Music and HIV/AIDS Communities; Perceptions, Expectations, Implications for Music Therapy.

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ABSTRACT

This dissertation is a qualitative interview study conducted with staff and residents at Sparrow Rainbow Village, an HIV/AIDS community. The purpose of this research was to explore the perception of the role of music held by members for their community, and specifically its role in creating a sense of community, as well as to investigate the implications these perceptions might have for setting up a community music therapy project. The interviews revealed a struggle with establishing a community identity that embraced health, as well as feeling isolated from the greater community. Music was seen as a means of bringing people together both within the community and serving to bridge the gap with the wider community and in so doing, empowering both communities simultaneously.

KEY WORDS

HIV/AIDS

Community Music Therapy

Social Self

Ubuntu

Illness

Stigma

Identity

'Circumstantial community'

Health

Creative Music Therapy

Music-making

Sense of community

Building bridges

Empowerment

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CHAPTER ONE
INTRODUCTION

1.1 Introduction

I begin this dissertation by placing the study into its greater context by highlighting the impact of HIV/AIDS on communities in South Africa. I also expose my own personal interest in carrying out this research. I go on to describe the nature of Sparrow Rainbow Village where the research was conducted and conclude with the aims of the project and research questions I plan to address during the course of this work.

1.2   HIV/AIDS in South Africa

The HIV/AIDS epidemic has gripped South Africa on a large scale with an estimated 5,300,000 people living with the virus at the end of 2003. During the course of that same year 370,000 persons are believed to have died from the disease (UNAIDS/WHO 2004). HIV is sexually transmitted and tends to cluster in households (Barnett and Whiteside 2002), one of the outcomes of which is the number of orphans that have been left in the wake of the epidemic. An estimated 1,100,000 children under the age of 17 lost their mother, father or both to AIDS by the end of 2003 (UNAIDS/WHO 2004). Based on the sheer number of HIV/AIDS sufferers it is possible that 'extended families' not comprising immediate family have reached a point where they are unable to cope with the responsibility of caring for the orphans. Family members are not replaced through reproduction which prevents the continuation of families and family traditions. Furthermore, deaths in a household will affect other households because of their interdependence. This has a knock-on effect in that the greater the number of households forced to deal with the illness, the weaker the coping of community support systems become (Barnett and Whiteside 2002).

1.3   Personal Stance

I come from a family of medical practitioners, my father having worked as a doctor and my mother as a dentist. Both these professions appear to regard health and illness as pertaining to a person's body. Losing both parents to illness started me thinking about what other components beside traditional medicine contribute to health in a broader

sense. What became evident was the importance of strong social support systems in maintaining health. This formed part of the reason why I have pursued a career in a caring profession whose roots do not originate in medicine, but which rather emphasises our social and emotional lives as fundamental instruments in promoting our overall health. Furthermore, in my training as a music therapist in South Africa, I have worked with groups and experienced the power of music-making in facilitating cohesion and a sense of belonging and acceptance among participants. This could prove to act as a buffer for HIV/AIDS sufferers who bear the brunt of society's prejudice against them.

1.4 Context

The study is based on data that was gathered from Sparrow Rainbow Village, an AIDS Village situated in the West Rand of Johannesburg, South Africa. This non-profit organisation came into being in 1992 and services approximately 680,000 people within a 120km radius. Referrals come from hospitals, Child Protection Unit, Children's Court and Social Services. Adult patients who are able to look after themselves live in cluster units until they become bedridden, at which point they move to the Adult Hospice. Children stay at the Children's Cluster village or in the Paediatric Hospice when they become unwell. One cluster has been dedicated to mothers and their babies to maintain family units to some extent. When HIV negative children become orphaned they are put up for adoption or foster care.

The Village is an alternative to local Provincial Hospitals, which are unable to cope with the overwhelming number of long-term patients needing care. It also extends its services to informal communities that are inadequately equipped to care for the sick due to poverty and lack of medical expertise.

The majority of staff members are out-patients and residents of the village who are still able to carry out daily functions. The latter are afforded the opportunity to continue contributing to their community while still earning a living, and maintaining their independence for as long as they are able.

1.5   Aims

This study aims to explore the perception of music that residents and workers at Sparrow Rainbow Village hold, and the role it plays in creating a sense of community for those that have been distanced physically from family and home communities. I will look at the part music therapy plays in this, including some of the challenges that may be encountered when setting up community music projects with the hope that it may be of some assistance to music therapists wishing to initiate similar projects. I also hope to add to the limited body of knowledge on the subject of music in HIV/AIDS communities in South Africa.

I now lead into the main body of the research project with the research questions which I plan to address during the course of the study:

1) How do members of an HIV/AIDS community perceive the role of music for their community?
2) What are the implications for setting up a community music therapy project?

CHAPTER TWO
LITERATURE SURVEY

2.1   Introduction

In this chapter I begin by looking at the self as a social construct referring to Stern and Trevarthen's theory of mother-infant relationships as well as the African notion of Ubuntu. I then address the socially constructed component of illness examining specifically the effects of stigmatisation on the social health of HIV/AIDS sufferers. What follows is a discussion of the dialogic nature of health and the role that Creative Music Therapy plays in promoting it. I then introduce the idea of community music therapy as a means of reintegrating isolated individuals into society, particularly in the South African context.

2.2   The Socially Constructed Self

Various schools of psychology have until quite recently regarded the self as being 'self-contained, internally coherent,,,, and relatively stable and consistent over our lifetimes' (Hargreaves, Miell and MacDonald 2002, p.9). Social constructionist approaches have begun to challenge this way of thinking by acknowledging that the self does not develop independently of other people but that it is, in fact, continuously socially constructed (Gleitman 1991). Psychotherapist Maurice Friedman (Ansdell in Pavlicevic and Ansdell 2004) supports this notion when he says:

> We are used to thinking in terms of polarities – the individual versus the community, or inner versus outer. But to see only the polar extremes obscures a great deal of human reality. The prime human reality is the life of the dialogue that takes place in family and in community. To view the individual or the community outside of the context of the life of dialogue is like trying to draw a map of the world with only the north and south poles as references. For the life of the dialogue, the self versus the world is an abstract notion. The self in the world is the basic reality we all share. (p. 82)

We will observe the overlap in thinking between traditional African philosophy and Western psychology with respect to the development of the self.

2.2.1　Mother-infant Interactions

Stern and Trevarthen (in Pavlicevic 1997a) propose that from early infancy we have an innate motivation to engage in emotional relationships. Infants begin communicating on a pre-verbal level expressing their physical and emotional needs using the various modalities of voice, body gestures and facial expressions. Expression occurs multi-modally through a combination of amodal qualities called Vitality Affects. These observable qualities are considered to be a reflection of the infant's internal state. For instance an infant may be moving his arms and legs in a rapid, jerky manner, vocalising intensely with long descending phrases, his face scrunched up. Taken in isolation, the quality of jerkiness would not in itself be sufficient to ascribe a particular emotional state to the child. It could represent excitement or discomfort. It is only through considering, in combination, the qualities expressed vocally and facially, that we could interpret these overt expressions as physical or emotional discomfort. Mothers instinctively 'attune' to or read and interpret these amodal qualities and respond sensitively in such a way as to let the child know that his internal state has been understood (Stern in Pavlicevic 1997a). In this way the infant develops a sense of self in relation to another when he recognises the mother's responses as being related to his (Pavlicevic 1997a). Let us now look at how traditional African philosophy explains the creation of self.

2.2.2　Ubuntu

'*Umuntu ngumuntu ngabantu*' translates as 'a person is a person through other persons' or 'I am what I am because of you' (Anon). The principle of Ubuntu is an ancient one that recognises the inter-relatedness of human beings, respecting the individual but defining it in terms of his/her relationships with others. The West African Proverb 'It takes a village to grow a child' resonates with this principle. Ubuntu echoes the theory of mother-infant interactions by considering the emergence and development of the individual as occurring in relation to another, but encompasses the additional element of ethical and moral behaviour towards others. Bishop Desmond Tutu (in Battle 2003) sums this up when he says:

> My humanity is caught up, bound up inextricably in yours. When I dehumanise you, I inexorably dehumanise myself….You seek to work for the common good because your humanity comes into its own in community, in belonging.

Conversely, the Western world esteems the idea of individuals being self-sufficient, independent and self-directed, qualities that some Africans would consider to be unhealthy (Durie and Hermannson in van Dyk 2001). If the individual is defined in relation to others, this implies that as relationships change so too does the individual. The self is dynamic, fluid and dialogic and is adapted and reconstructed in its interaction with different people and situations (Hargreaves et al 2002). We now look at the notion of illness as a social construct and the impact this has on the interaction of sick persons in society.

2.3   Illness as Social Construct

What is illness? Is it merely a disease that afflicts the body? Western medicine is grounded in the use of biomedical models which explain illness (Billington, Hockey & Strawbridge 1998) based on a biological and individualistic concept of disease (Ruud 1998) as illustrated by the following definition:

> Illness: impairment of normal physiological functioning affecting part or all of an organism. (Answers.com 2005)

On the other hand, traditional Africans believe that illness is caused by disharmony between people and their ancestors, by a god or spirits, by natural causes, or by a disintegration of human relationships (van Dyk 2001). They regard illness as affecting the whole of the person, including the body as well as relationships with the ancestors and the community. This finds its equivalent in General Systems Theory, which states that individuals are systems within greater systems or social structures, all of which act upon and influence each other (De Board 1978). When one part of a system changes, this has a ripple effect on other parts of the system because they are interconnected, such that one person's illness becomes the concern of the family and community. An inverse relationship is also possible where for instance an HIV/AIDS community is stigmatised. This has an impact on individuals in that community. How does living with HIV/AIDS influence one's interactions in society?

2.3.1 HIV/AIDS and Stigma

Belief systems about what causes illness influence the way in which persons interact with ill people. Certain people make self-righteous judgements about persons with a sexually transmitted disease, blaming them for having contracted it. In some instances fears arising from ignorance about HIV/AIDS and the ways in which it is transmitted as well as the 'herd instinct' in some communities can lead to HIV/AIDS sufferers being regarded as criminals guilty of committing a crime (van Dyk 2001, p. 296). This is especially true if those living with HIV/AIDS are known to be homosexual or promiscuous. Why are such judgements made?

2.3.2 Illness and Identity

Social identity theory developed by Henri Tajfel and associates suggests that individuals are motivated to develop and maintain a high level of self-esteem. This is achieved through identifying with a group of people who have a positive image. Individuals then seek to maximise differences between their adopted 'in-group' and the 'out-group' (Hargreaves 2002). In the case of HIV/AIDS, stigmatisation is a defense mechanism that arises out of a desire for 'healthy' people to make a clear boundary between themselves and the 'sick', and in so doing create the illusion of safety from potential death. By distancing themselves in this way they are also able to avoid dealing with the reality of the illness. The 'sick' can then be punished by being physically and socially quarantined or ostracised to protect the 'innocent' (Barolsky 2003). This places the 'in-group' in a position of power.

Ansdell (2004) refers to a growing trend for people living with HIV/AIDS to join 'circumstantial communities' whose members have illness as a commonality. They join these communities to address the needs arising from their illness, often resulting in being distanced physically and socially from familiar social networks. In such instances identity becomes inextricably linked to illness. Because of ostracisation and rejection, many HIV/AIDS sufferers are deprived of meaningful social interactions.

When HIV/AIDS sufferers are stigmatised, they are considered by the 'in-group' to have a 'spoiled identity' (Billington et al 1998). Stigma is then considered to be a new identity that many sufferers internalise as a part of themselves.

Not directly related to HIV/AIDS but relevant all the same is the experience of refugees who have left familiar support systems and are expected to adapt to new environments and recreate their identities correspondingly. A study carried out by Maya Gratier (in Trevarthen 2002) investigated the effects that lacking a sense of belonging to a community had on the ability of immigrant mothers to sympathetically communicate with their babies. She discovered that social alienation decreases ones sense of self worth, which in turn impacts negatively on relationships. Zharinova-Sanderson (in Pavlicevic and Ansdell 2004) has observed in her work that one of the major problems facing refugees is that of social isolation, which directly leads to emotional isolation and loneliness (Charmaz in Magee 1999).

I now look at the concept of health as a precursor to what music therapy can offer in promoting the health of HIV/AIDS sufferers.

2.4   Health in Dialogue

Health is usually considered to be the domain of health care professionals, but is gradually being acknowledged as a component of other disciplines. This means that there will be multiple definitions of the term health reflecting the attitudes of the various disciplines. One of the definitions of health put forward by the medical model is 'the state of the organism when it functions optimally without evidence of disease or abnormality' (Stedman's Medical Dictionary 1995). It is a definition that denies the ecological aspect of health.

The World Health Organisation (in Stige 2002) defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (p.186). While the definition is broader than the previous one, it is unrealistic to think that one might experience complete well-being. This is because socio-economic structures do not operate in such a way that everyone has access to resources that would facilitate well-being. It is perhaps more plausible to view health as the ability to accept and deal with loss and limitations (Stige 2002). The definition acknowledges the social component of health, which could be seen as the flip-side of illness as a social

construct. Ruud (in Stige 2002) contends that health entails quality of life and that the health of individuals and communities has a reciprocal effect on each other in much the same way that illness does. Factors that have been suggested to contribute to quality of life are – being active, experiencing intersubjectivity, experiencing joy, enjoying feelings of communality and having a feeling of self (Rustoen in Ruud 1998).

The medical model assigns people suffering from illness, particularly HIV/AIDS sufferers with a 'sick role' once their illness has been diagnosed and a treatment prescribed. The sick person then places the future of his/her health in the hands of a medical practitioner and is exempted from social participation (Parsons in Billington et al 1998). Dreier (as quoted in Stige 2002) however, asserts that 'health is neither just my interest for myself or others' interest for me, but the mutual and general interest and care for each persons' possibility for participation' (p. 190). This recognises the social responsibility and ability we all have for maintaining each other's health. It implies that we can take health into our own hands and that we need not rely and depend on anyone else to define our identity (Aldridge in Stige 2002) and to place us in certain roles. I now address the role that Creative Music Therapy plays in promoting health.

2.4.1   Creative Music Therapy and Health

Creative Music Therapy is characterised by its co-improvisational nature. In individual therapy the client is invited to begin playing a music instrument in whatever way he or she likes. The music therapist listens to the quality of the client's musical utterance (reminiscent of the mother who attunes to her infant's vitality affects), and responds by reflecting it back with the intention of alerting the client to her response being related to his playing. Contact is made in the musical relationship when the client recognises that he has been acknowledged. Through improvising with the therapist the client is believed to be expressing his capacity for an interpersonal relationship (Pavlicevic 1997b). If the musical interaction is rigid, the co-constructed Dynamic Form or musical expression of vitality affects will be narrow, indicating very little mutuality in the relationship. The role of the music therapist is to shift this rigid Dynamic Form in such a way as to give the client a more flexible experience of interaction. She does so by being able to discern the potential for flexibility from what the client offers musically. Traditionally, therapy is associated with disease or illness (Ruud 1998), but the music therapist seeks to elicit the

healthier parts of clients in the musical relationship (Pavlicevic 1997c). These run in tandem with the symptoms of an illness that may continue to persist.

