	

Appendix W: Music (Reflections sheet)

			1		2		3	
			Laughter / Humour		Voice as a character		Voicework - breathing	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	I	Familiarity						

			4		5		6	
			Voicework - humming / Vocal improvisation		Vocal sound morphing		Freedom / Openness / Flexibility / Exploration	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	I	Familiarity						

			7		8		9	
			Fragmentation / Dissonance		Initiating - Therapist		Initiating - client	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	I	Familiarity						

			10		11		12	
			Structure and pacing		Relaxation / Holding space		Instrumental improvisation	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	I	Familiarity					MT reflects on the comfort of doing something you've done before	

			13		14		15	
			Verbal sharing / Processing		Support / Acceptance / Encouragement		Physical & auditory space / Experience	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	I	Familiarity						

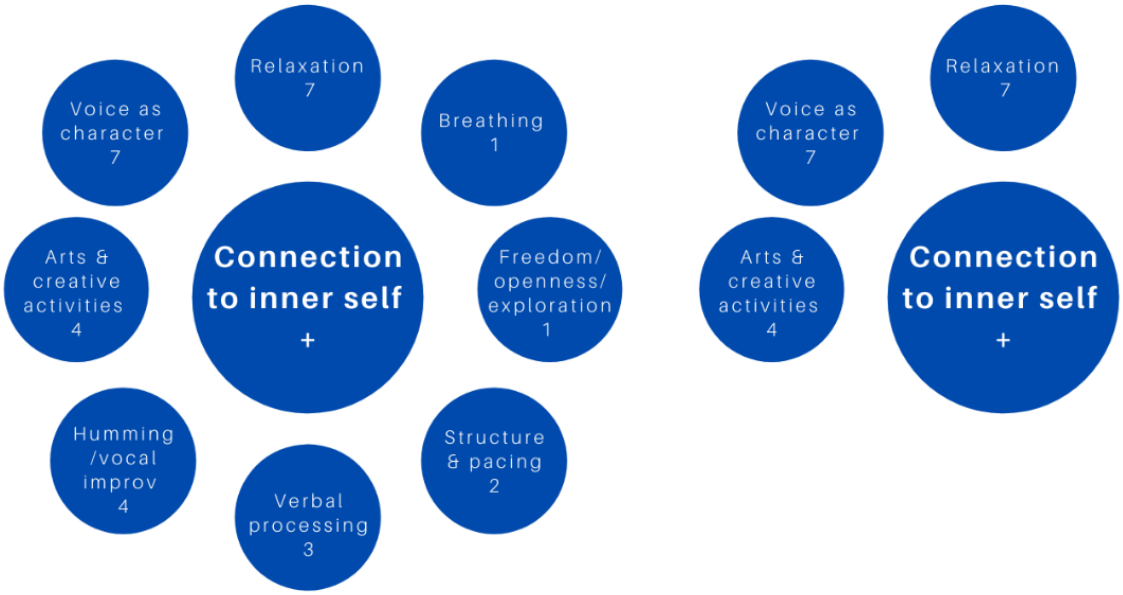
			16		17		18	
			Use of symbols		COVID-19		12 Step program	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	I	Familiarity						

			19		20		21	
			Teasing / Criticism		Group movement		Art / Creative activities	
			Connection	Disconnection	Connection	Disconnection	Connection	Disconnection
Connection	I	Familiarity						

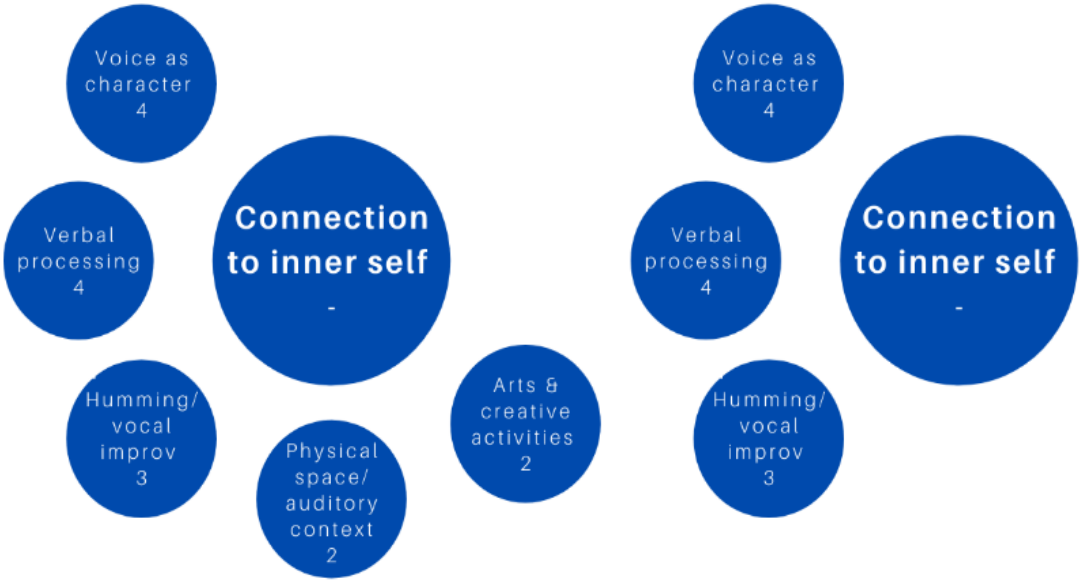
			22	
			4 Words - end of session	
			Connection	Disconnection
Connection	I	Familiarity		

Appendix X: Mind Maps

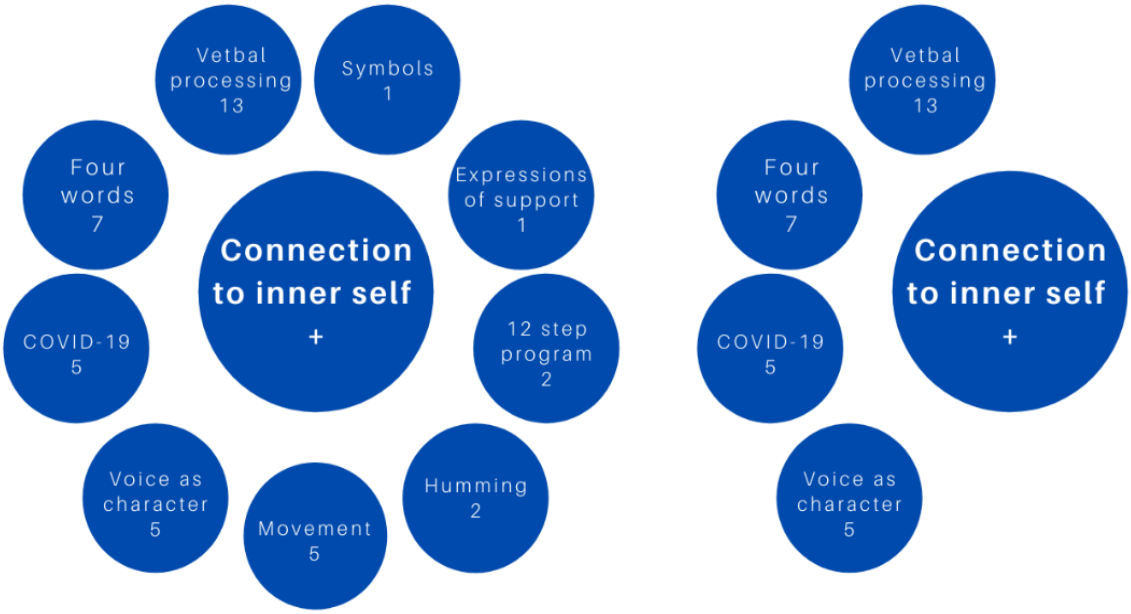
Experience: Connection to inner self (+)



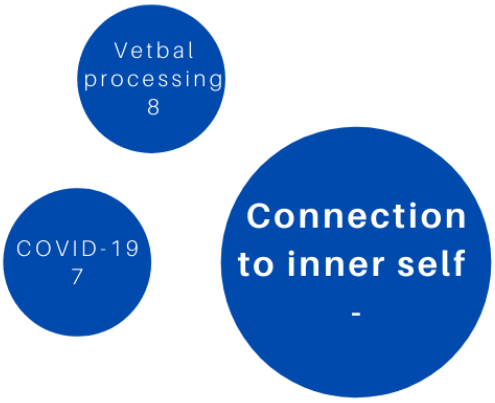
Experience: Connection to inner self (-)



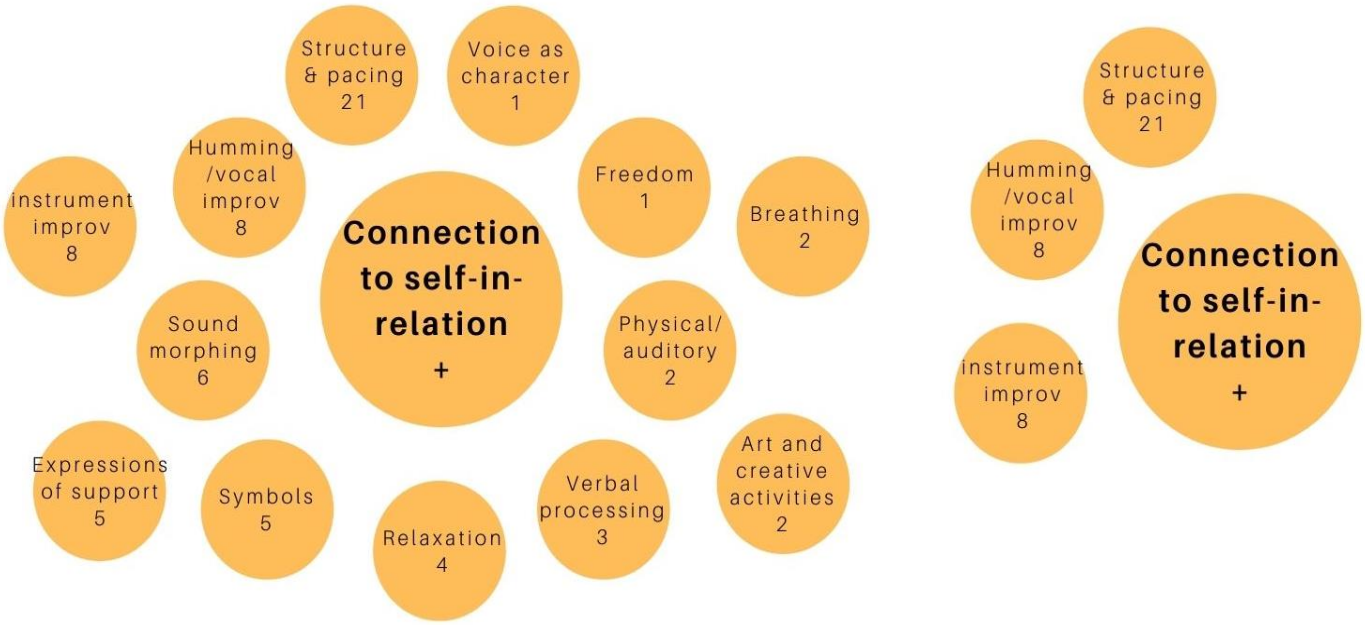
Reflection: Connection to inner self (+)