In his work with HIV positive and AIDS patients, Neugebauer (in Aldridge 1999) describes the clinical improvisations during music therapy sessions as being an expression of the patient's 'condition and state of health' (p. 126). They serve to provide the client with an opportunity to hear this health objectively in contrast to the overwhelming illness that seems to be so much more prominent. Patients are also given the chance to be an active participant in their own healing and through the music can play an expression of themselves as they would like to be and not how they are. This creates optimism in an otherwise bleak existence. Due to immunological breakdown, some patients lose their ability to speak, which can lead to isolation. Music therapy bypasses this by using a medium that is perhaps even more communicative and expressive.

In his work predominantly with individuals at a support centre for persons living with HIV/AIDS, Hartley (in Aldridge 1999) identified feelings of sadness, passivity, despair, and isolation in his patients. Through co-improvisation one of his clients felt an intensified experience of life while simultaneously moving towards death. Patients engaged in improvisation also seemed to move out of isolation and denial that their diagnosis created, to a place of hope, well-being, courage, acceptance, empowerment and creative self-exploration.

The above mentioned literature pertains to individual therapy situations, but judging from the extent of suffering caused by HIV/AIDS in South Africa, it seems that therapy needs to be taking place on a larger scale. South Africa has the highest number of people living with HIV in the world. By the end of 2003 an estimated 5.3 million people were infected with the virus, 2.9 million of whom were women (UNAIDS 2004). Limited financial and human resources in the way of music therapists merits an investigation into what can be offered in terms of music so as to reach as many HIV/AIDS sufferers as possible.

2.5   Community Music Therapy

Traditional music therapy has for the large part been centred around working with individuals and groups within the confines of a confidential therapeutic relationship that

takes place behind closed doors. Although this has its value, a need for making music-making more relevant to the social life of clients by having them become active participants in musical activities in the greater community (Ruud 2004) has thrust music therapy to a new level. In various parts of the world there has been a movement towards Community Music Therapy, that can work in conjunction with dyadic interactions, which are not always representative of ones average interactions with family and community (Amir in Pavlicevic and Ansdell 2004). This is particularly relevant in South Africa where communal music-making is an integral part of life.

2.5.1   Music in South Africa

Traditionally South Africa holds community life in high regard, which is encapsulated in the principle of Ubuntu that prescribes to a certain extent the respectful and socially sensitive way in which individuals interact with one another. Music is used in rituals, initiations, celebrations, funerals and many other aspects of community life. The act of performing music together develops interpersonal relationships because it requires a level of coordination and collaboration that often results in the creation of emotional ties (Kaemmer 1993). The voice is one of the most commonly used instruments, sometimes as a means of expressing thoughts in words (Kirby 1968). One has only to think of the Apartheid era to recall the powerful chants that protestors sang to rile up the masses in solidarity with the struggle against oppression. 'Music is pivotal in generating social identity, and in creating a sense of 'belonging' to a social group' by indicating boundaries that separate one group from another and by strengthening members within a group (Pavlicevic 2003, p. 198). 'All the persons in the group … experience themselves in a way that is distinctive to *that* group' (Pavlicevic 2003, p. 204). The solidarity that arises can be used 'to mobilize one group against another, so that music easily becomes political' (Kaemmer 1993, p. 159). It is clear that historically, music has played a role in effecting social change in South Africa.

Traditionally the role of music therapist and client is clearly defined, but in the context of community music therapy these roles are re-negotiated such that clients may also be performers, and therapists may be project coordinators (Stige 2002). This allows clients especially in 'circumstantial communities' to relinquish the 'sick role' by which they are identified and to experience themselves as active members of their own community. At the same time it can 'open doors to the larger community' (Ruud 1998, p. 64) by

enabling the greater community to see them as regular human beings (Amir in Pavlicevic and Ansdell 2004).

Let us now explore the work that has been done by music therapists in HIV/AIDS communities.

2.6   Community Music Therapy and HIV/AIDS

Most of the literature that is available on music therapy with AIDS patients originates from work done in Europe with individual clients. It appears that very little research has been done about music therapy and HIV/AIDS in the South African context. The extensive social impact of HIV/AIDS provides a strong case for such research to be conducted. What follows is an account of music therapy work in two 'circumstantial communities' in South Africa. Griffiths' (2003) investigation into how music therapy could address the needs of HIV-positive children in a South African institution pointed towards the importance of addressing the needs associated with institutionalisation, abandonment, and orphanhood rather than the physical needs arising from the illness. Dos Santos and Pavlicevic (submitted) refer to a Community Music Therapy project for HIV/AIDS orphans at a state hospital in South Africa. The children were isolated from society as were the staff members who were unable to speak about what their jobs entailed because of the stigma surrounding HIV/AIDS. A performance that involved staff and patients was put together, wherein a song that is associated with everyday life was sung. The outcome of this event was the blurring of roles defined by the institution, whereby staff and patients were equally engaged in a process that celebrated the diverse contributions of the participants. It also gave participants a sense of belonging to a community transformed from one usually defined by illness to one that reflected wellness and to which they could contribute something valuable. Although cut off from society, both patients and staff experienced integration into the greater community through the performance of a song which connoted normality. Identities were recreated that revolved around self-worth, rather than degradation through illness and stigma. By strengthening the community with which individuals identified, one also saw a strengthening of a sense of self (Aigen in Pavlicevic and Ansdell 2004).

2.7 Conclusion

Since the fall of the Apartheid regime South Africa has been faced with a new struggle; namely the struggle against HIV/AIDS. Music therapists recognise the need to join this struggle using music to contribute to social change. Their work is based on the premise that the self is not a static entity, but one that is in a constant state of flux, being created and recreated through relationships and situations with which it interacts. This has its origins in early infancy where the mother responds to her child's needs, informing him that she is sharing his internal world, thereby validating his feelings and experiences. It is in these interactions that the child develops a sense of himself through the responses of another. Ironic perhaps is the insistence on individuality and independence in the Western World, regarding our primal need for interdependence as a weakness.

This clashes with the South African principle of Ubuntu, which recognises that individuals are a product of their relationships and has positive connotations of our identity and humanity stemming from our interrelatedness. Sadly, this is a philosophy that HIV/AIDS sufferers for the large part do not have an opportunity to enjoy. Society has opted in favour of treating them with prejudice, stigmatisation and ostracisation. This has resulted in social and emotional isolation, which inevitably impacts on self-perception and identity and overall psycho-social health. We are not to think that only those living with HIV/AIDS are deprived of experiencing the benefits of Ubuntu, but also those who mistreat them, for this is a principle based on reciprocity. If HIV/AIDS sufferers are treated inhumanely, then their oppressors are in fact isolating themselves in fear and distancing themselves from their own humanity. Their self-perceptions and identities are also being corrupted in order to maintain control over more helpless members of society.

Since we have established that HIV/AIDS has a socially constructed component, we might conclude that it requires a social treatment. In addition to anti-retrovirals, attention needs to be given to improving the quality of life of those living with the virus as a means of promoting health. Because of its dialogic and interactive nature Creative Music Therapy has demonstrated its potential for bringing individual HIV/AIDS patients out of loneliness and isolation into supportive relationships that encourage self-expression and the re-emergence of feelings of self worth.

Limited resources and an ethical responsibility towards addressing the needs of such a large number of sufferers has led to investigating the possibility of setting up Community Music Therapy projects in 'circumstantial communities'. This is an attempt to reintegrate those isolated by their illness into their 'circumstantial communities' as well as the greater community. Communal music-making forms the bedrock of South African musical traditions, creating a community identity whilst at the same time developing individual identities. Community Music Therapy might therefore be considered a valuable instrument for reintegration. By performing music together, people living out the 'sick role' are able to discard it in favour of a role associated with health. Where this is not possible, it provides an opportunity to reconcile the potential for the two roles to co-exist in tension. When the members of 'circumstantial communities' practice the principle of Ubuntu with each other, they instigate their own path to health while initiating the process of reconciliation with the greater community who is invited to look upon them as active and valuable members of the community. Hence members of the greater community are afforded the possibility of regaining *their* position in the web called Ubuntu. It seems that Community Music Therapy may be just one of the many voices that rises in peaceful protest against social injustice and plays a part in effecting social change. It joins the struggle against HIV/AIDS by providing the oppressed with their own voice and helping them to reintegrate into society.

The next chapter goes on to outline the methodological components that have been employed to answer the following research questions:

1) How do members of an HIV/AIDS community perceive the role of music for their community?
2) What are the implications for setting up a community music therapy project?

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This chapter substantiates the choice of methodological paradigm most suited to answer the research questions of the study. Ethical implications of the study for participants are also considered. There is a description of the way in which data was generated and collected, and how it was prepared and selected for analysis.

3.2 Qualitative Paradigm

Qualitative research is characterised by its focus on events that include behaviours and interactions, people's experiences of those events, and the outcome of events or experiences for people (Bruscia in Wheeler 1995). As stated previously, this project seeks to investigate the perception of the role of music that a small number of members of Sparrow Rainbow Village hold. This will in turn help to identify the implications that these perceptions have for setting up a community music therapy project. The study is therefore descriptive and explorative in that it describes and explores 'systematically …(an) area of interest' (Isaac and Michael 1981, p. 42) rather than 'trying to confirm or disconfirm an already established statement' (Ansdell and Pavlicevic 2001a, p. 137). The area of interest is rather broad allowing for the development of a finer focus as the study progresses. Multiple perspectives provide for multiple layers of meaning which when analysed may yield a shift in focus of the study, leading to a newly emerging direction for the project (Aigen in Wheeler 1995). I acknowledge that findings may point to areas of interest and importance that I had not initially considered and anticipated.

The study of perceptions held by participants has been carried out in its natural context with the understanding that perceptions and context shape and act upon each other and are thus inseparable (Bruscia in Wheeler 1995). The aim of this study is therefore not to generalise findings to other contexts, but rather to draw conclusions that are directly relevant to the context in question. A thick description has already been provided placing the study in a particular time and context. This allows for persons referring to the study to make an educated decision regarding the degree to which findings are transferable.

3.2.1 Researcher Bias

In my own music therapy work with groups I have experienced the power that music-making has to create a sense of belonging for individuals. For this reason I am inclined to support its importance in a community setting. Peer debriefing by presenting work on an ongoing basis to academic supervisors have lent the study greater credibility by ensuring that biases of the researcher during this phase of the project are acknowledged and addressed (Aigen in Wheeler 1995). The qualitative research approach however, values the researcher-as-instrument because it is the 'open-mindedness, insight, and thoroughness of the researcher that ensures the production of interesting and useful findings' (Aigen in Wheeler 1995, p. 296). In order to ensure that the findings of the study are dependable and confirmable, raw data and selections of analysed data have been included in the dissertation. This will render transparency to the process of interpreting the findings.

3.2.2 Ethical Considerations

Following ethical research practice the interviewer gave written informed consent (Appendix i) to use her interviews as data for the study, she herself having followed standard research procedures. Permission to use interviews for the study was also obtained from Sparrow Rainbow Village. In order to maintain the privacy and confidentiality of the interviewees only the researcher and academic supervisors had access to the data, which was used purely for academic purposes (Maranto in Wheeler 1995). Names of participants have been changed where data has been represented to protect their identity.

3.3 Data

I now present the sources of data and the way in which they were collected, prepared and selected for analysis.

3.3.1 Semi-structured Interview

A semi-structured interview seemed to be the most appropriate tool with which to examine the 'multiple, constructed realities' of the participants (Lincoln and Guba 1985, p. 37). The strength of this type of interview lies in its flexible use of focussed, pre-determined questions allowing the area of interest to be addressed, while at the same time allowing some leeway for tangential information to be supplied by interviewees,

which could prove to be useful to the study (Robson 1993). It enables the interviewer to seek clarification of comments made by participants and to invite them to expand on points of interest. A combination of closed and open questions were used, the former producing 'yes/no answers' (Ansdell and Pavlicevic 2001b, p. 28) and frequently preceded open questions that elicited more complex answers, providing an opportunity for elaboration.

3.3.2 Data Collection

This research project was carried out at Sparrow Rainbow Village by a qualified music therapist. It is data-driven in that the data used was collected independently of the study. Researcher bias was minimised at this stage of the study, as I was not part of the data-collection process. The data is research-generated in that descriptions and interpretations have been derived from data that was generated specifically for the project (Ansdell and Pavlicevic 2001a). The music therapist conducted a semi-structured interview (Robson 1993) which she recorded on audio on one day with seven female individuals. A breakdown of the interviewees follows:

- Interview I: Domestic worker
- Interview II: Domestic worker
- Interview III: Teacher
- Interview IV: Senior teacher
- Interview V: Patient
- Interview VI: Social worker who was later joined by an educationalist / childcare coordinator.

The interviewer randomly selected a number of participants, who in turn suggested others she could interview, some of whom had been involved in music activities at the Village. Although the data sources are few they represent to some degree the demographics of the community. There are however no child participants, meaning that any information that pertains to them has been gathered on their behalf. This may be seen as a limitation of the study.

An additional resource is the interviewer's audio recorded field notes. After conducting the interviews she recorded her 'impressions and perceptions of emergent issues and

feelings' in relation to the data collection. This has informed the process of data analysis (Banister, Burman, Parker, Taylor and Tindall 1995, p. 57).

More than one data source has been used to verify and validate information, which leads to data triangulation. Robson (1993) suggests that data triangulation occurs when:

> Two sources give the same message…(because) to some extent, they cross-validate each other. If there is a discrepancy, its investigation may help in explaining the phenomenon of interest. (p. 383)

Furthermore, repetition and similarity in the perceptions and hence responses of participants facilitates data saturation.

3.3.3 Data Preparation, Selection and Analysis

As part of data preparation all the interviews and field notes were represented as transcriptions and checked against those of the interviewer in order to fill gaps resulting from unintelligible speech on the part of interviewees. This presented the raw data in a form that enabled me to make a closer analysis of it (Ansdell and Pavlicevic 2001a). Data reduction was carried out by reading through the transcriptions several times and selecting passages pertaining to the research questions. Those sections of the interviews not thought to be relevant to the study were bracketed. This prepared the data for content analysis, the first step of which is coding. This entails breaking down the data into smaller meaning units, analysing it on a micro level by identifying, abstracting and labelling key ideas that directly or indirectly relate to the research questions. This subtle investigation paves the way for a higher level of analysis, namely categorisation. This involves comparing the different codes and grouping together those that share similar features into more general, mutually exclusive categories or larger meaning units (Ansdell and Pavlicevic 2001c). These categories are then further expanded into emerging thematic statements, which will form the basis for my discussion and conclusion (Arnason 2003).

3.4 Conclusion

This chapter outlined aspects of the qualitative research paradigm that related to the study, including qualitative methods of data collection, preparation and selection. The

following chapter takes a closer look at the process of data analysis, while in chapter five I identify themes that emerged as a result.

CHAPTER FOUR
DATA ANALYSIS

4.1 Introduction

This chapter presents the process of data analysis. I begin by giving a summary of each interview. I then trace the progression from data transcription through to the themes that emerge as an outcome of data coding and categorising.