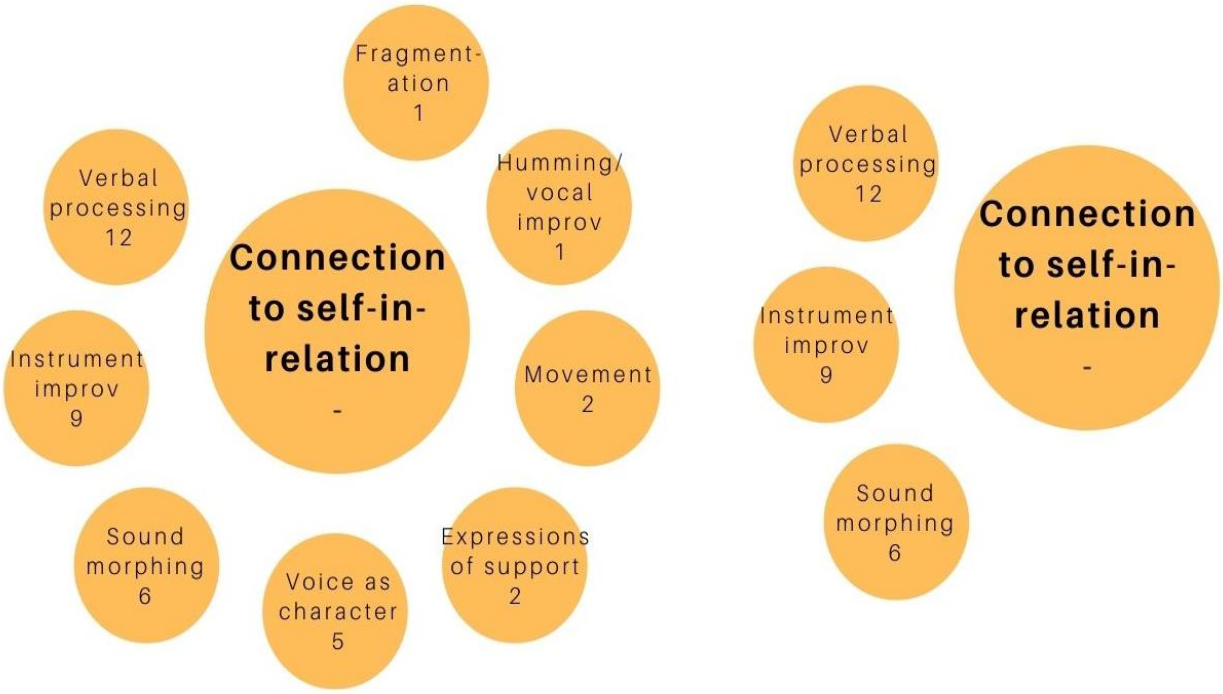
Reflection: Connection to inner self (-)



Experience: Connection to self-in-relation-to… (+)

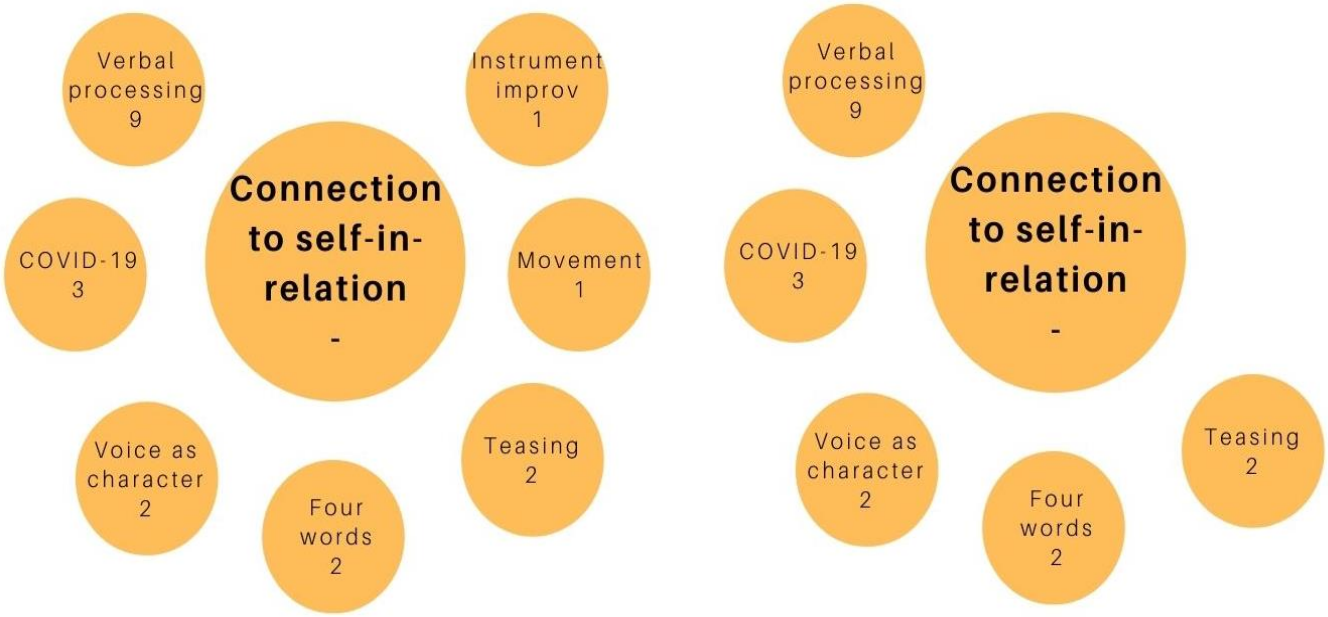


Experience: Connection to self-in-relation-to… (-)

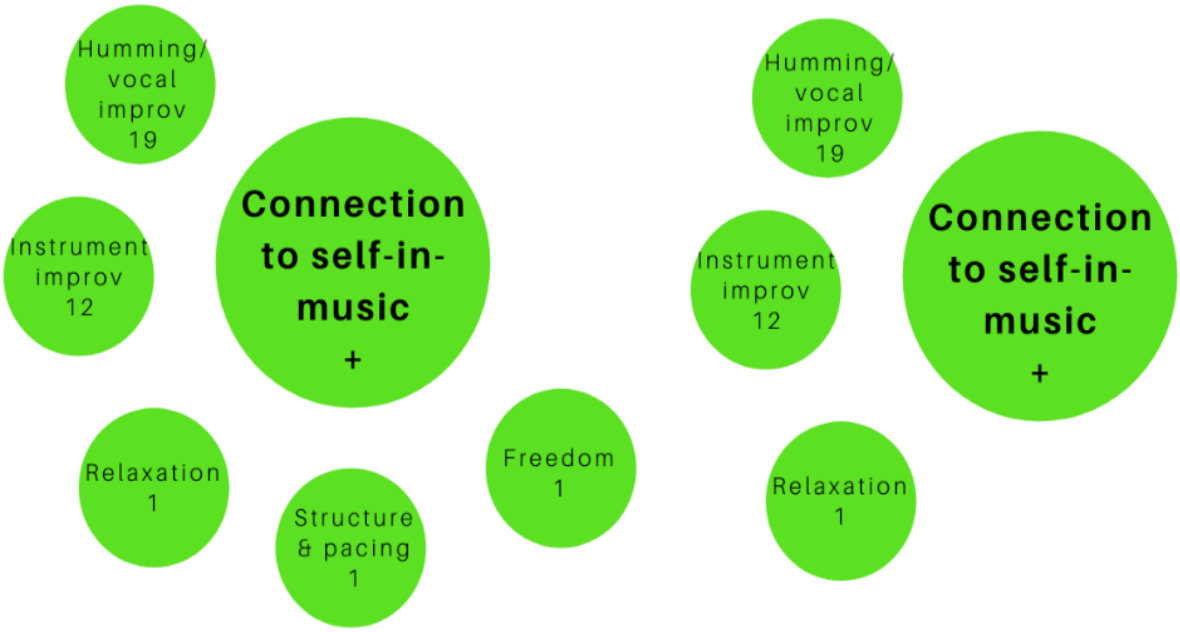


Reflection: Connection to self-in-relation-to… (+)

Reflection: Connection to self-in-relation-to… (-)