4.2 Interview Summaries

All of the interviews were carried out in English, a second language for most participants, which may have impacted on the degree to which they understood questions and were able to express themselves. Not having carried out the interviews myself, some of the information in the summaries has been derived from the interviewer's field notes (Appendix ii). She documents that participants were initially shy and nervous about being recorded, but opened up and shared freely once the interviews got under way.

4.2.1 Interview I: Domestic Worker (1)

The interviewer randomly selected Anne[1] who was involved in a choir at Sparrow Rainbow Village until it was suspended. She strongly advocates the value of music as a means of expressing love for the patients and as a tool for bringing together the staff and those patients who are also staff.

4.2.2 Interview II: Domestic Worker (2)

Sethu was recommended to the interviewer by a member of staff because of her prior participation in the above-mentioned choir. She suggests that a possible reason for the discontinuation of the choir was the death of a lady who was assisting with it. She expresses regret at the termination of the choir and seems open to the idea of community musicians becoming involved in the community and the possibility of performing for the greater community. She goes on to acknowledge that members of Sparrow Rainbow Village face stigmatisation by the outside community.

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[1] All names of participants have been changed to maintain anonymity and privacy

4.2.3 Interview III: Teacher

It is unclear from the interviewer's field notes whether Fiona was randomly selected or recommended by another participant. She considers music to be a vehicle for expressing and evoking emotion. She explains that teachers sing with the students but that there is inadequate provision for music education due to a lack of teaching skills. She expresses a desire for more sustained commitment from visitors who come to do music with the children and an accompanying regard for their dignity and respect. She also mentions a project that fell through to record a CD. Lastly, she emphasises the need for the children to experience family, especially the presence of a father figure of whom many are deprived.

4.2.4 Interview IV: Senior Teacher

Again I am uncertain as to whether this participant was selected by the interviewer or whether she was recommended. Lisa explains that she uses music in her classroom to teach the children how to move, to engage in worship, and exposes them to a variety of music. She is interested in having a well-known band perform at the village but does not feel that the staff members have time to make music themselves. She admits to feeling incompetent about teaching the children music and expresses a desire for the interviewer to do so. She identifies the greatest need of the children being that of receiving love and having parents. She reckons that they feel part of the greater community for the most part because of regular interaction with it.

4.2.5 Interview V: Patient

The interviewer held the interview outside under a tree. Sharon struggled to speak English, which limited her ability to respond to the interviewer's questions, thereby compromising the reliability of the information gathered. Her responses were brief and were seldom related to the questions, resulting in the shortest interview.

4.2.6 Interview VI: Social Worker and Educationalist / Childcare Coordinator

The interview with Donna, the social worker, was held outside at the bench on which she was sitting. She warmly accepted to be interviewed. Partway through the interview, Mandy, the educationalist, joined the conversation. While the ladies were talking a

patient approached the interviewer attempting to take her pen. The interviewees firmly reprimanded her, calling a nurse to escort her back to her ward. This may have affected the concentration of the interviewer and interrupted the flow of the interview.

Donna explains that although there is no music therapy taking place at the village, there are recreational music activities. She feels that what the staff members need most is empowerment to be able to take pride in their work, and regards skills training as being the most pressing need for the adult residents. Mandy expresses enthusiasm about the possibility of using music therapy to help the children deal safely with trauma they have experienced. She continues to say that while the children feel part of the village community and interact with the greater community, they do not have much contact with males, nor do they have the most basic life skills. She believes that music would be valuable in creating a sense of community in this circumstantial village, suggesting a progression from having the children in the creche perform for the adults in the clusters to then perform for the adults in the hospice and finally make music altogether.

4.3 Data Preparation

In preparation for studying the data more closely (Ansdell and Pavlicevic 2001a) all the interviews were transcribed verbatim so as to delay interpreting the data at such an early stage. Each line was numbered for easy reference and portions of the text that did not pertain to the research questions were bracketed. Below is an example of part of a transcription that was used for analysis. (For a complete transcription of all interviews see Appendix iii).

I = Interviewer   T = Teacher
73 **I**:   And what are some, apart from music, what are some of the main
74   needs of the children that you work with?
75 **T**: Mm. These kids need you know, there are a lot of mothers here, but
76   they don't have father figures. If only most of our kids could be sort of
77   fostered or adopted and feel (mumble) a part of the family, that would
78   be really great. Otherwise, they don't feel like they will know a mother
79   or a father. So they just rotate within these uh people who are here, so
80   maybe during weekends, go places. They are sort of um you know,
81   they know the routine of the days. Tomorrow is Thursday, we do that,
82   we do that, so it's, their life is sort of monotonous.

Table 4.1 Extract of interview III: Teacher

4.4 Data Coding

'Coding is the process of defining what the data are about' (Charmaz in Smith 2003). The first part of this process involved analysing each line of selected segments of the transcripts by identifying the underlying message and matching it with an appropriate label. Below are examples of coding taken from different interviews. (For coded transcriptions of interviews III, I and VI see Appendix iv).

DATA	CODE
T = Teacher	
12 **T:** There is music. There are people who come. At times they('re) so fed	Participation of visitors
13 up, maybe they go away, but our kids like music, and we also like	Frustration of visitors Discontinuation Enjoyment of music
music. Wish we could have someone who will stay here for longer and	Sustain activities Patience with children
14 be patient with the little ones especially, because they need that kind of	
15 time, you know.	Needs of children
And to grasp like, we have music videos that we use	Commercial music Listening to music
16 but with time, they can adjust to that kind of music, but people tend to	Adjustment to music
17 ge…, to get fed up, then they go.	Frustration of visitors
	Discontinuation

Table 4.2 Extract of coding from interview III: Teacher

DATA	CODE
D = Domestic Worker (1) I = Interviewer	
15 **D:** I think music is the thing that make us together you see, so I really	Togetherness
16 like music,	Music valued
17 **I:** Okay	
18 **D:** and it makes them to be free, not to be shy. It bring us close	Freedom Uninhibited
together,	Closeness Togetherness
19 to see that we do love them.	Demonstration of love

Table 4.3 Extract of coding from interview I: Domestic Worker (1)

DATA	CODE
I = Interviewer E = Educationalist	
98 **I:** Do you think the children here feel isolated or pa..a or part of the	Isolation Belonging Inclusion in greater community
99 community?	
Do you think there's any any space for that type of	
100 intervention, an intervention that would focus on them feeling more	
101 part of the wider community?	Inclusion in greater community Belonging
102 **E:** Um, I think they feel part of the community that is, Sparrow.	Belonging to Sparrows
103 **I:** Okay.	
104 **E:** The wider community is another story.	Isolation

Table 4.4 Extract of coding from interview VI: Social Worker and Educationalist

Two hundred and twenty-two codes were generated from studying the texts (Appendix v). In order to have a more manageable amount with which to work, similar codes were collapsed into higher order codes (Appendix vi). Below is an example of this process.

CODES	CORRESPONDING DATA	HIGHER ORDER CODE
• Death	(II):6-7 "she was helping us in the music, so well she died"	
• Inconsistence	(VI):78-79 "music teacher who comes and teaches them …once once a week, off and on"	Unsustained
• Discontinuation	(I):4 "Here, we are not singing like before." 8-9 "we are not practising anymore."	
• Breaking commitment	(III):47-48 "those people who had offered to do that are now not coming"	

Table 4.5 Example of collapsed codes

4.5 Categorising Codes

'Categories explicate ideas, events, or processes in (the) data' (Charmaz in Smith 2003). Hence the next stage of the analytic process involved comparing codes, identifying similarities amongst them and grouping them together into mutually exclusive categories (Ansdell and Pavlicevic 2001). The categories of 'needs' and 'roles of music' emerged organically out of a couple of questions that the interviewer posed to participants. For example, (I):21-22 **Interviewer:** "What do staff here *need*[2]?" and (III):1 **Interviewer:** "what *role* does *music* play in your life?". Because these larger meaning units were quite broad, they were divided into more specific sub-categories.

4.5.1 Category one: Needs

Interviewees identified specific needs for the various groups at Sparrow Rainbow Village; namely the children, adult residents and staff members. Needs range from very practical to more emotional and social ones with an emphasis on educational, social and emotional needs. The children are regarded as needing love, a means of expressing themselves and working through trauma safely, a sense of family, as many are orphans; more stimulation, and interaction with the greater community. There is a desire for a male musician to work with the children because they do not have contact with men. It appears that the residents of Sparrow Rainbow Village have experienced discontinuity of music projects and activities set up at the village. This has been due either to the death of residents or because participating visitors have been inconsistent and have broken commitments. The unsustained participation of visitors has been attributed to boredom, lack of patience, frustration and as the interviewer suggests, "the glamour and romance of going to help people with HIV/AIDS wore off pretty quickly" (See transcript VII:53-54). Apart from more sustained activities, the staff feel they need help with teaching music, skills training and work empowerment.

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[2] Italics my own

CATEGORY	SUB-CATEGORIES	CODE	CORRESPONDING DATA
Needs	Sustainability	• Unsustained • Commitment • Sustain activities • Frustration of visitors	(II):6-7 "she was helping us in the music, so well she died, em. After that we didn't continue with our singing" (VI):133-135 "We had a lovely group from…a school that came and swore they were going to do it again" (II):9-10 "we want to continue with the music." (iii):12-13 "There are people who come. At times they'(re) so fed up"
	Family	• Orphans • Experiencing family • Needing parents	(IV):13-14 "they don't have parents" (III):77 "feel…a part of the family" (IV):47 "They need parents."
	Work	• Lack of pride in work • Lack of work fulfillment • Lack of job ownership	(VI):45 "feel proud of in their work, feel fulfillment." (VI):70-71 "some staff needs..ownership of their job."
	Psychological	• Psychological defences • Psychologist	(VI):83-84 "children here who have had very traumatic experiences with smiles on their faces." (VI):84-85 "We have a psychologist who's working with them"
	Material / practical	• Lacking musical instruments • Toys • Not street-wise	(VII):21 "there was a lack of instruments" (IV):49 "you can bring toys" (VI):110-112 "as far as being a policeman in context, um going into the shop(s), putting down money and buying something, they get very little experience of that."
	Emotional	• Self-expression • Need for love • Trauma • Respect	(VI):80-81 "They're not helping them really to express themselves." (IV):46-47 "I think these kids they need love." (VI):83-84 "children here who have had very traumatic experiences" (III):68-69 "Take these people as people"

		• Interest in children	(VI):132 "a musician…who was…interested in them"
	Educational	• Musical incompetence	(III):25-28 "we are not that experienced in music. So we need someone who can take over, teach them"
		• Need for music teacher	
		• Need for dance teacher	(III):51-52 "They all like…dance, you know, so if there is someone who can do that,"
		• Developmental delay	(VI):123-124 "these children..have difficulty in learning even something like speaking"
		• Musical competence	(III):58-59 "we are looking for some experts…musicians"
		• Skills training	(VI):70 "some staff needs training"
		• Patience with children	(III):15 "be patient with the little ones"
		• Professionalism	(VII):17 "help the children sing more professionally"
	Stimulation	• Desiring creative activities	(VI):151-153 "they don't get craft..you know, the creative stuff. Some of the, some of the girls do that want it"
		• Needing variety	(III):83 "their life is sort of monotonous."
		• Fun	(VI):131-132 "to have…someone who was fun"
	Empowerment	• Disempowerment	(VI):172-173 "it doesn't help to isolate because it is not ultimately equipping someone."
		• Staff empowerment	(VI):67-68 "the staff needs empowerment and the staff needs bargaining power"
		• Bargaining power	
		• Initiation	(II):5 "we did start…with the music"
		• Passive	(VII):96-97 "Some of them were babies- They were awake; they were just sitting in their cots."
	Musical	• Need for male musician	(VI):131-133 "to have a musician…who was male would be wonderful."
		• Access to commercial music	(IV):15-16 "some of the clusters have…a radio"
			(VII): 93 "in the wards there…were no radios."
		• Desiring music	(VI):154-155 "music would be wonderful to

			have."
		• Helping with music	(II):6 "she was helping us in the music"
		• Participation of visitors	(IV):25-26 "You can bring us some band…famous people..famous groups, then they can come and sing"
	Social	• Needing interaction with greater community	(III):80-81 "they need some other people from the outside or to take them, maybe during weekends, go places."
		• Consequence of actions	(VI):120-121 "You know their..difficulty in learning cause and consequence"
		• Limited communication	(VII):94 "There were hardly even people speaking."
		• Joy (with)	(I):13-14 "I just need us to..be happy with the patients"
		• Negotiation	(VII):79-80 "try and work with them and learn from them"
		• Safety of children	(VI):131 "We limit it severely for their safety"
		• Communication	(III):70 "Communicate with them"
		• Belonging	(III):71-72 "they will really feel like they are part of this world." (VI):102 "I think they feel part of the community that is, Sparrow."
		• Inclusion in greater community	(III):68-69 "Take these people as…part of your community."
		• Playing with children	(III):70 "play with them"
		• Respect	(III):68-69 "Take these people as people"

Table 4.6 Category of Needs

4.5.2 Category two: Attitudes

Because visitors have been inconsistent about supporting projects that they set up, many of the residents at the village have become disappointed and disillusioned about their participation. Most interviewees express an underlying dependence on visitors to run activities. I get the impression that in the past, visitors have imposed projects on the community without collaborating and negotiating with them. This has resulted in an expectation on future visitors to begin projects without consulting with community members. There is a general excitement about the possibility of setting up a community music project, because of a love for music. At the same time, the staff seems to be very busy which limits their ability to participate in such projects. While some value music,

other participants regard it as an obligation that needs to be fulfilled because it is a part of the school syllabus.

CATEGORY	SUB-CATEGORIES	CODE	CORRESPONDING DATA
Attitudes	Attitude towards visitors	• Reserved • Anxiety • Disillusionment • Oblivious • Misunderstanding • Trusting • Expectations • Non-negotiation • Anger towards visitors	(VII):41 "initially they seemed very shy and were very nervous" (VII):49-50 "there was also a disillusionment with people who'd come in the past" (VII)47-48 "some people just glanced in my direction, but either smiled or carried on doing what they were doing." (VII):11-12 "her perspective definitely seems to be, no matter how much I explain" (VII):46 "Nobody seemed suspicious of me" (VII):76-77 "they were expecting me to come with a program" (VII):82 "I'm gonna be coming, this is what I'm going to be doing." (III):68 "Don't come here, like you're seeing monkeys in a zoo."
	Attitude of visitors	• Financial gain • Stigma towards HIV/AIDS sufferers	(III):62 "They want to make money" (II):45-47 I: "Do you think there's stigma from people outside..towards the people who live here and work here?" DM(2): "Yah especially for the people who are in here."
	Attitude towards music	• Music integral to life • Priorities • Music as obligation • Excitement • Music valued • Love for music	(VI):6 "I always said I was brought up on music" (IV):31-32 "We don't have time to sing" (III):24-25 "We just play music…for the fact that we have to have music" (VII):49 "There seemed to be generally an excitement about the idea of more music happening" (I):15-16 "(I think music is the thing that make us together)…so I really like music" (VI):36 "because of my love for music"

Table 4.7 Category of Attitudes

4.5.3 Category three: Roles of music

Participants see music as playing a role on multiple levels; namely for individuals, for various sub-groups of the community, for the whole community and for the community in relation to the greater community. Some participants feel that music is something that allows for personal expression of emotion, while others regard its creative nature as being a good medium with which to help the children deal with the traumas they have endured. This links with the frustration of the psychologist who works at the village to facilitate the emotional expression of the children possibly due to the limitations of his/her therapeutic medium. There is a belief that making music together has the power to bring people together, which is important for those members of staff who are also patients. Not only can this act create a sense of community, but can extend to bridging the gap between this and the larger community through performance as well as collaborative music projects. There is also a sense that participation in such activities will generate feelings of worthiness and value when people feel they are contributing something to their community.