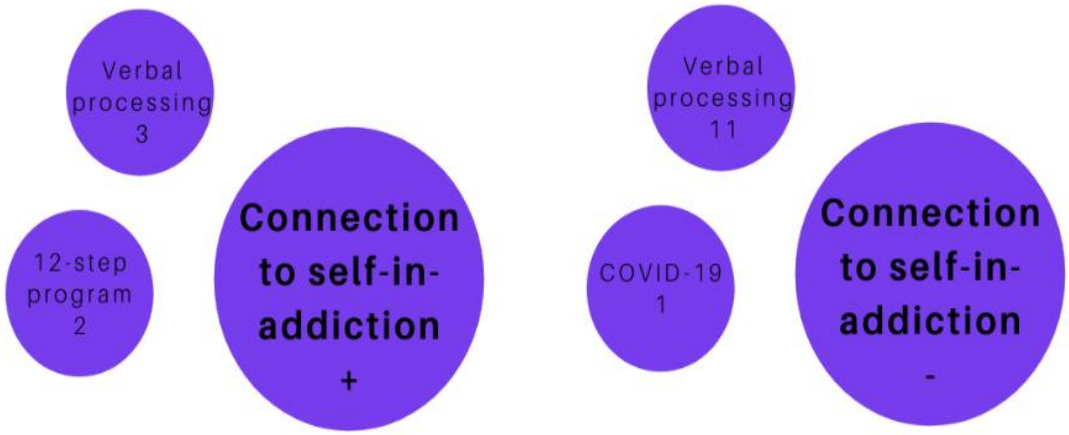


Experience: Connection to self-in-music (+)

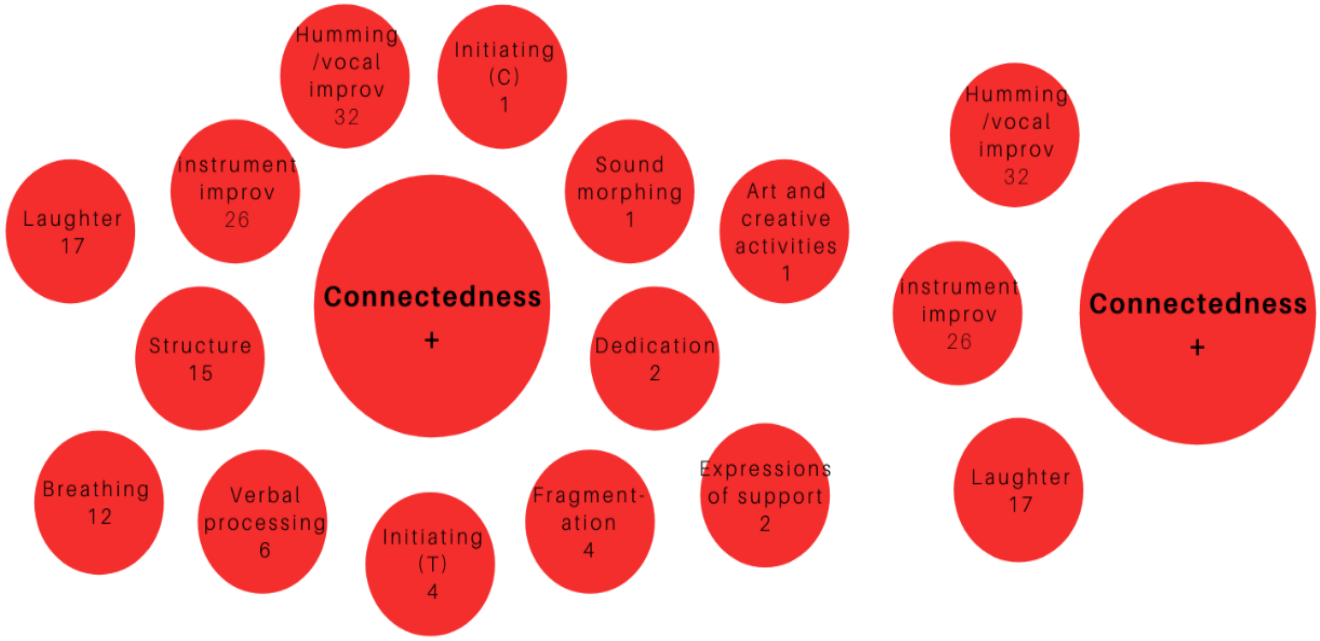


Experience: Connection to self-in-music (-)