CATEGORY	SUB-CATEGORIES	CODE	CORRESPONDING DATA
Roles of music	Therapeutic	• Addressing trauma safely • Music therapeutic • Frustration of psychologist • Music association • Music tool for testing	(VI):86-88 "to get in touch with…what they're feeling in a safe way" (VII):6 "she definitely thought that all music is therapeutic." (VI):142-143 "it's a sort of frustration for the psychologist sometimes that there's not that kind of expression that you look for." (VI):19 "analysing their association of certain things" (VI):145 "even as a form of testing."
	Emotional	• Music brings emotional relief • Music expresses feelings • Music evokes emotion • Demonstration of love • Self-esteem	(III):4-5 "There's certain music that makes you so, you know, relieved." (III):3 "music like is sort of an expression of what I feel, how I feel." (III):6 "music that will make you feel sad" (I):19 "to see that we do love them." (II):17 "do something that will em, build them up"

		• Music generates health	(V):21 "I'm going to be better"
	Worship	• Religion integral to life • Communal worship	(VI):6 "I was brought up on…religion." (IV):11 "we do praise and worship every morning."
	Recreational	• Music as stress relief • Dance as recreation • Listening to music • Commercial music • Music as distraction	(V):3 "I like music because I don't have a stress if I know the music." (VI):24-25 "they do dancing a bit with them but I think it's not so much therapy as recreation at this stage." (IV):16-17 "sometimes they listen to…the music." (III):16 "we have music videos that we use" (V):15-16 "Because if I'm not there, I'm just like that…I'm thinking too much."
	Educational	• Teaching movement • Music education	(IV):5-6 "We use music em to teach the children about how to move to the music" (IV):14 "we have to teach them music"
	Protective	• Drug problems	(VII):7-9 "her son's friends had difficulties with drugs, and her son didn't, and she was convinced that it was because he listened to opera."
	Motivational	• Participation in activity	(VI):33 "it was also just to get them to participate in a activity."
	Creative	• Music as creative medium • Recording	(VI):37 "I think it is a creative medium" (III):46-47 "We wanted to um, record a CD"
	Cultural	• Traditional music	(III):31 "Traditional music"
	Social	• Family musicking • (Receiving) • Giving • Freedom	(VI):7-9 "If anybody who could sing or what, anything musical, - we were a big family – we were all put in the car and carted off." [(VI):175-176 "our children don't give. They…get all the time." (VI):185,187-8 "would be lovely. For the children to feel like they have brought something to someone else." (I):18 "it makes them to be free"

		• Connecting	(VI):135-136 "(sang with the kids and danced with them) and…connected"
		• Togetherness	(I):15 "I think music is the thing that make us together"
		• Music-making as community	(VI):183 "creating music together"
		• Music-making with greater community	(VI):135 "they um, sang with the kids"
		• Creating sense of community	(VI):161 "this is a village that isn't a village."
		• Performance by children for community	(VI):178 "begin by performing for the adults"
		• Performance for greater community	(II):43 "can start singing then, and go out, making shows"

Table 4.8 Category of Roles of music

4.6 Emerging Themes

When the categories were examined with the research questions in mind three themes emerged. A summary of each is provided below.

4.6.1 Theme one: Creating a Sense of Community

Because Sparrow Rainbow Village is a circumstantial community made up of people who may not have familial or pre-existing connections with each other, importance is placed on making music as a means of bringing people together and creating a sense of community. Many communities are identified by their musical traditions, which seem to be lacking in this particular context. There also appears to be very little dialogue among community members. Some staff members experience a duality of roles in that they may also be patients. Music is viewed as providing an opportunity for this sub-group to feel a sense of belonging. Part of being a member of a community involves feeling that one's contribution to it is valued. Performance by the children for the community is one way in which this is fulfilled. One of the needs identified for the children is the need for family, and more specifically, parents. Because this is not possible in some cases, the community may support them and act as a surrogate family.

CATEGORY	SUB-CATEGORIES	CORRESPONDING CODES	CORRESPONDING DATA
Needs	Emotional	• Need for love	(IV):46-47 "I think these kids they need love."
	Family	• Experiencing family	(III):77 "feel…a part of the family"
		• Needing parents	(IV):47 "They need parents."
	Social	• Limited communication	(VII):94 "There were hardly even people speaking."
		• Joy (with)	(I):13-14 "I just need us to..be happy with the patients"
		• Belonging	(VI):102 "I think they feel part of the community that is, Sparrow."
Attitudes	Attitude towards music	• Priorities	(IV):31-32 "We don't have time to sing"
		• Music as obligation	(III):24-25 "We just play music…for the fact that we have to have music"
Roles of music	Emotional	• Demonstration of love	(I):19 "to see that we do love them."
	Worship	• Communal worship	(IV):11 "we do praise and worship every morning."
	Social	• Giving	(VI):185,187-8 "would be lovely. For the children to feel like they have brought something to someone else."
		• Togetherness	(I):15 "I think music is the thing that make us together"
		• Music-making as community	(VI):183 "creating music together"
		• Creating sense of community	(VI):161 "this is a village that isn't a village."
		• Performance by children for community	(VI):178 "begin by performing for the adults"
	Cultural	• Traditional music	(III):31 "Traditional music"

Table 4.9 'Creating a Sense of Community'

4.6.2 Theme two: Building Bridges

Sparrow Rainbow Village has experienced the effects of stigmatisation because most of its inhabitants live with HIV/AIDS. This has limited to some extent its members' interaction with the greater community. Some interviewees express hopes that performing music for and with the greater community would both raise the profile and status of the village and increase interaction with the outside world from which it seems

to be cut off. They also value the importance of visitors working within and performing for their community as a means of acknowledging its members and accepting them as part of a greater social system.

CATEGORY	SUB-CATEGORIES	CORRESPONDING CODES	CORRESPONDING DATA
Needs	Educational	• Musical competence	(III):58-59 "we are looking for some experts…musicians"
	Emotional	• Respect • Interest in children	(III):68-69 "Take these people as people" (VI):132 "a musician…who was…interested in them"
	Musical	• Need for male musician • Participation of visitors	(VI):131-133 "to have a musician…who was male would be wonderful." (IV):25-26 "You can bring us some band…famous people..famous groups, then they can come and sing"
	Social	• Needing interaction with greater community • Safety of children • Communication • Belonging • Inclusion in greater community • Playing with children	(III):80-81 "they need some other people from the outside or to take them, maybe during weekends, go places." (VI):131 "We limit it severely for their safety" (III):70 "Communicate with them" (III):71-72 "they will really feel like they are part of this world." (III):68-69 "Take these people as…part of your community." (III):70 "play with them"
Attitudes	Attitude towards visitors	• Anger towards visitors	(III):68 "Don't come here, like you're seeing monkeys in a zoo."
	Attitude of visitors	• Stigma towards HIV/AIDS sufferers	(II):45-47 I: "Do you think there's stigma from people outside..towards the people who live here and work here?" DM(2): "Yah especially for the people who are in here."
Roles of music	Social	• Connecting • Music-making with greater community • Performance for greater community	(VI):135-136 "(sang with the kids and danced with them) and…connected" (VI):135 "they um, sang with the kids" (II):43 "can start singing then, and go out, making shows"

Table 4.10 'Building Bridges'

4.6.3 Theme three: Empowerment

There appears to be a dependence on visitors to initiate and sustain music projects at the village. This may be tied to the notion that members of the community identify with the 'sick role', thereby relinquishing their power to those they consider as being 'well' and able. It seems that most projects set up in the past did not consider the wishes or needs of community members. Collaborating with members would value and respect their right to make choices about what affects them. Some teachers and other staff members feel inadequate with regard to teaching music and running music projects, so perhaps skills training would enable them to feel that they can adequately provide for their community, thereby continuing with projects that have been started. Not having dealt with trauma or rediscovered their voice through self-expression may repress the children's self-esteem. Therapy could elicit greater self-confidence, providing the groundwork for music education, which might then place them at a par with other school-goers and equip them with skills to perform their abilities for the greater community.

CATEGORY	SUB-CATEGORIES	CORRESPONDING CODES	CORRESPONDING DATA
Needs	Empowerment	• Staff empowerment • Bargaining power	(VI):67-68 "the staff needs empowerment and the staff needs bargaining power"
		• Initiation	(II):5 "we did start…with the music"
	Sustainability	• Sustain activities	(II):9-10 "we want to continue with the music."
	Educational	• Musical incompetence	(III):25-28 "we are not that experienced in music."
		• Skills training	(VI):70 "some staff needs training"
		• Professionalism	(VII):17 "help the children sing more professionally"
	Emotional	• Self-expression	(VI):80-81 "They're not helping them really to express themselves."
	Material/practical	• Not street-wise	(VI):110-112 "as far as being a policeman in context, um going into the shop(s), putting down money and buying something, they get very little experience of that."

Attitudes	Work	• Lack of pride in work • Lack of work fulfillment	(VI):45 "feel proud of in their work, feel fulfillment."
	Social	• Negotiation	(VII):79-80 "try and work with them and learn from them"
	Attitude towards visitors	• Disillusionment	(VII):49-50 "there was also a disillusionment with people who'd come in the past"
		• Expectations	(VII):76-77 "they were expecting me to come with a program"
		• Non-negotiation	(VII):82 "I'm gonna be coming, this is what I'm going to be doing."
Roles of music	Therapeutic	• Addressing trauma safely	(VI):86-88 "to get in touch with…what they're feeling in a safe way"
	Emotional	• Self-esteem	(II):17 "do something that will em, build them up"
	Social	• Giving	(VI):185,187-8 "would be lovely. For the children to feel like they have brought something to someone else."
	Creative	• Freedom • Recording	(I):18 "it makes them to be free" (III):46-47 "We wanted to..record a CD"

Table 4.11 'Empowerment'

In chapter five I address the research questions by drawing on the above-mentioned themes and by referring to literature from the literature survey.

CHAPTER FIVE
DISCUSSION

5.1 Introduction

In this chapter I will answer my research questions based on the themes that emerged from the data analysis, supported by material from the literature survey.

5.2 Theme one: Creating a Sense of Community

1) How do members of an HIV/AIDS community perceive the role of music for their community?

We know that an individual's unique sense of self is shaped through multiple interactions with people and environments and that when external relationships change, this influences the individual's identity (Hargreaves et al 2002). In a talk given at the University of Pretoria, South Africa on 5th October 2005 Gary Ansdell mentioned two types of communities, namely *traditional* and *post-traditional* communities. In traditional communities there is often a high level of similarity amongst its members while in post-traditional communities there is a higher level of difference. Traditional communities are characteristically conservative, ritualised and normative while post-traditional communities are more progressive, communicative and liberal. When people contract HIV this causes a disruption in the level of similarity or uniformity that exists in the community, namely that of being healthy and morally virtuous. The difference that comes about as a result of illness is preyed upon by 'healthy' members of the community and is used to make a distinction between the 'sick' and 'healthy' residents to form an 'out-group' and 'in-group' respectively (Hargreaves 2002). The out-group is then ostracised by the in-group as a defense against having to deal with the severity of the illness, which brings one's own mortality sharply into focus (Barolsky 2003). This leads the 'sick' members to feel that they do not belong. This is one example of a change in external relationships, which inevitably leads to the restructuring of a 'sick' person's identity.

Sparrow Rainbow Village may be considered a post-traditional community, which is characterised in part by a move away from the notion that a community is somewhere one resides towards the notion that it is created. Traditionally, belonging to a community was achieved merely by being part of one. Residents of Sparrow Village have come

together from different localities and communities, and may have already experienced a loss of belonging in their own communities due to stigmatisation and ostracisation. They are then obliged to restart the process of generating a sense of belonging in their new community. In 'circumstantial communities' (Ansdell 2004) and specifically at this Village, most members experience a sense of belonging because they share illness as a commonality and it is perhaps rather unfortunate that individual identities and a community identity have been created around this focal point. If we draw a parallel with immigrant mothers entering new environments and being placed in a position in which they are required to recreate their identities, we find that many experience a loss of belonging. This has been shown to negatively affect their ability to communicate sympathetically with their babies (Gratier in Trevarthen 2002). This may be one possible explanation for the low levels of communication and interaction between mothers and babies at the Village, silence being the over-riding characteristic. The babies sit quietly, as if having learnt that crying will not change the situation in which they find themselves. We might call this 'learned helplessness' (Ormrod 1995, p.8) or in other words, internalising illness as one's core identity.

Apart from adopting the 'sick role' (Parsons in Billington et al 1998), some residents or patients also take on the role of staff member working at Sparrow Village itself. Hence there is a duality of roles. There seems to be some difficulty in reconciling the possibility that health and illness can reside simultaneously in a person. Can one be ill and yet take on a job usually performed by a 'healthy' person? Let us think about what health entails.

Ruud (in Stige 2002) suggests that health is more than the absence of 'disease or abnormality' (Stedman's Medical Dictionary 1995). Rather it pertains to one's quality of life, which includes features such as being active, experiencing intersubjectivity, experiencing joy and enjoying feelings of communality (Rustoen in Ruud 1998). Members of Sparrow Village are encouraged to work and earn a living for as long as they are able, which supports Dreier's (as quoted in Stige 2002) belief that 'health is …the mutual and general interest and care for each person's' possibility for participation in society (p. 190). Patients are given the opportunity to be active and experience feelings of communality by contributing to the community. What role might music play in the process of creating a sense of community that takes health into consideration while also acknowledging the illness of its members?

Neugebauer and Hartley's (in Aldridge 1999) work with individuals suffering from HIV/AIDS demonstrates the power of co-improvisational music-making as a medium for accompanying patients on a journey from a place of passivity and despair to one of hope, well-being, courage and empowerment. So although patients live with a chronic illness they are provided with the opportunity to experience their health simultaneously. Furthermore, South Africans traditionally place great importance on making music as a community as a way of celebrating rites of passage, commemorating funerals, among other things. Making music together is believed to develop interpersonal relationships and to create emotional ties (Kaemmer 1993) as well as to generate a sense of belonging to that particular social group (Pavlicevic 2003).

There seems to be very little music-making taking place at Sparrow Village. A choir run by residents ended when one of its primary members passed away. Projects started up by visitors have been terminated for various reasons, including boredom and impatience with the pace at which the children are able to participate. This appears to have hindered the creation of sustained, stable musical traditions in the community thereby affecting the degree to which a healthy community identity has been forged. This implies that the community continues to be one whose foundation is illness. Some of the biggest needs of the children at Sparrow Village, many of whom have been orphaned, are those of love, having parents and experiencing and belonging to a family. In some instances being adopted or joining a foster home is not possible, hence the community may act as a surrogate family. Interviewees suggest that making music together with the patients is a way of bringing people together and demonstrating their love for one another. This spiritual need has been identified as one of the foremost needs of patients. Interviewees indicate an awareness of the existence of a healthier side of patients which they have in common with 'healthy' staff members, and also demonstrate a desire to explore it. This also relates to patients who serve as staff members in that they may be unsure as to which group they belong. Staff members are striving to integrate these patients into their sub-group so as to help them feel healthy. This is easier to facilitate for high functioning adults, but appears to marginalise those patients who are no longer actively contributing to the community due to the advanced stages of their illness.

Religion is another force that brings people together into 'communities of hope' (Ansdell 2004). One has only to attend a traditional African religious service of whatever

denomination to realise the importance of music as a means of worship. One might get the impression that it is not in fact the words of the songs that are given importance, but rather the act of making music together that endows the words with meaning. Communal worship is one tradition that has been maintained at the school in the Village.

Feeling a sense of belonging and communality is related to some extent to the degree to which one feels that ones contributions to the community are valued. One suggestion put forward was to have the children begin by having music in the crèche, moving on to performing for the adults who are well enough to look after themselves and finally, making music with the adults who are in the hospice. The final step would be to make music together as a community. This is regarded as a way of providing the children with an opportunity to offer something to the community rather than to constantly receive.

2) What are the implications for setting up a community music therapy project?
It appears that some of the staff members feel that they do not have the time to make music because they are busy. As in all cases, time is made for what is considered important to a person. It may well be the case that the Village is understaffed, but it may also be a question of not considering music to be a priority. It has also been expressed that music is done with the children merely because it is part of the school curriculum. These attitudes may have resulted from the overwhelming hold that illness seems to have over community members, disabling them from experiencing the joy of music-making and recognising its worth as more than just a recreational activity. On the other hand perhaps in the past, residents have taken music for granted as an integral part of community life therefore not recognising the role that music can play in generating social health. Not only may Sparrow Village be experiencing limited time resources but monetary resources too. The community does not have easy access to music instruments, which may limit the success of music projects set up. On the other hand, a number of interviewees expressed an interest in singing and regretted the collapse of the choir. This is a potential starting point for a community project, especially because the voice is such a powerful instrument both in awakening a person's symbolic voice in the world as well as the historical role it has played in effecting political change in the country.

5.3 Theme two: Building Bridges

1) How do members of an HIV/AIDS community perceive the role of music for their community?

Creating a sense of community is not the only challenge that Sparrow Village is facing. This community is a system that exists within a greater system. It is therefore important to consider the interaction between the two because we know from General Systems Theory that occurrences in one system have an impact on related systems (De Board 1978).

We have already discussed how stigma from the greater community has affected the self-perception of members of Sparrow Village. For this reason we cannot assume that this community exists in isolation because both communities exert an influence on each other in various ways and to varying degrees, be they positive or negative. When interactional experiences are negative however, people may feel socially isolated which can lead to emotional isolation and loneliness as in the case of Sparrow Village (Charmaz in Magee 1999). Interviewees have expressed a desire for greater interaction between the two communities, emphasising a gap that seems to exist in their relations. This gap entails not only insufficient interaction but also a lack of consistency in the interactions.

Some of the children at the Village enter the greater community to attend school, but that is the extent of their contact. They are deprived of interacting with males at the Village for reasons of safety. Staff members express the children's needs for being taken out of the Village every now and then by visitors rather than the people they see on a daily basis, as a way of introducing varied stimulation to prevent boredom and to expand their experiential horizons. In addition to this, there is a desire to find visitors who take an interest in the children and who are patient with them to work within the community by teaching, playing and communicating with them. Winnicott (in Ansdell 1995), a psychoanalyst, urges us to recognise that 'playing is itself a therapy' and that we all have an innate creativity which he coined 'primary creativity' (p. 105). This creativity involves spontaneity and imagination. We might expand this concept to music-making in a music therapy context. When improvising with a therapist the client expresses his capacity for an interpersonal relationship (Pavlicevic 1997b). The co-created Dynamic Form will indicate the flexibility or rigidity, the spontaneity or reserve of the musical relationship.

The therapist aims to shift the Dynamic Form to one that is flexible and spontaneous, activating the primary creativity that is inherent in all of us and is an indicator of health.

Mention has already been made of the potential of interactive music-making for generating health, health encompassing more than just a physical dimension. This therefore makes quite a strong case for music being an ideal tool for stimulating some kind of dialogue between communities. However, music projects that have been set up at the Village have been discontinued for various reasons, one of which may be the negative attitudes that members of the greater community hold towards persons living with HIV/AIDS. Interviewees accuse them of not respecting and recognising the humanity of patients. This harks back to Desmond Tutu's (in Battle 2003) interpretation of Ubuntu where he asserts that our humanity is 'caught up, bound up inextricably' in that of each other and that when a person dehumanises another he/she inevitably dehumanises him/herself. By ostracising residents at Sparrow Village, by limiting interaction with them, or by interacting with them in a patronising way, members of the greater community are at risk of isolating themselves in ignorance, denial and fear. While they may experience feelings of power by belonging to a majority group they do so at the expense of the minority group. This power is artificial as it does not liberate people but rather restricts them by acting as a defense against having to face feelings of vulnerability evoked by illness.

Certain interviewees portray an 'us' and 'them' mentality as demonstrated in interview III:(49) "Include maybe the *outsiders*[3]…". This indicates that it is not only the greater community that holds a negative perception towards Sparrow Village but vice versa as well. Perhaps what members of Sparrow Rainbow Village have identified is that members of the greater community are sick too but in a different way. Their illness manifests itself in only a social, rather than in a social *and* physical way. It is obvious therefore that making music together has been insufficient for generating dialogue between the communities because attitudes from both sides appear to have contaminated the process of reconciliation. The failure of sustained music projects set up by the visitors may also be attributed in part to an inequality of roles. Visitors may have engaged the HIV/AIDS patients much as an omnipotent doctor might engage his patients. The above discussion raises questions such as: What is the role of music-

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[3] Italics not in original

making in assisting the two communities to find some common ground by redefining roles and shifting attitudes through recognising that all members possess health despite the illness with which some of them live? Is it possible for both communities to experience feelings of power that have been generated in dialogue rather than one group imposing their power over the other? These questions will be addressed in answering the second research question.

2) What are the implications for setting up a community music therapy project?

A possible strategy for initiating the process of dialogue between communities is for a music therapist to offer music therapy both individually and to groups of children and adults. Part of the therapy may involve working towards a performance for the greater community, with the intention of demonstrating the health that has been generated through making music together within the community. This provides a non-threatening way for the greater community to cut across the façade of illness and to identify with the healthy, regular human beings it witnesses (Amir in Pavlicevic and Ansdell 2004). The status of the Village may then be raised in the eyes of its audience. This may more easily enable the music therapist to solicit the participation of other sensitive community musicians, especially male musicians, to work with residents of Sparrow Village and initiate music-making on a more equal footing between communities. Music-making on this level could facilitate the emergence of common ground, namely that of health. In so doing it acknowledges the newfound power that the HIV/AIDS patients gain through being validated as valued contributors to society. It also enables the greater community to reclaim its humanity and gain a power that is not exclusive but acts as a resource for engaging in communication.

5.4 Theme three: Empowerment

1) How do members of an HIV/AIDS community perceive the role of music for their community?

At the forefront of this discussion is the notion that knowledge afforded by formal education and practical skills training as well as self-perception has the potential to endow one with power. Some of the teachers interviewed felt that music needs to be part of the children's lives because it constitutes a component of the school curriculum, because it might be a valuable medium with which to explore the effects of trauma on their lives, and because it would provide them with an opportunity to contribute actively

to the community rather than to constantly receive from it. Teachers mentioned experiencing a sense of inadequacy to teach music, expressing a desire for visitors to fulfill or assist with this role. These feelings of helplessness may be attributed to a lack in skills training and perhaps an attitude that music is not a priority in circumstances where people are living with the thought of death constantly lurking at the back of their minds. It appears that the traditional African notion of communal music-making as being fundamental in creating emotional ties (Kaemmer 1993) and therefore stimulating social health has not featured prominently in this particular community. In their home communities, people may have made music in a more spontaneous way, but since joining this new community, they may be making music in a more institutionalised manner because of the nature of the community, which is in fact a type of hospice. This reflects a rather limited way of thinking about health, a possible by-product of the medical model, which tends to have physical health at the heart of its approach. Another factor that may feature in this equation is the question of regarding music in an academic and Western way, with teachers feeling obliged to approach it and teach it in a manner that is contrived and removed from a traditional African method of making music. This may further compound feelings of incompetence. When asked whether music features in the classroom, most teachers appeared to place more importance on organised music activities rather than on spontaneous acts of music-making that did not claim to serve an educational purpose. This reflects an absence of the spirit and joy that music can bring and seems to be regarded as a burden rather than as an integral part of everyday life.

A number of music projects initiated by visitors at the Village were discontinued, possibly because of impatience towards the children who respond and learn at a slower place than their healthier counterparts in the greater community, or because their self-righteous motivation to work with the 'less fortunate' lost it's novelty. As a result, it seems that very few music projects have their origins in the community itself and are run by community members. Mention has already been made that when people come together in circumstantial communities there is a tendency for individuals as well as the community to perceive their identity in relation to their illness. This often erodes self-worth, which then has an impact on how people view their capability to function within society. This could be a possible explanation for why members of Sparrow Rainbow village do not persist with music projects set up in their community, because they regard 'outsiders' as being more able, thereby undermining their own capacity for initiating and

sustaining activities. In other words, by adopting a 'sick role' they may have placed the future of their health into the hands of 'healthy' visiting musicians, thereby giving up their right and ability for social participation. With this attitude of regarding visiting musicians as being all-knowing, there appears to have been little negotiation and collaboration when setting up music projects. This further undermines the sense of agency of community members who comfortably slip into their 'sick roles' and behave in a manner that is expected of them. There seems to be an assumption that project organisers know what the needs of the community are rather than the community itself. This may then lead them to set up activities that do not in fact meet the needs of the community because of the absence of a dialogue between community members and project facilitators. A potential outcome is poor participation, although this does not appear to be the case at Sparrow Rainbow Village, or it may further reinforce the creation of roles *for* the community members rather than *by* them.

A psychologist works with the children at the Village, but one of the interviewees feels that the latter are unable to express themselves as much as they would like to. It is unclear what medium or approach has been adopted by the psychologist, but interviewees feel that music would be a safe medium to use in addressing the traumas the children have experienced. One might speculate that these include the loss of loved ones, financial instability, illness and hospitalisation, as well as inadequate shelter. Traditional therapeutic practices tend to address trauma directly, revisiting painful incidents and working with the corresponding emotions evoked. Grenadier (in Pavlicevic 2002) asserts that this may confine those who have undergone trauma to remain "'victims' or 'survivors' of violence and abuse" (p. 112). If we think about what the effects of trauma are on a person, we can see that they entail an eroding of self-esteem, self-confidence and the loss of a sense of power and agency. Nordoff and Robbins, pioneers of Creative Music Therapy, introduced the concept of the Music Child, which describes the healthy and creative part of each person, which can coexist with mental, emotional and physical illness (Pavlicevic 2002). Rather than encouraging clients to relive traumatic experiences, music therapists seek to activate the Music Child. Through spontaneous music-making children are able to express and share their intolerable feelings thereby experiencing alleviation of isolation and desperation (Pavlicevic 1994). Furthermore they are encouraged to play, explore their imagination, and experiment with different ways of interacting with the world. This allows them to acknowledge themselves

as not being *only* traumatised, but also creative and spontaneous, expanding their narrow emotional range of experience (Pavlicevic 2002). In so doing, they regain a sense of agency and empowerment, particularly where they are active participants in their own process of healing.

There is a desire from certain members of staff for the children to be taught to make music professionally like children from neighbouring schools in order to perform in public. This might result in placing the children from the Village at a par with 'healthy' children in the greater community, imbuing them with a sense of 'normality' and eliciting the confidence that they are equally as capable as their 'healthy' peers. Again this is related to acknowledging the 'sick role' while embracing a role that is built around health.

The children at the Village are given what they need and things are done for them. Doing things for children when they can in some cases do them for themselves deprives them of developing life skills necessary for leading an independent life, generating disempowerment. It corroborates the helplessness that people adopting the 'sick role' feel. One of the interviewees suggests performing for the community and making music with it as a means by which the children can give something to society. Feeling needed and experiencing ones' contributions as valuable serve to combat passivity and develop self-esteem, which is a form of empowerment.

Lastly, creating a community product such as recording a CD can be a fulfilling experience, emulating in some way the epitome of every performing musician's dream of leaving for posterity one's rehearsed and refined musical signature.

2)   What are the implications for setting up a community music therapy project?
The interviewer's approach of finding out the needs of the community prior to setting up any music projects is conducive to creating a culture of collaboration and negotiation. It communicates that the music therapist (interviewer) is not omnipotent and all-knowing and that the success of any endeavor partly rests on the shoulders of the community, which is called upon to take an active role in designing a music program for itself. It provides an opportunity for the community to voice its needs and to have someone tailor activities to meet these needs. This demonstrates an attitude of working in the interests

of the community rather than wanting to serve one's personal interests potentially at the expense of marginalising the client group.

In some instances the therapist may be called upon to initiate and facilitate a project, while in others s/he would take on the role of supporting already-existing initiatives. A collaborative approach would be most appropriate even in those cases where s/he has initiated the project so that in the event of leaving the community for whatever reason, the project can be sustained. This might involve offering skills training to participants in the way of team leadership as well as musical skills. What may be of value to the teachers is providing them with skills training so as to calm their fears of incompetence.

Apart from teaching the children music, it might be valuable to engage them in music therapy on a continuum ranging from individual therapy to community therapy. The purpose of this would be to assist them to experience a cross-section of musical experiences while moving naturally between traditional therapy and more community-based music projects (Ansdell in Stige 2004). For example, as suggested by one of the research participants the therapist could consider teaching the children music in preparation for a performance. This takes on a different dimension from teaching children so as to purely grow their musical skills. Its motivation is to use teaching as the tool by which to stimulate personal growth, self-confidence and empowerment. Through performing the children receive validation and acknowledgement and not only perform music but perform their abilities and health.

The next chapter concludes the study with some final thoughts while also highlighting some of the limitations of the research project.

CHAPTER SIX
CONCLUSION

6.1 Introduction

In this final chapter I relate some of the significant findings of the study, discuss its limitations and also suggest possible avenues for further research.

6.2 Findings

It is apparent that very little has been written about the place of music and music therapy in the context of HIV/AIDS communities, particularly in South Africa. This provided the impetus with which to carry out this investigation because of the way in which music is woven into the fabric of communal life in this region.