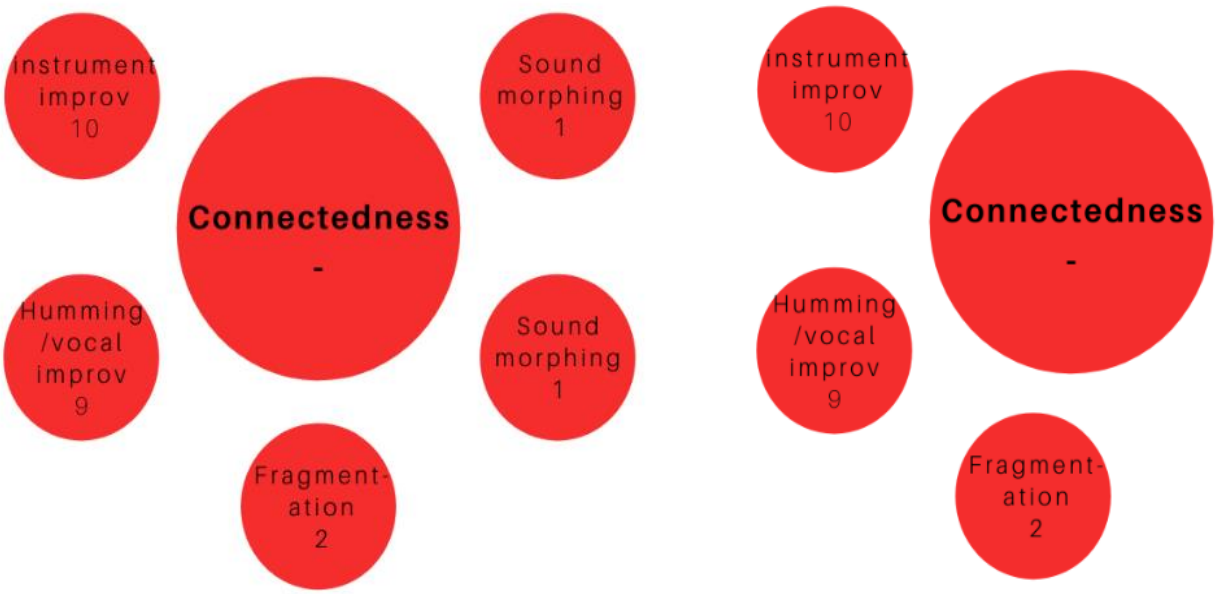
Reflection: Connection to self-in-addiction



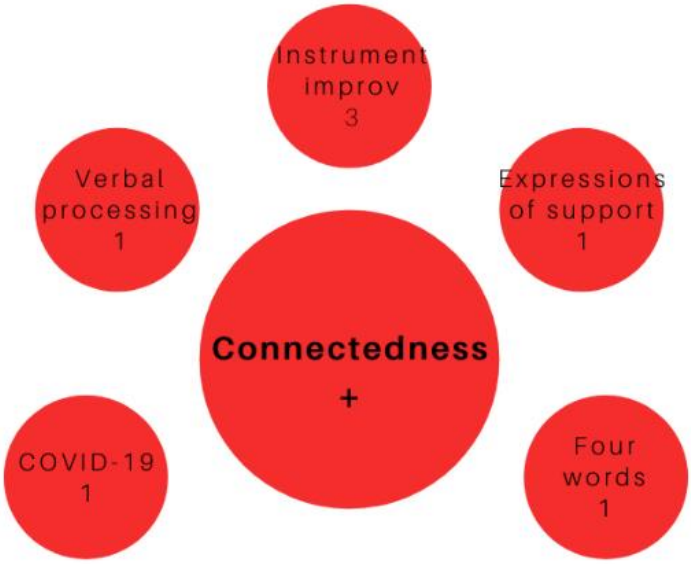
Experience: Connectedness (+)



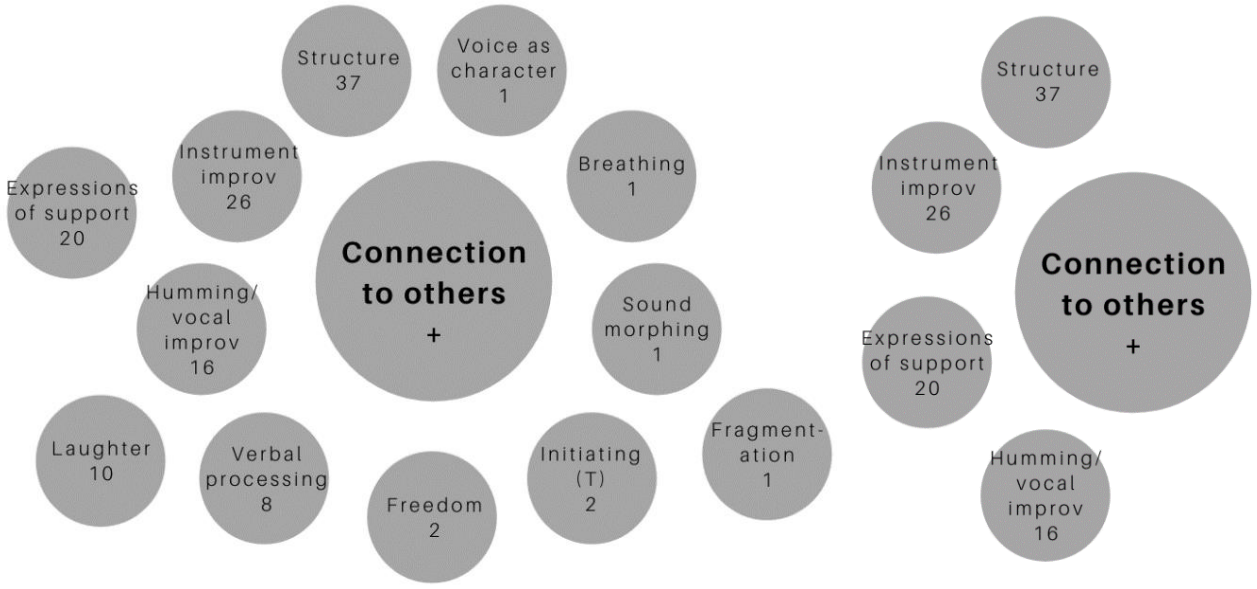
Experience: Connectedness (-)