Findings of the study show that persons living with HIV/AIDS live not only with the physical ailments of the illness but also experience stigmatisation that results in social isolation, which further compounds the illness. I looked at the role of music in creating a sense of community for HIV/AIDS sufferers living in a 'circumstantial community'. What I discovered was that music-making seems to have faded into the background in some respects at Sparrow Village. Communal worship and music in the classroom are running currently, but for the most part, the Village is characterised by silence. Attempts to sustain music projects in the past have mostly ended in disappointment, hindering the community from forming strong musical traditions by which it can be identified. Some participants express a desire to activate music-making which they regard as being a valuable means by which to bring people together. Residents at Sparrow Village do experience a sense of community which is by and large intertwined with illness, so the approach that music therapists might want to take when setting up music projects is to work in collaboration with the community to create a sense of community that also celebrates the health that lies dormant in many of its members. Working *with* the community would also serve to empower its members to regard themselves as able and valuable participants in society, while taking ownership of music projects and sustaining them without having to rely solely on outside help. This approach was important where the interviewer was a white South African, in that she does not presume to know what

the needs of the community are. This is in contrast to the 'missionary approach' that other musicians might have adopted.

An aspect that I had not anticipated when thinking about creating a sense of community for Sparrow Village was the outward looking need for greater interaction with the wider community, a respectful interaction between equals validating each other. This could be fulfilled by residents of the Village performing their health as generated by communal music-making for the greater community. This could solicit its support in music projects as part of a campaign to raise awareness that health can exist even when illness dominates. This might help to bridge the gap of ignorance and fear experienced by the wider public. Interacting with the larger community in this way has the potential to create a richer sense of community than at present.

6.3 Limitations

This investigation was carried out within one context and while a thick description has been provided, findings are not fully generalisable to other contexts. Even though I was better able to look at my data objectively because I was not part of the process of collecting it, I felt unable to offer my personal insight and impressions into the experience of conducting the interviews, which may have been valuable during data analysis. Although information was gathered regarding the needs of the children at the Village, all the interviewees were adults. It might have been helpful to hear what the needs of the children were from themselves so as not to disempower them at such an early stage when tailoring activities to meet their specific needs.

6.4 Further research

Further research might include putting together a profile of other existing HIV/AIDS communities in South Africa and their needs so as to get a better idea of the extent of work which still remains to be done. It would hopefully also enable the young profession of music therapy in South Africa to think more broadly about what it can offer circumstantial communities in the way of music. It would be of interest to follow up the music project that may have been set up at Sparrow Rainbow Village during the course of this research project in order to investigate the process of partnering with members of the community. It would also be valuable to know how the music therapist has

negotiated her role in this context, thereby contributing to the small body of knowledge pertaining to Community Music Therapy in a South African context.

On a closing note my wish is that this dissertation will inspire funders to consider the part they can play in supporting communities in their struggle for maintaining quality of life.

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APPENDICES

APPENDIX i

FACULTY OF HUMANITIES
MUSIC DEPARTMENT
TEL (012) 420-2316/3747
FAX (012) 420-2248

MUSIC THERAPY PROGRAMME
TEL (012) 420-5372 / 5374
FAX (012) 420-4517
www.up.ac.za/academic/music/music.html

UNIVERSITY OF PRETORIA
UNIVERSITEIT VAN PRETORIA

PRETORIA 0002 SOUTH AFRICA

July 2005

Dear _____

MUSIC THERAPY MINI-DISSERTATION: PERMISSION TO USE RECORDED INTERVIEW

I am writing to ask for your permission to use your existing recorded interview with _____ regarding your community music therapy work, as data for my MMus (Music Therapy) mini-dissertation research project.

In keeping with ethical research practice, all efforts to maintain your privacy, as well as that of your clients, will be maintained. For purposes of confidentiality, the data will be accessed only by myself, as student- researchers and by my academic supervisors, and only information relevant to the project used. Some of this data may be published as part of the MMus (Music Therapy) mini-dissertation at the University of Pretoria. After the project is completed the recording will remain the property of the Music Therapy Unit at the Music Department, University of Pretoria, and will be safely stored.

You are welcome to enquire at any time, about the progress and/or findings of the research project, and to contact me at any time with queries or further comments you may have. You also have the right to withdraw from participating in the research project at any time, free of prejudice.

If you are in agreement with the above, I would be grateful for your signed consent.

_____   _____
Music Therapist   Date

_____   _____
Music Therapy Student and Researcher   Date

_____   _____
Prof M Pavlicevic (Head of Music Therapy Programme, UP)   Date

APPENDIX ii

INTERVIEWER'S FIELD NOTES

VII) Interviewer – Personal comments part 1

1   This is Marilyn* speaking now. When I got to Sparrows, I had a meeting

2   arranged with Di Lee *, who's the fundraising coordinator, because I'd met her

3   on a previous occasion. I went into her office and initially explained what I was

4   going to be doing before I started recording, to get her permission to record the

5   interview, and as soon as she heard the word music, she immediately started

6   talking. She said that she definitely thought that all music is therapeutic. She

7   spoke to me about her son who was an opera fan, and she said that all of her

8   son's friends had difficulties with drugs, and her son didn't, and she was

9   convinced that it was because he listened to opera. Um, she then said that she

10 thought music would be thera.. very therapeutic for the patients and the children

11 at Sparrows. Um, her perspective definitely seems to be, no matter how much I

12 explain, that she thinks that I'm starting a project to do with *teaching* the children

13 how to play instruments, so she keeps speaking about how excited she is that

14 somebody's coming to *teach* the children. She says she's planning a gospel day

15 um with the the patients and the adult patients, and the children, and she'd really

16 like the children to sing something. She's gonna do it at a local stadium, but she

17 wants someone to come and help the children sing more *professionally*. Um,

18 she spoke of a school in the area that she was very impressed with, where the

19 children did a lot of musical performances, and they used um tin drums. So she

20 was very keen possibly for the person who runs the music at that school to come

21 and work with the children, but she said there was a lack of instruments, so

22 they'd have to get more instruments at Sparrows. And again, she mentioned the

23 children developing more skills and being more professional. I explained that I

24 was going to be asking some questions about Sparrows to get eh background

25 and context before I started my project there. So she went off to find Reverend

26 Joanne *, who's the CEO of Sparrows to see if I could ask her some questions.

27 When she returned, she said that Joanne had said that I could have one either

28 Saturday or Sunday a month to start setting up a project and….

VII) Interviewer – Personal comments part 2

29 This is a continuation of Marilyn speaking. So, Joanne said I could have either

30   one Saturday or Sunday, and again Di made it appear like our meeting had

31 ended. I explained again that I needed some information and some interviews

32 on background and context of of Sparrows. Luckily Naledi * walked past

33 the door. I'm not sure of her exact position, but she was involved in the choir

34 previously, when the choir was still running. So um, Di suggested that I chat

35 to her, but she was in a hurry somewhere, so she in turn went to find a lady

36 called Sethu *, who's a domestic worker because she had also been involved in

37 the choir. So in the meantime, some other ladies were walking past and I

38 began to chat to them, and hence the interviews with Anne Dlamini *. Um, each

39 person that I spoke to, I then asked if they could suggest someone else that I

40 could talk to and they then led me on to the next person. Each person that I

41 chatted to, initially they seemed very shy and were very nervous about me

42 recording them, but I explained that it was just so that I I wouldn't forget what

43 I'd, what I'd chatted to them about, and it would save me writing it down. So

44 they all agreed to let me record, and as soon as they started talking, they

45 freely opened up and and were very willing to share. I got the feeling that

46 everyone I spoke to was very open. Nobody seemed suspicious of me as I

47 walked around Sparrows. Um, some people just glanced in my direction, but

48 either smiled or carried on doing what they were doing. There seemed to be

49 generally an excitement about the idea of more music happening, but there

50 was also a disillusionment with people who'd come in the past, who wanted to

51 start a project, and maybe came for a few weeks, but they never came again.

52 Um, some people said just because you know, they got bored with the place or

53 the children, or didn't have enough patience, or I think kind of the glamour and

54 romance of going to help people with HIV/AIDS wore off pretty quickly. Um, as

55 I walked around Sparrows, there were staff sitting having tea, the children had

56 just arrived from school. There were a couple sitting under a tree with a little

57 baby. I couldn't see any patients particularly, although many of the patients

58 who're still well, um are actually staff members there. They work there, so um

59 clearly it's it's not easy to tell whether whether it's someone who's actually a

60 patient or not. When I I'd finished speaking to Sharon *, euh I, when I went to

61 talk to Sharon, who's a patient sitting under a tree, she spoke to me

62 briefly, and initially there were a whole lot of other ladies sitting round her, but

63 when I finished the interview with her, I looked up and all the ladies had

64 disappeared. So maybe they were quite cautious about um speaking to me.

65 Um Donna*, the social worker, was sitting on a bench when I went to speak to

66 her, and I asked if I could have a few minutes of her time, and she said I could

67 have *many* minutes of her time, so she was very friendly. While I was

68 speaking to her, Mandy Geralds * walked past, so she joined in the

69 conversation. As we were chatting, a lady walked towards us, who was

70 obviously a patient there. She looked quite um, glazed I suppose a word could

71 be, and she she gradually walked closer and closer to me, and Donna and

72 and Mandy just watched her out of the corner of her eye, and she then kept

73 trying to take my pen from me. Um and Mandy and Donna were quite firm with

74 her and said, 'No", and then called for a nurse to to walk her back to her ward.

75 I didn't have time to talk to anymore people. So generally, I got the sense that

76 people were excited, and and also that, in in a way, they were ex..expecting

77 me to come with a program, to come with a plan, although, although people, I

78 explained to people that what I wanted was to really see where they were at,

79 and what their needs were, um and to try and work with them and learn from

80 them as opposed to just coming in with my own ideas. I I still think they're

81 expecting me to to send through an e-mail of these are the exact dates that

82 I'm gonna be coming, this is what I'm going to be doing. So it's going to be

83 interesting to see how how the process works, and how it develops over time.

84 Some final thoughts on my visit to Sparrows. Um, again I was struck by the

85 practicalities of of what they need there; the childrens' classrooms just have

86 a few desks. It was naptime; some of the children were napping on matresses

87 on the floor, and some just had their, their heads on their arms on their desks.

88 It's the question again of what can we offer in the face of such, you know the

89 need of such practical things, and and how does music-making and

90 community music therapy fit into that. The two afternoons that I've been there,

91 um, it struck me that the the silence and the quietness, although they were both

92 afternoons, the the children had come back from school, but it was still very

93 quiet. I, I heard no music. Um, in the wards there was, there were no radios.

94 There were hardly even people speaking. There were wards with mothers

95 sitting with their children, and even there, the mother was just quietly sitting.

96 And the children weren't sleeping - Some of them were babies - They were

97 awake; they were just sitting in their cots. They weren't making a noise, they

98 were just quietly sitting there. Um, as you walk around Sparrows, there might be

99 one or two people talking quietly under trees, but there was generally a stillness

100 to the place. Obviously, um at different times of the day and on weekends

101 maybe that's different, but that was just my experience, the time that I was

102 there.

APPENDIX iii

TRANSCRIPTION OF INTERVIEWS AT SPARROW RAINBOW VILLAGE

Date of interview: 04.02.05

'I' represents *interviewer*

'R' represents *respondent*

* Names have been changed

I)   *Domestic Worker (1)*

1 **R:**   My name is Anne*

2 **I:**   Okay. I'll write it down at the end. Okay, so um, what's happening at the

3   moment here in mu…, with music at Sparrows?

4 **R:**   Here, we are not singing like before. I don't know what. Usually we used

5   to sing, and then we make a choir.

6 **I:**   Okay, and then what happened? Why did the choir stop?

7 **R:**   It just stopped, because many reasons. I, I remember my brother passed

8   away and then I left, so when I came back, we are not practising

9   anymore.

10 **I:**   Okay.

11 **R:**   **(**We are not practising anymore)?

12 **I:**   And what would you like to see happen here at Sparrows with music?

13 **R:**   I don't know. Except for recording, I just need us to sing, to be happy with

14   the patients in the morning before we left. I just want them to be happy, to

15   be ……I think music is the thing that make us together you see, so I really

16   like music,

17 **I:**   Okay

18 **R:**   and it makes them to be free, not to be shy. It bring us close together,

19   to see that we do love them. We are not (with?……)

20 **I:**   Yes, and what are for you, some, for the staff, what are some needs that

21   you think the staff have that aren't being met? What do staff here

22   need?

23 **R:**   Ay, I'm not sure, but we have know so much needs really.

24 **I:**   And do you think that anything, that music-making together, would that

25   help the staff in any way, and if so, in what kind of ways do you think it

26   would help them?

27 **R:**   I don't know. I think maybe just because some of the staff, some of

28   them are patients, and I think it will show us that it will bring us together.

29 **I:**   Okay.

30 **R:**   Yah, the most important thing is to be together, to show them our love

31   to them, not money or whatever, but just the love. Yah.

32 **I:**   Thanks Anne. Thank you.

33 **R:**   (It's) a pleasure.

II)   *Domestic Worker (2)*

1 **I:**   Okay, so now we're talking to Sethu *, and Sethu *, I'm going to ask you

2   similar questions that I asked Jane. Um, what would you like to see

3   happen here with music?

4 **R:**   Mm…mm! What can I say? Um, it should be a, a, a good thing because

5   we, we, we did start, did start with the music, and there was, there was a

6   lady up there, Susan *; she was helping us in the music, so well she

7   died, em. After that we didn't continue with our singing, and we like to

8   sing. We like to sing. We were four of us, so one of us had passed away,

9   passed away, so we are only three now, but we want to continue with the

10   music.

11 **I:**   Okay. And with the children, what do you think, um, are some of the

12   needs of the children here that, that you're aware of?

13 **R:**   Yes, we can include them to, to the music.

14 **I:**   What do you think…? (R begins speaking at same time).

15   (Undecipherable). Sorry?

16 **R:**   (Laughs) Then I think if, em, they can come and sing, maybe they will

17   learn a lot of thing, or do something that will em, build them up and to

18   know about so, some other things. (mumble)

19 **I:**   Do you think that for the children, being here, and like the connection to

20   AIDS and that sort of thing, do you think it influences the way they see

21   themselves? How do you think the children who are here perceive

22   themselves?

23 **R:**   (does not respond immediately)

24 **I:**   It's a difficult question.

25 **R:**   Ay, it's a difficult to me because the most of them, they are so young

26   children. They are still so small, and they don't even know what's

27   happening, what's going on, you see, so that question is (mumble)

28   difficult for me to answer.

29 **I:**   And how would you feel about commu…other community musicians

30   coming in from outside Sparrows to come and be part of it? How would

31   you feel about that?

32 **R:**   Okay. It would be nice. It would be nice, and we are going to enjoy,

33		enjoy if they would come and sing. (So beautiful?) Yes, the things like
34		that. It would be nice.
35	**I:**	Do you think there're any challenges involved in, in setting up music
36		here? Do you think…?
37	**R:**	Yah.
38	**I:**	What kind of things?...
39	**R:**	Yes (laughs)
40	**I:**	(joins in laughing)
41	**R:**	Like, what can I say? Um, if we can, if we sing and go to the churches,
42		and uh. I don't know what can I explain. You see? So iif you can, if you
43		can start singing then, and go out, making shows, then something like
44		that maybe.
45	**I:**	Do you think there's stigma from people outside, to..towards the people
46		who live here and work here?
47	**R:**	Yah especially for the people who are in here.
48	**I:**	Yes.
49	**R:**	Yah.
50	**I:**	Okay
51	**R:**	Yah.
52	**I:**	Em, alright.

III)   *Teacher*

1 **I:**   …to Fiona *. Um, what role does music play in your life? What does
2   music mean to you?
3 **R:**   Um, music like is sort of an expression of what I feel, how I feel. And
4   you know, if there's music, it can feel/be sad. There's certain music that
5   makes you so, you know, relieved. And at times, you have that kind of
6   music that will make you feel sad and you cry, but after that, you get
7   relieved. Yah.
8 **I:**   Yes.
9 **R:**   Yah.
10 **I:**   Okay. Um, do you see music as playing a role here at Sparrows at the
11   moment? Is there music taking place currently?
12 **R:**   There is music. There are people who come. At times they('re?) so fed
13   up, maybe they go away, but our kids like music, and we also like
14   music. Wish we could have someone who will stay here for longer and
15   be patient with the little ones especially, because they need that kind of
16   time, you know. And to grasp like, we have music videos that we use,
17   but with time, they can adjust to that kind of music, but people tend to
18   ge.., to get fed up, then they go.
19 **I:**   Do you use music in your classrooms with the children? Do you sing a
20   lot with them, or play instruments?
21 **R:**   Yes we do. In the mornings we have assembly. We sing, and especially
22   after lunch, we have, we have our music room here. There are
23   instruments, but then we lack that uh kind of talent, which has especially
24   the music eh, part of education. We just play music for the part of, for
25   the fact that we have to have music, but we are not that experienced in
26   music.
27 **I:**   Okay.
28 **R:**   So we need someone who can take over, teach them how to do it, so
29   that they will enjoy what they will be doing. Like at times, music is not
30   just singing; the instruments are part of music. They have to enjoy that
31   kind of thing. Traditional music, um, in all sorts of ways, yah.
32 **I:**   And as staff, do you feel that there're any specific needs that you have,

33		that you'd like to see someone come in and offer to you?
34	**R:**	Yah sure. We need someone who will, as I said, they give of her
35		time, and give the kids time so that they will grasp the concept of music,
36		not just to come and sing and at the end of day, of the day she will say,
37		"Okay, ay! These are impossible!" These kids are special kids. They
38		need time you know, and they have to work at their own pace you know,
39		so we need someone who can do that for us.
40	**I:**	And, and for you personally, do you think that music-making would
41		change your experience of working here? Someone who, you know,
42		joint music-making with you and the children and everyone. Do you
43		think that it would in any way influence you or have a role to play in in
44		you as a person?
45	**R:**	Yah, personally, I like music and I was uh you know, taking the kids for
46		music, and some adults wanted to join us. We wanted to um, record a
47		CD, but then those people who had offered to do that are now not
48		coming, so we don't know what's happening with them. So we need to
49		redo that. Include maybe the outsiders, our kids. It's like we have uh, the
50		little ones, the preschool kids, and the school, the children who go to
51		the uh local primary school. They all like music and dance, you know,
52		so if there is someone who can do that, we would really appreciate that.
53	**I:**	How would you feel, 'cos on the one hand we could do something
54		where the people who are at Sparrows already um do music, versus
55		maybe getting some community musicians in as well to also be part of
56		it? How would you feel about people coming from outside? I suppose
57		you, that's what you're actually looking for hey?
58	**R:**	Yes, we are looking for some ex..experts (interviewer interrupts)
59		musicians.
60	**I:**	Oh okay.
61	**R:**	Uh, it's like at times they will say, "Okay, we will do it", but then when
62		they come here, they feel ah this is too slow! They want to make money
63		(laughs), so the staff here, we need patience. Yah, patience. So if they
64		really want to be part of us, they have to come. We will always welcome
65		them. We like those kind of people. You know, the other time I used to
66		tell some Christian groups that "Okay guys. You like coming here. You

67   come two, three weekends. The next time you say 'Agh! That place is

68   boring!' Don't come here, like you're seeing monkeys in a zoo. Take

69   these people as people, as, you know, part of your community.

70   Communicate with them, play with them, do music, do whatever you

71   want to do with them. They will re..they will really feel like they are part

72   of this world."

73 **I:**   And what are some, apart from music, what are some of the main

74   needs of the children that you work with?

75 **R:**   Mm. These kids need you know, there are a lot of mothers here, but

76   they don't have father figures. If only most of our kids could be sort of

77   fostered or adopted and feel (mumble) a part of the family, that would

78   be really great. Otherwise, they don't feel like they will know a mother

79   or a father. So they just rotate within these uh people who are here, so

80   they need some other people from the outside or to take them,

81   maybe during weekends, go places. They are sort of um you know,

82   they know the routine of the days. Tomorrow is Thursday, we do that,

83   we do that, so it's, their life is sort of monotonous.

84 **I:**   Yah.

85 **R:**   Yah.

86 **I:**   Great.

IV)   *Senior Teacher*

1 **I:**   So we're talking to Lisa Ngobeni * now. Um, what role does music play
2   in your life?
3 **R:**   Mm.
4 **I:**   How do you use music in in everyday life?
5 **R:**   Okay. Em, let me put it this way. We use music em to teach the
6   children about how to move to the music, like em these little
7   movements and hmm. (Long silence)
8 **I:**   Do you sing with the children?
9 **R:**   Yes, we sing in the mornings.
10 **I:**   Okay.
11 **R:**   Yes. Yes, we do praise and worship every morning. So, but the the
12   children, they really like singing. They really like music, because you
13   know, they come from a different (I say?) a different world because they
14   don't have parents. So they don't, we have to teach them music
15   here because they don't have..I I don't know if some of them, some of
16   the clusters have, they do have eh a a radio. So sometimes they
17   listen to those, to the music. Some of them, they don't use radios, so
18   sometimes I use eh the radio here, so that they can dance and listen
19   to all different kinds of music. (mumble)
20 **I:**   And what would you like to see at Sparrows, with the children, and
21   and with the adults and the staff?
22 **R:**   Um, regarding?
23 **I:**   Music. What kind of…how do you think we can add music to
24   Sparrows? What more can we do here?
25 **R:**   You can bring us some band, eh, famous people, eh eh, famous
26   groups, then they can come and sing (mumble). That will be fun/fine (?)
27   for us.
28 **I:**   And in terms of music-making, do you think there's a space for maybe
29   something like a choir, or for…?
30 **R:**   You know, okay. Regarding the staff, we don't have time for that.
31   We don't.. Most of the time we are working. We don't have time to
32   sing or to do that.

33 **I:** And if um it was together with the children? Maybe if some

34 community musicians came, and and maybe did some stuff with

35 everybody together, not like a teaching the children or working with

36 the staff, but just as a kind of community experience. Do you think

37 there's space for that?

38 **R:** Yah, that would be fine. That would be very good.

39 **I:** (interrupts Lisa) Sorry?

40 **R:** I said you can ask eh eh our eh our boss here, Joanne * to sort a, I

41 don't know, to make a day. Sh she can choose a day for you to come

42 and teach the children music because I'm not good at that.

43 **I:** What do you think are some specific needs of the children here,

44 apart from needing music or that kind of thing? What what needs do you

45 find in your students?

46 **R:** You know, I think these kids they need love. They need *love*, *really*

47 love. They need parents. We provide that everyday, but you know, its

48 she knows that I'm the real mother. So, sometimes its difficult, but

49 you can bring toys. That would cheer them up.

50 **I:** Do you think the ch.. the children here feel part of the wider

51 community, or do they feel isolated here?

52 **R:** Mm. I don't know how to answer that. You know, yah, most of them

53 feel part of the community because they, they often go out. Yah,

54 they still go out on trips. Mm.

55 **I:** Great! Thank you.

56 **R:** (Thank you)?

V) *Patient*

1 **I:**   Okay, we're talking to Sharon *. Um, what role do you think music

2   plays in your life?

3 **R:**   I like music because I don't have a stress if I know the music.

4 **I:**   Okay, and do, is there much music happening here at Sparrows?

5 **R:**   Yes, yah there is no music here in Sparrows. Mm.

6 **I:**   What would you like to see happening here?

7 **R:**   Happening?

8 **I:**   Yes, in terms of music. Would you like to see a choir or…

9 **R:**   Yah, the choir mm. The church choir. Mm.

10 **I:**   What are some, some of the things that you, that you need, that you

11   think maybe a choir would help you with?

12 **R:**   I don't uh speak English properly. I don't understand what you say.

13 **I:**   Would it..what would be good about having a choir?

14 **R:**   The choir? Because I was going to the church. That is why I like the

15   choir, and the disco music. Because if I'm not there, I'm just like that. I'm

16   staying like that. I'm thinking too much. Mm. That is (why?). Mm.

17 **I:**   Would you think it would be good to make music um, the residents and

18   the staff together?

19 **R:**   Yes, and the staff together.

20 **I:**   What do you think would be good about that?

21 **R:**   Hmm? I'm going to be better…(music?).

22 **I:**   Okay, do you think it would help you feel better?

23 **R:**   Mm.

24 **I:**   Okay. Um, how would you feel about community musicians from

25   outside of Sparrows coming and and making music with you?

26 **R:**   Yah, it's alright.

27 **I:**   Okay, alright. Thank you very much Sharon.

28 **R:**   Okay…

VI)   Social Worker and Educationalist/Childcare Coordinator

1 **I:**   (mumbling) Okay, so we're talking to Donna *. Um, what role does music

2   play in your life, personally…..if it plays any role?

3 **R1:**   I'm very…Look I have done music, so I started music before I even

4   started school.

5 **I:**   Okay.

6 **R1:**   Okay. I always said I was brought up on music and religion. You know

7   food was actually a by-product in our life. If anybody who could sing or

8   what, anything musical, – we were a big family – we were all put in the

9   car and carted off. We were one in those many years gone by who lived

10   in a house, in the (Drew ?) village where there was no electricity but we

11   had a generator, so in the evening we would switch it on to listen to   12

12   music, so music is for me very important.

13 **I:**   Okay, and what is, is there anything happening currently at Sparrows

14   music-wise, like a choir, or music-making?

15 **R1:**   I know that the children have got music activities. Unfortunately,

16   coming now from saying I'm a social worker, I don't think I could say

17   it's organised music therapy, in in terms of you know uh. But I don't

18   know whether the child's ages, you know, per se will lean them to

19   analysing their association of certain things, and their utilisation, but I

20   think there is music per se,

21 **I:**   Okay.

22 **R1:**   in which they participate.

23 **I:**   Yah

24 **R1:**   You know, you can play, if they come in and they do dancing a bit with

25   them but I think it's not so much therapy as recreation at this stage.

26 **I:**   Okay. So um have you come into contact with music therapy before?

27   What's your understanding of it?

28 **R1:**   I have merely observed it in a very limited facility, namely in a place

29   where..of cerebral palsied people.

30 **I:**   Okay.

31 **R1:**   Okay?

32 **I:**   Yes.

33 **R1:**   And there it was also just to get them to participate in a activity. The

34   actual therapeutic input was difficult for me to assess.

35 **I:**   Okay. Yes. What…sorry?

36 **R1:**   But I would think that uh because of my love for music, um, and

37   because I think it is a creative medium, you know, that it could fulfil

38   a very important role here, because (mumble mumble).

39 **I:**   What are some needs that stand out for you of the staff here?

40 **R1:**   The staff?

41 **I:**   Yah.

42 **R1:**   Um, (long silence) I don't know whether I'm not going now out of

43   bounds if I say, surely it's kind of uh empowerment that will enable

44   them –that's my other staff member – that will enable them to uh

45   you know feel proud of in their work, feel fulfillment. Uh, sort of

46   bargaining power. Um.

47 **I:**   Yeah.

48 **R1:**   Um. Yah, I think that's the main things which I feel is (training?).

49 **I:**   Yah. And the adult residents?

50 **R1:**   Um, skills training.

51 **I:**   Okay. Okay, and then the children? What are some needs that stand

52   out for you for the children?

53 **R1:**   For the children, I think it is um (pause) very much – here's our

54   educationalist.

55 **I & R1:** (speak at same time)

56 **R1:**   Okay, now you can joi…oh is all, can we all join in one conversation?

57 **I:**   Yes, yes, absolutely!

58 **R2:**   (conversing with someone else)

59 **R1:**   Okay Mandy *, come and join us.

60 **Lin and R2:** (continue conversing)

61 **R1:**   Uh this is Lin *.

62 **I:**   Hi Lin.

63 **R1:**   She is my assistant. This is Mandy who's got her back to us.

64 **I:**   Okay.

65 **R1:**   Who's now got her face to us.

66 **?:**   Hi Mandy (data distorted?). Pause in recording?

67 **R1:**   …she was asking about the staff, and I said, you know I surely I think the
68   staff needs empowerment and the staff needs bargaining power

69 **R2:**   Mm hmm.

70 **R1:**   and they need, some staff needs training and ownership of
71   their job.

72 **R2:**   What does that have to do with music therapy?

73 **R1:**   No, she asked me about.. (inaudible because **I** interrupts).

74 **I:**   I was asking about general needs.

75 **R2:**   Okay.

76 **R1:**   Now she asked me about the childrens' needs. What do I think is the
77   needs in the children?

78 **R2:**   Well they, there there is a lady who's a music teacher who comes and
79   teaches them which is fine, once once a week, off and on, but um, as
80   far as therapy, no. They're not helping them really to express
81   themselves.

82 **I:**   Yeah.

83 **R2:**   Um, there there are too many children here who have had very
84   traumatic experiences with smiles on their faces. We have a
85   psychologist who's working with them, but any way to help them you
86   know (Donna interrupts – undecipherable) to get in touch with with
87   with what they're doing in a safe way, with what they're feeling in a
88   safe way, would be magnificent, magnificent! Um, I don't know what
89   kind of groups you work with, you know, if you do groups, individuals,
90   what?

91 **I:**   Um, in this in this kind of study, I'll probably be doing groups. I'm
92   looking more at sort of community music therapy, and how we can
93   involve community musicians and that sort of thing. Because there's
94   so few music therapists, I'm trying to see how we can maybe do
95   something that that involves more people. Um.

96 **R2:**   Mm hmm.

97 **I:**   Yah, and just see how it's gonna work, and what peoples' needs are.
98   Do you think the children here feel isolated or pa..a or part of the
99   community? Do you think there's any any space for that type of
100   intervention, an intervention that would focus on them feeling more

101   part of the wider community?

102 **R2:**   Um, I think they feel part of the community that is, Sparrow.

103 **I:**   Okay.

104 **R2:**   The wider community is another story.