Reflection: Connectedness (+)

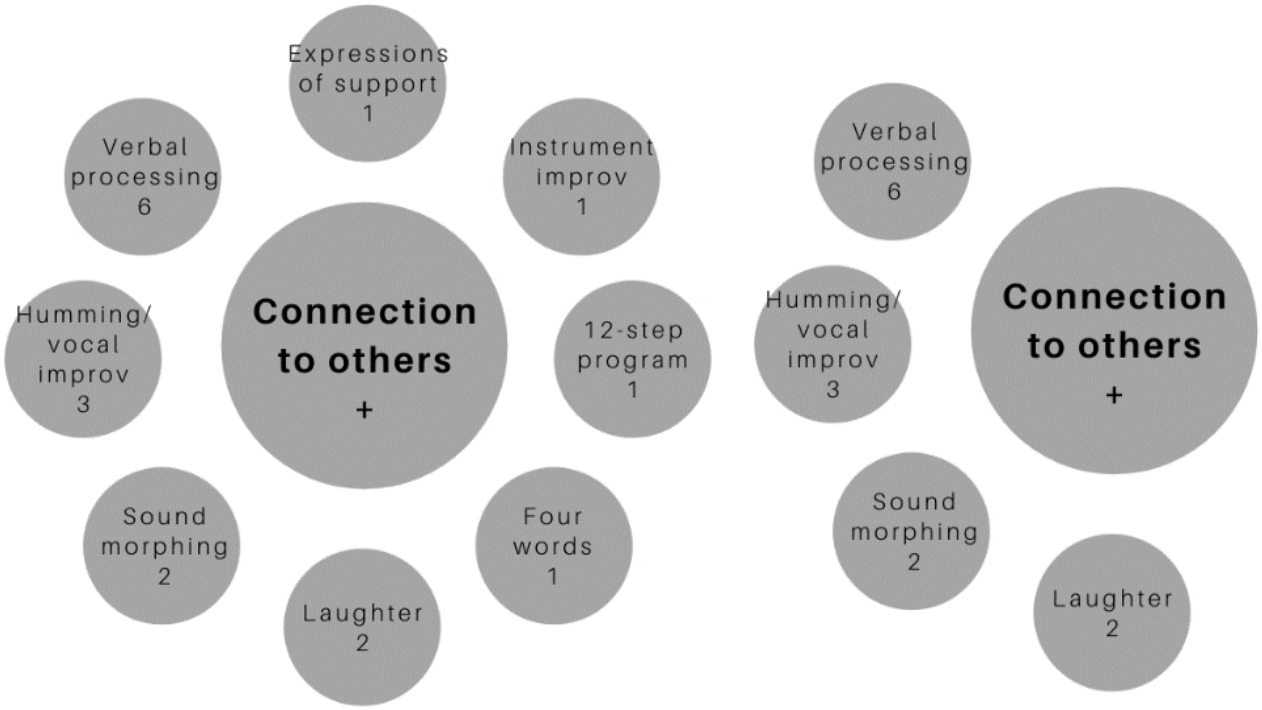


Experience: Connection to others (+)

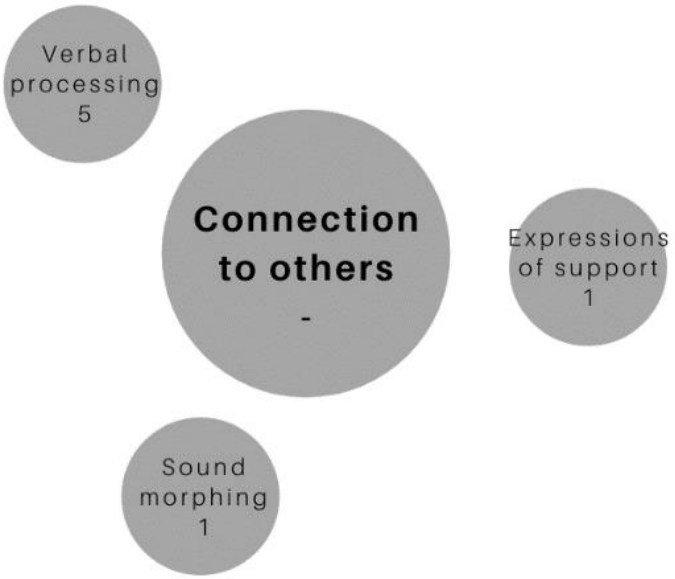


Experience: Connection to others (-)

Reflection: Connection to others (+)



Reflection: Connection to others (-)



Appendix Y: Participant information sheet

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

School of the Arts

STUDY TITLE:

Voicework within Music Therapy as part of rehabilitation for substance use disorders: creating opportunities for connection

As part of my MMus (Music Therapy) degree I am conducting a research study on voicework within group music therapy as part of rehabilitation for substance use disorders. The aim of the study is to explore whether exploring the use of your voice within group music therapy can create opportunities for experiences of connection (with yourself and with others).