105 **I:**   Yah.

106 **R2:**   Um, n, forty of our children go out to school (mumble) fifty. Fifty

107   people go out to school from here. Um, five of them're adults, so they

108   have some contact with the, with the wider community. And they go

109   out on outings – you know where we take them some place where

110   somebody's going to do something for them, but as far as being a

111   policeman in context, um going into the shop(s), putting down money

112   and buying something, they get very little experience of that.

113 **R1:**   ...?general sort of thing. You know, how you post a letter.

114 **I:**   Yes.

115 **R1:**   You know and uh…

116 **R2:**   (interrupts) Right now they know they post a letter by handing it to

117   me, (Laughter) then I will post it.

118 **R1:**   You know I think sometimes we should do that program or show it to the

119   staff, with problems encountered by a child that's brought up in too much

120   um, who doesn't belong to a family. You know their their difficulty in

121   learning cause and consequence, and how they learnt that you budget

122   because you save because (that is?), you're planning a (project?)

123   (mumble), how these children (do?) have difficulty in learning even

124   something like speaking because of their, you know there there was

125   never for instance (?) the children you know, even the telephone, and

126   then the child answered the telephone and say/they (?), (the adult was

127   telling a joke to this child?) "Was it a man or lady?", and he said, "No, I

128   didn't see". You know, never having experienced you know, that sort of

129   thing, and yah, the broad isolation yes.

130 **R2:**   Uh uh uh uh uh. Our children have a severe lack of of contact with

131   males. We limit it severely for their safety, but to you know, to

132   have a musician, or someone who was fun and interested in them,

133   who was a male would be wonderful. We had a lovely group from

134   from um from a school that came and swore they were going to do it

135   again, and they um, sang with the kids and danced with them and

136   you know, connected immediately. Unfortunately, we never saw

137   them again.

138 **I:**   Yah. Um, sorry?

139 **R1:**   (mumble) I just say the the the the hurt in these children -you know

140   whether it's art or music or whatever, but a safe medium,

141 **I:**   Mm hm.

142 **R1:**   because I know that it's a sort of frustration for the psychologist

143   sometimes that there's not that kind of expression that you look for.

144 **I:**   Mm hm.

145 **R1:**   And even as a form of testing. Uh (Mandy makes unintelligible

146   comment). They've got a a..Yah. It it it's a problem. So it it's a safer

147   medium. (One of these things?) maybe.

148 **R2:**   Pa pa part of it is that that the climate here is such that the children

149   *can* spend *all* of their time playing outside. There is no need to

150   come up with something for them to do during bad weather,

151   because there isn't such a thing, and so they don't get craft,

152   drawi.., you know, the creative stuff. Some of the, some of

153   the girls do that want it, but the the ones that don't seek that out

154   don't have it. And and so, you know music would be wonderful to

155   have.

156 **I:**   Mm hm. Then just a last question. Do you think there's a space for

157   well, in terms of music-making with the staff and the children and

158   residents altogether, you know that experience of of creating and

159   being in music, not just the children on their own, or the staff, but as

160   a group experience? Do you think there's a need for that?

161 **R2:**   There is a need because this is a village that isn't a village.

162 **I:**   Okay.

163 **R2:**   You know?

164 **R1:**   You know? I want to say something where I, to me was the most

165   fascinating. (….?) there was this home for cerebral palsied people

166   where they used to have dance parties. You know we danced with a

167   wheelchair. Have you ever dance..seen two people dance with a

168   wheelchair?

169 **I:**   No. Oh yes.

170 **R1:**   You know, it is so fascinating!

171 **I:**   Yah.

172 **R1:**   But this sort of free uh representative of the life outside, it doesn't help to

173   isolate because it is not ultimately equipping someone.

174 **R2:**   You know I I could see starting with the children and the staff that's

175   in the, that works with them in the creche. I would love to, our our

176   children don't give. They they get all the time.

177 **I:**   Yes.

178 **R2:**   Then to see them give a perf..begin by performing for the adults

179   that are well enough to be in the clusters, and then come in and

180   perform for the

181 **I:**   Yes.

182 **R2:**   adults that are restricted to the hospice, and then go from there to

183   creating music together,

184 **I:**   Yah.

185 **R2:**   I think would be lovely.

186 **I:**   Yes.

187 **R2:**   For the children to feel like they have brought something to

188   someone else

189 **I:**   Yah.

190 **R1:**   You know what? I I actually spoke to Cotlands on the phone today, I had

191   to phone them about something, and as the you're waiting to be

192   transferred, there's just this beautiful childrens' singing songs music on

193   while you're waiting for the next call, but it it puts you in the mood.

194 **I:**   Mm and **R2:** Mm hm.

195 **R1:**   Okay? And I just thought, you know, Cotlands has got a high profile, um

196   but there's been very clever people behind all that.

197   (mumbles)…music..you know?

198   Beautiful childrens' voices. Mm.

199 **I:**   Okay, great!

APPENDIX v

TABLE OF CODES

Ongoing music	Educational	Musical incompetence
Singing	Self-esteem	Music education
Discontinuation	Morale	Music as obligation
Singing as group	AIDS	Need for music teacher
Death	Children's self-perception	Traditional music
Hopes	Not understanding	Musical variety
Musical needs	Community musicians	Addressing staff needs by visitors
Recording	Participation of visitors	Committing time
Joy	Enjoyment of music	Individual needs
Togetherness	Performance by visitors	Role of music in work
Valued	Singing with	Breaking commitment
Freedom	Challenges setting up music	Enjoyment of dance
Uninhibited	Religious music	Need for dance teacher
Closeness	Performance by staff and	Expert musicians
Demonstration of love	residents	Musical competence
Staff needs	Performance for greater	Commitment
Many needs	community	Financial gain
Music-making as community	Stigma from greater community	Religious group visitors
Music-making with children	Stigma towards HIV/AIDS	Anger towards visitors
Music-making with staff	sufferers	Freak show
Music-making with greater	Role of music for individual	Respect
community	Music expresses feelings	Communication
Benefits of music-making	Sad music	Playing with children
Staff as patients	Music brings emotional relief	Belonging
Integration	Music evokes emotion	Needing father figures
Financial	Role of music for community	Fostering/adopting children
Helping with music	Sustain activities	Experiencing family
Enjoyment of singing	Frustration of visitors	Relating to parental figures
Continue music	Patience with children	Needing interaction with greater
Needs of children	Commercial music	community
Inclusion of adults	Listening to music	Unsustained
Inclusion of children	Adjustment to music	Predictability
Joy (with)	Music in classroom	Unstimulating
Initiation	Playing instruments	Degradation
Desiring music	Music space	Inclusion in greater community

Needing variety	Interaction with greater community	Dance as recreation
Communal worship		Music therapy and cerebral palsy
Orphans	Music as stress relief	Participation in activity
Access to commercial music	Enjoyment of dance music	Music as creative medium
Dancing in classroom	Music as distraction	Love for music
Isolation	Music generates health	Staff empowerment
Teaching movement	Musical training	Pride in work
Priorities	Music integral to life	Work fulfillment
Working	Religion integral to life	Enablement
Limited time for music	Music and religion as nourishment	Bargaining power
Need for love		Needs of adult residents
Needing parents	Family musicking	Skills training
Toys	Music therapy	Job ownership
Raising spirits	Music association	Music therapy absent
Inconsistence	Greater involvement	Developmental delay
Self-expression	Belonging to Sparrows	Limited interaction with greater community
Trauma	Doing for	
Psychological defences	Not street-wise	Limited interaction within community
Psychologist	Disempowerment	
Addressing trauma safely	Consequence of actions	Limited male contact
Community music therapy	Budgeting	Safety of children
Limited resources	Learning difficult	Need for male musician
Fun	Playing	Receiving
Interest in children	Absence of creative activities	Not giving
Connecting	Desiring creative activities	Performance by children for community
Hurt	Circumstantial community	
Frustration of psychologist	Cerebral palsy	Performance by children for greater community
Limited self-expression	Creating sense of community	
Music tool for testing	Handicapped	Progression
Music a safe medium	Emulating 'normality'	Valued contribution
Constantly occupied	Segregate	Giving
Informed consent	Blueprint	Member of singing group
Music therapeutic	Lacking musical instruments	Recommended participant
Drug problems	Professionalism	Random selection
Music protective	Ecological information	Reserved
Misunderstanding	Interviews	Anxiety
Frustration of music therapist	Data collection	Distrust

Wary	Participant cooperation	Silence
Setting at ease	Excitement	Absence of music
Trusting	Assessment of needs	Limited communication
Oblivious	Negotiation	Learned helplessness
Disillusionment	Practical needs	Passive
Expectations	Non-negotiation	Subdued
Contextualised		

APPENDIX vi

COLLAPSED CODES

CODES	CORRESPONDING DATA	HIGHER ORDER CODE
• Death • Inconsistence • Discontinuation • Breaking commitment	(II):6-7 "she was helping us in the music, so well she died" (VI):78-79 "music teacher who comes and teaches them …once once a week, off and on" (I):4 "Here, we are not singing like before." 8-9 "we are not practising anymore." (III):47-48 "those people who had offered to do that are now not coming"	Unsustained
• Continue music	(III):46-49 ["We wanted to um, record a CD, but then those people who had offered to do that are now not coming, so we don't know what's happening with them.] So we need to redo that."	Sustain activities
• Committing time	(III):34-35 "We need someone who will, as I said, they give of her time"	Commitment
• Learning difficulty	(VI):123 "these children (do?) have difficulty in learning"	Developmental delay
• Musical training • Expert musicians	(VI):3-4 "I started music before I even started school" (III):58-59 "we are looking for some ex..experts… musicians"	Musical competence
• Addressing staff needs by visitors	(III):32-33 "as staff, do you feel that there're any specific needs that you have, that you'd like to see someone come in and offer to you?"	Skills training

CODES	CORRESPONDING DATA	HIGHER ORDER CODE
• Limited self-expression	(VI):143 "there's not that kind of expression that you look for"	Self-expression
• Hurt	(VI):139 "the hurt in these children"	Trauma
• Joy	(I):13-14 "to be happy with the patients"	Need for love
• Practical needs	(VII):84-85 "I was struck by the practicalities of of what they need there"	Lacking musical instruments
• Budgeting	(VI):120-121 "their difficulty in learning…how they learnt that you budget"	Not street-wise
• Relating to parental figures • Needing father figures • Limited male contact	(III):78-79 "they don't feel like they will know a mother or a father." (III):76 "they don't have father figures." (VI):130-131 "Our children have a severe lack of of contact with males."	Needing parents
• Fostering or adopting children	(III):76-77 "most of our kids could be sort of fostered or adopted"	Orphans
• Doing for	(VI):110 "somebody's going to do something for them"	Disempowerment
• Enablement	(VI):44-45 "that will enable them [to uh you know feel proud of in their work]"	Staff empowerment
• Performance by visitors	(IV):25-26 "You can bring us some band, eh, famous people, eh eh, famous groups, then they can come and sing"	Participation of visitors
• Absence of music	(VII):93 "I heard no music."	Desiring music
• Predictability	(III):82 "they know the routine of the days."	Needing variety

• Musical variety • Unstimulating	(IV):18-19 "they can dance and listen to all different kinds of music." (III):83 "their life is sort of monotonous."	Needing variety
• Absence of creative activities	(VI):151-152 "they don't get craft,..you know, the creative stuff."	Desiring creative activities
• Degradation and • Freak show • Valued contribution • People valued	(III):68 "Don't come here, like you're seeing monkeys in a zoo." (VI)"187-188 "For the children to feel like they have brought something to someone else" (III):68-69 "Take these people as people"	Respect
• Stigma from greater community • AIDS	(II):45-46 "Do you think there's stigma from people outside, to..towards the people who live here and work here?" (VII):54 "romance of going to help people with HIV/AIDS wore off pretty quickly"	Stigma towards HIV/AIDS sufferers
• Wary	(VII):64 "maybe they were quite cautious about um speaking to me."	Reserved
• Distrust	(VII):41-42 "were very nervous about me recording them"	Anxiety
• Frustration of music therapist	(VII):11-12 "her perspective definitely seems to be, no matter how much I explain"	Misunderstanding

• Enjoyment of singing • Enjoyment of music	(II):8 "We like to sing." (IV):12 "They really like music"	Love for music
• Limited time for music	(IV):31-32 "We don't have time to sing"	Priorities
• Learned helplessness	(VII):96-98 "babies…were awake; they were just sitting in their cots. They weren't making a noise, they were just quietly sitting there."	Passive
• Music in classroom	(IV):18 "sometimes I use the radio here (classroom)"	Music education
• Religious music	(IV):9-11 "we sing in the mornings…Yes, we do praise and worship every morning."	Communal Worship
• Music a safe medium	(VI):146-147 "So…it's (music) a safer medium."	Addressing trauma safely
• Sad music	(III):4 "there's music, it can feel / be sad."	Music evokes emotion
• Morale	(II):17 "something that will em, build them up"	Self-esteem
• Dancing in classroom • Enjoyment of dance	(IV):18 "I use eh the radio here (classroom), so that they can dance" (III):51 "They all like music and dance"	Dance as recreation
• Enjoyment of dance music	(IV):14-15 "I like…disco music."	Listening to music
• Fun	(VI):131-132 "to have a musician, or someone who was fun"	Music as distraction
• Not giving	(VI):176 "our children don't give."	Receiving

• Uninhibited	(I):18 "it makes them to be free"	Freedom
• Inclusion of children • Music-making with children • Singing with • Inclusion of adults	(II):13 "we can include them to, to the music." (III):70-71 "do music…with them." (IV):8-9 "**I:** Do you sing with the children? **R:** Yes, we sing in the mornings." (III):45-46 "I was…taking the kids for music, and some adults wanted to join us."	Music-making as community
• Member of singing group • Closeness • Singing as group	(VII):33 "she was involved in the choir" (I)18 "It bring us close together" (I):4-5 "we used to sing, and then we make a choir."	Togetherness
• Limited interaction within Community	(VII):94 "There were hardly even people speaking."	Limited communication
• Staff as patients • Belonging to Sparrows • Emulating 'normality' • Blueprint	(I):27-28 "some of the staff, some of them are patients,[and I think it will show us that it will bring us together]." (VI):102 "they feel part of the community that is, Sparrow." (VI):172 "But this sort of free uh representative of the life outside" (VII):18 "she spoke of a school in the area that she was very impressed with"	Belonging

• Circumstantial community	(VI):156-161 **I:** "Do you think there's a space for ..music-making with the staff and the children and residents altogether, creating and being in music..as a group experience? **R2:** There is a need because this is a village that isn't a village. "	Belonging
• Performance by children for greater community	(VII):14-16 "she's planning a gospel day..with..the children, and she'd really like the children to sing something. She's gonna do it at a local stadium"	Performance for greater community
• Limited interaction with greater community	(VI):128-129 "never having experienced you know, that sort of thing, and yah, the broad isolation"	Needing interaction with greater community
• Segregate • Integration	(VI):172-173 "it doesn't help to isolate" (III):68-69 "Take these people as people, as, you know, part of your community."	Inclusion in greater community