Music Therapy uses music interventions in a clinical and evidence-based manner to achieve personalized goals within a therapeutic relationship. In addition to activities such as music listening, lyric analysis, song writing and instrumental improvisation our sessions will include a focus on voicework. Voicework does not require someone to have a good singing voice. Voicework is any use of the voice that forms part of the therapeutic process. At no point will you be “put on the spot” or asked to engage in a way that makes you feel uncomfortable or self-conscious. You have the freedom to decide how you want to take part. Music therapy is a safe and contained space. Participation is completely voluntary, and you have the right to withdraw at any given time without having to give an explanation.

There will be eight people in the group (including myself). There will be 12 music therapy sessions over the span of six weeks. We will have two sessions per week. In between the sessions we will also have four interactive focus groups. This means that after every third music therapy session we will have an opportunity to discuss themes that are emerging from our music therapy sessions together. Each group music therapy session will be about 45 minutes and the focus group discussions will be about 90 minutes.

All the Music Therapy sessions and focus group discussions need to be video recorded so that I can keep track of what is emerging. No-one except me and my research supervisor will see the video footage.

The research from this study will contribute to further knowledge on Voicework within Music Therapy as part of rehabilitation for substance use disorders. Although the results of analysis will be published as part of a

dissertation, all personal information will remain confidential. Your name will not be used, and no identifying information will be included.

If you feel that difficult issues arise in the sessions and you need to process these further, you are welcome to have additional sessions with Marius Swart at the halfway house.

All data collected will be stored securely at the University of Pretoria for 15 years. Should you wish to access the dissertation, it will be made available through the University of Pretoria. It is possible that other researchers could use transcripts from the study's data for their own research. Your confidentiality will always be maintained.

Should you have any further questions, please do not hesitate to ask. Your participation will be greatly appreciated.

Kind regards

Researcher / Music Therapy Student: Nethaniëlle Mattison
Email: mattison.nat@gmail.com

Appendix Z: Information for the director of the Halfway House

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

School of the Arts

STUDY TITLE:

Voicework within Music Therapy as part of rehabilitation for substance use disorders: creating opportunities for connection

Dear _____

As part of my MMus (Music Therapy) degree I am conducting a research study on voicework within group music therapy as part of rehabilitation for substance use disorders. The aim of the study is to explore how voicework within group music therapy as part of rehabilitation for substance use disorders may create opportunities for connection.

Music Therapy uses music interventions in a clinical and evidence-based manner to achieve personalized goals within a therapeutic relationship. Voicework is one technique that can be included in music therapy sessions. Voicework does not require the client to have a good singing voice. Voicework is any use of the voice that assists in the therapeutic process. At no point will participants be “put on the spot” or asked to engage in a way that makes them feel uncomfortable or self-conscious. They have complete freedom to decide how you would like to engage in the process. Music therapy is a safe and contained space.

I would like to run a music therapy group at the halfway house for a period of six weeks. I would like to facilitate two sessions per week. The group will include seven participants and myself. Participation is voluntary, and the participants have the right to withdraw at any given time. In between the group sessions I would also like to facilitate four interactive focus groups. After every third music therapy session we will have an interactive focus group during which we will discuss themes that emerged from our music therapy sessions together.

If participants feel that difficult issues arise in the sessions and they need to process these further, I would request to be able to refer them to Marius Swart at the halfway house.

All the Music Therapy sessions and focus group discussions need to be video recorded for analysis. No-one except me and my research supervisor will see the video footage.

The research from this study will contribute to further knowledge on Voicework within Music Therapy as part of rehabilitation for substance use disorders. Although the results will be published as part of a dissertation, all personal information will remain completely.

All other data collected will be stored securely at the University of Pretoria for 15 years. Should you wish to access the dissertation, it will be made available through the University of Pretoria.

Should you have any further questions, please do not hesitate to ask. Your permission will be greatly appreciated.

Kind regards
Researcher / Music Therapy Student: Nethaniëlle Mattison
Email: mattison.nat@gmail.com
Contact number: 082 974 3524

Appendix AA: Participant consent form

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

School of the Arts

STUDY TITLE:

Voicework within Music Therapy as part of rehabilitation for substance use disorders: creating opportunities for connection

I, _____, hereby give / do not give my consent to participate in group music therapy sessions and interactive focus groups at the Halfway House. I also give consent / do not give consent for the content generated during the music therapy sessions and interactive focus groups to be used as data in the study. I also give my consent for the sessions and focus groups to be video recorded and for this video material to be used as data in this study.

With full acknowledgment of the above, I agree to participate in this study on this _____ (day) of this _____(month) and this _____(year).

PARTICIPANT DETAILS:

Name of participant: _____

Participant signature: _____

Contact no.: _____

Date: _____

RESEARCHER & SUPERVISOR SIGNATURE:

Name of researcher: _____

Researcher signature: _____

Date: _____

Supervisor name: _____

Supervisor signature: _____

Date: _____